Appendix Table F4. Eligible studies of diagnostic methods

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Abdel-fattah, 2004[136] Country: UK Funding: not reported Sample: 160	Settings: District general hospital % of women: 100 Age: 58; Range: 42-73	Inclusion: Women undergoing surgical treatment for urodynamic stress incontinence Exclusion: Not reported
Amarenco, 2003[137] Country: Europe Funding: not reported Sample: 505	Settings: A multicentre clinical study % of women: 100 Age: 51; Range: 18-75	Inclusion: Women enrolled in a European multicentre clinical study, ages 18-75, good health, mild to moderate genuine stress incontinence GSI with at least 3 leakages per week and 24 hour pad test 8-100g Exclusion: Not reported Only Cronbach's alpha coefficients in the English language group were abstracted
Amundsen, 1999[138] Country: USA Funding: not reported Sample: 115	Settings: urogynecologic clinic % of women: 100 Age: 53; Range: 21-79	Inclusion: Consecutive women with various complaints of urinary symptoms completed a 27-item questionnaire Exclusion: Not reported
Arnold, 1973[96] Country: UK Funding: not reported Sample: 217	Settings: urodynamic unit % of women: 100 Age : Not available; Range: Not reported	Inclusion: Women with incontinence Exclusion: Women with neurologic disease, pelvic disease, a history of major pelvic operations, and the urethral syndromes
Awad, 1983[104] Country: Canada Funding: other Sample:108	Settings: urodynamic unit % of women:100 Age: Not available; Range: Not available	Inclusion: Women referred to authors' department for symptomatic UI Exclusion: Not available
Bates, 1973[95] Country: UK Funding: not reported Sample: 75	Settings: referral clinic % of women: 100 Age: 56; Range: 33-72	Inclusion: Patients referred for investigation of recurrent or persistent incontinence after one or more operations for presumed stress UI Exclusion: Neurologic disorders
Bent, 2005[139] Country: USA Funding: not reported Sample: 723	Settings: The principal investigators included urologists, gynecologists, and primary care physicians % of women: 100 Age: 53.6; Range: 19-85	Inclusion: Women older than 18 years, an average of at least 4 incontinence episodes per week, could not have received treatment for incontinence by a continence expert within the past 5 years, prior surgery, including correction of incontinence, was allowed if the procedure was completed 6 months before a subject entered the study; participants who performed pelvic floor muscle training could not initiate or change their regimen within 3 months before study entry or during the study, and written informed consent Exclusion: Not reported
Bent, 1983[87] Country: USA Funding: not reported Sample: 100	Settings: urodynamic unit % of women: 100 Age: Over age 60; Range: Not reported	Inclusion: Consecutive patients over age 60 referred to authors' institute and a negative urine culture Exclusion: Not reported
Bergman,1990[92] Country: USA Funding: not reported Sample: 154	Settings: referral clinic % of women: 100 Age: 54; Range: 17-78	Inclusion: 122 women referred for evaluation of urinary complaints and 32 no complaints as control Exclusion: Mixed urinary incontinence
Borup, 2008[140] Country: Denmark Funding: government Sample: 96	Settings: community-dwelling % of women: 100 Age: Not reported; Range: 20-59	Inclusion: Women with symptomatic UI invited in a stress UI test Exclusion: Not reported

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Bradley, 2005[81] Country: USA Funding: other Sample: 117	Settings: tertiary referral % of women: 100 Age: 56; Range: 22-87	Inclusion: Consecutive women have symptoms of UI and agree to participate Exclusion: A history of current pregnancy or within 6 months after delivery, extraurethral UI, urethral diverticulum, and active UTI
Brown, 2006[76] Country: USA Funding: industry Sample: 301	Settings: community-dwelling % of women: 100 Age: 56.4; Range: 40-94	Inclusion: Ambulatory, were 40 years of age or older, reported 3 or more episodes of incontinence per week for at least 3 months, did not have urinary tract infection, and were bothered enough by their incontinence to seek treatment Exclusion: Women with incontinence who had complex problems that were more appropriate for specialist referral, including 4 or more urinary tract infections in the preceding year; pregnancy within 6 months; previous anti-incontinence or urethral surgery or procedures; previous major pelvic or abdominal surgery; pelvic radiation within 6 months; or known diseases of the genitourinary tract, such as lower urinary tract or rectal fistula, congenital abnormality leading to incontinence, interstitial cystitis, severe symptomatic pelvic prolapse, current or past urogenital cancer, spinal cord lesions, multiple sclerosis, stroke with clinically significant residual disability, Parkinson disease, or other major central nervous system abnormality affecting the lower urinary tract, or women who had been treated for incontinence in the previous 3 months
