





Novel Approaches and New Methods to Increase Case Detection by Microscopy

Karen R Steingart, MD, MPH karenst@uw.edu 15 October, 2009

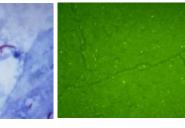


Objectives

- Present "hot off the press" findings from 3 systematic reviews concerning sputum microscopy
- Summarize the findings of the reviews using the GRADE approach







Images: CDC, World Lung Foundation, Univ. of Utah Health Sciences Library



Some definitions

- Systematic review is a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review.
- Meta-analysis is the use of statistical techniques in a systematic review to integrate the results of included studies.

Glossary of Terms, The Cochrane Collaboration, Version 4.2.5, Updated May 2005



Systematic review questions

- Are front-loaded and standard microscopy strategies comparable for diagnosing pulmonary TB when 2 specimens are examined?
- What is the diagnostic accuracy of LED fluorescence microscopy for pulmonary TB and how does it compare to Ziehl-Neelsen and fluorescence microscopy?
 - What do users think?
- Does bleach centrifugation increase the diagnostic accuracy of sputum smear microscopy for pulmonary TB?

Why carry out these reviews?

- Direct smear microscopy
 - Most widely available test for TB diagnosis
 - Moderate to poor sensitivity
 - High drop-out rate
- Methods to optimize smear microscopy
 - Sputum processing
 - Fluorescence microscopy
 - Diagnostic test strategies
- High quality evidence is important for policy





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Previous microscopy reviews

Review (Date of publication)	No. of studies	Median sample size	Principal findings
Sputum processing (2006)	83	256	↑ sensitivity (13%) with bleach centrifugation
Fluorescence microscopy (2006)	45	493	个 sensitivity (10%) with fluorescence microscopy
Serial sputum examination (2007)	37	153	2-5% 个 sensitivity with 3rd sputum specimen



What's new?

- New studies
- New technique
 - light emitting diode
- New diagnostic strategy
 - "front-loaded" microscopy
- New methods of data analysis and presentation

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Standardized approach to systematic reviews of diagnostic accuracy

- Define review questions
- Identify and select studies
- Assess study quality (QUADAS)
- Extract, analyze, and present data
 - Graph results of individual studies
 - Pooled estimates of sensitivity/specificity by hierarchical summary ROC and bivariate random effects methods
 - Visualize and statistically assess heterogeneity
 - Explore reasons for heterogeneity
 - Forest plots, hierarchical summary ROC curves
- Interpret data

Leeflang et al on behalf of the Cochrane Diagnostic Test Accuracy Working Group. Ann Intern Med. 2008;149:889-897

Quality assessment of diagnostic accuracy studies (QUADAS)

