National Institute for Health and Care Excellence

Final draft

Pancreatic cancer in adults:

diagnosis and management

Appendix J
Risk of Bias Summaries
February 2018

Final draft

Developed by the National Guideline Alliance, hosted by the Royal College of Obstetricians and Gynaecologists



Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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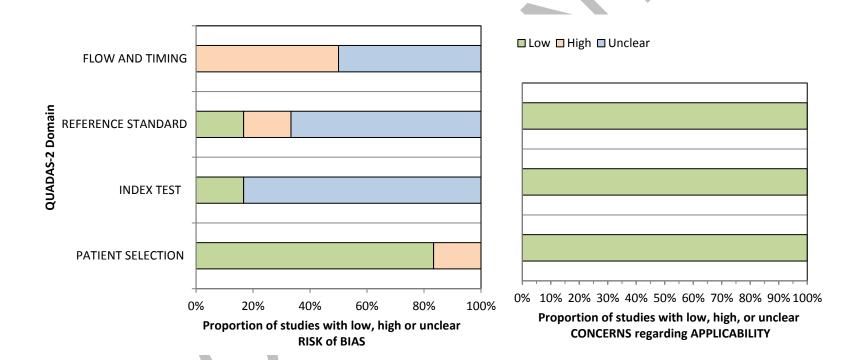


Appendix J: Risk of bias summaries

J.12 People with jaundice

3 Figure 1: Risk of bias and applicability concerns graph: review authors' judgements about each domain presented as percentages across included studies

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1 Table 1: Risk of bias and applicability concerns summary: review authors' judgements about each domain for each included study

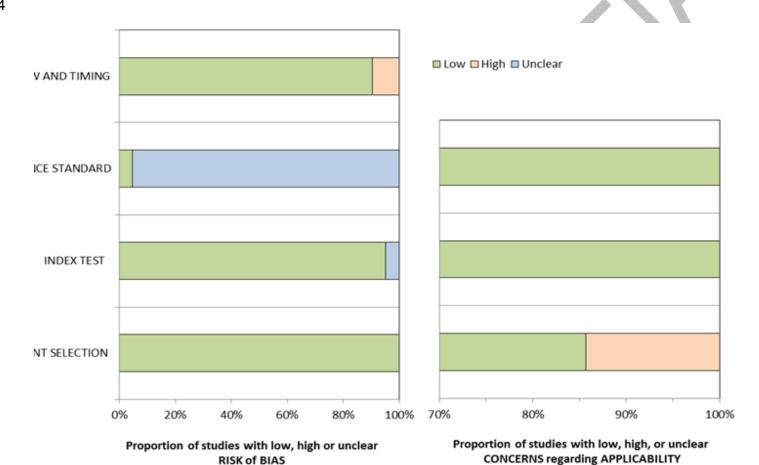
		RISK (OF BIAS	INDIRECTNESS ^a			
Study	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD	FLOW AND TIMING	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD
Agarwal 2004	Low	Unclear	Unclear	Unclear	Low	Low	Low
Ghaneh 2018	Low	Low	Low	High	Low	Low	Low
Kim 2014	Low	Unclear	High	High	Low	Low	Low
Oppong 2010	Low	Unclear	Unclear	Unclear	Low	Low	Low
Ross 2008	High	Unclear	Unclear	High	Low	Low	Low
Tummala 2013	Low	Unclear	Unclear	Unclear	Low	Low	Low

2 Notes: a, the applicability items of QUADAS-2 were used to evaluate indirectness.

J.21 People without jaundice but with a pancreatic abnormality

2 Figure 2: QUADAS-2 Risk of bias and applicability concerns graph: review authors' judgements about each domain presented as percentages across included studies





1 Table 2: QUADAS-2 Risk of bias and applicability concerns summary: review authors' judgements about each domain for each included study

