Item No.	Item name	Standard	Met?	Comment	Rationale and elaboration	Relevant section(s) in the *Handbook* (5.1)
	Implementation of protocol methods					
C27	***Searching trials registers***	Search trials registers and repositories of results, where relevant to the topic through ClinicalTrials.gov, the WHO International Clinical Trials Registry Platform (ICTRP) portal and other sources as appropriate.			Searches for studies should be as extensive as possible in order to reduce the risk of publication bias and to identify as much relevant evidence as possible. Although ClinicalTrials.gov is included as one of the registers within the WHO ICTRP portal, it is recommended that both ClinicalTrials.gov and the ICTRP portal are searched separately due to additional features in ClinicalTrials.gov.	6.2.3.1; 6.2.3.3
C37	***Rerunning searches***	Rerun or update searches for all relevant databases within 12 months before publication of the review or review update, and screen the results for potentially eligible studies.			The published review should be as up to date as possible. The search must be rerun close to publication, if the initial search date is more than 12 months (preferably 6 months) from the intended publication date, and the results screened for potentially eligible studies. Ideally the studies should be fully incorporated. If not, then the potentially eligible studies will need to be reported, at a minimum as a reference under 'Studies awaiting classification' or 'Ongoing studies'.	
C40	***Excluding studies without useable data***	Include studies in the review irrespective of whether measured outcome data are reported in a 'usable' way.			Systematic reviews typically should seek to include all relevant participants who have been included in eligible study designs of the relevant interventions and had the outcomes of interest measured. Reviews must not exclude studies solely on the basis of *reporting* of the outcome data, since this may introduce bias due to selective outcome reporting. While such studies cannot be included in meta-analyses, the implications of their omission should be considered. Note that studies may legitimately be excluded because outcomes were not *measured*. Furthermore, issues may be different for adverse	5.4.1
C68	***Comparing subgroups***	*If subgroup analyses are to be compared*, and there are judged to be sufficient studies to do this meaningfully, use a formal statistical test to compare them.			Concluding that there is a difference in effect in different subgroups on the basis of differences in the level of statistical significance within subgroups can be very misleading.	9.6.3.1
R106	***Changes from the protocol***	Explain and justify any changes from the protocol (including any *post hoc* decisions about eligibility criteria or the addition of subgroup analyses).			*MECIR conduct standard 13* (Justify any changes to eligibility criteria or outcomes studied. In particular, post hoc decisions about inclusion or exclusion of studies should keep faith with the objectives of the review rather than with arbitrary rules.)	
	Interpretation					
C76	***Assessing the quality of the body of evidence***	Use the five GRADE considerations (study limitations, consistency of effect, imprecision, indirectness and publication bias) to assess the quality of the body of evidence for each outcome, and to draw conclusions about the quality of evidence within the text of the review.			GRADE is the most widely used system for summarising confidence in effects of the interventions by outcome across studies. It is preferable to use the GRADE tool (as implemented in GRADEprofiler and described in the help system of the software). This should help to ensure that author teams are accessing the same information to inform their judgments. Ideally, two people working independently should assess the quality of the body of evidence. The five GRADE considerations should be addressed irrespective of whether the review includes a 'Summary of Findings' table.	
R97	***'Summary of findings' table***	Present a 'Summary of Findings' table according to recommendations described in Chapter 11 of the Cochrane Handbook (version 5 or later). Specifically: include results for one clearly defined population group (with few exceptions); indicate the intervention and the comparison intervention; include seven or fewer patient-important outcomes; describe the outcomes (e.g. scale, scores, follow-up); indicate the number of participants and studies for each outcome; present at least one baseline risk for each dichotomous outcome (e.g. study population or median/medium risk) and baseline scores for continuous outcomes (if appropriate); summarize the intervention effect (if appropriate); and include a measure of the quality of the body of evidence for each outcome.			*MECIR conduct standard 75 (Include a 'Summary of Findings' table according to recommendations described in Chapter 11 of the Cochrane Handbook (version 5 or later). Specifically:* *•include results for one population group (with few exceptions);* *•indicate the intervention and the comparison intervention;* *•include seven or fewer patient-important outcomes;* *•describe the outcomes (e.g. scale, scores, follow-up);* *•indicate the number of participants and studies for each outcome;* *•present at least one baseline risk for each dichotomous outcome (e.g. study population or median/medium risk) and baseline scores for continuous outcomes (if appropriate);* *•summarize the intervention effect (if appropriate); and* *•include a measure of the quality of the body of evidence.)* *[PRISMA item 24]*	
C73	***Interpreting results***	Interpret a statistically non-significant P value (e.g. larger than 0.05) as a finding of uncertainty unless confidence intervals are sufficiently narrow to rule out an important magnitude of effect.			Authors commonly mistake a lack of evidence of effect as evidence of a lack of effect.	12.4.2; 12.7.3
C76	***Assessing the quality of the body of evidence***	Use the five GRADE considerations (study limitations, consistency of effect, imprecision, indirectness and publication bias) to assess the quality of the body of evidence for each outcome, and to draw conclusions about the quality of evidence within the text of the review.				
C78	***Formulating implications for practice***	Base conclusions only on findings from the synthesis (quantitative or narrative) of studies included in the review.				

R101	***Implications for practice***	Provide a general interpretation of the evidence so that it can inform healthcare or policy decisions. Avoid making recommendations for practice.			*MECIR conduct standard 79* (Avoid providing recommendations for practice.)
	Completeness of reporting in the abstract & Internal consistency				
R11	***Abstract, Main results: bias assessment***	Provide a comment on the findings of the bias assessment.			The risk of bias assessments are a key finding and form a fundamental part of the strength of the conclusions drawn in the review. If risks of bias differ substantially for different comparisons and outcomes, this may need to be mentioned.
R12	***Abstract, Main results: findings***	Report findings for all primary outcomes, irrespective of the strength and direction of the result, and of the availability of data.			Findings should typically include concise information about the quality of the body of evidence for the outcome (such as study limitations, consistency of effect, imprecision, indirectness and publication bias), for example using GRADE. Outcomes should not be selected solely on the basis of the findings. If no studies measured the primary outcomes, then a comment should be made to that effect.
R13	***Abstract, Main results: adverse effects***	Ensure that any findings related to adverse effects are reported. If adverse effects data were sought, but availability of data was limited, this should be reported.			See Handbook 11.8 The abstract of the review should aim to reflect a balanced summary of the benefits and harms of the intervention.
R18	***Consistency of summary versions of the review***	Ensure that reporting of objectives, important outcomes, results, caveats and conclusions is consistent across the text, the abstract, the plain language summary and the 'Summary of findings' table (if included).			Summary versions of the review should be written on the assumption that they are likely to be read in isolation from the rest of the review..
R86	***Consistency of results***	Ensure that all statistical results presented in the main review text are consistent between the text and the 'Data and analysis' tables.			