Appendix 1. Completed PRISMA reporting guideline checklist for the present review

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	3-4
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	6
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	6
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	7
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	7-8
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	7-8
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Appendix 3
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	7-8
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	8-9
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	9-10, Tables 1-9,

			Figures 4-4-14
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	9, Tables 3-4
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	10
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	9-10
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	This item is not applicable as per reasoning provided on page 9.
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Not applicable/ not done. Statement provided on page 13.
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	10-11, Figures 2-3
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	11-13,Tables 1,2,5,6
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	12-13, Tables 3-4

Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	13-15, Figures 4-14, Tables 7-9, Appendix 7.
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	13-15, Figures 4-14, Tables 7-8, Appendix 7.
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Not applicable
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Not applicable
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	15-20
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	16-20
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	21
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	22-23

Appendix 2. Methods modifications from the protocol

A systematic review of evaluations of the CONSORT guideline has been recently published.[16,17] As such, during the screening process for this review, we decided to exclude CONSORT evaluations and focus our efforts on other reporting guidelines and refer readers to the published CONSORT assessment. We originally planned to include checklist items for which variations in use could be possible (e.g., various parties 'blinded' for the CONSORT statement), but decided against this as we would not have been consistent with our decision to exclude checklist items that were split into two or more separate items in evaluations.

For assessing validity of the evaluations we made some changes from the protocol. We clarified the wording of items regarding comprehensive search strategies and balanced numbers of studies across journals (i.e, are studies within a given arm of a comparison close to evenly distributed across journals such that data are presumed not to be influenced by a 'clustering' effect?). We changed the item of whether confounding was accounted for in the evaluation to that of the sampling period because, in general, authors were not assessing according to journal endorsement and we had to rework their data to facilitate our comparisons of interest. Similarly, since authors were not evaluating with respect to journal endorsement, we did not feel it relevant to assess whether the authors' intended set of data was completely reported.

Appendix 3. Search strategies

SEARCH FOR EVALUATIONS - ACRONYM SEARCHING (MEDLINE, EMBASE, COCHRANE METHODOLOGY REGISTER)

Guidelines searched: MOOSE, STARD, CONSORT, STRICTA, RedHot, STARE-HI, MIMIX, MISFISHIE, MIAPE, MIAPEMS, STREGA, STROBE, ORION, SQUIRE, QUOROM, PRISMA, GRIPS, REHBaR, GRRAS, Guide4DBS-PD, GPP2, and Utstein style (representing various guidelines). Refer to search strategies below.

SEARCH FOR EVALUATIONS - FORWARD-CITE SEARCHING (SCOPUS)

All other reporting guidelines with acronyms that had other meaning or other guidelines without acronyms were forward cite searched for evaluations in Scopus.

SEARCH STRATEGIES

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R), Embase

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Main search

1 "Meta-analysis Of Observational Studies in Epidemiology".ti,ab.

2 MOOSE.ti,ab.

3 limit 2 to animal

4 2 not 3

5 1 or 4

6 ((standard$1 adj2 "reporting of diagnostic accuracy") or STARD).ti,ab.

7 ("Consolidated Standards of Reporting Trials" or CONSORT).ti,ab.

8 ("Standards for Reporting Interventions in Controlled Trials of Acupuncture" or STRICTA).ti,ab.

9 ("Reporting data on homeopathic treatments" or RedHot).ti,ab.

10 ("Statement on reporting of evaluation studies in Health Informatics" or "STARE-HI").ti,ab.

11 ("Minimum Information Required for Reporting a Molecular Interaction Experiment" or MIMIX).ti,ab.

12 ("Minimum Information Specification for In Situ Hybridization" or MISFISHIE).ti,ab.

13 ("Minimum Information about a Proteomics Experiment" or MIAPE or MIAPEMS or MIAPE-MS).ti,ab.

14 ("Strengthening the Reporting of Genetic Association Studies" or STREGA).ti,ab.

15 ("Strengthening the Reporting of Observational Studies in Epidemiology" or STROBE).ti,ab.

16 ("Outbreak Reports and Intervention Studies of Nosocomial Infection" or ORION).ti,ab.

17 ("Standards for Quality Improvement Reporting Excellence" or SQUIRE).ti,ab.