Bump, 2003[108] Country: USA Funding: industry Sample: 553	Settings: Randomized clinical trial % of women: 100 Age: 49.6; Range:18-65	Inclusion: Female outpatients ages 18 to 65 years who had a clinical diagnosis of stress UI for at least 3 months in duration Exclusion: If they had prolapse stage II or greater; had a postvoid residual volume of 50 mL or more; were using any pharmacologic agent or device for urinary incontinence; had adopted or changed behavioral management for urinary incontinence
Byrne,1987[141] Country: UK Funding: not reported Sample: 69	Settings: hospital % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Women with the complaint of stress UI unassociated with other symptoms Exclusion: Not reported
Cantor, 1980[84] Country: UK Funding: not reported Sample: 214	Settings: urodynamic unit % of women: 100 Age: 47; Range: 16-84	Inclusion: Women complaining of urine incontinence Exclusion: Under age 16
Caputo, 1993[142] Country: USA Funding: not reported Sample: 114	Settings: urodynamic unit % of women:100 Age: Not reported; Range: Not reported	Inclusion: Women with UI or genital prolapse Exclusion: Genital prolapse that protruded beyond the introitus while straining in the upright position
Cardozo, 1980[143] Country: UK Funding: not reported Sample: 100	Settings: urogynecologic clinic % of women: 100 Age: 50; Range: Not reported	Inclusion: All patients with stress incontinence complaints with GSI or DI confirmed Exclusion: Not reported

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Chiarelli, 1999[144] Country: Australia Funding: government +industry Sample: 41,724	Settings: % of women:100 Age: Not reported; Range: 18-75	Inclusion: The women were selected randomly from the national health insurance (Medicare) database Exclusion: Not reported Only "lower quality of life among women who report leaking urine, compared with those who do not" was abstracted.
Clarke, 1997[72] Country: Australia Funding: not reported Sample: 1000	Settings: urogynecologic clinic % of women:100 Age: Not reported; Range: Not reported	Inclusion: Consecutive women with lower urinary tract symptomatology referred for UD Exclusion: Those records did not conform to the standard diagnoses (18 cases)
Costantini, 2008[77] Country: Italy Funding: not reported Sample: 158	Settings: tertiary referral % of women:100 Age: 69; Range: 20-90	Inclusion: Consecutive women with or without UI referred for pelvic organ prolapse repair or anti-UI surgery Exclusion: Patients with a specific condition known to adversely affect the way the test works and that would inflate diagnosis accuracy
Cundiff, 1997[75] Country: USA Funding: not reported Sample: 535	Settings: Medical college of Virginia or Duke university medical center % of women: 100 Age: 55.7; Range: 21-95	Inclusion: Consecutive women with urinary incontinence. Exclusion: Without incontinence or advanced pelvic organ prolapse (stage III or IV)
De Muylder, 1992[88] Country: Belgium Funding: not reported Sample: 408	Settings: Urodynamic unit % of women: 100 Age: 48.2; Range: 18-78	Inclusion: Women with UI Exclusion: Not reported
Digesu, 2003[68] Country: UK Funding: not reported Sample: 4500	Settings: tertiary referral % of women: 100 Age: 55.4; Range: 22-73	Inclusion: Women with lower urinary tract symptoms referred to a tertiary urodynamic clinic Exclusion: Women with neurological disorders
Diokno,1990[101] Country: USA Funding: not reported Sample: 167	Settings: community-dwelling % of women: 100 Age: Not reported; Range: 60-86	Inclusion: Noninstitutionalized elderly participated in a household survey and 60 years and older accepted to free urodynamic testing Exclusion: Not reported
