

Measures of Diagnostic Accuracy

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Learning Objectives

Measures of **diagnostic accuracy** tell you how well the test can classify individuals with or without a particular disease

Key diagnostic accuracy measures are derived from a **2 x 2 table**, which compares true disease status with test results



The below table presents **sensitivity**, **specificity** and **predictive value** results for low-dose CT:

Diagnostic accuracy measure	Result
Sensitivity	93.8%
Specificity	73.4%
Positive predictive value	2.4 to 4.4%
Negative predictive value	99.9%

What do these numbers mean?



True Disease Status

- To evaluate the diagnostic accuracy of a test, we need to compare the test results to the 'truth'
- **Gold Standard:** the best test/method we have available for determining the disease status of an individual
- **Reference standard:** the best test we have available to estimate an individual's disease status



True disease status

+

-

+

True Positives (TP)

False Positives (FP)

Test

result

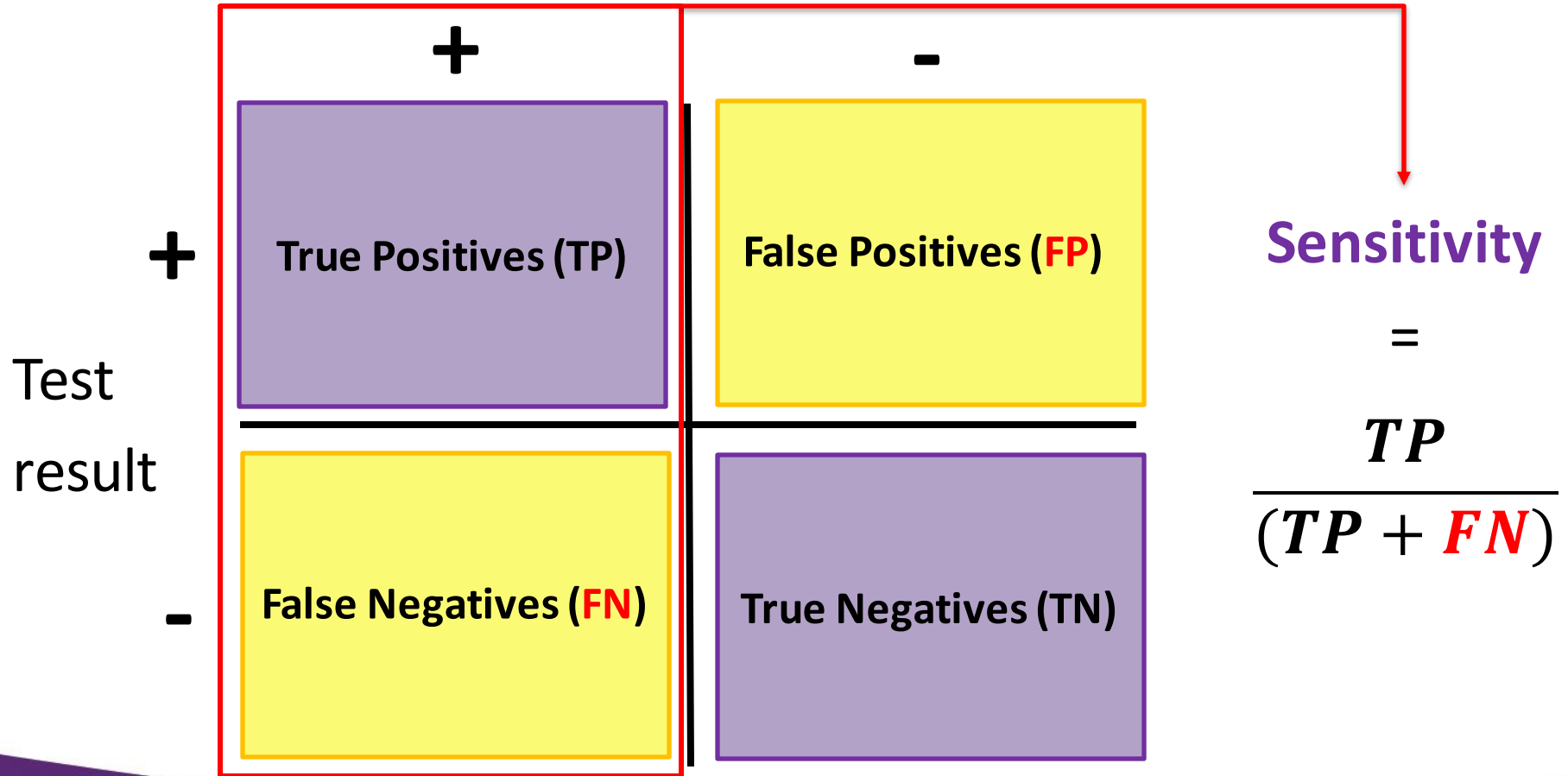
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False Negatives (FN)

