APPENDIX 2: FULL-TEXT SCREENING CHECKLIST

Reviewer: _____ Date: _____

Ref ID: **Author:** **Publication Year:**			
Did the study include:	**Yes (Include)**	**Unclear (Include)[a]**	**No (Exclude)**
1) Non-pregnant, treatment-naive adults with unknown liver enzyme values?	☐	☐	☐
2) Q1 (clinical effectiveness) to Q4 (patient preferences): Any screening program for HCV infection? Q5 (DTA): ELISA version 3.0?	☐	☐	☐
3) Q1 (clinical effectiveness) to Q4 (patient preferences): A comparison with no screening? Q5 (DTA): PCR reference standard?	☐	☐	☐
4) Any of the following as the study outcomes? **Q1 (clinical effectiveness)** • Mortality due to HCV infection • Morbidity due to HCV infection (e.g., cirrhosis [compensated or decompensated] and HCC) • Rate of liver transplantation • Quality of life • Reduced HCV transmission • Sustained or improved virologic response • Behavioural changes to improve health outcomes • Histological improvements. **Q2 (harms)** • Overdiagnosis • Overtreatment • False positives • False negatives • Harms of follow-up tests (including biopsy) • Insurance premiums • Labelling	☐	☐	☐

Ref ID: **Author:** **Publication Year:**			
Did the study include:	**Yes (Include)**	**Unclear (Include)[a]**	**No (Exclude)**
• Abuse or violence • Anxiety • Partner discord **Q3 (cost-effectiveness)** • CEA outcomes (e.g., ICER, ICUR, CBR) • Budget impact analysis outcomes **Q4 (patient preferences)** Patient preferences and values regarding HCV screening; for example: • Willingness to be screened • Factors considered in decisions to be screened **Q5 (DTA)** • Diagnostic test accuracy (e.g., sensitivity, specificity, PPV, NPV, LR, diagnostic OR, AUC) • Detection rate • Number needed to screen to detect one case			
5) Any of the following study designs? **Q1 (clinical effectiveness), Q2 (harms)** • RCT • Non-randomized study with a comparator group • Non-randomized study without a comparator group • Disease-progression modelling study **Q3 (cost effectiveness)** • RCT • Economic evaluation • Modelling study **Q4 (patient preferences)** • Qualitative study • Survey	☐	☐	☐

Ref ID: **Author:** **Publication Year:**			
Did the study include:	**Yes (Include)**	**Unclear (Include)[a]**	**No (Exclude)**
• Mixed-methods study **Q5 (DTA)** • RCT • Cross-sectional study • Case-control study			
6) Conducted in a primary care setting, setting generalizable to primary care, or other setting in which screening is commonly performed (e.g., emergency department, urgent care unit)?	☐	☐	☐
7) Conducted in Canada? **Q3 (cost-effectiveness)**	☐	☐	☐
8) Published in English or French?	☐	☐	☐
Decision to include the study in the review:	**Yes**☐		**No**☐
Reason(s) for exclusion:	☐ Inappropriate study population ☐ No intervention of interest ☐ No/inappropriate comparator ☐ No relevant outcomes ☐ Irrelevant study type ☐ Irrelevant language of publication ☐ Not primary report of study ☐ Study description only ☐ Other:_____		

AUC = area under the receiver-operating characteristic curve; CBR = cost-benefit ratio; CEA = cost-effectiveness analysis; DTA = diagnostic test accuracy; ELISA = enzyme-linked immunosorbent assay; HCC = hepatocellular carcinoma; HCV = hepatitis C virus; ICER = incremental cost-effectiveness ratio; ICUR = incremental cost-utility ratio; LR = likelihood ratios; NPV = negative predictive value; OR = odds ratio; PCR = polymerase chain reaction; PPV = positive predictive value; RCT = randomized controlled trial.

Note: If all items are answered "yes" or "unclear", then the study is included.

[a] Discuss with a second reviewer.