18 ("Quality of Reporting of Meta-Analyses" or "Quality of Reporting of Metaanalyses" or "Quality of Reporting of Metanalyses" or (QUORUM adj5 (reporting or meta-analy* or metaanaly* or metanaly* or systematic review* or statement* or guideline* or checklist* or criteria* or flowchart* or flow chart* or flow diagram*))).ti,ab.

19 ("Preferred Reporting Items for Systematic Reviews and Metaanalyses" or PRISMA).ti,ab.

20 ("Strengthening the reporting of genetic risk prediction studies" or GRIPS).ti,ab.

21 ("Reporting Experiments in Homeopathic Basic Research" or REHBaR).ti,ab.

22 ("Guidelines for Reporting Reliability and Agreement Studies" or GRRAS).ti,ab.

23 ("Standard guidelines for publication of deep brain stimulation studies" or "Guide4DBS-PD").ti,ab.

24 (good publication practice$1 or GPP2).ti,ab.

25 "Utstein style".ti,ab.

26 or/5-25

27 limit 26 to (comment or editorial or guideline or letter) [Limit not valid in Embase; records were retained]

28 26 not 27

29 limit 28 to yr="1990-Current"

30 29 use prmz

31 "Meta-analysis Of Observational Studies in Epidemiology".ti,ab.

32 MOOSE.ti,ab.

33 limit 32 to animal

34 32 not 33

35 31 or 34

36 ((standard$1 adj2 "reporting of diagnostic accuracy") or STARD).ti,ab.

37 ("Consolidated Standards of Reporting Trials" or CONSORT).ti,ab.

38 ("Standards for Reporting Interventions in Controlled Trials of Acupuncture" or STRICTA).ti,ab.

39 ("Reporting data on homeopathic treatments" or RedHot).ti,ab.

40 ("Statement on reporting of evaluation studies in Health Informatics" or "STARE-HI").ti,ab.

41 ("Minimum Information Required for Reporting a Molecular Interaction Experiment" or MIMIX).ti,ab.

42 ("Minimum Information Specification for In Situ Hybridization" or MISFISHIE).ti,ab.

43 ("Minimum Information about a Proteomics Experiment" or MIAPE or MIAPEMS or MIAPE-MS).ti,ab.

44 ("Strengthening the Reporting of Genetic Association Studies" or STREGA).ti,ab.

45 ("Strengthening the Reporting of Observational Studies in Epidemiology" or STROBE).ti,ab.

46 ("Outbreak Reports and Intervention Studies of Nosocomial Infection" or ORION).ti,ab.

47 ("Standards for Quality Improvement Reporting Excellence" or SQUIRE).ti,ab.

48 ("Quality of Reporting of Meta-Analyses" or "Quality of Reporting of Metaanalyses" or "Quality of Reporting of Metanalyses" or (QUORUM adj5 (reporting or meta-analy* or metaanaly* or metanaly* or systematic review* or statement* or guideline* or checklist* or criteria* or flowchart* or flow chart* or flow diagram*))).ti,ab.

49 ("Preferred Reporting Items for Systematic Reviews and Metaanalyses" or PRISMA).ti,ab.

50 ("Strengthening the reporting of genetic risk prediction studies" or GRIPS).ti,ab.

51 ("Reporting Experiments in Homeopathic Basic Research" or REHBaR).ti,ab.

52 ("Guidelines for Reporting Reliability and Agreement Studies" or GRRAS).ti,ab.

53 ("Standard guidelines for publication of deep brain stimulation studies" or "Guide4DBS-PD").ti,ab.

54 (good publication practice$1 or GPP2).ti,ab.

55 "Utstein style".ti,ab.

56 or/35-55

57 limit 56 to (editorial or letter)

58 56 not 57

59 limit 58 to yr="1990-Current"

60 59 use emez

61 30 or 60

62 limit 61 to yr="2000-Current"

63 remove duplicates from 62

64 limit 61 to yr="1990-1999"

65 remove duplicates from 64

66 63 or 65

67 66 use prmz **MEDLINE RESULTS**

68 limit 67 to yr="2010-current"

69 limit 67 to yr="2007-2009"

70 limit 67 to yr="2001-2006"

71 limit 67 to yr="1995-2000"

72 limit 67 to yr="1990-1994"

73 or/68-72

74 66 use emez **EMBASE RESULTS**

75 limit 74 to yr="2005-current"

76 limit 74 to yr="1990-2004"

Addendum search

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1 quorom.ti,ab.