Dinokno, 1999[111] Country: USA Funding: not reported Sample: 101	Settings: Continence clinic % of women: 100 Age: No response; Range: No response	Inclusion: Women with incontinence seen at the Continence Clinic and underwent office based basic evaluation Exclusion: Incomplete documentation of office based or urodynamic data
Drutz, 1979[145] Country: Canada Funding: not reported Sample: 188	Settings: urodynamic unit % of women: 100 Age: 50.2; Range: 20-84	Inclusion: Women with complaints of UI and/or other lower urinary tract symptoms Exclusion: Not reported
Eastwood, 1984[146] Country: UK Funding: not reported Sample: 65	Settings: referral clinic % of women: 100 Age: 82; Range: 68-94	Inclusion: Consecutively women referred for UD Exclusion: Not reported
Eastwood,1979[147] Country: No response Funding: not reported Sample: 30	Settings: urodynamic unit % of women:0 Age: 84; Range: 64-96	Inclusion: Elder patients referred to a geriatric service with the main presenting clinical features of UI Exclusion: Not reported

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Farrar,1975[89] Country: UK Funding: not reported Sample: 251	Settings: urodynamic unit % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Women with mainly complaints of UI, normal bladder capacity, normal pressure and flow rates, and be able to void to completion Exclusion: Women with overt or possible neurologic disorders, fistula, and ectopic ureter as well as those who have had extensive surgical procedures of the pelvis Results were abstracted from a review by Jensen, 1994[148]
FitzGerald, 2002[82] Country: USA Funding: not reported Sample: 293	Settings: tertiary referral % of women: 100 Age: 57; Range: 15-87	Inclusion: Women referred to a tertiary urogynecology practice who completed all the questionnaires and underwent UD Exclusion: Not reported
Glezerman, 1986[105] Country: Israel Funding: not reported Sample:130	Settings: medical center % of women:100 Age:47.8; Range:22-74	Inclusion: Women referred to authors' department for stress incontinence Exclusion: Not available
Gunthorpe, 2000[149] Country: Australia Funding: government Sample: 89	Settings: Primary care % of women: 100 Age: 42.4; Range: 19-79	Inclusion: Patients were invited to participate in the study with 89 consented to complete the ISQ and 48h pad test Exclusion: younger than 18 years or too ill to participate
Haeusler,1995[116] Country: Austria Funding: not reported Sample: 1938	Settings: referral clinic % of women: 100 Age: 52.4; Range: 26-78	Inclusion: Consecutively patients referred for UD Exclusion: Pathologic types of incontinence due to calculi, fistula, upper motor neuron lesion, or carcinoma
Harvey, 2001[150] Country: United Kingdom Funding: not reported Sample: 154	Settings: A prospective before/ after clinical trial % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Ambulatory women with symptoms of UI Exclusion: Women who were pregnant or had recently given birth, those with urinary tract infections, those presently undergoing treatment for UI, and patients with other debilitating medical conditions
Hastie,1989[86] Country: No response Funding: not reported Sample: 89	Settings: urodynamic unit % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Women whose only reason for referral was symptom of stress incontinence Exclusion: Patients with urge incontinence and mixed incontinence
Haylen, 1989[93] Country: Australia Funding: not reported Sample: 494	Settings: referral clinic % of women:100 Age: Not reported; Range: Not reported	Inclusion: Women with complain of stress incontinence Exclusion: Previous surgery for urine incontinence
Hilton, 1981[74] Country: UK Funding: other Sample: 100	Settings: Urodynamic unit % of women: 100 Age: 74.6; Range: 65-93	Inclusion: Women referred to the urodynamic unit for urine incontinence Exclusion: Not reported
Homma, 2004[151] Country: Japan Funding: not reported Sample: 293	Settings: A randomized controlled trial % of women: 67 Age: 65.6; Range: Not reported	Inclusion: Details were presented in an abstract Exclusion: Details were presented in an abstract Only women's results were abstracted
Ishiko, 2000[78] Country: Japan Funding: not reported Sample: 198	Settings: tertiary referral % of women: 100 Age: 59.1; Range: 27-73	Inclusion: Women with UI Exclusion: Not reported
Jackson,1996[152] Country: UK Funding: not reported Sample: 105	Settings: Urodynamic unit % of women: 100 Age: 51; Range: 24-80	Inclusion: Consecutive women attending the department for a urodynamic assessment Exclusion: Not reported

