Number of studies (Reference) Test 3. Ultrasout	Study desig n ndª to de	N	Risk of bias F1-F4 fibros	Inconsiste ncy is in a popula	Indirectn ess tion of chilc	Imprecisi on Iren	Sensitivit y % (95% CI)	Specificity % (95% Cl)	Positiv e likeliho od ratio (95% CI)	Negativ e Likeliho od ratio (95% Cl)	AUROC	Quality
1 (Mueller-Abt 2008)	Cohort study	3 0	no serious risk of bias	no serious inconsisten cy	no serious indirectne ss	serious imprecisio n ^b	0.57 (95% CI: 0.36- 0.64)*	0.94 (95% Cl: 0.75- 1.00)*	9.14 (95% CI: 1.47- 192.8)*	0.46 (95% CI: 0.36- 0.85)*	Not reported	MODER ATE

Table 77: Test 3. Index test (Ultrasound) versus biopsy definition to detect cirrhosis

Abbreviations: AUROC: area under the ROC curve; CFLD: cystic fibrosis liver disease; CI: confidence interval

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

a. Ultrasound images were categorised as normal, indeterminate (suggestion of liver disease but no definite signs of cirrhosis) and cirrhosis. Increased hepatic echogenicity, heterogeneity and/or increased attenuation in the absence of nodularity of the liver surface were classified as indeterminate. Splenomegaly as an isolated finding was also regarded as indeterminate. All patients with nodularity of the liver surface were classified as cirrhosis.

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