2 "strobe-me".ti,ab.

3 ("Biospecimen reporting for improved study quality" or BRISQ).ti,ab.

4 or/1-3

5 limit 4 to (comment or editorial or guideline or letter) [Limit not valid in Embase; records were retained]

6 4 not 5

7 limit 6 to yr="1990-Current"

8 7 use prmz

9 quorom.ti,ab.

10 "strobe-me".ti,ab.

11 ("Biospecimen reporting for improved study quality" or BRISQ).ti,ab.

12 or/9-11

13 limit 12 to (comment or editorial or guideline or letter) [Limit not valid in Embase; records were retained]

14 12 not 13

15 limit 14 to yr="1990-Current"

16 15 use emez

17 8 or 16

18 remove duplicates from 17

19 18 use prmz **MEDLINE RESULTS**

20 18 use emez **EMBASE RESULTS**

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COCHRANE METHODOLOGY REGISTER

Main search

#1	"Meta-analysis Of Observational Studies in Epidemiology" OR MOOSE:ti,ab,kw
#2	((standard* NEAR/2 "reporting of diagnostic accuracy") or STARD):ti,ab,kw
#3	("Consolidated Standards of Reporting Trials" or CONSORT):ti,ab,kw
#4	("Standards for Reporting Interventions in Controlled Trials of Acupuncture" or STRICTA):ti,ab,kw
#5	("Reporting data on homeopathic treatments" or RedHot):ti,ab,kw
#6	("Statement on reporting of evaluation studies in Health Informatics" or "STARE-HI"):ti,ab,kw
#7	("Minimum Information Required for Reporting a Molecular Interaction Experiment" or MIMIX):ti,ab,kw
#8	("Minimum Information Specification for In Situ Hybridization" or MISFISHIE):ti,ab,kw
#9	("Minimum Information about a Proteomics Experiment" or MIAPE or MIAPEMS or MIAPE-MS):ti,ab,kw
#10	("Strengthening the Reporting of Genetic Association Studies" or STREGA):ti,ab,kw
#11	("Outbreak Reports and Intervention Studies of Nosocomial Infection" or ORION):ti,ab,kw
#12	("Standards for Quality Improvement Reporting Excellence" or SQUIRE):ti,ab,kw
#13	("Quality of Reporting of Meta-Analyses" or "Quality of Reporting of Metaanalyses" or "Quality of Reporting of Metanalyses"):ti,ab,kw

#14	(QUORUM NEAR/5 (reporting or meta-analy* or metaanaly* or metanaly* or systematic review* or statement* or guideline* or checklist* or criteria* or flowchart* or (flow NEXT chart*) or (flow NEXT diagram*))):ti,ab,kw
#15	("Preferred Reporting Items for Systematic Reviews and Metaanalyses" or PRISMA):ti,ab,kw
#16	("Strengthening the reporting of genetic risk prediction studies" or GRIPS):ti,ab,kw
#17	("Reporting Experiments in Homeopathic Basic Research" or REHBaR):ti,ab,kw
#18	("Guidelines for Reporting Reliability and Agreement Studies" or GRRAS):ti,ab,kw
#19	("Standard guidelines for publication of deep brain stimulation studies" or "Guide4DBS-PD"):ti,ab,kw
#20	(("good publication" NEXT practice*) or GPP2):ti,ab,kw
#21	"Utstein style":ti,ab,kw
#22	("Strengthening the Reporting of Observational Studies in Epidemiology" or STROBE):ti,ab,kw
#23	(#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22)

Addendum search

#1	(quorom or "strobe-me" or "Biospecimen reporting for improved study

quality" or BRISQ):ti,ab,kw

#2 (#1), from 1990 to 2012

Appendix 4. Citations of articles written in languages other than English or French that are potentially relevant to this review.

These articles were excluded because of language and may not meet other inclusion criteria or may also be excluded for other reasons.

Level 1 screening

Schulte-Lobbert F-J. Erratum: Moglichkeiten der Arzneimittelherstellung in der Apotheke (PZ PRISMA 4, 42-45 (1997)). PZ Prisma 1997;4(2):124.

Lauterbach KW. Ökonomische und ethische Aspekte der Entwicklung von Behandlungsleitlinien. Z Arztl Fortbild Qualitatssich 1997;91(3):277-82.

