

0.1 Other Types of Studies

? categorize method comparison studies into three different types. The key difference between the first two is whether or not a ‘gold standard’ method is used. In situations where one instrument or method is known to be ‘accurate and precise’, it is considered as the ‘gold standard’ (?). A method that is not considered to be a gold standard is referred to as an ‘approximate method’. In calibration studies they are referred to as criterion methods and test methods respectively.

1. Calibration problems. The purpose is to establish a relationship between methods, one of which is an approximate method, the other a gold standard. The results of the approximate method can be mapped to a known probability distribution of the results of the gold standard (?). (In such studies, the gold standard method and corresponding approximate method are generally referred to as a criterion method and test method respectively.) ? make clear that their methodology is not intended for calibration problems.

2. Comparison problems. When two approximate methods, that use the same units of measurement, are to be compared. This is the case which the Bland-Altman methodology is specifically intended for, and therefore it is the most relevant of the three.

3. Conversion problems. When two approximate methods, that use different units of measurement, are to be compared. This situation would arise when the measurement methods use ‘different proxies’, i.e. different mechanisms of measurement. ? deals specifically with this issue. In the context of this study, it is the least relevant of the three.

?, p.47 cautions that ‘gold standards’ should not be assumed to be error free. ‘It is of necessity a subjective decision when we come to decide that a particular method or

instrument can be treated as if it was a gold standard'. The clinician gold standard , the sphygmomanometer, is used as an example thereof. The sphygmomanometer 'leaves considerable room for improvement' (?). ? similarly addresses the issue of gold standards, 'well-established gold standard may itself be imprecise or even unreliable'.

The NIST F1 Caesium fountain atomic clock is considered to be the gold standard when measuring time, and is the primary time and frequency standard for the United States. The NIST F1 is accurate to within one second per 60 million years (?).

Measurements of the interior of the human body are, by definition, invasive medical procedures. The design of method must balance the need for accuracy of measurement with the well-being of the patient. This will inevitably lead to the measurement error as described by ?. The magnetic resonance angiogram, used to measure internal anatomy, is considered to the gold standard for measuring aortic dissection. Medical test based upon the angiogram is reported to have a false positive reporting rate of 5% and a false negative reporting rate of 8%. This is reported as sensitivity of 95% and a specificity of 92% (?).

In literature they are, perhaps more accurately, referred to as 'fuzzy gold standards' (?). Consequently when one of the methods is essentially a fuzzy gold standard, as opposed to a 'true' gold standard, the comparison of the criterion and test methods should be consider in the context of a comparison study, as well as of a calibration study.