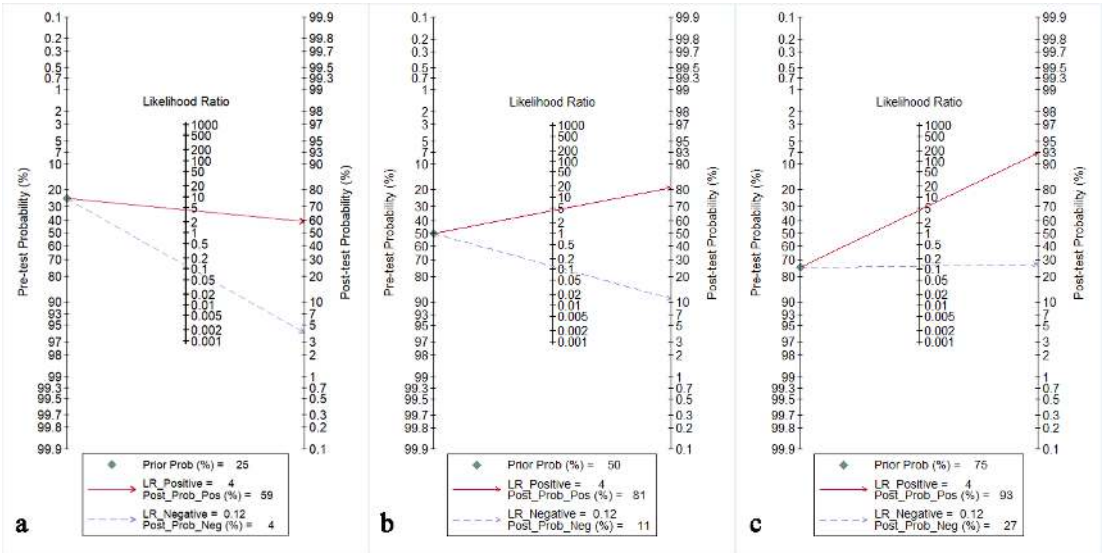


Fig.S1 Fagan's plot of whole-heart MRCA: We assume that the pre-test probability of 25%, 50% and 75% represent low clinical suspicion, worst-case scenario and high clinical suspicion respectively. (a) The post-test probability of patients with a low suspicion was 4% when given a negative result. (b) With a pre-test probability of 50%, the patients' post-test probabilities of coronary artery disease, given positive and negative results, were 81% and 11% separately. (c) The post-test probability of patients with a high suspicion was 93% when given a positive result.