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
James,1999[153] Country: UK Funding: not reported Sample: 555	Settings: urodynamic unit % of women: 100 Age: 50; Range: 18-88	Inclusion: All women undergoing urodynamic studies Exclusion: Women with bladder filling symptoms (frequency, urgency, urge incontinence or bladder pain) or an abnormal urinary diary (daytime frequency ≥8, nighttime frequency ≥2, or a fluid intake of ≥4L/24 hours)
Jarvis, 1980[73] Country: UK Funding: not reported Sample: 100	Settings: urogynecologic clinic % of women:100 Age: Not reported; Range: Not reported	Inclusion: Consecutive women with urinary incontinence. Exclusion: Not reported
Khan, 2004[69] Country: UK Funding: not reported Sample: 114	Settings: tertiary referral % of women: 100 Age: 55.5 or 52.9; Range: 24-86	Inclusion: Women with lower urinary tract symptoms referred to a tertiary urogynecology clinic Exclusion: Abnormal urinalysis
Kinchen, 2007[154] Country: USA Funding: industry Sample: 3344	Settings: community-dwelling % of women: 100 Age: Not reported; Range: 21-75	Inclusion: All members aged 21-75 within 1 week of seeking care for any reason from a primary care physician Exclusion: Not reported
Klingele, 2002[99] Country: USA Funding: not reported Sample: 239	Settings: urogynecologist clinic % of women: 100 Age: 54.1(s),54.7(m), 52.3(DO); Range: Not reported	Inclusion: Consecutive women referred to a urogynecologist for UI Exclusion: No symptoms or missing data
Kulseng-Hanssen, 2003[155] Country: Norway Funding: not reported Sample: 628	Settings: Tertiary referral urogynecology units % of women:100 Age: Not reported; Range: Not reported	Inclusion: Pre-operative forms from 20 departments Exclusion: Not reported
Lagro-Janssen, 1991[90] Country: Netherlands Funding: not reported Sample: 103	Settings: general practice % of women: 100 Age: Not reported; Range: 20-65	Inclusion: Women with UI in general practitioner setting Exclusion: A previous operation for UI, underlying neurological etiology, DM, a temporary cause of UI, or UTI
Lagro-Janssen, 1990[156] Country: Netherlands Funding: not reported Sample: 1442	Settings: community-dwelling % of women: 100 Age: Not reported; Range: 50-65	Inclusion: 2400 women were randomly selected in the eastern part of the Netherlands, and 1442 consented to take part Exclusion: Not reported
Lemack, 1999[112] Country: USA Funding: not reported Sample: 128	Settings: tertiary referral % of women:100 Age:61 Range:27-86	Inclusion: Women for an initial evaluation of LUTS or incontinence who had completed a UDI-6 questionnaire and UD study; patients with previous vaginal surgery were included Exclusion: Women with known neurologic diagnoses
Lemack,2000[157] Country: USA Funding: not reported Sample: 174	Settings: medical center % of women: 100 Age: No response; Range: No response	Inclusion: All women completed UDI-6 and underwent UD Exclusion: With known neurological conditions
Lin, 2004[158] Country: Taiwan Funding: not reported Sample: 120	Settings: tertiary referral % of women: 100 Age: 51; Range: 43-64	Inclusion: Consecutive women complaining of lower urinary tract symptoms Exclusion: Women without symptoms suggestive of OAB
Lowenstein, 2008[159] Country: USA Funding: industry Sample: 47	Settings: tertiary referral % of women: 100 Age: 62; Range: 34-86	Inclusion: Women with MUI Exclusion: Not reported

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Lukacz, 2005[120] Country: USA Funding: not reported Sample: 120	Settings: In either the general gynecology or the pelvic floor disorders clinic % of women: 100 Age: 52.6; Range: 25-84	Inclusion: Women awaiting appointments in either the general gynecology or the pelvis floor disorders clinic Exclusion: The inability to read or to participate in the informed consent process
Massolt, 2005[160] Country: Netherlands Funding: not reported Sample: 109	Settings: urogynecologic clinic % of women: 100 Age: Not reported; Range: Not reported	Inclusion: All women visiting the authors' urogynecologic practice with complaints of UI Exclusion: Not reported
Matharu, 2005[118] Country: UK Funding: government Sample: 1003	Settings: community % of women: 100 Age: 56.3; Range: 40-88	Inclusion: Women aged 40 years or over living in the community in Leicestershire and Rutland, who responded to a questionnaire and home interview, with symptoms of UI, enrolled in CNP arm, completed urodynamics. Exclusion: Not reported