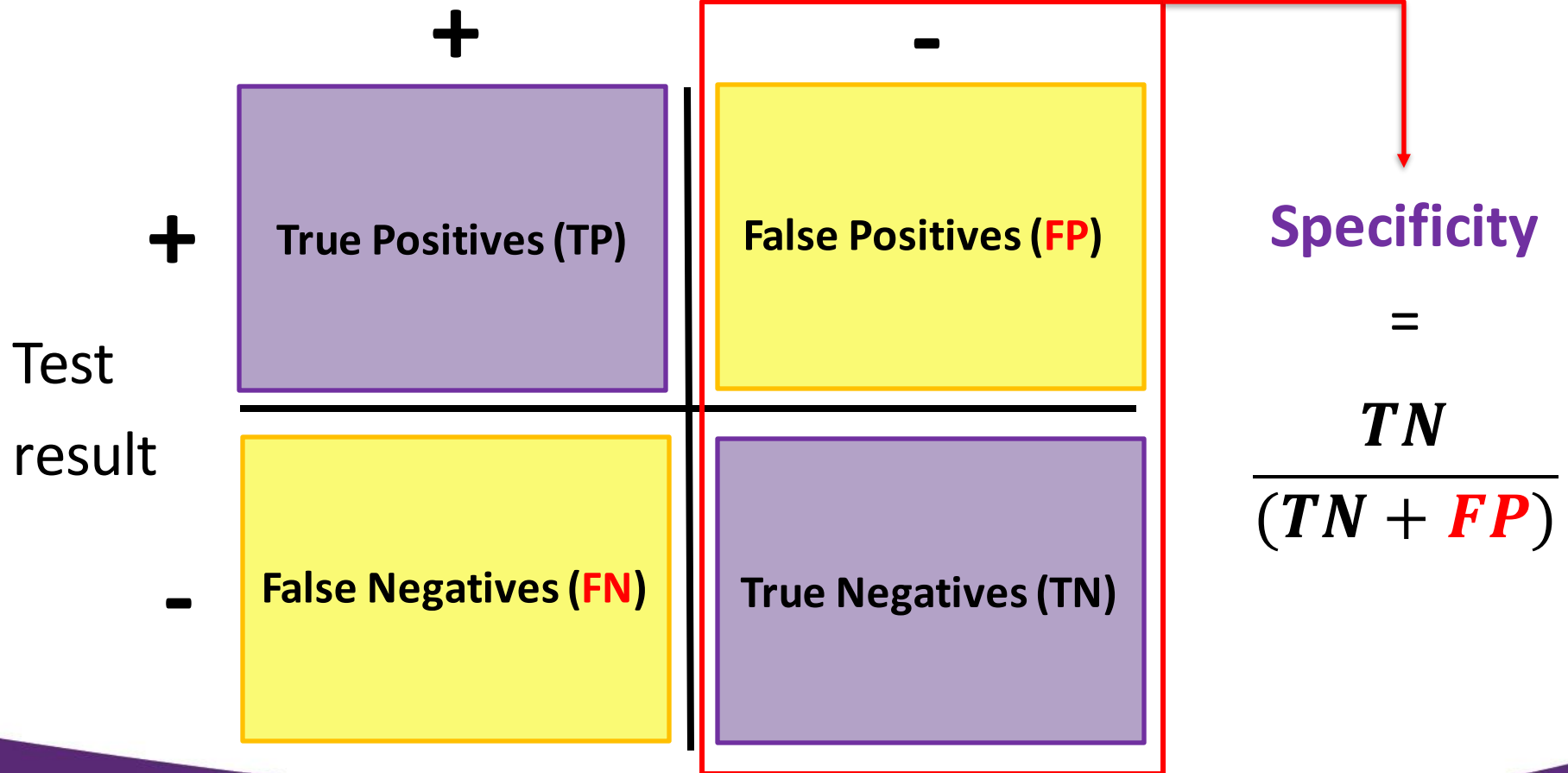
True Negatives (TN)



