
Article:
Horner, D., Goodacre, S. orcid.org/0000-0003-0803-8444, Davis, S. orcid.org/0000-0002-6609-4287 et al. (2 more authors) (2021) Which is the best model to assess risk for venous thromboembolism in hospitalised patients? BMJ: British Medical Journal, 373. n1106. ISSN 1759-2151

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Table 2: Risk Assessment Models with attempted external validation and reported outcome data in general hospital admission cohorts, identified through systematic review.

	Study	Size	Population	RAM evaluated	C-statistic (95% CI) *a*	Sensitivity (95% CI) *b*	Specificity (95% CI) *b*	Major bleeding rate in patients receiving pharmacological prophylaxis (by score threshold)	PROBAST Risk of Bias
Bahl, 2010[1]	ROCS	8,216	Hospitalised surgical patients	Caprini	0.698 (NR)	NR	NR	NR	High
Barbar, 2010[2]	POCS	1,180	Hospitalised medical patients	Padua	NR	94.6 (NR)	62.0 (NR)	1.6%	High
Woller, 2011[3]	ROCS	46,856	Hospitalised medical patients	Kucher	0.68 (0.67 to 0.69)	NR	NR	NR	High
Mahan, 2014[4]	CC	417	Hospitalised medical patients	IMPROVE (7)	0.773 (NR)	NR	NR	NR	High
Nendaz, 2014[5]	POCS	1,478	Hospitalised medical patients	Geneva Padua	NR NR	90.0 (73.5 to 97.9) 73.3 (54.1 to 87.7)	35.3 (32.8 to 37.8) 51.9 (49.3 to 54.5)	3.4% *c*	High
Rosenberg, 2014[6]	CC	19,217	Hospitalised medical patients	IMPROVE (7)	0.7 (NR)	NR	NR	NR	Unclear
Zhou, 2014[7]	CC	998	Hospitalised medical and surgical patients	Caprini Padua	NR NR	82.3 (NR) 30.1 (NR)	60.4 (NR) 12.7 (NR)	NR	High
De Bastos, 2016[8]	POCS	11,091	Hospitalised medical and surgical patients	Caprini	NR	86.5 (NR)	47.0 (NR)	NR	High

POCS – Prospective observational cohort study; ROCS – Retrospective Observational Cohort Study; CC – Case Control
a A summary measure of prognostic accuracy (<0.7 = weak, 0.7 to 0.8 = good, >0.8 = excellent)
b Refers to prognostic test characteristic data when score applied at recommended threshold.
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Grant, 2016[9]	ROCS	63,548	Hospitalised medical patients	Caprini	NR	69.7 (NR)	50.28 (NR)	NR	High
Greene, 2016[10]	ROCS	63,458	Hospitalised medical patients	IMPROVE Kucher Padua	0.57 (0.57 to 0.58) 0.56 (0.56 to 0.57) 0.61 (0.51 to 0.7)	NR NR NR	NR NR NR	NR	Unclear
Liu, 2016[11]	CC	640	Hospitalised medical patients	Caprini	0.77 (0.73 to 0.81)	70.9 (NR)	73.4 (NR)	NR	High
Blondon, 2018[12]	POCS	1,478	Hospitalised medical patients	IMPROVE Geneva Padua	NR NR NR	87 (NR) 90.0 (73.5 to 97.9) 73.3 (54.1 to 87.7)	NR 35.3 (32.8 to 37.8) 51.9 (49.3 to 54.5)	NR	High
Vincentelli, 2018[13]	CC	1,215	Hospitalised medical patients	Kucher Padua	0.69 (0.67 to 0.7) NR	25.1 (17.0 to 55.1) 52.4 (38.4 to 81.9)	92.9 (81.0 to 95.4) 72.3 (63.9 to 79.4)	NR	High
Zhou, 2018[14]	CC	1,804	Hospitalised medical patients	Caprini Padua	0.71 (0.69 to 0.73) 0.66 (0.57 to 0.75)	84.3 (NR) 49.1 (NR)	66.2 (NR) 16.2 (NR)	NR	High
Blondon, 2019a[15]	ROCS	1,180	Hospitalised medical patients	Geneva	NR	95.0 (NR)	44.0 (NR)	0.7%	High
Blondon, 2019b[16]	ROCS	991	Hospitalised medical patients	Geneva IMPROVE	NR NR	86.4 (NR) 57.6 (NR)	NR NR	NR	Unclear

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				Padua	NR	72.7 (NR)	NR		
Cobben, 2019[17]	CC	556	Hospitalised medical patients	Caprini Geneva IMPROVE (4) IMPROVE (7) Kucher Padua	0.64 (0.54 to 0.74) 0.61 (0.51 to 0.71) 0.65 (0.56 to 0.74) 0.66 (0.57 to 0.75) 0.61 (0.53 to 0.70) 0.68 (NR)	88.6 (NR) 75.0 (NR) 27.9 (NR) 63.3 (NR) 28.0 (NR) 61.8 (NR)	21.4 (NR) 34.1 (NR) 85.4 (NR) 70.7 (NR) 85.7 (NR) 48.8 (NR)	NR	High

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