EVALUATION METRICS

Evaluation Metrics	No of Studies	References
Sensitivity & Specificity	15	1,2,3,4,5,6,7,8,9,10,11,12,13,14,18
PPV & NPV	8	3,4,6,7,8,11,13,14,18
Weighted Kappa	12	1,2,3,4,5,7,8,9,10,12,13,14,15,
Cronbach Alpha	1	16
Mean dfs score	1	17
Spearman's Correlation	1	11

Sensitivity	Inference	Reference
<.40 - initial caries, 0.50- moderate caries, 0.75 - 1.00 advanced caries	Initial caries more difficult to detect than moderate and advanced caries	[1]
.40-.60 in posterior areas	Indicating challenges in detecting caries lesions in posterior areas	[3,14]
>.60 in 12 studies	Robust ability to detect caries lesions across various methodologies and population	[2,3,4,5,6,7,9,10,11,12,14,18]

Specificity	Inference	Reference
>80%	Indicating the ability to identify sound teeth, minimizing false positives.	[1,2,3,5,6,7,8,9,10,11,13,14,18]

Other Indicators	Inference	Reference
Kappa >0.8	showed significant agreement among examiners in some studies	[4,5,7,8,9,10,15]
Kapaa <0.6	Indicating potential variability in assessments.	[1,2,3,13,14]
NPV: 89-98.5%	Indicating a high reliability in correctly identifying the absence of caries.	[3,4,6,7,8,11,13,14,18]

PPV – 31.6-100%	highlighting some variability in accurately confirming the presence of caries lesions.	[3,4,6,7,8,11,13,14,18]
Cronback Alpha (0.983)	suggests strong internal consistency between visual examination and teledentistry.	[16]
Spearman Correlation (0.816)	indicating a strong correlation between the values obtained with teledentistry and clinical examination.	[11]
Mean dfs score	Teledentistry (TD) and clinical examination demonstrate comparable mean dfs scores at baseline, 6 months, and 12 months,	[17]