3

Study		RISK	INDIRECTNESS ^a				
	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD	FLOW AND TIMING	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD
Bang 2012	Low	Low	Unclear	Low	Low	Low	Low
Bournet 2015	Low	Low	Unclear	Low	Low	Low	Low
Bournet 2009	Low	Low	Unclear	Low	Low	Low	Low
Fabbri 2011	Low	Low	Unclear	High	Low	Low	Low
Fritscher-Ravens 2002	Low	Low	Unclear	Low	Low	Low	Low
Harewood 2002	Low	Low	Unclear	Low	Low	Low	Low
Hikichi 2009	Low	Low	Unclear	Low	Low	Low	Low
Iglesias-Garcia 2007	Low	Low	Unclear	Low	Low	Low	Low
Kliment 2010	Low	Low	Unclear	Low	Low	Low	Low
Krishna 2009	Low	Low	Unclear	Low	High	Low	Low
Lee 2014	Low	Low	Unclear	Low	Low	Low	Low
Mishra 2006	Low	Low	Unclear	Low	High	Low	Low
Ramesh 2015	Low	Low	Unclear	Low	Low	Low	Low
Seicean 2016	Low	Low	Low	Low	Low	Low	Low
Strand 2014	Low	Unclear	Unclear	Low	High	Low	Low
Tamm 2007	Low	Low	Unclear	Low	Low	Low	Low
Touchefeu 2009	Low	Low	Unclear	High	Low	Low	Low
Wakatsuki 2005	Low	Low	Unclear	Low	Low	Low	Low
Wittman 2006	Low	Low	Unclear	Low	Low	Low	Low
Yang 2015	Low	Low	Unclear	Low	Low	Low	Low
Yusuf 2009	Low	Low	Unclear	Low	Low	Low	Low

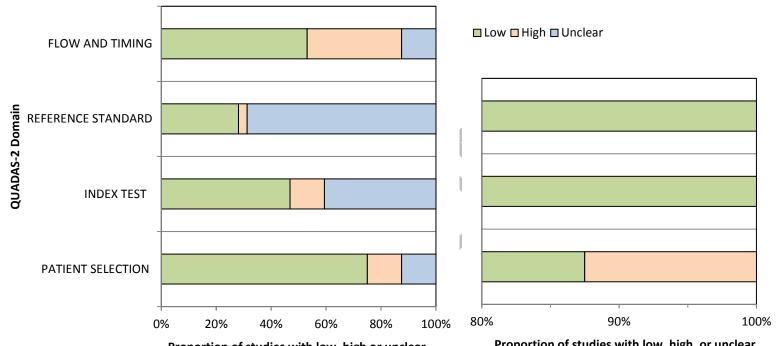
⁴ Notes: a, the applicability items of QUADAS-2 were used to evaluate indirectness.

J.3¹ Pancreatic Cysts

2 Figure 3: Risk of bias and applicability concerns graph: review authors' judgements about each domain presented as percentages

across included studies

4



Proportion of studies with low, high or unclear RISK of BIAS

Proportion of studies with low, high, or unclear CONCERNS regarding APPLICABILITY

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2 Figure 4: Risk of bias and applicability concerns summary: review authors' judgements about each domain for each included study

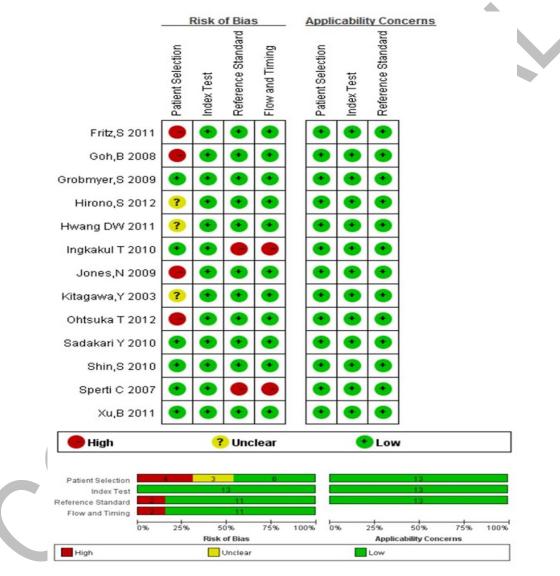
			OF BIAS	INDIRECTNESS ^a			
Study	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD	FLOW AND TIMING	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD
Ardengh 2007	Low	Unclear	Unclear	High	Low	Low	Low
Brugge 2004	Low	Low	Low	Low	Low	Low	Low
Cizginer 2011	Unclear	Low	Low	Unclear	Low	Low	Low
Frossard 2003	Unclear	Unclear	Unclear	Low	Low	Low	Low
Gaddam 2015	Low	Unclear	Unclear	High	Low	Low	Low
Gerke 2006	Low	Low	Low	High	Low	Low	Low
Ghaneh 2018	Low	Low	Low	High	Low	Low	Low
Hirono 2012	Low	Unclear	Unclear	High	Low	Low	Low
Jang 2014	High	Low	Unclear	High	High	Low	Low
Kamata 2016	High	Unclear	Unclear	High	High	Low	Low
Kim 2012	Low	Low	Low	Low	Low	Low	Low
Kim 2015	High	Low	unclear	High	High	Low	Low
Lee 2001	Low	Low	Low	Unclear	Low	Low	Low
Linder 2006	Low	Unclear	Unclear	Unclear	Low	Low	Low
Moris 2016	Low	High	Unclear	Low	Low	Low	Low
Nagashio 2014	Low	High	High	Low	Low	Low	Low
Nara 2009	Low	Low	Unclear	Unclear	Low	Low	Low
Oh 2014	Low	Unclear	Unclear	Low	Low	Low	Low
Oppong 2015	Low	High	Unclear	Low	Low	Low	Low
Othman 2012	Low	Unclear	Unclear	Low	Low	Low	Low
Pais 2007	Unclear	Low	Low	Low	Low	Low	Low
Park 2011	Low	Unclear	Unclear	Low	Low	Low	Low
Pitman 2010	Low	Low	Low	High	Low	Low	Low
Pitman 2013	Unclear	Unclear	Unclear	Low	Low	Low	Low
Smith 2016	Low	Low	Unclear	Low	Low	Low	Low

