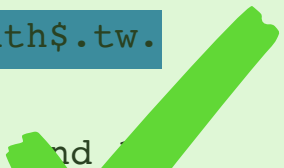


# fP = What is the optimal combination of PICO?

1. tomography/
2. tomography, optical coherence/
3. ophthalmoscopy/
4. (optical\$ adj2 coherence\$).tw.
5. OCT.tw.
6. or/1-5
7. exp macular edema/
8. (macula\$ adj3 oedema).tw.
9. (macula\$ adj3 edema).tw.
10. maculopath\$.tw.
11. (CME or CSME or CMO or CSMO).tw.
12. (DMO or DME).tw.
13. or/7-12
14. exp diabetes mellitus/
15. diabetic retinopathy/
16. diabetes complications/
17. diabet\$.tw.
18. retinopath\$.tw.
19. or/14-18
20. 6 and 13 and 19



1. tomography/
  2. tomography, optical coherence/
  3. ophthalmoscopy/
  4. (optical\$ adj2 coherence\$).tw.
  5. OCT.tw.
  6. or/1-5
  7. exp macular edema/
  8. (macula\$ adj3 oedema).tw.
  9. (macula\$ adj3 edema).tw.
  10. maculopath\$.tw.
  11. (CME or CSME or CMO or CSMO).tw.
  12. (DMO or DME).tw.
  13. or/7-12
  14. exp diabetes mellitus/
  15. diabetic retinopathy/
  16. diabetes complications/
  17. diabet\$.tw.
  18. retinopath\$.tw.
  19. or/14-18
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- 

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# Results

- PICO annotated abstracts offer a tradeoff:

- Decrease in recall
- Increase in precision

	 Recall	 Precision
B	<b>0.7553<sup>p</sup></b>	0.0137 <sup>pf</sup>
P	0.6509 <sup>bcf</sup>	0.0215 <sup>bc</sup>

- However, recall losses are balanced by the savings in terms of number of non relevant studies to be examined in the screening process

	F1	WSS
B	0.0255 <sup>pf</sup>	0.0120 <sup>pf</sup>
P	0.0375 <sup>bc</sup>	0.0206 <sup>bc</sup>