

Question: Should Furosemide stress test be used to diagnose acute kidney injury progression in cases of suspected or clinical diagnosis acute kidney injury population?

Sensitivity	0.81 (95% CI: 0.74 to 0.87)	Prevalences10%25%50%		
Specificity	0.88 (95% CI: 0.82 to 0.92)			

Outcome	№ of studies (№ of patients)	Study design	Factors that may decrease certainty of evidence					Effect per 1,000 patients tested			Test accuracy CoE
			Risk of bias	Indirectness	Inconsistency	Imprecision	Publication bias	pre-test probability of 10%	pre-test probability of 25%	pre-test probability of 50%	
True positives (patients with acute kidney injury progression)	9 studies 181 patients	cohort & case-control type studies	serious ^a	not serious	not serious	not serious	none	81 (74 to 87)	203 (185 to 218)	405 (370 to 435)	⊕⊕⊕○ MODERATE
False negatives (patients incorrectly classified as not having acute kidney injury progression)								19 (13 to 26)	47 (32 to 65)	95 (65 to 130)	
True negatives (patients without acute kidney injury progression)	9 studies 336 patients	cohort & case-control type studies	serious ^a	not serious	not serious ^b	not serious	none	792 (738 to 828)	660 (615 to 690)	440 (410 to 460)	⊕⊕⊕○ MODERATE
False positives (patients incorrectly classified as having acute kidney injury progression)								108 (72 to 162)	90 (60 to 135)	60 (40 to 90)	

Explanations

- a. Most study did not used pre-specified threshold which might result in overestimating the diagnosis performance
- b. The heterogeneity of pooled specificity: 42