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Which item numbers refer to the definition of a bibliography. The word bibliography refers to. Refers to a source in the bibliography.

PDF Displays the content of the article Figures and tables Video Audio Additional data Sensitivity and specificity are terms used to evaluate a clinical test. They are independent of the population of interest tested. Positive and negative predictive values are useful when considering the value of a test to a doctor. They depend on the prevalence of the disease in the population of interest. The sensitivity and specificity of a quantitative test depends on the cut-off value above or under which the test is positive. In general, the greater the sensitivity, the less the specificity, and vice versa. The curves characteristics of the receiver operator are a plot of false positives against real positives for all cut-off values. The area under the curve of a perfect test is 1.0 and that of a useless test, not better than throwing a coin, is 0.5. Many clinical tests are used to confirm or refute the presence of a disease or further diagnostic process. Ideally, these tests correctly identify all patients with the disease, and properly identify all patients who are without disease. In other words, a perfect test is never positive in a patient who is sick and is never negative in a patient who is actually sick. Most clinical tests fall short of this ideal. Sensitivity, specificity and other terms The following terms are fundamental to understand the usefulness of clinical tests: When evaluating a clinical test, the terms of sensitivity and specificity are used. They are independent of the population of interest tested. The positive predictive value (PPV) and negative predictive value (NPV) are used when considering the value of a clinical test and depend on the prevalence of the disease in the population of interest. True positive: the patient has the disease and the test is positive. Positive fake: the patient does not have the disease, but the test is positive. True negative: the patient does not have the disease and the test is negative Falso negative: the patient has the disease but the test is negative. Sensitivity The sensitivity of a clinical test refers to the ability of the test to correctly identify patients with the disease. A 100% sensitivity test correctly identifies all patients with the disease. A 80% sensitivity test detects 80% of patients with the disease (really positive) but 20% with the disease should be unnoticed (negative flutes.) High sensitivity is clearly important where the test is used to identify a serious but curable disease (e.g. cervical cancer). The projection of the female population through cervical striscis test is a sensitive test. However, it is not very specific and a high percentage of women with a positive cervical stripe that continue to have a coupe are at the end notunderlying pathology. Specificity The specificity of a clinical test refers to the ability of the test to correctly identify those patients without the disease. Therefore, a test100% specificity correctly identifies all patients without disease. A 80% specificity test correctly reports 80% of patients without the disease as negative tests (negative tests) but 20% of patients without the disease are incorrectly identified as positive tests (positive results). As discussed above, a test with a high sensitivity but low specificity results in many patients who are free diseases to be told of the possibility of having the disease and are therefore subject to further investigation. Although the ideal (but unrealistic) situation is for a 100% accurate test, a good alternative is that of patients who are initially positive to a test with high sensitivity/low specificity, to a second test with low sensitivity/high specificity. In this way, almost all false positives can be properly identified as negative disease. Positive Predictive Value The PPV of a test is a proportion that is useful to doctors since it answers the question: "How is it likely that this patient has the disease since the test result is positive?" Negative predictive value The NPV of a test answers the question: "How is it likely that this patient does not have the disease since the test result is negative?" A final term sometimes used with reference to the test utility is the probability ratio. This is defined as most likely is that a positive test patient has the disease compared to a negative test. PPV and NPV depend on the population in the test phase and are influenced by the prevalence of the disease. Consider the following example: screening for systemic lupus erythematosis (SLE) in a general population using the antinuclear antibody has a low PPV due to the high number of positive fakes it produces. However, if a patient has signs of SLE (e.g. malar thread and joint pain,) the PPV of the test increases because the population from which the patient is drawn is different (from a general population with a low prevalence of SLE to a clinically suspicious population with a much higher prevalence). We can also consider a woman presenting with postpartum euphemism and where one of the differential diagnosis is pulmonary embolism. A D-dimer test would almost certainly be elevated in this patient population; Therefore, the test has a low PPV for pulmonary embolism. However, it has a high NPV for pulmonary embolism since a low D-dimer is unlikely to be associated with pulmonary embolism. The dependence of PPV and NPV on the prevalence of a disease can be illustrated numerically: Consider a population of 4000 people who are equally divided into evil and well. A screening test to detect the condition has a 99% sensitivity and a 99.% specificityf this population would therefore produce 1980 real positives and 1980 real negatives with 20 patients in the phase of positive tests whenin fact they are good and 20 patients feel negative when they are sick. Therefore, the PPV of this test is 99%. However, if the number of sick people in the population is only 200 and the number of people well is 3800, the number of positive false increases from 20 to 38 and the PPV drops to 84%. This discussion highlights the fact that the ability to make a diagnosis or a screen for a condition depends on both the discriminatory value of the test and the prevalence of the disease in the population of interest. If the data for a test are inserted in a 2×2 contingency table, Fisher's exact test of many statistical software packages can be used to calculate sensitivity, specificity, PPV, NPPV and probability ratio. Receptor operator curves Consider the following hypothetical example: the measurement of high endorphin levels in SpRs in Anaesthesia was found associated with success in the final examination of FRCA. a SpRs sample is tested before the exam with a range of endophora values. The data is examined and an arbitrary cutting point is chosen for endophora levels above which most candidates have passed with few failures. Despite the choice of the cut-off value so that the maximum possible number of SpRs is correctly classified, we can find that 10% of the cohort with endorphin levels over the cut-off level failed the examination (positive results) and 15% of the cohort with endorphin levels under the cut-off level exceeded the examination (negative flutes). The relatively crude measurements of sensitivity and specificity discussed earlier cannot take into account the cutting point for a particular test. If the cut-off point is lifted, there are less positive fakes but more negative fakes—the test is highly specific but not very sensitive. Similarly, if the cut-off point is low, there are less false negatives, but more false positives—the test is highly sensitive but not very specific. The curved characteristics of the receiver operator (so called because they were originally designed by the radio receiver operators after the attack on Pearl Harbour to determine how the U.S. radar did not detect the Japanese plane) are a plot of (1−specificity) of a x axis test against its sensitivity on the y axis for all possible cutting points. An identical chart is produced when the false positive rate of a test is shown on the x axis against the true positive rate on the y axis (Fig. 1). An ideal test is represented by the upper curve of the figure. The central curve represents the characteristics of a test more typically seen in routine clinical use. The area under this curve (AUC) represents the overall accuracy of a test, with a value that approaches 1.0 indicating a high sensitivity and specificity. The lineOn the graph represents the zero discrimination line with a 0.5 AUC (the test is not better than launching a coin). Open in the new Slidereceiver Curve of the operator: (a) zero zero line (AUC = 0.5); (B) Typical clinical test (AUC = 0.5 "1.0); Perfect test (AUC = 1.0). Thanks The authors are grateful to Professor Rose Baker, the Department of Statistics, at the University of Salford for his valuable contribution in providing useful comments and advice on this manuscript. Bibliography 4.Â Â If you are pursuing or planning to pursue research, the bibliography is perhaps the most important element in a research exercise. Without a bibliography, work is essentially useless. While this might seem extreme, it is true that research without the control of the fact is useless. 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