		RISK (OF BIAS	INDIRECTNESS ^a			
Study	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD	FLOW AND TIMING	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD
Song 2007	Low	Low	Unclear	High	Low	Low	Low
Sperti 2001	Low	Unclear	Unclear	Low	Low	Low	Low
Sperti 2005	Low	Unclear	Unclear	Low	Low	Low	Low
Takanami 2011	High	Low	Unclear	High	High	Low	Low
Talar-Wojnarowska 2013	Low	Unclear	Unclear	Low	Low	Low	Low
Wu 2007	Low	High	Unclear	Low	Low	Low	Low
Zhang 2010	Low	Low	Low	Low	Low	Low	Low

¹ Notes: a, the applicability items of QUADS-2 were used to evaluate indirectness.



1 Figure 5: Risk of bias and applicability concerns summary: review authors' judgements (Cao 2016) about each domain for each included study (n=13)

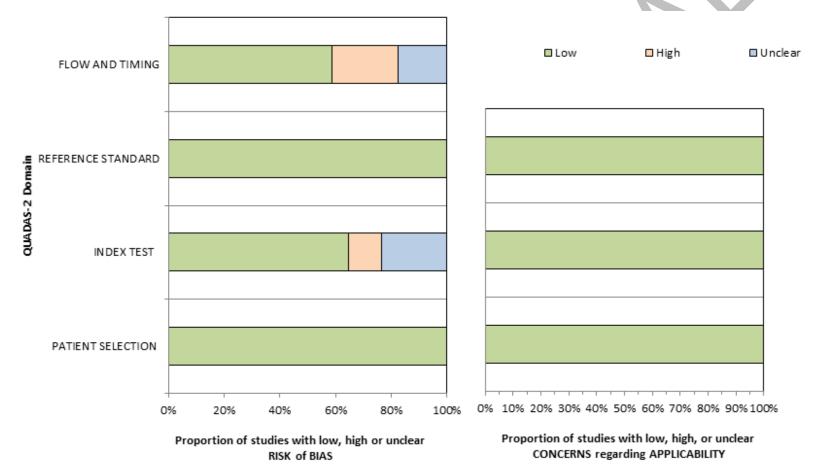


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J.41 People with inherited high risk of pancreatic cancer

2 Figure 6: QUADAS-2 Risk of bias and applicability concerns graph: review authors' judgements about each domain presented as

3 percentages of screening/surveillance studies



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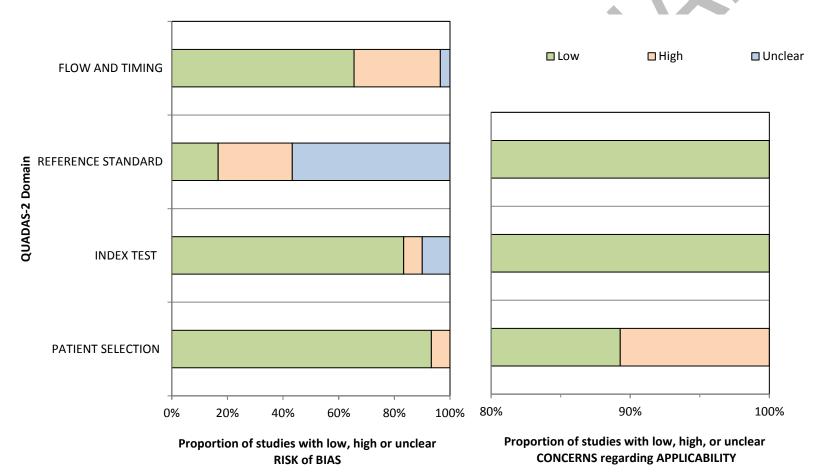
1 Table 3: QUADAS-2 Summary of risk of bias and applicability concerns: review authors' judgements about each domain for each included study

