

Additional file 2: Adequacy of included studies

Reference	Included studies	Max number of patients	Quality of studies	Exclusion/sensitivity analysis for poor quality
Nicholson (2007;i4) Methadone for cancer pain	9 trials: all R, C, and 6 DB	459	Oxford Quality Scale QS2=3 QS3=2 QS4=3 QS5=1 Allocation Concealment A=3, B=3, C=3	No
Wiffen (2007;i4) Oral morphine for cancer pain	54 trials: all R, C and 37 DB Max 17 trials in any comparison	3749	Oxford Quality Scale QS1=7 QS2=11 QS3=6 QS4=18 QS5=12	Sensitivity analysis planned for low quality, but insuff data.
Dewey (2007;i1) Eicosapentaenoic acid (EPA, an omega-3 fatty acid from fish oils) for the treatment of cancer cachexia	5 trials: all R, C, 3 DB	587	Oxford Quality Scale QS2=1 QS3=1 QS5=3 Allocation Concealment A=1, B=1, C=1	No
Miles (2006;i4) Laxatives for the management of constipation in palliative care patients	4 trials: all R, open	280	Oxford Quality Scale and Rinck Scale 1997 QS2 + RS3 QS3 + RS3.5 QS2 + RS2 QS3 + RS4 Allocation Concealment C=1, D=3	No
Dennert (2006;i3) Selenium for alleviating the side effects of chemotherapy, radiotherapy and surgery in cancer patients	2 trials: both R, C (one presenting preliminary results)	123	Oxford Quality Scale QS3=1 Other trial pending Allocation Concealment B=1 Pending trial Allocation Concealment A=1	No
Martinez-Zapata (2006;i3) Calcitonin for metastatic bone pain	2 trials: both R, C	90	Oxford Quality Scale and Oxford Pain Validity Score QS4 + OPVS16 QS3 + OPVS13 Allocation Concealment both B	No low quality trials
Tsao (2006;i3) Whole brain radiotherapy for the treatment of multiple brain metastases	24 trials: various designs, not all full publications	6353	Oxford Quality Scale and Detsky score QS1=6 QS2=8 QS3=6 DS 8 to 11=19 DS 3=1 4 trials not full publications and not scored	Sensitivity analysis for low quality
Ezzo (2006;i2) Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting	11 trials: all R, C	1247	Table: Randomisation/concealment adequate/sham control/asses'r blind stated/dropouts accounted for Allocation Concealment, A=4, B=3, C=3, D=1	Sensitivity analysis for allocation concealment and sham vs non sham controls

Zeppetella (2006;i1) Opioids for the management of breakthrough (episodic) pain in cancer patients	4 trials: all R, C	393	Oxford Quality Scale QS4= 2 QS5= 2 Allocation Concealment A=2, B=2	All trials of high quality
Berenstein (2005;i2) Megestrol acetate for the treatment of anorexia-cachexia syndrome	30 trials: all R, C	4123 Only 50% contributed to analysis	Oxford Quality Scale QS3 to 5=20 QS<3=10 Allocation Concealment A=11, B =19, D=1	Sensitivity analysis for low quality
Ahmed (200; i1) Supportive care for C patients with gastrointestinal cancer	4 trials: all R, C	483	Oxford Quality Scale and Rinck Scale QS2 + RS5 QS3 + RS4.5 QS3 + RS5.0 QS3 + RS5.5 Allocation Concealment A=1, D=3	Blinding not possible, trials of moderate quality, all included
Ballantyne (2005;i1) Comparative efficacy of epidural, subarachnoid, and intracerebroventricular opioids in patients with pain due to cancer	No controlled trials 72 uncontrolled trials	2402	None	No
McNicol (2005;i1) NSAIDs or paracetamol, alone or combined with opioids, for cancer pain	42: all R, C	3084	Oxford Quality Scale QS1=2 QS2=7 QS3=22 QS4=9 QS5=2 Allocation Concealment A=1, B=36, D=5	not used for weighting
Shaw (2005;i1) Pleurodesis for malignant pleural effusions	36 trials: all R, all open	1499	Cochrane Reviewers Handbook 1=5 2=1 3=5 4=11 5=10 6=1 (3 trials not scored) Allocation Concealment A=5, B=31	No
Fellowes (2004;i3) Aromatherapy and massage for symptom relief in patients with cancer	8 trials: all R, C	357	Informed by criteria in Oxford Quality Scale. No numerical scoring	No
Quigley (2004;i3) Opioid switching to improve pain relief and drug tolerability	No RCTs 52 reports: case reports (23), retrospective studies/audits (15), prospective uncontrolled studies (14)	Not clear Prospective and retrospective studies ±2000 Case reports 55	No RCTs met inclusion criteria	No

Jackson (2004;i2) Drug therapy for delirium in terminally ill patients	1 trial: R, DB	30	Oxford Quality Scale QS5=1 Allocation Concealment A=1	Single trial high quality
Jackson (2004;i1) Drug therapy for anxiety in palliative care	None	0	No RCTs met inclusion criteria	
Roqué (200; i4) Radioisotopes for metastatic bone pain	4 trials: all R, DB, PC	325	Oxford Quality Scale and Oxford Pain Validity Score QS3 + OPVS5 QS5 + OPVS13 QS4 + OPVS12 QS4 + OPVS15 Allocation Concealment A=1, B=3	Sensitivity analysis for low quality
Bell (2003;i3) Ketamine as an adjuvant to opioids for cancer pain	2 trials: both R, DB, cross-over, adjuvant therapy. 32 case reports or uncontrolled studies also reviewed	30	Oxford Quality Scale and Oxford Pain Validity Score QS3 + OPVS12 QS3 + OPVS13 Allocation Concealment both B	Yes
Hirst (2002;i4) Benzodiazepines and related drugs for insomnia in palliative care	None	0	No RCTs met inclusion criteria	
Wong (2002;i2) Bisphosphonates for the relief of pain secondary to bone metastases	30 trials: all R, 21 DB and PC, 4 open, 5 active (dose response)	3582	Oxford Quality Scale QS1=2 QS2=8 QS3=7 QS4=9 QS5=4	Sensitivity analysis for low quality
Jennings (2001;i3) Opioids for the palliation of breathlessness in terminal illness	18 trials: all R, DB, PC, cross-over	292	Oxford Quality Scale QS3=2 QS4=6 Allocation Concealment all B	Trials all adequate quality
Feuer (1999;i3) Corticosteroids for the resolution of malignant bowel obstruction in advanced gynaecological and gastrointestinal cancer	3 trials: all R, DB, PC [7 pro- and retrospective studies were uncontrolled and not included in analysis]	89 in trials	Quality scores (from the NHS criteria) 3 included trials: Grade IA 7 other studies: IIC = 1 IIIC = 6 Allocation Concealment A=3 (included trials), D=7	Sensitivity analysis for missing data, assuming best and worst possible scenarios
McQuay (1999;i3) Radiotherapy for the palliation of painful bone metastases	20 trials: all R, C (blinding often not possible)	3060	Oxford Quality Scale QS1=2 QS2=11 QS3=5 QS4=1 QS5=1 Allocation Concealment A=4, B=1, D=15	Trials all adequate quality, given difficulty of blinding and use of placebo unethical

R=randomised; DB=double blind; C=controlled; PC=placebo controlled