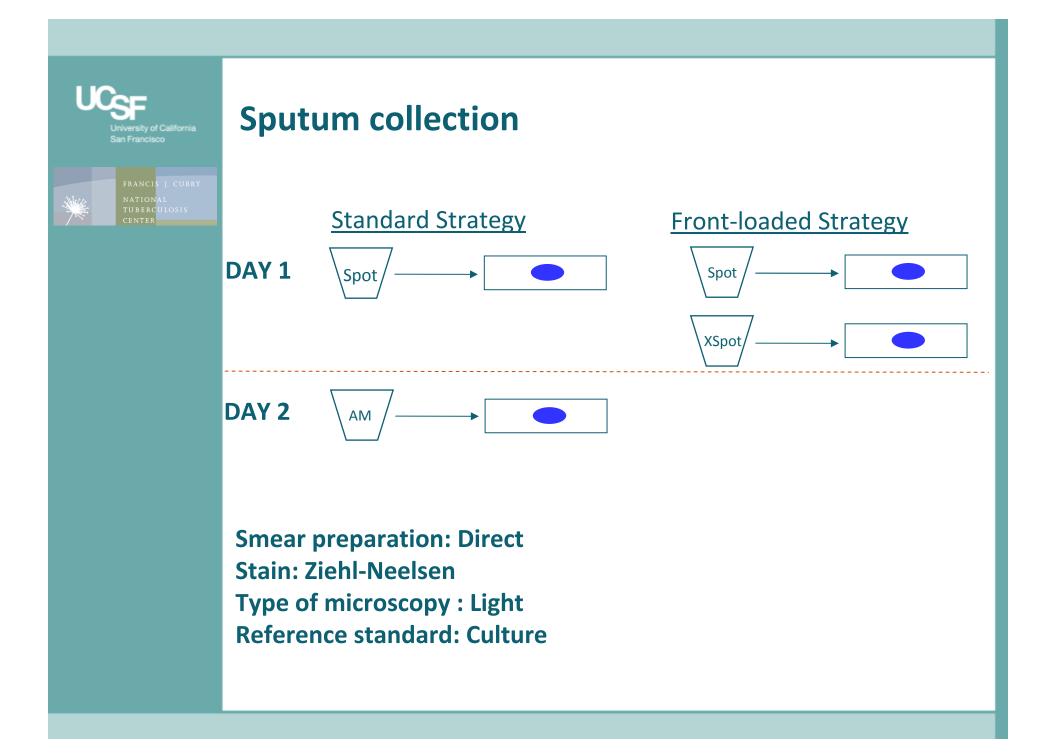
- Asks reviewers to assess 14 items
- Scores each item as 'yes', 'no', or 'unclear'
 - Patient spectrum
 - Selection criteria
 - Appropriate reference test
 - Time between tests
 - Partial verification
 - Differential verification
 - Incorporation bias

- Index test described
- Reference test described
- Index test blinded
- Reference test blinded
- Relevant data available
- Indeterminate results
- Study withdrawals

Whiting P, BMC Med Res Methodol, 3:25 (2003)

Systematic review questions

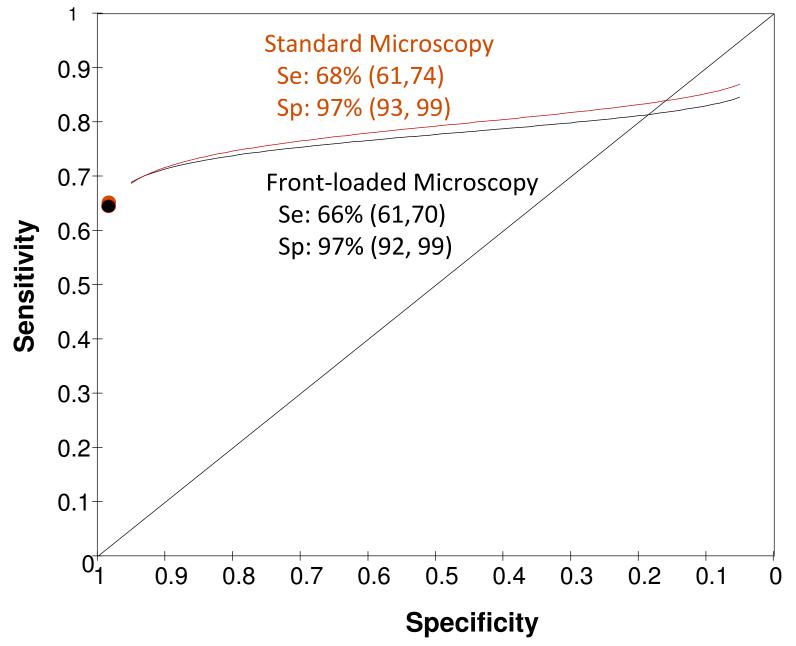
- Are front-loaded and standard microscopy strategies comparable for diagnosing pulmonary TB when 2 specimens are examined?
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QUALITY ASSESSMENT (QUADAS)

Representative spectrum?	
Acceptable reference standard?	
Acceptable delay between tests?	
Partial verification avoided?	
Differential verification avoided?	
Incorporation avoided?	
Reference standard results blinded?	
Index test results blinded?	
Relevant clinical information?	
Uninterpretable results reported?	
Withdrawals explained?	
External quality assurance?	
Selection criteria clearly described?	
Execution of index test described in sufficient detail?	
Execution of reference standard described in sufficient detail?	
	0% 25% 50% 75% 100%
Yes (high quality) Unclear	No (low quality)

HSROC curves



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Systematic review questions

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- What do users think?