True disease status



True disease status



True disease status

+

-

+

True Positives (TP)

False Positives (FP)

Test

result

-

False Negatives (FN)

True Negatives (TN)

Positive
predictive
value

=

$$\frac{TP}{(TP + FP)}$$



True disease status

+

-

+

True Positives (TP)

False Positives (FP)

Test

result

-

False Negatives (FN)

True Negatives (TN)

Negative
predictive
value

=

$$\frac{TN}{(TN + FN)}$$



The below table presents **sensitivity**, **specificity** and **predictive value** results for low-dose CT:

Diagnostic accuracy measure	Result
Sensitivity	93.8%
Specificity	73.4%
Positive predictive value	2.4 to 4.4%
Negative predictive value	99.9%

What do these numbers mean?



Test diagnostic threshold

Test results are classified as 'positive' or 'negative' against a specified **threshold value** or positivity criterion.

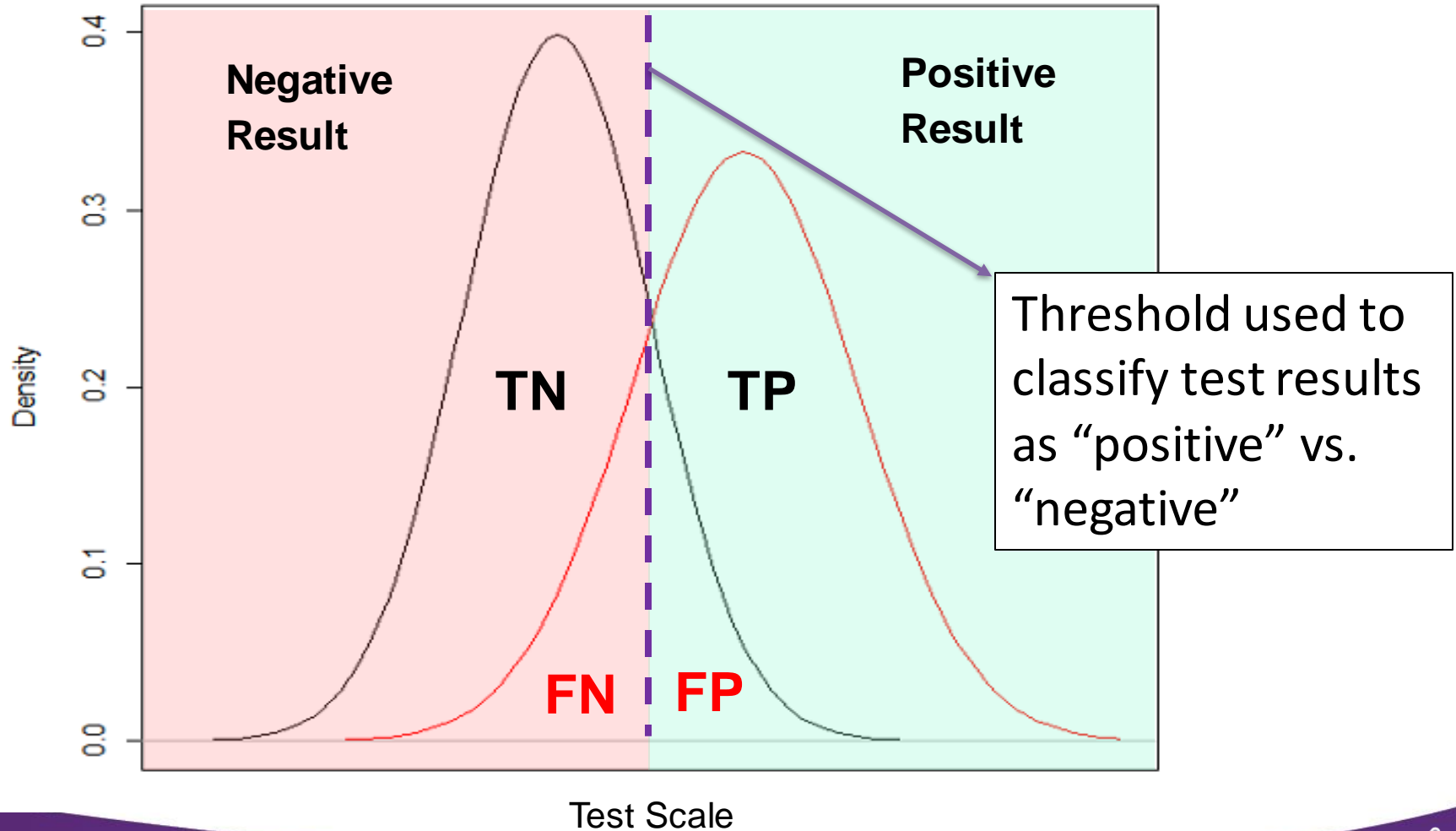
E.g. for tests based on the quantitative measurement of a biomarker, the threshold will be a given numerical value.

If the threshold changes, the diagnostic accuracy will also change.



