

Fig. E-1

Summary receiver operating characteristic curve demonstrating superior diagnostic accuracy of 3.0-T-field-strength MRI compared with 1.5-T MRI for the detection of TFCC tear. (It should be noted that only one study using the 3.0-T magnet was reviewed.)

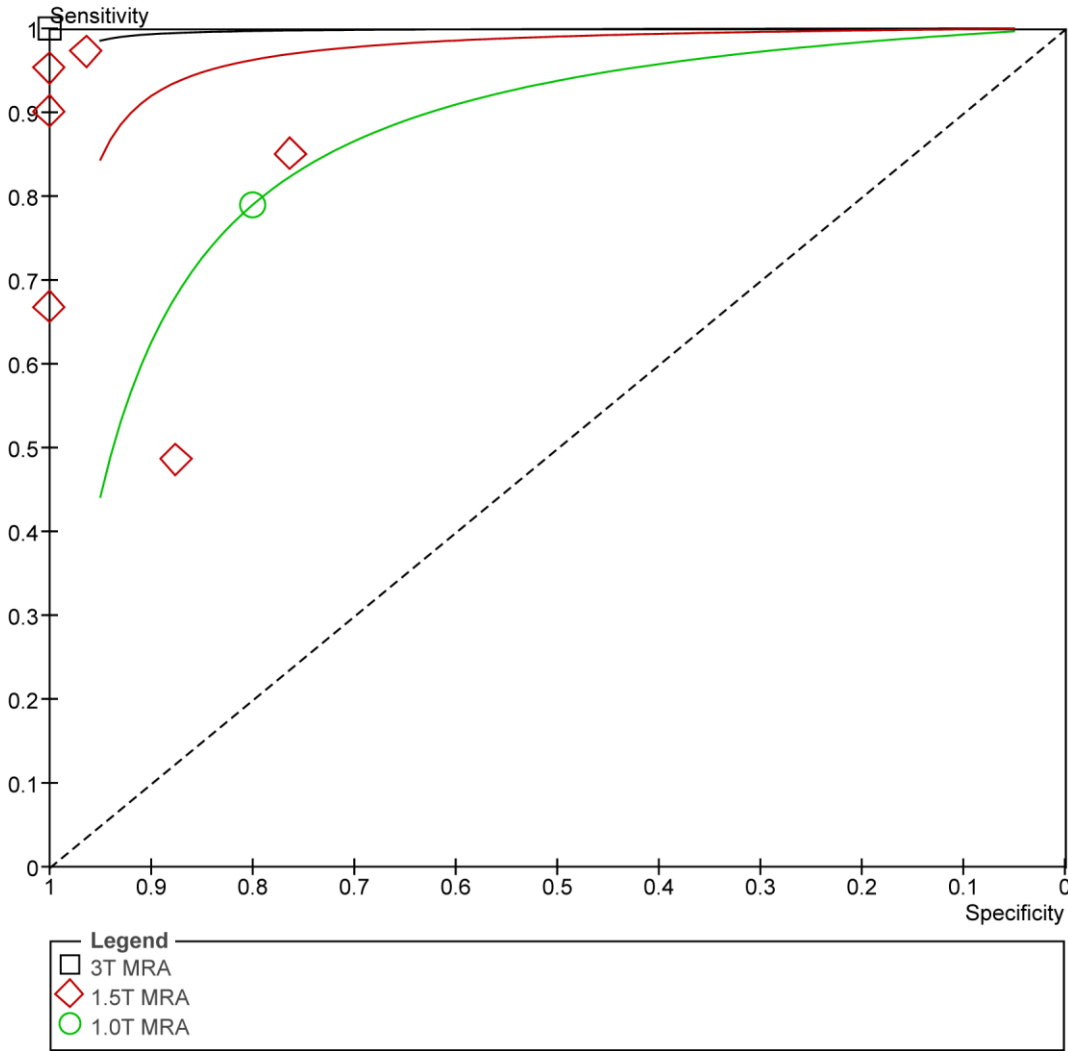


Fig. E-2
Summary receiver operating characteristic curve demonstrating superior diagnostic accuracy of 3.0-T-field-strength MRI compared with 1.5-T and 1.0-T MRA for the detection of TFCC tear. (It should be noted that only one study using the 3.0-T magnet was reviewed.)