 Does bleach centrifugation increase the diagnostic accuracy of sputum smear microscopy for pulmonary TB?



Light Emitting Diode (LED) microscopy

Fluorescence microscopy has been shown to be more sensitive than ZN and more time efficient

LED fluorescence microscopy uses ultra bright LED bulbs

- Less expensive
- Require less power (run on batteries)
- Very long half-life
- Lower maintenance
- No toxic components
- No UV production
- Perform equally well without a darkroom

LED fluorescence diagnostic accuracy

- Sensitivity 84% (76, 89); specificity 98% (97,99)
- Head-to head LED versus ZN

- 6% (0.1, 13) greater sensitivity, comparable specificity (8 studies)
- 46% *less* time to examine smears (14 comparisons)
- Head-to head LED versus conventional fluorescence
 - 5% (95% CI 0, 11) greater sensitivity, comparable specificity (7 studies)
 - same time to examine smears (7 comparisons)
- 94-100% of users would recommend implementing an LED system over ZN (FIND)



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QUALITY ASSESSMENT (QUADAS)

Representative spectrum?

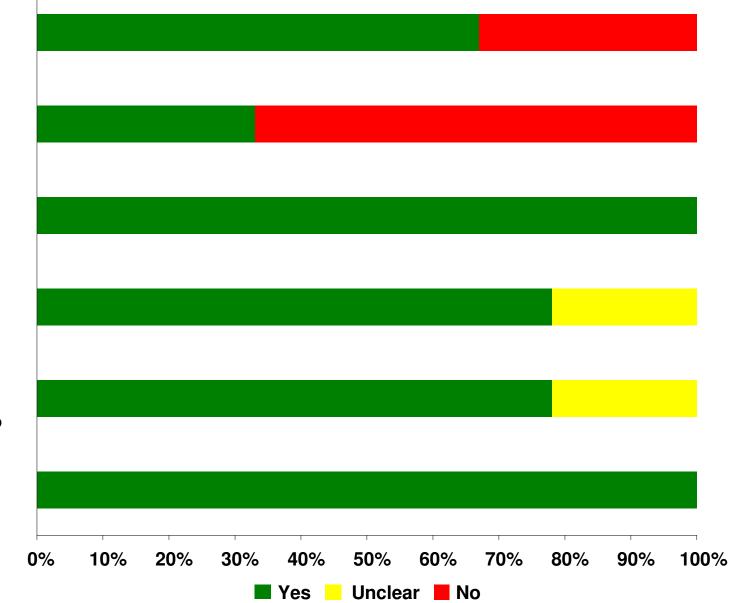
Selection criteria described?

Index tests described?

Index test results blinded?

Uninterpretable results reported?

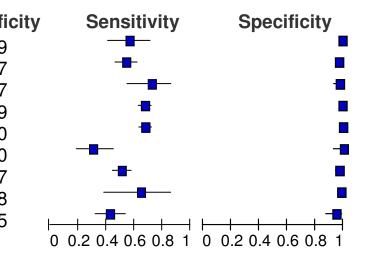
Withdrawals explained?



Forest plots, bleach centrifugation, culture reference

Direct microscopy

Ν	Sensitivity	Specific
303	0.57	0.99
510	0.54	0.97
178	0.72	0.97
936	0.68	0.99
936	0.68	1.00
100	0.31	1.00
497	0.51	0.97
297	0.65	0.98
166	0.43	0.95
	303 510 178 936 936 100 497 297	3030.575100.541780.729360.689360.681000.314970.512970.65