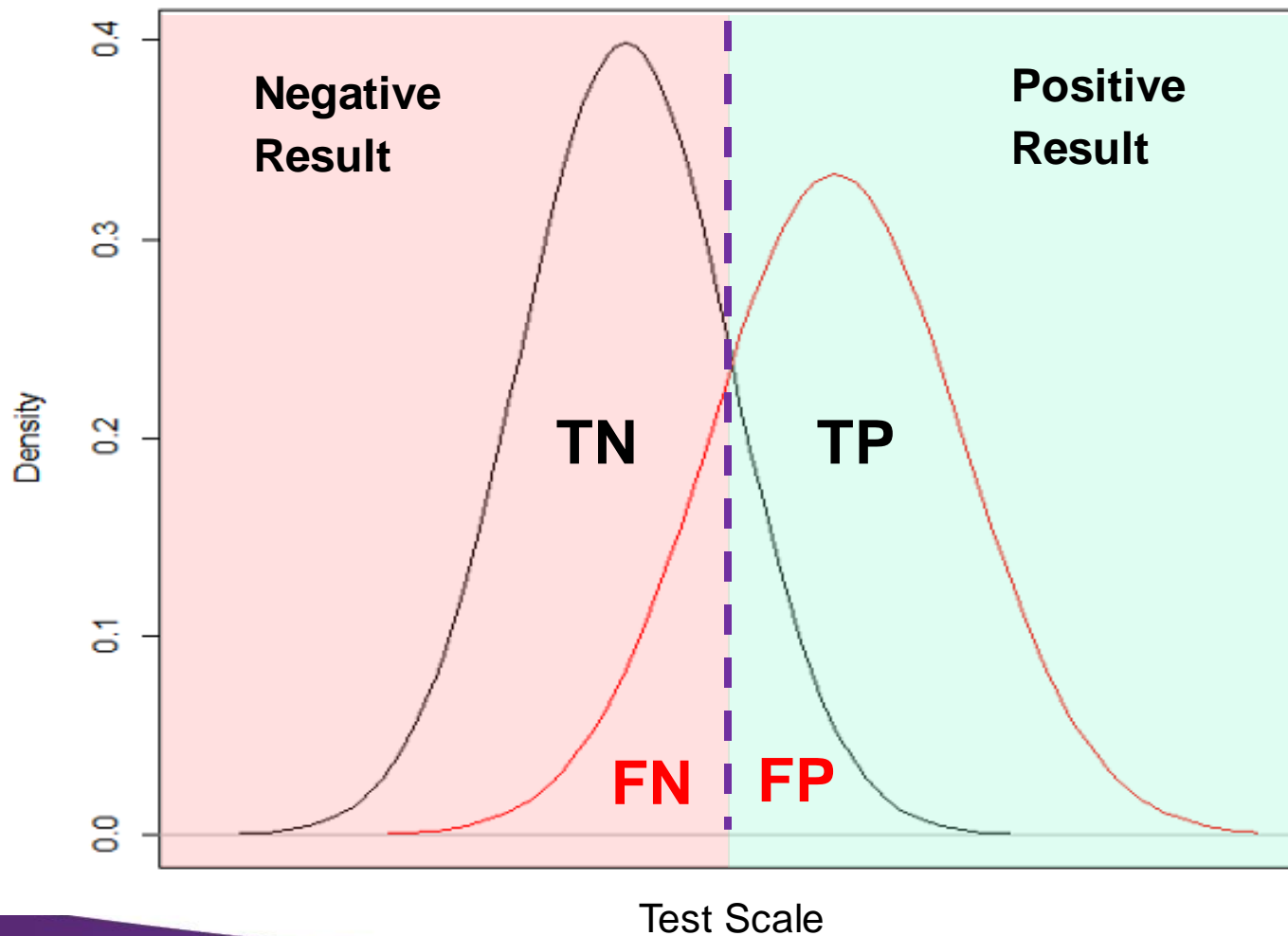
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