TABLE E-1 Search Strategy

1. MRI
2. magnetic resonance imag\$
3. OR/1-2
4. arthrosc\$
5. surg\$
6. operat\$
7. OR/4-6
8. exp/injury
9. rupture\$
10. tear\$
11. OR/8-10
12. exp/wrist
13. exp/radius
14. exp/ulnar
15. radioulnar.tw
16. radiocarpal.tw
17. OR/12-16
18. AND/3,7
19. AND/11,17,18
20. removal of animal studies
21. 19 not 20

Study	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Braun et al. ⁴²	✓	X	✓	X	✓	✓	✓	✓	✓	✓	✓	U	U	U
Cerofolini et al. ⁵⁵	✓	X	✓	U	✓	✓	✓	X	✓	U	U	U	✓	✓
De Smet ⁶⁴	X	X	✓	U	U	✓	✓	X	✓	U	U	✓	U	U
Gabl et al. ⁶⁵	U	X	✓	U	✓	✓	✓	X	X	U	U	✓	U	U
Golimbu et al. ²⁵	✓	✓	✓	✓	X	✓	✓	X	X	✓	U	U	U	✓
Haims et al. ²²	U	X	✓	X	✓	✓	✓	✓	✓	✓	U	✓	U	U
Johnstone et al. ⁴⁰	✓	✓	✓	X	✓	✓	✓	✓	✓	U	U	U	✓	✓
Joshy et al. ¹⁶	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	U	✓	✓	U
Shih et al. ²	✓	✓	✓	U	✓	✓	✓	X	X	✓	U	✓	✓	✓
Magee ⁴¹	✓	X	✓	✓	✓	✓	✓	✓	X	✓	X	✓	U	U
Morley et al. ⁶⁶	X	✓	✓	U	✓	✓	✓	✓	✓	U	U	U	U	U
Oneson et al. ¹⁰	✓	✓	✓	U	X	✓	U	✓	✓	✓	U	✓	U	X
Pederzini et al. ¹³	✓	✓	✓	U	✓	✓	✓	X	✓	U	U	U	✓	✓
Potter et al. ⁵	✓	✓	✓	✓	✓	✓	✓	✓	U	✓	U	X	✓	U
Rüegger et al. ⁶⁷	✓	✓	✓	✓	X	✓	U	✓	✓	U	U	U	✓	✓
Scheck et al. ¹⁹	✓	✓	✓	✓	X	X	✓	✓	X	✓	U	X	✓	X
Schmitt et al. ³⁹	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	U	U
Schweitzer et al. ¹⁵	✓	✓	✓	U	✓	✓	✓	✓	X	✓	U	U	✓	U
Shionova et al. ¹⁸	✓	✓	✓	U	✓	✓	✓	X	U	U	✓	U	✓	✓
Totterman et al. ⁷	✓	X	✓	U	✓	✓	✓	✓	✓	✓	U	X	U	U
Zlatkin et al. ⁴⁶	✓	X	✓	U	X	X	✓	✓	X	✓	U	X	✓	U

TABLE E-2 QUADAS (Appraisal) Tool Results*

*QUADAS = Quality Assessment of Diagnostic Accuracy Studies, ✓ = satisfied, X = not satisfied, and U = unclear. The QUADAS criteria were:

1. Was the spectrum of patients representative of the patients who will receive the test in practice?
2. Were selection criteria clearly described?
3. Is the reference standard likely to correctly classify the target condition?
4. Is the time period between the reference standard and index test short enough to be reasonably sure that the target condition did not change between the two tests?
5. Did the whole sample or a random selection of the sample receive verification using a reference standard of diagnosis?
6. Did patients receive the same reference standard regardless of the index test result?
7. Was the reference standard independent of the index test (i.e., the index test did not form part of the reference standard)?
8. Was the execution of the index test described in sufficient detail to permit replication of the test?
9. Was the execution of the reference standard described in sufficient detail to permit its replication?
10. Were the index test results interpreted without knowledge of the results of the reference standard?
11. Were the reference standard results interpreted without knowledge of the results of the index test?
12. Were the same clinical data available when test results were interpreted as would be available when the test is used in practice?
13. Were uninterpretable/intermediate test results reported?
14. Were withdrawals from the study explained?