Bleach centrifugation

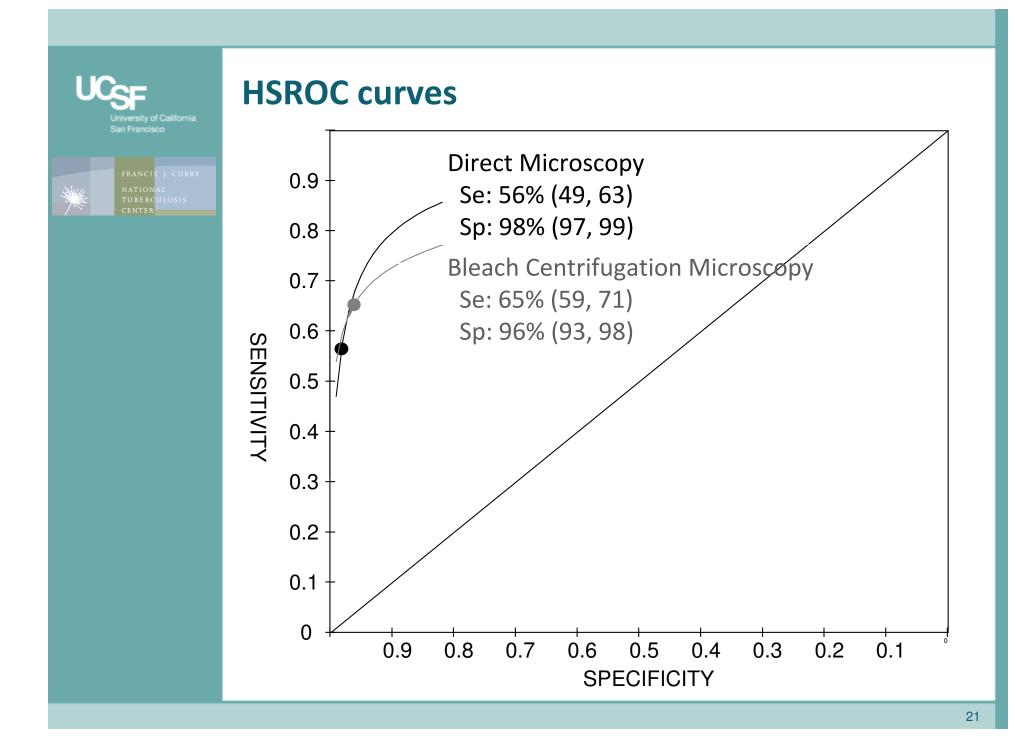
Study	Ν	Sensitivity	Specificit	y Sensitivity	Specificity
Angeby (a) 2000	303	0.65	0.96		
Bruchfeld 2000	510	0.63	0.96	-8-	
Daley 2009	178	0.67	0.92		-
Eyangoh (a) 2008	936	0.73	0.99	-	
Eyangoh (b) 2008	936	0.72	0.97	-	
Gebre (a) 1995	100	0.69	1.00		-8
Merid (c) 2009	497	0.64	0.81	-8-	
Mutha (a) 2005	297	0.65	0.94		
Wilkinson 1997	166	0.44	0.97		
				0 0.2 0.4 0.6 0.8 1	0 0.2 0.4 0.6 0.8 1



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Forest Plot: Sensitivity Difference

Study	Sensitivity Difference (95% CI)
Eyangoh SI (a) (2008)	0.05 (0.03, 0.08)
Eyangoh SI (b) (2008)	0.04 (0.02, 0.06)
Mutha A (b) (2005)	0.00 (-0.06, 0.06)
Wilkinson D (1997)	■ 0.01 (-0.02, 0.04)
Angeby KA (a) (2000)	
Bruchfeld J (2000)	0.09 (0.04, 0.14)
Daley P (a) (2009)	-0.06 (-0.16, 0.05)
Merid Y (c) (2009)	■ 0.13 (0.08, 0.17)
Gebre N (a) (1995)	0.38 (0.23, 0.54)
	Favors Bleach Centrifugation
-1	0 1





Strengths and limitations

- Strengths
 - Standardized systematic review protocol
 - Comprehensive search strategy
 - Rigorous data analysis methods