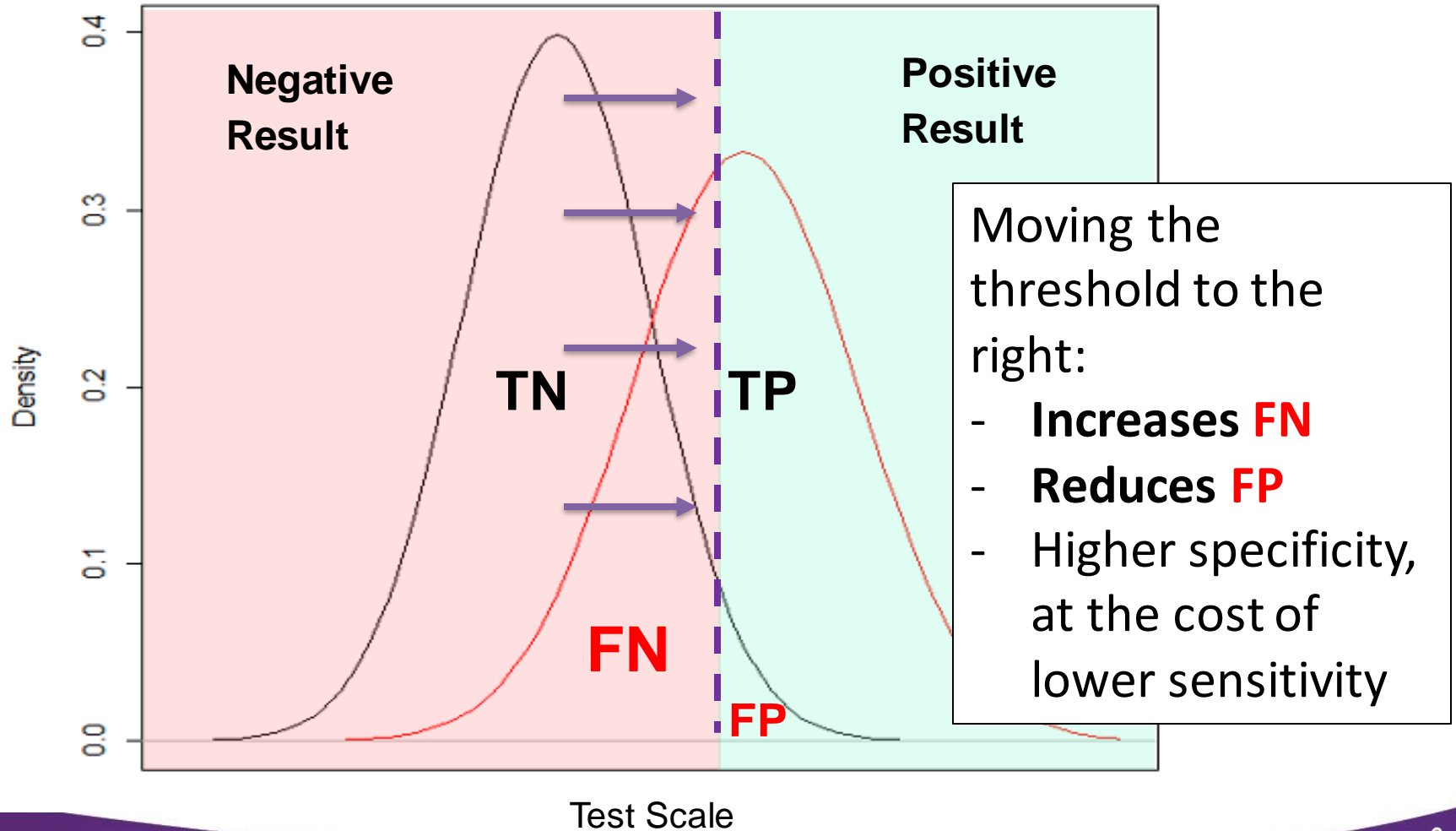
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