Miller,1999[161] Country: USA Funding: government Sample: 51	Settings: community-dwelling % of women: 100 Age: 69; Range: 59-84	Inclusion: Female, >60 years, ambulatory, mental intact (Mini-Mental State score >23, community dwelling, and history of leakage with coughing Exclusion: Prior urethral or bladder surgery, UTI, prolapse below the level of the hymenal ring
Montz, 1986[115] Country: UK Funding: not reported Sample: 100	Settings: urodynamic unit % of women: 100 Age: 49.7; Range: Not reported	Inclusion: Consecutive women with complaints of UI Exclusion: Not reported
Moolgaoker,1972[97] Country: UK Funding: not reported Sample: 95	Settings: referral clinic % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Women with UI and no neurological abnormalities Exclusion: neurological lesions or fistulae
Morkved,1999[162] Country: Norway Funding: not reported Sample: 144	Settings: local hospital % of women: 100 Age: 28; Range: 19-40	Inclusion: All women delivering at the local hospital and gave their written consent Exclusion: Those who did not understand or speak Norwegian
Nager, 2007[117] Country: USA Funding: government Sample: 655	Settings: A multicenter surgical trial % of women: 100 Age: 52; Range: 28-81	Inclusion: (1) predominant SUI with MESA3 stress score >MESA urge score; (2) positive stress test (observed leakage from the external urethral meatus coincident with a cough or Valsalva maneuver) with a bladder volume ≤300 ml; (3) urethral hypermobility as evidenced by Q-tip angle; (4) maximum cystometric capacity (MCC) ≥200 ml; and (5) non-obstructed voiding in the absence of Stage II–IV prolapse5 defined as: (a) postvoid residual (PVR) <150 ml; (b) maximum flow rate (Qmax) ≥12 ml/sec; and (c) detrusor pressure (pdet) at Qmax <50 cm H2O Exclusion: Not reported
Niecestro,1992[100] Country: USA Funding: not reported Sample: 66	Settings: urodynamic unit % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Women >18 years referred to the urodynamic center for voiding symptoms Exclusion: Presence of UTI, patients with STD, and judged unfit for participation by the investigator
Oh, 2005[163] Country: Korea Funding: not reported Sample: 109	Settings: tertiary referral % of women: 100 Age: 54.9; Range: 31-77	Inclusion: Age 18 years or older, good visual acuity, and the ability to communicate, understand, and comply with the study requirements Exclusion: A confused state or depression, an inability to read the questionnaire, urinary tract infection, malignancy, pregnancy, or failure to provide consent, or incomplete workup and incomplete information

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Ouslander,1978[91] Country: USA Funding: not reported Sample: 135	Settings: referral clinic % of women: 100 Age: Not reported; Range: 65-95	Inclusion: Consecutive women referred to the clinics Exclusion: Not reported
Phua, 1992[164] Country: Singapore Funding: not reported Sample:84	Settings: hospital % of women:100 Age: Not available; Range: Not available	Inclusion: Women complained of UI and/or other urinary symptoms and were suspected of suffering from stress incontinence or detrusor instability Exclusion: With known or suspected neurological disease, urinary fistula or ectopic ureters
Ramsay, 1993[114] Country: UK Funding: not reported Sample: 200	Settings: No response % of women: 100 Age: 51.6; Range: Not reported	Inclusion: Patients with either pure DI or pure GSI Exclusion: Incontinence during intercourse
Ramsay, 1995[113] Country: UK Funding: not reported Sample: 207	Settings: urogynecology clinic % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Consecutive women attending urogynecology clinics Exclusion: Not reported
Rosenzweig, 1992[165] Country: USA Funding: not reported Sample: 22	Settings: gynecology clinic of medical center % of women: 100 Age: 60.3; Range: 34-77	Inclusion: Women with severe genitourinary prolapse (prolapse of pelvic structure through the vaginal introitus) and with no symptoms of UI except for an occasional episode (less than 1 per week) Exclusion: Not reported
Sand, 1991[166] Country: USA Funding: not reported Sample: 100	Settings: urodynamic unit % of women: 100 Age: 51.6; Range: 20-84	Inclusion: Consecutive neurologically normal women with complaint of UI who agreed to undergo two cystometrogram on two different days Exclusion: Not reported