Cortés A, Flor E, Duque G. Análisis de costos de la atención médica hospitalaria. Experiencia en una clínica privada de nivel II-III. Colomb Med 2002;33(2):45-51.

Mirassou Y, ¡a-Moreno D, Santiveri CM, Santoro J, ¡as-Arnanz M, Padmanabhan S, et al. 1H, 13C and 15N backbone and side chain resonance assignments of the C-terminal domain of CdnL from Myxococcus xanthus. Biomol NMR Assignments 2009;3(1):9-12.

Rosén M, Axelsson S, Lindblom J. Släng inte ut observations-studier med badvattnet: Bedöm deras kvalitet i stället. Lakartidningen 2008;105(45):3191-4.

Link H, Kolb HJ, Ebell W, Hossfeld DK, Zander A, Niethammer D, et al. Die Transplantation h+ñmatopoetischer Stammzellen Teil I: Definitionen, prinzipielle Anwendungsm+¦glichkeiten, Komplikationen. Med Klin 1997;92(8):480-91+505.

Salomonsson B, Sandell R, Werbart A, Rydelius PA. Psykoanalytisk behandling vid st+¦rningar i mor-barnrelationen. Lakartidningen 2011;108(18):984-7.

García López F, Gutiérrez Bezón S, Galende Domínguez I, Avendaño Solá C. [Assessment of quality of clinical trials: Rationale, usefulness and drawbacks]. Med Clin (Barc) 1999;112(SUPPL. 1):35-42.

Ziegler A, ¦nig IR. Reporting standards: German translation of CONSORT 2010, PRISMA and STARD. Dtsch Med Wochenschr 2011;136(8):357-8.

Carrasco G, Lorenzo S, Santi+¦+í M. Revista de Calidad Asistencial style manual. Mandatory guide for new authors. Rev Calidad Asist 2011;26(2):132-41.

Eklöf H, Bergqvist D, Hägg A, Gottsäter A, Kahan T, Dimény E, et al. Experter eniga om indikationer för behandling av njurartärstenos. Lakartidningen 2010;107(36):2102-4.

Gottsäter A, Alhadad A, Lindblad B. Fibromuskulär dysplasi - Angiopati som oftast drabbar njurartärerna. Lakartidningen 2009;106(44):2830-5.

Van Der Zaag ES, Prins MH, Jacobs MJHM. Behandeling van claudicatio intermittens; prospectief gerandomiseerd onderzoek in de BAESIC-trial. Ned Tijdschr Geneeskd 1996;140(14):787-8.

Tegnell A, Gerle M, von Knorring AL, Andersson G. Nationella riktlinjerna stA • r pA • solid grund. Lakartidningen 2010;107(45):2825.

Level 2 screening

Reference List

Cobos-Carbo A, Augustovski F. CONSORT 2010 Declaration: updated guideline for reporting parallel group randomised trials. Med Clin (Barc) 2011 Jul 23;137(5):213-5.

Li CJ, Lu J, Su NC, Li S, Shi ZD. Preferred reporting items for systematic reviews and meta-analysis for reporting quality of Chinese meta-analysis on stomatology. Chung Hua Kou Chiang Hsueh Tsa Chih 2011 May;46(5):257-62.

Sun YN, Lei FF, Cao YL, Fu MK. Evidence-based quality assessment of 10-year orthodontic clinical trials in 4 major dental journals. Chung Hua Kou Chiang Hsueh Tsa Chih 2010 Feb;45(2):105-8.

Oliveira MR, Gomes AC, Toscano CM. QUADAS and STARD: evaluating the quality of diagnostic accuracy studies. Rev Saude Publica 2011 Apr;45(2):416-22.

Urrutia G, Bonfill X. PRISMA declaration: a proposal to improve the publication of systematic reviews and meta-analyses. Med Clin (Barc) 2010 Oct 9;135(11):507-11.

Zheng H, Liang FR, Li Y. Features of acupuncture randomised controlled trials published in the top four journals. Zhongguo zhenjiu 2010 Aug;30(8):679-82.

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Song W, Mo DF, Lan BQ, Gao YS. A report of 463 in-hospital cardiopulmonary resuscitation based on the "Utstein Style". Zhongguo Wei Zhong Bing Ji Jiu Yi Xue 2008 Dec;20(12):713-6.