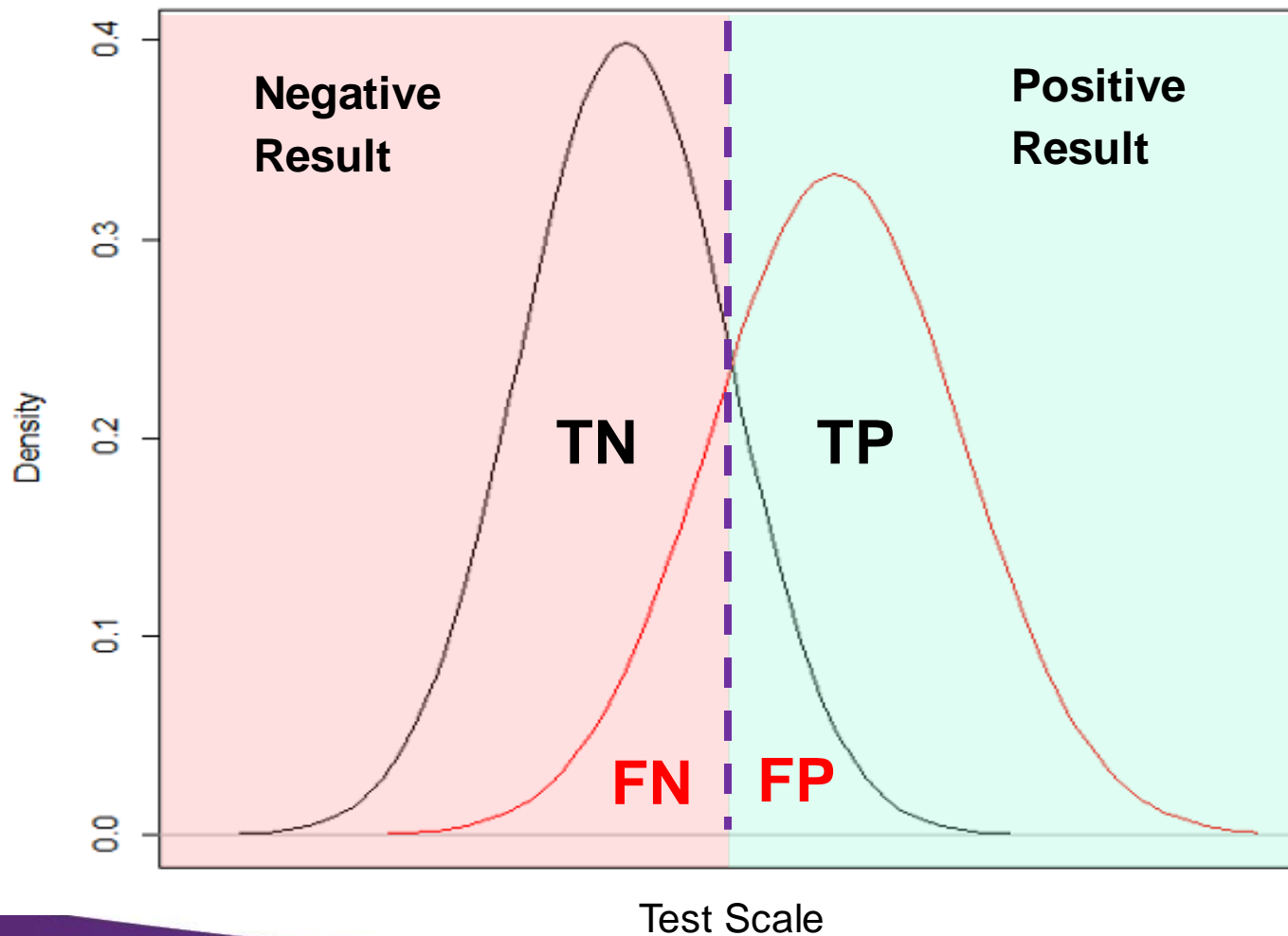
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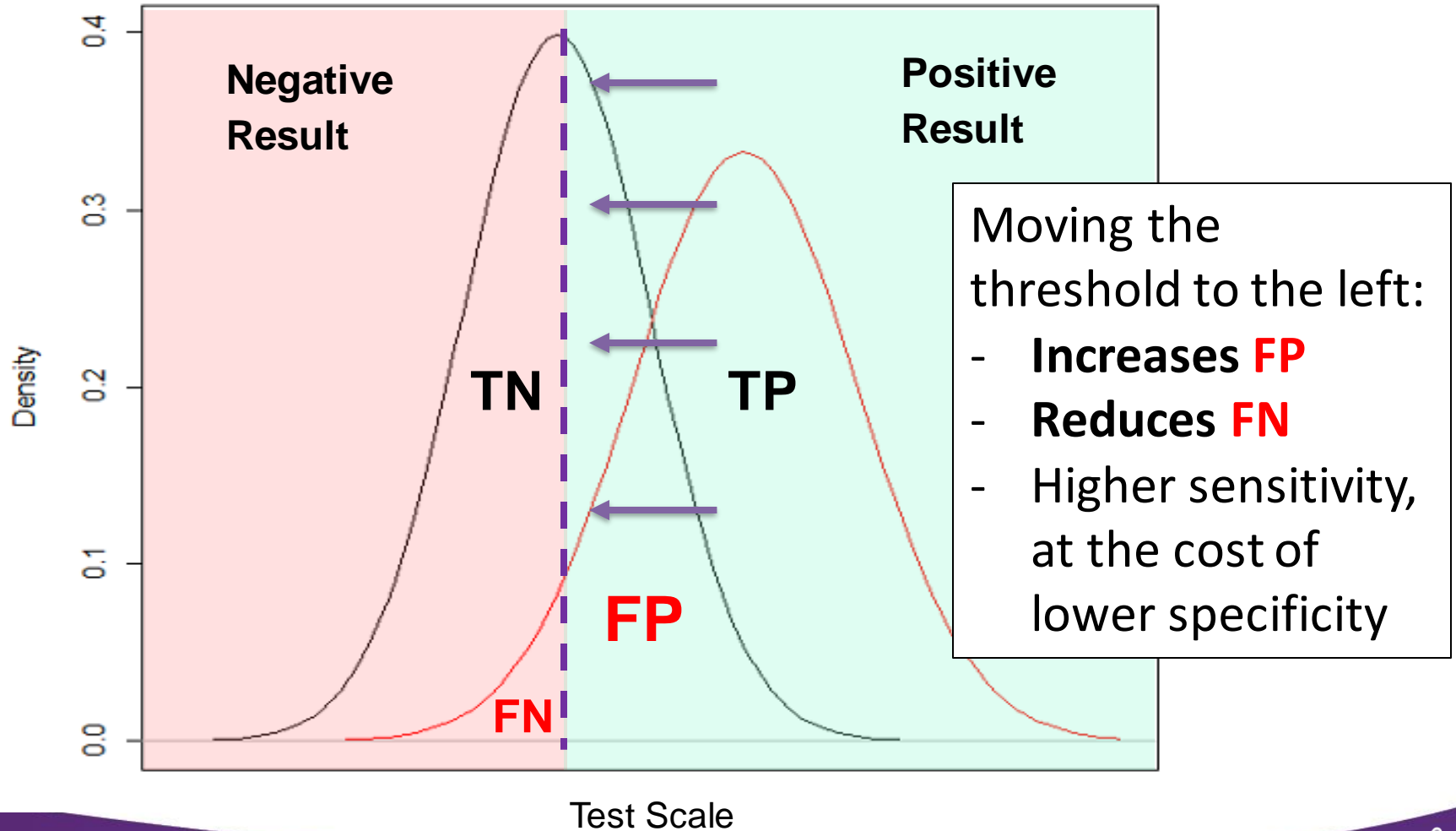
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Prevalence and spectrum of disease