• Limitations

- Variability in diagnostic accuracy estimates for sputum processing
- Limited data in HIV-infected patients

Concerns

Front-loaded

- risk of TB transmission in health care settings
- loss of morning specimen for culture
- LED versus conventional fluorescence
 - increased cost of EQA because of fading of slides
- Sputum processing
 - primary analysis presented included only studies with culture reference

Arriving at a Recommendation

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The Grading of Recommendations Assessment, Development and Evaluation - GRADE

"The GRADE approach provides a **system** for rating **quality of evidence** and **strength of recommendations** that is **explicit, comprehensive, transparent**, and **pragmatic** and is increasingly being adopted by organisations worldwide." **www.gradeworkinggroup.org**

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Downloads	CDADE	The Grading of Recommendations Assessment, Development and Evaluation (short GRADE) Working Group began in the year 2000 as an informal collaboration of people with an interest in addressing the shortcomings
Courses	GRADE	of present grading systems in health care. The working group has developed a common, sensible and
About us		transparent approach to grading quality of evidence and strength of recommendations. Many international organizations have provided input into the development of the approach and have started using it.
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GRADE and Patient-Important Outcomes

	With TB	Without TB
Test positive	True Positive TP	False Positive FP
Test negative	False Negative FN	True Negative TN

TP - benefit from earlier diagnosis and treatment
TN - spare patients unnecessary treatment
FP - likely anxiety, possible morbidity from additional testing
and treatment; may halt further diagnostic evaluation
FN - increased risk of severe disease from delayed diagnosis;
continued TB transmission in the community

GRADE Summary of Findings - Microscopy

Review Question (studies, participants)	Absolute Difference per 1000 persons (Prevalence 20%)			Quality of Evidence	
	ТР	TN	FP	FN	
Standard versus two- specimen front-loaded (7, 7308)	2	0	0	-2	Moderate
LED versus ZN light (8, 20155)	16	0	0	-16	Moderate
Bleach centrifugation versus direct (9, 3923)	18	-16	16	-18	Very Low

Acknowledgments

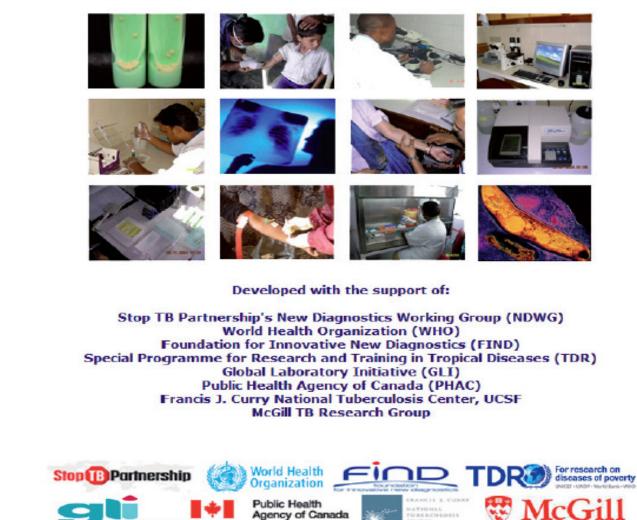
Richard Anthony, Laurence Brunet, Maryline Bonnet, Adithya Cattamanchi, Catharina Boehme, Richard Bumgarner, Luis Cuevas, J Lucian (Luke) Davis, Benjamin Fourie, Christ Graham, Thomas Henschied, Philip C Hopewell, Lydia Kivihya-Ndugga, Walter Kuhn, Anandi Martin, Mariska Leeflang, Ben Marais, Chuck McCulloch, Jessica Minion, Rick O'Brien, Madhu Pai, CN (Param) Paramasivan, Andy Ramsay, Warren Sanborn, Holger Schünemann, Howard Shapiro, Craig Stout, Ernie Tai, Alexander Trusov, Maarten van Cleeff, Armand Van Deun, Eric Vittinghoff, Karin Weyer, Gloria Won, Mohammed Yassin

Evidence-Based Tuberculosis Diagnosis



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Merci!