Sand,1988[83] Country: USA Funding: not reported Sample: 218	Settings: urodynamic unit % of women: 100 Age: 51.8; Range: 18-80	Inclusion: Patient referred for UD for lower urinary tract complaints Exclusion: Without thorough, detailed histories and preliminary evaluations
Sandvik,1995[71] Country: Norway Funding: not reported Sample: 250	Settings: Outpatient clinic of University hospital % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Consecutive patients referred for urine incontinence Exclusion: Not reported
Scarpero,2003[167] Country: USA Funding: not reported Sample: 1232	Settings: urology practice % of women: 100 Age: 54.6; Range: 18-93	Inclusion: Women presenting to a female urology practice, and all those who completed the AUASI, SPI, and QOL questions Exclusion: Younger than 18 years, with neurogenic diseases, and missing information
Shepherd, 1982[79] Country: UK Funding: other Sample: 1800	Settings: urodynamic unit % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Women referred to the urodynamic unit Exclusion: Not reported
Shimabukuro, 2006[168] Country: Japan Funding: not reported Sample: 1052	Settings: community-dwelling % of women: 100 Age: 46.8; Range: 18-83	Inclusion: Apparently health participants for medical checkup Exclusion: Not reported
Shumaker,1994[169] Country: USA Funding: not reported Sample: 162	Settings: community-dwelling % of women: 100 Age: 61.3; Range: ≥45	Inclusion: >45 years, mentally competent, capable of independent toileting, at least 1 episode of UI per week, and fulfilling urodynamic criteria of GSI and/or DI Exclusion: Metabolic decompensation, marked cyclical variation in UI, lower UTI, urinary obstruction, diverticulum, fistula, persistent indwelling catheter, and reversible cause of UI

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Stach-Lempinen, 2001[170] Country: Finland Funding: not reported Sample: 82	Settings: University hospital % of women: 100 Age: 52; Range: 25-80	Inclusion: Women referred to authors' department for symptomatic UI Exclusion: Diabetic neuropathy, recently diagnosed cancer or other serious chronic conditions that may have caused neurogenic bladder disease and patients with incontinence surgery within the past 5 years
Stav, 2009[171] Country: Australia Funding: not reported Sample: 601	Settings: medical center % of women: 100 Age: 59.2; Range: 30-91	Inclusion: The medical records of 1,136 consecutive women who had urodynamic stress UI and underwent a suburethral sling operation at authors' institute Exclusion: Not reported
Sutherst, 1984[172] Country: UK Funding: not reported Sample:100	Settings: Incontinent clinic % of women:100 Age:47 Range:22-78	Inclusion: Women enrolled in a single blind crossover trial Exclusion: Not reported
Swift, 1995[173] Country: USA Funding: not reported Sample: 108	Settings: referral clinic % of women: 100 Age: 57.9; Range: Not reported	Inclusion: Consecutive women with lower urinary tract complaints referred for UD Exclusion: Not reported
Swithinbank,1999[174] Country: UK Funding: not reported Sample: 2075	Settings: community-dwelling % of women: 100 Age: 52; Range: 19-97	Inclusion: All women aged 19 years and over, registered with one group general practice of 7000 patients, were invited to participate Exclusion: Not reported
Thiede, 1987[103] Country: USA Funding: other Sample:200	Settings: urogynecologic clinic % of women:100 Age: Not available; Range: Not available	Inclusion: Women referred to authors' department for symptomatic UI Exclusion: Not available
Theofrastous, 1996[175] Country: USA Funding: not reported Sample: 120	Settings: referral clinic % of women:100 Age: 57; Range: 22-81	Inclusion: Consecutive women who were referred to the urodynamic lab for evaluation of their UI Exclusion: Not reported
Tyagi, 2010[102] Country: UK Funding: not reported Sample:159	Settings: urodynamic unit % of women:100 Age: Not available; Range: Not available	Inclusion: patients referred for urodynamic investigations Exclusion: recurrent SUI after failed surgery for SUI or prior to POP surgery
Valente,1998[85] Country: Italy Funding: not reported Sample: 102	Settings: urodynamic unit % of women: 100 Age: Not reported; Range: Not reported	Inclusion: consecutive women with clinical diagnosis of UI Exclusion: Not reported
Versi, 1996[70] Country: UK Funding: not reported Sample: 161	Settings: urogynecologic clinic % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Patients presenting to a urogynecologic clinic at a teaching hospital Exclusion: 44 detrusor instability, sensory urgency, voiding difficulties or a combination of these diagnosis