Prevalence is defined as the proportion of a population who have a particular disease or condition. The **spectrum of disease** describes the proportion of patients with mild vs. severe illness.

Changing the **prevalence** of disease can significantly affect predictive values (**PPV** and **NPV**) but does not affect sensitivity or specificity.

HOWEVER, changes in the **spectrum of disease** (which often occur together with changes in the prevalence) can significantly affect **sensitivity** and/or **specificity**.



Example

In the Excel file called 'test accuracy', the accuracy of a hypothetical test is compared across two settings: 'A&E' and 'GP' (each shown in separate worksheets).

For each setting, we have given you the estimated disease prevalence in this patient population, and the test sensitivity and specificity.

Have a look in your own time...

Imagine you carry out the test on 100 people in each setting. Work through the flowcharts and fill in the missing numbers to **calculate the PPVs and NPVs**.

What is the PPV and NPV of the test in each clinical setting? Do you think this is a useful test to use in the GP or A&E settings?



Summary

- Diagnostic accuracy values can be calculated from the 2x2 table
- Sensitivity and specificity consider the accuracy of a test from the perspective of patients with the disease (sensitivity) and without the disease (specificity)
- PPV and NPV consider the accuracy of a test from the perspective of patients with a positive test result (PPV) or negative test result (NPV)
- Key factors to consider include: the diagnostic threshold, disease prevalence, and the spectrum of disease

