

# A NOVEL NONINVASIVE TECHNIQUE FOR INTRACRANIAL COMPLIANCE MONITORING IN NEUROCRITICAL CARE

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**Supplemental Table S1.** STARD 2015 criteria for the study structure.

Section & Topic	No	Item	page #
<b>TITLE</b>			
	<b>1</b>	Identification as a study of diagnostic accuracy using at least one measure of accuracy (such as correlation, sensitivity, specificity, predictive values, or AUC)	<b>1</b>
<b>ABSTRACT</b>			
	<b>2</b>	Structured summary of study design, methods, results, and conclusions (for specific guidance, see STARD for Abstracts)	<b>2</b>
<b>INTRO</b>			
	<b>3</b>	Scientific and clinical background, including the intended use and clinical role of the index test	<b>3</b>
	<b>4</b>	Study objectives and hypotheses	<b>4</b>
<b>METHODS</b>			
<i>Study design</i>	<b>5</b>	Whether data collection was planned before the index test and reference standard were performed (prospective study) or after (retrospective study)	<b>4</b>
<i>Participants</i>	<b>6</b>	Eligibility criteria	<b>4</b>
	<b>7</b>	On what basis potentially eligible participants were identified (such as symptoms, results from previous tests, inclusion in registry)	<b>4</b>

	<b>8</b>	Where and when potentially eligible participants were identified (setting, location and dates)	<b>5</b>
	<b>9</b>	Whether participants formed a consecutive, random or convenience series	<b>5</b>
<i>Test methods</i>	<b>10a</b>	Index test, in sufficient detail to allow replication	<b>7</b>
	<b>10b</b>	Reference standard, in sufficient detail to allow replication	<b>6</b>
	<b>11</b>	Rationale for choosing the reference standard (if alternatives exist)	<b>6</b>
	<b>12a</b>	Definition of and rationale for test positivity cut-offs or result categories of the index test, distinguishing pre-specified from exploratory	<b>6</b>
	<b>12b</b>	Definition of and rationale for test positivity cut-offs or result categories of the reference standard, distinguishing pre-specified from exploratory	<b>6</b>
	<b>13a</b>	Whether clinical information and reference standard results were available to the performers/readers of the index test	<b>6</b>
	<b>13b</b>	Whether clinical information and index test results were available to the assessors of the reference standard	<b>6</b>