Zhang Y, Zhang RM, Chang J. Quality assessment of the report of randomized controlled trials on treatment of liver carcinoma with traditional Chinese medicine. Zhongguo Zhong Xi Yi Jie He Za Zhi 2008 Jul;28(7):588-90.

Schmucker C, Blumle A, Antes G, Lagreze W. Randomized controlled and controlled clinical trials in German-language ophthalmological journals. Ophthalmologe 2008 Mar;105(3):255-61.

Vavken P, Culen G, Dorotka R. Clinical applicability of evidence-based orthopedics--a cross-sectional study of the quality of orthopedic evidence. Z Orthop Unfall 2008 Jan;146(1):21-5.

Stagelund S, Lippert FK. Documentation of in-hospital cardiac arrest. Ugeskr Laeger 2008 Jan 28;170(5):348-51.

Garcia-Alamino JM, Parera A, Olle G, Bonfill X. Clinical trials published in Revista Espanola de Anestesiologia y Reanimacion: characteristics and quality of design. Rev Esp Anestesiol Reanim 2007 Jun;54(6):333-9.

Liu JP, Xia Y. Quality appraisal of systematic reviews or meta-analysis on traditional Chinese medicine published in Chinese journals. Zhongguo Zhong Xi Yi Jie He Za Zhi 2007 Apr;27(4):306-11.

Kim S, Oh HB, Cha CH, Choi SE, An HY, Lee KJ. Quality Evaluation of the Performance Study of Diagnostic Tests Using STARD Checklist and Meta-Analysis for the Pooled Sensitivity and Specificity of Third Generation Anti-HCV EIA Tests. Korean J Lab Med 2006 Aug;26(4):307-15.

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Altman DG, Moher D. Developing guidelines for reporting healthcare research: scientific rationale and procedures. Med Clin (Barc) 2005 Dec 1;125 Suppl 1:8-13.

Lumbreras B, Jarrin I, Hernandez A, I. Evaluation of the research methodology in genetic, molecular and proteomic tests. Gac Sanit 2006 Sep;20(5):368-73.

Diener MK, Blumle A, Szakallas V, Antes G, Seiler CM. Randomized and nonrandomized controlled clinical trials in a German surgical journal. Chirurg 2006 Sep;77(9):837-43.

Surkont G, Wlazlak E, Kowalski A, Zdziennicki A, Suzin J. Efficacy of burch colposuspension in the stress urinary incontinence treatment evaluated with he use of consort diagram. Ginekol Pol 2006 Jun;77(6):463-7.

Li TQ, Wang G, Wang L. Problems and strategies in clinical trials of traditional Chinese medicine. Zhongguo Zhong Xi Yi Jie He Za Zhi 2006 Apr;26(4):298-302.

Rangel Mayoral JF, Luis FJ, Liso Rubio FJ. Current research status in pharmaceutical care. Farm 2005 Sep;HOSP.. 29(5):335-42.

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Strippoli GF, Manno C, Schena FP. Randomized controlled trials: a controversial past and a future of regulation and rejection. Giornale italiano di nefrologia 2002 Jan;19(1):4-12.

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Rodrigo CP. QUOROM-PRISMA: A systematic review of the literature and meta-analysis. Rev Esp Nutr Comunitaria 2010 Apr;16(2):116-7.

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Ziegler A, Konig IR. Reporting guidelines: An application of CONSORT 2010. Dtsch Med Wochenschr 2011;136(8):e2-e8.

Pittler MH, Blumle A, Meerpohl JJ, Antes G. CONSORT 2010 statement: Updated guidelines for reporting parallel group randomised trials. Dtsch Med Wochenschr 2011;136(8):e20-e23.

Wang J, Liu Q, Weng C-G, Wang Y, Li L, Lei X, et al. Quality assessment for chinese systematic reviews/meta-analyses in public health. Chin J Evid -Based Med 2010;10(12):1367-74.

Wang Y, Zhang C, Zha Q-L, Jiang M, Lv A-P. Quality assessment of randomized controlled trials involving danhong injection for angina of coronary heart disease. Chin J Evid -Based Med 2011;11(2):161-7.

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Min J, Mao B, Liu A-R. Quality assessment of randomized controlled trials related to traditional Chinese medicine published in the Chinese Journal of evidence-based medicine. Chin J Evid -Based Med 2010;10(3):362-6.

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Appendix 5. Included reporting guidelines.