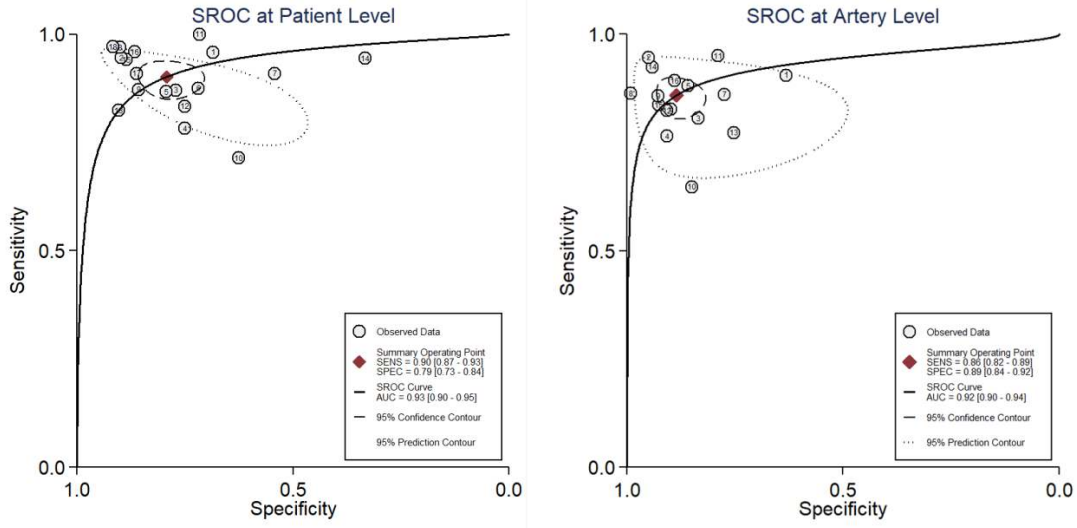
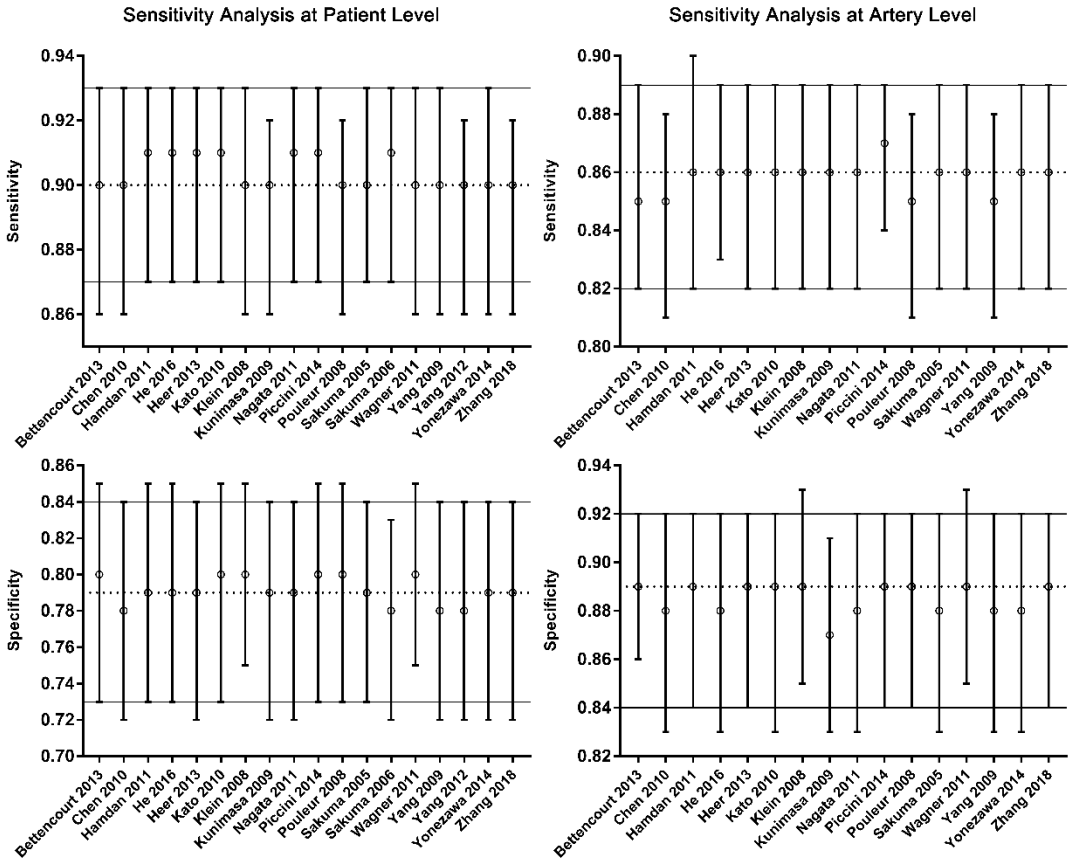
