

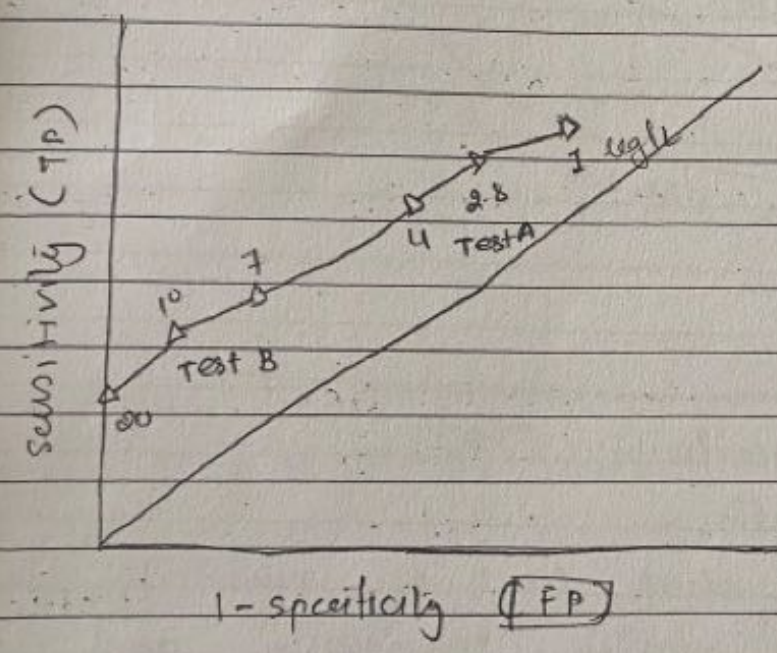
# \* Receiver operating characteristic curve. (ROC)

Dot plot  $\rightarrow$  limited info. for sensitivity and spec.

$\downarrow$   
sensitivity and sp. at different cut off  
can not be estimated

$\Downarrow$   $\uparrow$  Sensitivity and specificity of diff. test for conditions can not be compared  
obtained by ROC curve.

$\downarrow$   
plotting sensitivity (y-axis) vs 1-specificity (x-axis)



## ROC of PSA.

- X axis = 1-specificity indicates FP
- Y axis = Sensitivity indicates TP.
- hidden 3rd axis = cut off values.
- Each point of curve  $\rightarrow$  different decision cut-off
- 10 right for test B
- 4 right for test A.

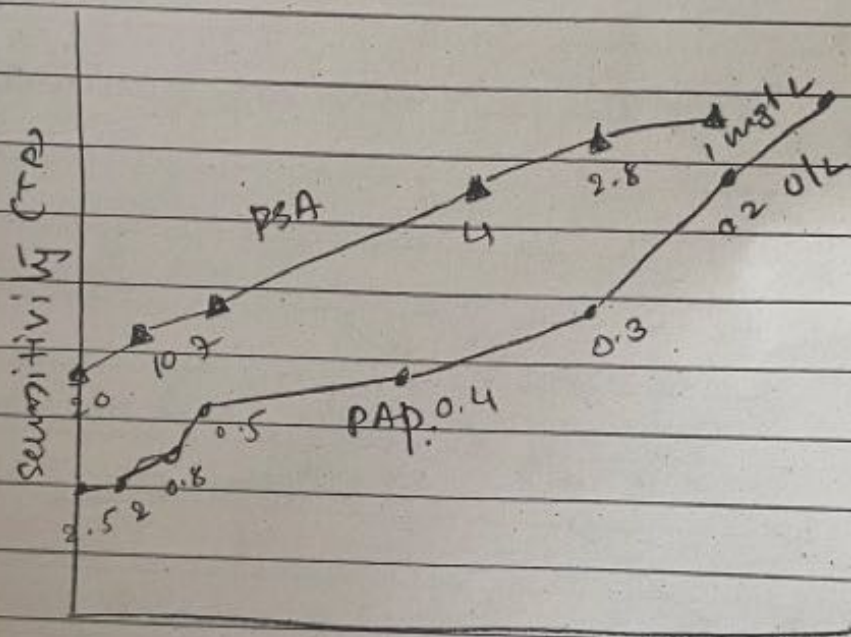
• Test A  $\rightarrow$  higher sensitivity, low spec.  
B = vice versa.

• area under curve represent test's overall performance

→ ROC is also used to compare 2 tests in terms of sensitivity and specificity.

ex:

Comparison of performance of Acid phosphatase assay & that of PSA assay for discrimination b/w BPH and prostate CA.



1-Specificity (FPR)

Interpretation

• ROC indicates, No matter what level of sensitivity is chosen PSA assay offers greater sensitivity and specificity than PAP assay.

• In these ROC, both curves do not intersect

→ When ROC curves of 2 lab tests assessing disease intersect, one test may exhibit higher sensitivity when other exhibit higher specificity at diff. decision cut-offs.

Advantages of ROC curve

- ① estimation of test performance (sensitivity and specificity) at different decision cut-off.
- ② Comparison of performance of different tests assessing same disease can be done.