Table 79: Test 4. Index test (Transient elastography) versus biochemical and imaging defined portal hypertension †

Number of studies (Reference)	Study design	N	Risk of bias	Inconsistency	Indirectness	Imprecision	Sensitivity % (95% CI)	Specificity % (95% CI)	Positive likelihood ratio (95% CI)	Negative Likelihood ratio (95% CI)	AUROC	Quality
Transient elastography at a cut off of 11.5 kPA in an adult population												
1(Rath 2012)	Cohort study	70	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	66.7 (95% CI: 36.2-77.2)*	98.4 (95% CI: 93.9-99.9)*	40.67 (95% CI: 5.91-877.4)*	0.34 (95% CI: 0.23-0.68)*	0.86 (95% CI: 0.66-1.00)	HIGH

Abbreviations: AUROC: area under the ROC curve; CFLD: cystic fibrosis liver disease; CI: confidence interval; kPa: kilopascal
†Diagnosis of CFLD was established according to published guidelines (Debray 2011) if least 2 of the following conditions on at least 2 consecutive examinations spanning a 1-year period were present: (i) Hepatomegaly (liver span >2 cm below the costal margin on the medioclavicular line) confirmed by ultrasound, (ii) 2 abnormal serum liver enzyme levels (ALT, AST, γGT > ULN), (iii) ultrasound abnormalities other than hepatomegaly (increased, heterogeneous echogenicity, nodularity, irregular margins). Diagnosis of portal hypertension was based on clinical and lab data combined with sonographic or endoscopic signs of PHT (defined splenomegaly, increased portal vein pressure in duplex Doppler sonography, platelet count 150,000/mm3, oesophageal varices or other signs of portal hypertension on oesophagogastroduodenoscopy

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