Appendix 4 (as supplied by the authors): External validation of CPRs: adaptations for the original studies and cut-offs used for validation

Rule	Adaptations for external validation
Forsyth	The degree of positivity of clinical findings such as adenitis (no. of enlarged tender nodes) or exudate (patches vs. confluent exudate) and presence of myalgia were not assessed in the validation cohort. **This CPR was not validated.**
Breese	Abnormal cervical glands (very enlarged without tenderness or if they are palpable and tender): this criterion was considered positive in patients with adenopathy ≥2 cm and/or tender. The authors suggested the following cut-offs [1]: ▪ score ≤25: GAS unlikely (low risk of GAS) ▪ score 26–31: maybe GAS (intermediate risk of GAS) ▪ score ≥32: GAS highly likely (high risk of GAS).
Fujikawa	Strawberry tongue or marked papillae: this variable was not assessed in the validation cohort. **This CPR was not validated**.
Edmond	No adaptation needed.
McIsaac	The authors suggested the following cut-offs [2]: ▪ score 0–1: low risk of GAS (<10%) ▪ score 2–3: intermediate risk of GAS (10–50%) ▪ score ≥4: high risk of GAS (>50%).
Wald	There is no consensual cut-off for validating the Wald score. We adapted the CPR following the rationale used by McIsaac [2]: ▪ score ≤1: low risk of GAS (<10%) ▪ score 2–4: intermediate risk of GAS (10–50%) ▪ score ≥5: high risk (>50%).
Attia	The CPR was first derived as a decision diagram [3], but the rule was later updated as a scoring system. The authors suggested the following cut-offs [4]: ▪ score 0: low risk of GAS ▪ score 1–3: intermediate risk of GAS ▪ score ≥4: high risk of GAS.
Joachim	The authors suggested the following cut-offs [5]: ▪ score ≤2: low risk of GAS ▪ score 3: intermediate risk of GAS ▪ score ≥4: high risk of GAS.

References

1. Breese BB: **A simple scorecard for the tentative diagnosis of streptococcal pharyngitis.** *American journal of diseases of children (1960)* 1977, **131:**514-517.
2. McIsaac WJ, Kellner JD, Aufricht P, Vanjaka A, Low DE: **Empirical validation of guidelines for the management of pharyngitis in children and adults.** *JAMA* 2004, **291:**1587-1595.

Appendix to: Cohen JF, Cohen R, Levy C, et al. Selective testing strategies for diagnosing group A streptococcal infection in children with pharyngitis: a systematic review and prospective multicentre external validation study. *CMAJ* 2014. DOI:10.1503/cmaj.140772.

3. Attia M, Zaoutis T, Eppes S, Klein J, Meier F: **Multivariate predictive models for group A beta-hemolytic streptococcal pharyngitis in children.** *Academic emergency medicine : official journal of the Society for Academic Emergency Medicine* 1999, **6:**8-13.
4. Attia MW, Zaoutis T, Klein JD, Meier FA: **Performance of a predictive model for streptococcal pharyngitis in children.** *Archives of pediatrics & adolescent medicine* 2001, **155:**687-691.
5. Joachim L, Campos D, Jr., Smeesters PR: **Pragmatic scoring system for pharyngitis in low-resource settings.** *Pediatrics* 2010, **126:**e608-614.