Arranged alphabetically by Guideline Focus

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Animal studies, any design	Any area of bioscience research using laboratory animals	ARRIVE (Animal Research: Reporting In Vivo Experiments)	Kilkenny, C., Browne, W. J., Cuthill, I. C., Emerson, M., and Altman, D. G.. Improving bioscience research reporting: the ARRIVE guidelines for reporting animal research. PLoS Biology. 2010; 8 (6): e1000412. ***Also published in:*** *Journal of Pharmacology & Pharmacotherapeutics. 2010; 1 (2): 94-9.* *British Journal of Pharmacology. 2010; 160 (7): 1577-9.* *Journal of Gene Medicine. 2010; 12 (7): 561-3.*
Animal trials	Animal studies	Gold standard publication checklist (GSPC)	Hooijmans, C. R., Leenaars, M., and Ritskes-Hoitinga, M.. A gold standard publication checklist to improve the quality of animal studies, to fully integrate the Three Rs, and to make systematic reviews more feasible. ATLA Alternatives to Laboratory Animals. 2010; 38:167-182.
Basic science	Homeopathy	Reporting experiments in homeopathic basic research (REHBaR)	Stock-Schroer, B., Albrecht, H., Betti, L., Endler, P. C., Linde, K., Ludtke, R., Musial, F., van Wijk R., Witt, C., and Baumgartner, S.. Reporting experiments in homeopathic basic research (REHBaR)--a detailed guideline for authors. Homeopathy. 2009; 98: 287–298.
Case reports	Drugs and medical products that include herbal and complementary medicines, vaccines, and other biologicals and devices	Guidelines for Submitting Adverse Event Reports for Publication	Kelly, W. N., Arellano, F. M., Barnes, J., Bergman, U., Edwards, I. R., Fernandez, A. M., et al. Guidelines for submitting adverse event reports for publication. Pharmacoepidemiol Drug Saf. 2007; 16: 581e7. ***Also published in:*** *Drug Safety. 2007; 30 (5): 367-373.* *Therapie. 2009; 64 (4): 289-294.*