Versi, 1991[107] Country: UK Funding: other Sample: 252	Settings: referral urodynamic center % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Consecutive patients studied with a urodynamic diagnosis Exclusion: Not reported
Versi, 1988[80] Country: UK Funding: other Sample: 311	Settings: urodynamic unit % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Women presenting to the urodynamic unit for investigation of their urinary complaints Exclusion: Not reported

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Versi, 1986[94] Country: UK Funding: other Sample: 99	Settings: urodynamic unit % of women: 100 Age: Not reported; Range: Not reported	Inclusion: 99 postmenopausal women with urodynamic proven GSI and 90 women without UI as control group Exclusion: Not reported
Videla, 1998[110] Country: USA Funding: not reported Sample: 74	Settings: urogynecologic clinic % of women: 100 Age: 54; Range: 30-86	Inclusion: Women with a variety of lower urinary tract complaints and 1) a predominant complaint of stress incontinence, 2) positive cough stress-test results, 3) postvoid residual urine volume no more than 50 mL, 4) a functional bladder capacity of at least 400 mL as determined by a completed 24-hour frequency-volume chart, and 5) a full multichannel urodynamic evaluation Exclusion: The absence of any of five criteria
Walters, 1988[106] Country: USA Funding: not reported Sample:106	Settings: urodynamic unit % of women:100 Age:46.3; Range: Not available	Inclusion: consecutive women complaining of urine incontinence who were referred to the authors' department Exclusion: postmenopausal women who became asymptomatic after estrogen therapy
Warrell, 1965[98] Country: UK Funding: not reported Sample: 81	Settings: Not reported % of women: 100 Age: Not reported; Range: Not reported	Inclusion: Women with UI despite prolapse repair have been investigated Exclusion: Not reported
Weidner, 2001[176] Country: USA Funding: not reported Sample: 950	Settings: urogynecologic clinic % of women: 100 Age: 55.4 Range: Not reported	Inclusion: Consecutive patients referred for multichannel UD testing Exclusion: Women with stage III or IV pelvic organ prolapse, no reports of urinary incontinence, and undergoing repeated examinations
Wyman,1988[177] Country: USA Funding: government Sample: 50	Settings: Community dwelling % of women: 100 Age: 65.1; Range: 55-86	Inclusion: 55 years or older, ambulatory, mental intact (Mini-Mental State score >23), independent residence in the community, and at least one episode of incontinence reported per week Exclusion: Percent catheterization, persistent UTI, reversible cause of incontinence, metabolic decompensation, or outlet obstruction
Wyman, 1987[178] Country: USA Funding: government Sample: 69	Settings: Community-dwelling % of women: 100 Age: 67.8; Range: No response	Inclusion: Women had to be 55 years or older, reside independently in the community, mentally intact, ambulatory, and at least one episode of incontinence per week Exclusion: Permanent catheterization, intractable UTI, reversible cause of incontinence, metabolic decompensation, bladder atony or obstruction, and no evidence of urodynamic abnormality
Yalcin, 2004[109] Country: Europe and North America Funding: not reported Sample: 1455	Settings: 3 randomized trials % of women: 100 Age: 51.3; Range: 28-81.7	Inclusion: Female outpatients aged 18 to 65 (phase 2 study) years who had a clinical diagnosis of SUI for at least 3 months in duration enrolled in 1 phase 2 study and 2 phase 3 studies Exclusion: if they had stage II or greater anterior segment prolapse, a post-void residual volume of 50 ml or greater, were on any pharmacological agent or device for UI, or had adopted or changed behavioral management for UI within the last 3 months, or women with previous continence surgery were excluded from the phase 2 study but not from the phase 3 studies.

Appendix Table F4. Eligible studies of diagnostic methods (continued)

Reference country funding and sample size	Settings, % of women, age	Inclusion and exclusion criteria
Yoon, 1998[179] Country: USA Funding: not reported Sample: 174	Settings: Not reported % of women: 100 Age: 52; Range: 22-89	Inclusion: Women presented with primary complaints of UI and successfully completed a 24 hour voiding diary Exclusion: Not reported