Table 71: Tests 10 & 15. Index test (Ultrasound) versus Clinical and/or biochemical definition[†] to detect CFLD

Number of studies (Reference)	Study design	N	Risk of bias	Inconsiste ncy	Indirectn ess	Imprecisi on	Sensitivit y % (95% CI)	Specifi city % 95% CI)	Positive likelihoo d ratio (95% CI)	Negativ e Likeliho od ratio (95% CI)	AUROC	Quality	
-------------------------------	-----------------	---	--------------	----------------	------------------	-----------------	-------------------------------	------------------------------	--	--	-------	---------	--

Test 10. Ultrasound (cut off of Williams score ≥ 4) in a population of adults and children

Number of studies (Reference)	Study design	N	Risk of bias	Inconsiste ncy	Indirectn ess	Imprecisi on	Sensitivit y % (95% CI)	Specifi city % 95% CI)	Positive likelihoo d ratio (95% CI)	Negativ e Likeliho od ratio (95% CI)	AUROC	Quality
1 (Fagundes 2004) ^a	Cohort study	7 0	no serious risk of bias	no serious inconsisten cy	no serious indirectne ss	serious imprecisi on ^b	50.0 (95% CI: 22.0- 75.1)*	91.7 (95% CI: 87.0- 95.8)*	6.0 (95% CI: 1.70- 18.07)*	0.55 (95% CI: 0.26- 0.90	Not reported	MODERA TE
1(Witters 2009)°	Cohort study	6	no serious risk of bias	no serious inconsisten cy	no serious indirectne ss	serious imprecisi on ^b	63.6 (95% CI: 33.6- 87.0)*	70.9 (95% CI: 64.9- 75.6)*	2.19 (95% CI: 0.96- 3.56)*	0.51 (95% CI: 0.17- 1.02)*	0.70 (95% CI: 0.51- 0.89)	MODERA TE
Test 15. Transient elastography using Fibroscan (Age-specific cut-off values at 5.63kPa for <12 years and 6.50kPa for ≥12 years in a population of adults and children												
1 (Witters 2009)°	Cohort study	6	no serious risk of bias	no serious inconsisten cy	no serious indirectne ss	serious imprecisi on ^b	63.6 (95% CI: 34.4- 86.0)*	87.3 (95% CI: 81.4- 91.8)*	5.0 (95% CI: 1.86- 10.43)*	0.42 (95% CI: 0.15- 0.81)*	0.86 (95% CI: 0.74- 0.98)	MODERA TE

Abbreviations: AUROC: area under the curve; CFLD: cystic fibrosis liver disease; CI: confidence interval; kPA: kilopascal †Diagnosis of CFLD was defined using clinical and biochemical criteria.

^{*} Calculated by the NGA technical team from data available in the study report

a. Diagnosis of CFLD: Abnormal clinical examination: the presence of a palpable spleen and/or hepatomegaly (presence of a palpable liver more than 2.5 cm below the right costal margin of firm consistency). Abnormal biochemistry: a significant and persistent increase, of at least 1.5 times the upper limit of the reference range, of at least 2 of the enzymes aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (AP) or gamma-glutamyl transpeptidase (GGT), for a period of more than 6 months

b. 95% confidence interval for sensitivity was wide (width 20-30 percentage points)

c. The North-American cystic fibrosis foundation (CFF) consensus workgroup definition of CFLD: the presence of either clinical or biochemical liver disease. Clinical liver disease was defined as the presence of hepatomegaly or splenomegaly. Biochemical liver disease was defined as persistently elevated results (3–6 months, 1.5 times age-dependent upper limit of normal) for 2 of these liver tests: AST, ALT, alkaline phosphatase, bilirubin and gamma-GT