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Comparative effectiveness studies, nonrandomized studies	Secondary data sources	International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Good Research Practices reporting guidance for nonrandomized studies using secondary data sources	Berger, M. L., Mamdani, M., Atkins, D., and Johnson, M. L.. Good research practices for comparative effectiveness research: defining, reporting and interpreting nonrandomized studies of treatment effects using secondary data sources: the ISPOR Good Research Practices for Retrospective Database Analysis Task Force Report--Part I. International Society for Pharmacoeconomics and Outcomes Research. 2009; 12 (8): 1044–1052.
Diagnostic accuracy studies	General	Standards for Reporting of Diagnostic Accuracy (STARD): www.consort-statement.org	Bossuyt, P. M., Reitsma, J. B., Bruns, D. E., Gatsonis, C. A., Glasziou, P. P., Irwig, L. M., et al. Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. Standards for reporting of diagnostic accuracy. Clin Chem. 2003; 49: 1e6.
Diagnostic accuracy studies	General	Checklist for Publications on Studies of Diagnostic Accuracy of Tests Used in Medical Case-Finding, Diagnosis, Prognosis, Risk Stratification, and Monitoring	Bruns, D. E., Huth, E. J., Magid, E., and Young, D. S.. Toward a checklist for reporting of studies of diagnostic accuracy of medical tests. Clin Chem. 2000; 46: 893e5.
Diagnostic accuracy studies	Preschool vision screening	Uniform Guidelines for Reporting Results of Preschool Vision Screening Studies	Donahue, S. P., Arnold, R. W., and Ruben, J. B., AAPOS Vision Screening Committee. Preschool vision screening: what should we be detecting and how should we report it? Uniform guidelines for reporting results of preschool vision screening studies. J AAPOS. 2003; 7: 314e6.
Diagnostic accuracy studies	Paratuberculosis	Standards for Reporting of Animal Diagnostic Accuracy Studies for paratuberculosis (STRADAS-paraTB)	Gardner, I. A., Nielsen, S. S., Whittington, R. J., Collins, M. T., Bakker, D., Harris, B., Sreevatsan, S., Lombard, J. E., Sweeney, R., Smith, D. R., Gavalchin, J., and Eda, S.. Consensus-based reporting standards for diagnostic test accuracy studies for paratuberculosis in ruminants. Preventive Veterinary Medicine. 2011; 101: 18–34.
Economic evaluations	General	Guidelines for authors and peer reviewers of economic submissions to the BMJ	Drummond, M. F. and Jefferson, T. O.. Guidelines for authors and peer reviewers of economic submissions to the BMJ. The BMJ Economic Evaluation Working Party. BMJ. 1996; 313: 275e83.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Economic evaluations	Drugs, devices, surgical procedures, or screening interventions	Good Research Practices for Cost-Effectiveness Analysis Alongside Clinical Trials: The ISPOR RCT-CEA Task Force Report	Ramsey, S., Willke, R., Briggs, A., Brown, R., Buxton, M., Chawla, A., et al. Good research practices for cost-effectiveness analysis alongside clinical trials: the ISPOR RCT-CEA Task Force report. Value Health. 2005; 8: 521e33.
Economic evaluations	Reference case analyses	Checklist for reporting the reference case cost-effectiveness analysis	Siegel, J. E., Weinstein, M.C., Russell, L.B., and Gold, M.R.. Recommendations for reporting cost-effectiveness analyses. Panel on Cost-Effectiveness inHealth and Medicine. JAMA. 1996; 276: 1339e41. ***Also published in:*** *Pediatric AIDS and HIV Infection. 1997; 8 (2): 130-134.*
Economic evaluations	Fall prevention strategies	Checklist for conducting and reporting economic evaluations of fall prevention strategies	Davis, J. C., Robertson, M. C., Comans, T., and Scuffham, P. A.. Guidelines for conducting and reporting economic evaluation of fall prevention strategies. Osteoporos Int. 2011; 22: 2449–2459.
Economic evaluations	Haemophilia prophylaxis	Recommendations for reporting economic evaluations of haemophilia prophylaxis	Nicholson, A., Berger, K., Bohn, R., Carcao, M., Fischer, K., Gringeri, A., et al. Recommendations for reporting economic evaluations of haemophilia prophylaxis: a nominal groups consensus statement on behalf of the Economics Expert Working Group of The International Prophylaxis Study Group. Haemophilia. 2008; 14: 127e32.
Evaluation research	Health informatics	Statement on reporting of evaluation studies in Health Informatics (STARE-HI)	Talmon, J., Ammenwerth, E., Brender, J., De, K. N., Nykanen, P., and Rigby, M.. STARE-HI-Statement on reporting of evaluation studies in health informatics. Int J Med Inf. 2009; 78: 1e9.
Evaluation research	Interactive health communication	Evaluation Reporting Template for Interactive Health Communication Application: www.scipich.org	Robinson, T. N., Patrick, K., Eng, T. R., and Gustafson D. An evidence-based approach to interactive health communication: a challenge to medicinein the information age. Science Panel on Interactive Communication and Health. JAMA. 1998; 280: 1264e9.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
General	General	Suggested format for research recommendations on the effects of treatments	Brown, P., Brunnhuber, K., Chalkidou, K., Chalmers, I., Clarke, M., Fenton, M., et al. How to formulate research recommendations. BMJ. 2006; 333: 804e6.
