Short Oral Session 1
Quality of reporting

Comparison of conference abstracts and full-text articles of randomized controlled trials in the field of pain: reporting quality and agreement in results

Dragicevic K[1], Jelicic Kadic A[1], Saldanha I[2], Puljak L[1]
[1] Cochrane Croatia, Croatia
[2] Johns Hopkins Bloomberg School of Public Health, Baltimore, USA

Background: According to current standards, systematic reviews should search for unpublished studies, i.e. grey literature. There is debate, however, about whether studies available only as conference abstracts ('abstracts') should be included at all in systematic reviews because it may be difficult to assess risk of bias and extract data accurately from the limited information available in abstracts. Additionally, discrepancies between conference abstracts and full publications of abstracts of the same randomized controlled trials (RCT) have been documented in various research fields. **Objectives:** 1) to quantify agreement between results of primary outcomes of RCTs reported in abstracts presented at the four most recent World Congresses on Pain (WCP) and their corresponding full publications; and 2) to use the CONSORT (Consolidated Standards of Reporting Trials) for Abstracts checklist to examine the completeness of reporting in those abstracts. **Methods:** Single screening with verification was conducted for all abstracts to determine which abstracts describe RCTs. Two independent authors identified corresponding full-text reports through October 2015 by electronic searches in PubMed, Google Scholar, and Embase, as well as by emailing authors. Data about the primary outcomes will be extracted from each abstract and full publication, including the outcome domains measured and numerical results reported. We will categorize any discordance (disagreement) between the primary outcome's results in the abstract and its corresponding publication as qualitative (difference in direction of effect estimate) or quantitative (no difference in direction of effect estimate). Two authors independently will evaluate all abstracts against all 17 recommended checklist items in CONSORT for Abstracts. All discrepancies will be resolved by consensus or, if necessary, discussion with a third author. **Results and conclusions:** As far as we know, this is the first analysis examining agreement in conference abstracts and full publications describing RCTs addressing pain. We will present our detailed results at the Colloquium.

Reporting of clinical prediction model studies in journal and conference abstracts: TRIPOD for Abstracts

Heus P[1], Hooft L[1], Reitsma JB[1], Scholten RJPM[1], Altman DG[2], Collins GS[2], Moons KGM[1]
[1] Cochrane Netherlands, University Medical Center, Utrecht, Netherlands
[2] Centre for Statistics in Medicine, University of Oxford, UK

Background: Informative titles and abstracts are important for the identification of potentially relevant studies and communication of research results. Many readers and reviewers base their decision to read the full text of a publication on clarity and detail presented in the title and abstract. Clear and informative reporting in title and abstract is therefore essential. The TRIPOD Statement, published in 2015, is a guideline for Transparent Reporting of a multivariable prediction model for Individual Prognosis Or Diagnosis. TRIPOD provides general recommendations for the reporting of title and abstracts, however, more detailed guidance is desirable. **Objectives:** To develop specific guidance for informative reporting of diagnostic or prognostic prediction model studies in both journal and conference abstracts. **Methods:** We conducted a literature review on the reporting of prediction model studies and established a list of potentially relevant items to report in abstracts. This list served as the basis for a modified Delphi procedure. In the first round a panel of 110 experts in the field of prediction modelling studies were asked to rate to what extent each candidate item is essential. A maximum of two Delphi rounds will be carried out to reach consensus on whether to include an item and to provide insight into potential wording. **Results:** Preliminary analyses from our literature review showed that objectives, setting, participants, sample size, outcome and conclusions were reported in over 75% of 134 abstracts. Candidate predictors, internal validation technique and results for calibration were addressed in fewer than 25% of abstracts. The modified Delphi procedure is currently being carried out. We will present the results of this procedure and the guidance resulting from it. **Conclusions:** We present the development of a specific checklist and corresponding guidance for the reporting of diagnostic or prognostic prediction model studies in both journal and conference abstracts: TRIPOD for Abstracts. The guidance will be applicable to abstracts of publications that describe development or external validation of a prediction model.