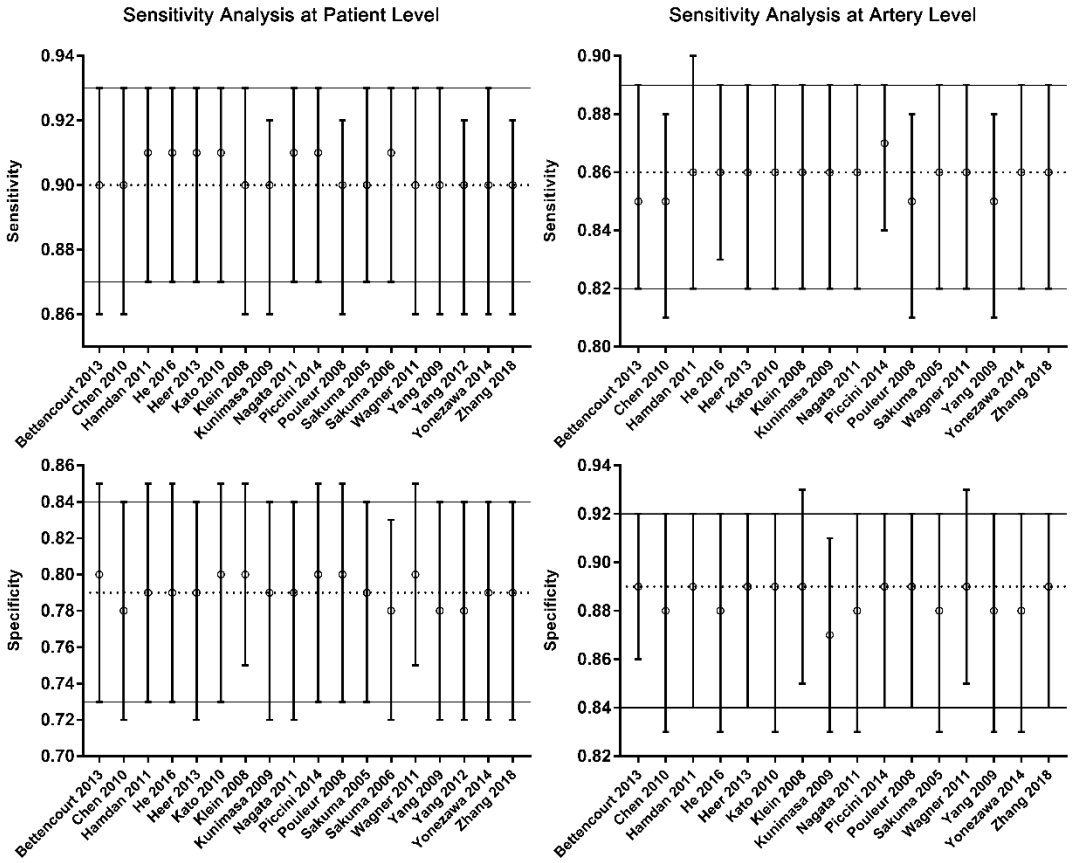