		RISK (OF BIAS	APPLICABILITY			
Study	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD	FLOW AND TIMING	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD
Al-Sukhni 2012	Low	Low	Low	High	Low	Low	Low
Bartsch 2016	Low	High	Low	Low	Low	Low	Low
Canto 2006	Low	Low	Low	Low	Low	Low	Low
Canto 2004	Low	Low	Low	Low	Low	Low	Low
Canto 2012	Low	Unclear	Low	Unclear	Low	Low	Low
Chang 2017	Low	Low	Low	Low	Low	Low	Low
Del Chiaro 2015	Low	Unclear	Low	Low	Low	Low	Low
Harinck 2016/ Konings 2016	Low	Low	Low	High	Low	Low	Low
Kimmey 2002	Low	Low	Low	Low	Low	Low	Low
Ludwig 2011	Low	Unclear	Low	Unclear	Low	Low	Low
Nicholson 2015	Low	Low	Low	Unclear	Low	Low	Low
Poley 2009	Low	Low	Low	Low	Low	Low	Low
Potjer 2013	Low	Low	Low	Low	Low	Low	Low
Sud 2014	Low	Low	Low	High	Low	Low	Low
Vasen 2016	Low	High	Low	Low	Low	Low	Low
Verna 2010	Low	Unclear	Low	High	Low	Low	Low
Zubarik 2011	Low	Low	Low	Low	Low	Low	Low

3

J.51 Staging

2 Figure 7: Risk of bias and applicability concerns graph: review authors' judgements about each domain presented as percentages across included studies



2 Table 4: Risk of bias and applicability concerns summary: review authors' judgements about each domain for each included study

		RISK OF BIAS					INDIRECTNESS ²			
Study	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD	FLOW AND TIMING	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD			
Connor 2005	High	Low	Low	Low	Low	Low	Low			
DeWitt 2004	Low	Low	High	High	Low	Low	Low			
Doucas 2006	Low	High	Unclear	Low	Low	Low	Low			
Fang 2012	Low	Low	Low	Low	Low	Low	Low			
Farma 2008	Low	Unclear	Unclear	Unclear	Low	Low	Low			
Fischer 2002	Low	Low	Unclear	High	Low	Low	Low			
Fristrup 2006	Low	Low	High	High	Low	Low	Low			
Furukawa 2008	Low	Low	Unclear	High	Low	Low	Low			
Ghaneh 2018	Low	Low	Low	High	Low	Low	Low			
Imbriaco 2005	Low	Low	Unclear	Low	Low	Low	Low			
Klauss 2007	Low	High	High	Low	Low	Low	Low			
Kłęk 2004	Low	Low	Unclear	Low	Low	Low	Low			
Koelblinger 2011	Low	Low	Unclear	High	Low	Low	Low			
Kwon 2002	Low	Low	High	Low	Low	Low	Low			
Lemke 2004	Low	Unclear	Unclear	Low	Low	Low	Low			
Liu 2005	Low	Low	High	Low	Low	Low	Low			
Maithel 2008	Low	Low	High	Low	Low	Low	Low			
Maluf-Fiho 2004	Low	Low	High	Low	High	Low	Low			
Mansfield 2008	Low	Low	High	Low	High	Low	Low			
Minniti 2003	Low	Low	Unclear	Low	Low	Low	Low			
Phoa 2005	Low	Low	Unclear	Low	Low	Low	Low			
Roche 2003	Low	Low	Low	Low	Low	Low	Low			
Schacter 2000	Low	Low	Unclear	High	Low	Low	Low			
Shah 2008	Low	Low	Unclear	High	Low	Low	Low			
Shami 2011	Low	Unclear	Unclear	High	Low	Low	Low			

		RISK (OF BIAS	INDIRECTNESS ^a			
Study	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD	FLOW AND TIMING	PATIENT SELECTION	INDEX TEST	REFERENCE STANDARD
Soriano 2004	Low	Low	Low	Low	Low	Low	Low
Taylor 2001	High	Low	Unclear	Low	High	Low	Low
Tellez-Avila 2012	Low	Low	Unclear	Low	Low	Low	Low
White 2001	Low	Low	Unclear	Low	Low	Low	Low
Yoneyama 2014	Low	Low	Unclear	Low	Low	Low	Low

¹ Notes: a, the applicability items of QUADS-2 were used to evaluate indirectness.