Are reporting and methodological quality of systematic reviews from China lower than those from USA? A meta-epidemiological study

Tian J[1], Zhang J[2], Ge L[1], Yang K[1], Song F[3]
1 Evidence-Based Medicine Center of Lanzhou University, China
2 Gansu University of Chinese Medicine, China
3 University of East Anglia, UK

Background: Cochrane and evidence-based health programmes have successfully promoted the production of systematic reviews (SRs) globally. In particular, the number of published SRs from China has increased exponentially, and there are concerns about their methodological quality. **Objectives:** To compare the quality of SRs of randomized controlled trials (RCTs) between China and the USA. **Methods:** We searched PubMed and randomly selected 100 SRs from China and 100 SRs from the USA, according to the following eligibility criteria: they included only RCTs, were published in 2014 in English, and had a corresponding author with affiliations in China or in the USA. PRISMA and the AMSTAR tool were used to assess the reporting and methodological quality of the included SRs. We conducted ordered logistic regression analyses to compare the reporting and methodological quality of SRs between China and USA after adjusting for multiple review characteristics. **Results:** Compared with SRs from the USA, SRs from China were more likely to contain a meta-analysis (97% vs 77%), more likely to be published in journals with lower impact factors (median 2.664 vs 3.711), less likely to be a Cochrane Review (8% vs 26%), and less likely to involve co-authors from other countries (12% vs 98%). There were considerable differences between China and the USA in reporting and methodological quality with respect to specific quality items. However, the reporting and methodological quality of SRs from China were not consistently lower or higher than those from the USA for all quality items. After adjusting for multiple review characteristics, neither country (China or USA) was statistically significantly associated with the summary PRISMA score (P = 0.075) or summary AMSTAR score (P = 0.779). **Conclusions:** The overall quality of SRs of RCTs from China published in English were similar to those from the USA, although the quality of SRs from both countries could be improved further. Adequate systematic reviewing capacity is important for evidence-based clinical practice, health policy, and primary research in China as well as in other low- and middle-income countries.

Quality and quantity of cancer-related systematic reviews published in high-impact journals

Goldkuhle M[1], Dahm P[2], Narayan V[3], Skoetz N[1]
[1] Cochrane Cancer Alliance, University Hospital of Cologne, Germany
[2] Cochrane Cancer Alliance, Minneapolis Veterans Affairs Health Care System and University of Minnesota, USA
[3] Minneapolis Veterans Affairs Health Care System and University of Minnesota, USA

Background: Systematic reviews (SRs) play a critical role in guiding evidence-based clinical practice including the management of patients suffering from cancer. Cochrane is recognized for its contributions to the development of SR methodology and its dissemination, which has contributed to publication of SRs in many other journals. **Objectives:** To assess the scope and quality of SRs published in high-impact medical journals. **Methods:** Following a written a priori protocol we performed a comprehensive search for SRs in PubMed published in high-impact general medical journals (e.g. NEJM, Lancet, BMJ etc.) and leading cancer journals (e.g. JNCI, JCO, Lancet Oncology etc.) over a five-year period (2011-2016). Two review authors performed all steps of the review independently in duplicate. We used AMSTAR (A Measurement Tool to Assess Systematic Reviews) to assess methodological quality of the SRs. **Results:** We identified 221 SRs that met our inclusion criteria: most of these were intervention reviews, 36 SRs without meta-analysis (MA), 41 including individual patient data, 15 evaluating prognostic factors or models, seven assessing diagnostic test accuracy, six network meta-analyses and one overview of reviews. Sixty-nine intervention reviews with MA were based on randomized controlled trials (RCTs), 93 on observational data. Rating of SRs with a MA based on RCTs shows that the most reported topic is cancer in general, especially adverse events of drugs. The average number of RCTs was 24 and the average number of participants 8411. Quality indicating items such as the number of abstractors and databases used are often satisfactory, whereas serious lacks occur in fields like a priori design (20%) and assessment of publication bias (46%). The quality of included studies is rarely evaluated in sensitivity analyses (29%). **Conclusions:** A growing number of cancer-related reviews are published in high impact journals. These are of variable quality, with notable shortcoming in the area of a priori design, evaluation