Fig.S2 Summary receiver-operating characteristic plots


Sensitivity Analysis at Patient Level
Sensitivity
0.94
0.92
0.90
0.88
0.86
Specificity
0.86
0.84
0.82
0.80
0.78
0.76
0.74
0.72
0.70
Bettencourt 2013
Chen 2010
Hamdan 2011
He 2016
Heer 2013
Kato 2010
Klein 2008
Kunimasa 2009
Nagata 2011
Piccini 2014
Pouleur 2008
Sakuma 2005
Sakuma 2006
Wagner 2011
Yang 2009
Yang 2012
Yonezawa 2014
Zhang 2018
Sensitivity Analysis at Artery Level
Sensitivity
0.90
0.88
0.86
0.84
0.82
0.80
Specificity
0.94
0.92
0.90
0.88
0.86
0.84
0.82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0.82

Fig.S3 Results of sensitivity analyses

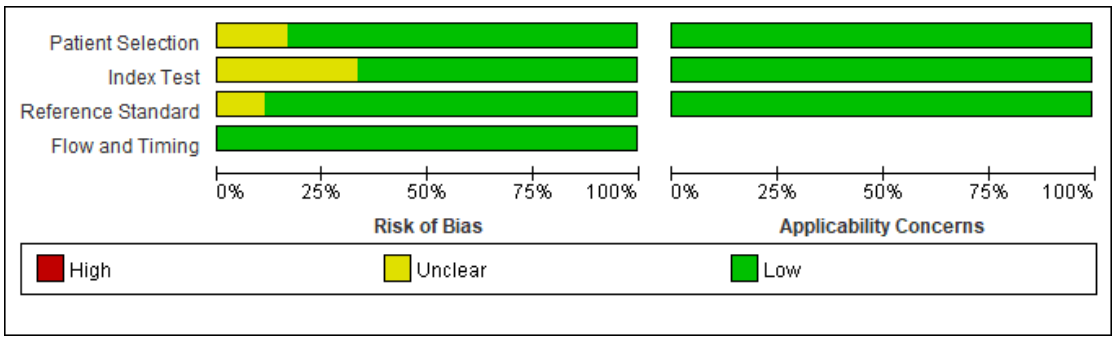

Fig.S4 Risk of bias and applicability concerns

QUADAS-2 Items

Patient Selection

A. Risk of Bias

Was a consecutive or random sample of patients enrolled?

Was a case-control design avoided?

Was the spectrum of patients representative of the patients who will receive the test in practice?

Were selection criteria clearly described?

Could the selection of patients have introduced bias?

B. Concerns regarding applicability

Are there concerns that the included patients and setting do not match the review question?

Index Test

A. Risk of Bias

Were the index test results interpreted without knowledge of the results of the reference standard?

If a threshold was used, was it pre-specified?

Was the execution of the index test described in sufficient detail to permit replication of the test?

Were clinical data available when test results were interpreted as would be available when the test is used in practice?

Could the conduct or interpretation of the index test have introduced bias?

B. Concerns regarding applicability

Are there concerns that the index test, its conduct, or interpretation differ from the review question?

Reference Standard

A. Risk of Bias

Were the reference standard results interpreted without knowledge of the results of the index tests?

Is the reference standard likely to correctly classify the target condition?

Was the execution of the reference standard described in sufficient detail to permit its replication?

Could the reference standard, its conduct, or its interpretation have introduced bias?

B. Concerns regarding applicability

Are there concerns that the target condition as defined by the reference standard does not match the question?

Patient Selection

A. Risk of Bias

Was a consecutive or random sample of patients enrolled?

Was a case-control design avoided?

Was the spectrum of patients representative of the patients who will receive the test in practice?

Were selection criteria clearly described?

Could the selection of patients have introduced bias?

B. Concerns regarding applicability

Are there concerns that the included patients and setting do not match the review question?

Index Test

A. Risk of Bias

Were the index test results interpreted without knowledge of the results of the reference standard?

If a threshold was used, was it pre-specified?

Was the execution of the index test described in sufficient detail to permit replication of the test?

Were clinical data available when test results were interpreted as would be available when the test is used in practice?
Could the conduct or interpretation of the index test have introduced bias?
B. Concerns regarding applicability
Are there concerns that the index test, its conduct, or interpretation differ from the review question?
Reference Standard
A. Risk of Bias
Were the reference standard results interpreted without knowledge of the results of the index tests?
Is the reference standard likely to correctly classify the target condition?
Was the execution of the reference standard described in sufficient detail to permit its replication?
Could the reference standard, its conduct, or its interpretation have introduced bias?
B. Concerns regarding applicability
Are there concerns that the target condition as defined by the reference standard does not match the question?
Flow and Timing
Was there an appropriate interval between index test and reference standard?
Did all patients receive the same reference standard?
Were withdrawals from the study explained?
Were uninterpretable or intermediate test results reported?
Could the patient flow have introduced bias? Was there an appropriate interval between index test and reference standard?
Did all patients receive the same reference standard?
Were withdrawals from the study explained?
Were uninterpretable or intermediate test results reported?
Could the patient flow have introduced bias?