General	Financial conflicts of interest	Financial Conflicts of Interest Checklist 2010 for clinical research studies.	Rochon, P. A., Hoey, J., Chan, A. W., Ferris, L. E., Lexchin, J., Kalkar, S. R., Sekeres, M., Wu, W., Van Laethem, M., and Gruneir, A.. Financial Conflicts of Interest Checklist 2010 for clinical research studies. Open Medicine. 2010; 4 (1): e69.
General	Communicating research funding source	Acknowledgement of Funders in Scholarly Journal Articles	Research Information Network. Acknowledgement of funders in scholarly journal articles: guidance for UK research funders, authors and publishers. Available at http://www.rin.ac.uk/system/files/attachments/sarah/Acknowledgement-funders-guidance.pdf.February 2008.
General	Communicating company sponsored medical research	GPP2 (good publication practice) guidelines	Graf, C., Battisti, W. P., Bridges, D., Bruce-Winkler, V., Conaty, J. M., Ellison, J. M., Field, E. A., Gurr, J. A., Marx, M. E., Patel, M., Sanes-Miller, C., and Yarker, Y. E.. Research Methods & Reporting. Good publication practice for communicating company sponsored medical research: the GPP2 guidelines. BMJ. 2009; 339: b4330.
General	Metabolic analyses	Standardization of Reporting Methods for Metabolic Analyses: A Draft Policy Document from the Standard Metabolic Reporting Structures Group: www.smrsgroup.org	Lindon, J. C., Nicholson, J. K., Holmes, E., Keun, H. C., Craig, A., Pearce, J. T., et al. Summary recommendations for standardization and reportingof metabolic analyses. Nat Biotechnol. 2005; 23: 833e8.
General, clinical trials	Bayesian analyses	Reporting Of Bayes Used in clinical STudies (ROBUST)	Sung, L., Hayden, J., Greenberg, M. L., Koren, G., Feldman, B. M., and Tomlinson, G. A.. Seven items were identified for inclusion when reporting a Bayesian analysis of a clinical study. J Clin Epidemiol. 2005; 58: 261e8.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
General, clinical trials	Homeopathic treatments in clinical trials	Reporting data on homeopathic treatments (RedHot): www.redhot-homeopathy.info	Dean, M. E., Coulter, M. K., Fisher, P., Jobst, K., and Walach, H.. Reporting data on homeopathic treatments (RedHot): a supplement to CONSORT. Homeopathy. 2007; 96: 42e5.
General, clinical trials	Human biospecimens	Biospecimen reporting for improved study quality (BRISQ)	Moore, H. M., Kelly, A. B., Jewell, S. D., McShane, L. M., Clark, D. P., Greenspan, R., Hayes, D. F., Hainaut, P., Kim, P., Mansfield, E. A., Potapova, O., Riegman, P., Rubinstein, Y., Seijo, E., Somiari, S., Watson, P., Weier, H. U., Zhu, C., and Vaught, J.. Biospecimen reporting for improved study quality (BRISQ). Cancer (Cancer Cytopathol). 2011; 119: 92–101.
General, clinical trials	Neutropenia	The design, analysis, and reporting of clinical trials on the empirical antibiotic management of the neutropenic patient	Immunocompromised Host Society. The design, analysis, and reporting of clinical trials on the empirical antibiotic management of the neutropenic patient. Report of a consensus panel. J Infect Dis. 1990; 161: 397e401. *Alternate authorship list: Pizzo P.A., Armstrong D., Bodey G., De Pauw B., Feld R., Glauser M., Gaya H., Karp J., Klastersky J., Todeschini G., Verhoef J., Wade J., Young L.S., and Remington J.*
General, clinical trials	Pediatric brain tumors	Recommendations of the Brain Tumor Subcommittee for the Reporting of Trials	Gnekow, A. K.. Recommendations of the Brain Tumor Subcommittee for the reporting of trials. SIOP Brain Tumor Subcommittee. International Society of Pediatric Oncology. Med Pediatr Oncol. 1995; 24: 104e8.
General, clinical trials	Infantile spasms and West Syndrome	West Delphi Consensus Statement - A Proposal for Case Definitions and Outcome Measures in Studies of Infantile Spasms and West Syndrome	Lux, A. L. and Osborne, J. P.. A proposal for case definitions and outcome measures in studies of infantile spasms and West syndrome: consensus statement of the West Delphi group. Epilepsia. 2004; 45: 1416e28.
General, clinical trials	Prostate specific antigen	Eligibility and Outcomes Reporting Guidelines for Clinical Trials for Patients in the State of a Rising Prostate-Specific Antigen	Scher, H. I., Eisenberger, M., D'Amico, A. V., Halabi, S., Small, E. J., Morris, M., et al. Eligibility and outcomes reporting guidelines for clinical trials for patients in the state of a rising prostate-specific antigen: recommendations from the Prostate-Specific Antigen Working Group. J Clin Oncol. 2004; 22: 537e56.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
General, clinical trials	Rheumatoid arthritis	Reporting Exercise Studies in Low Back Pain	Helmhout, P. H., Staal, J. B., Maher, C. G., Petersen, T., Rainville, J., Shaw, W. S., et al. Exercise therapy and low back pain: insights and proposals to improve the design, conduct, and reporting of clinicaltrials. Spine. 2008; 33: 1782e8.
General, clinical trials	Nuclear magnetic resonance data and chemical shifts in rheumatoid arthritis	EULAR/ACR recommendations on reporting disease activity in clinical trials of patients with rheumatoid arthritis	Aletaha, D., Landewe, R., Karonitsch, T., Bathon, J., Boers, M., Bombardieri, S., et al. Reporting disease activity in clinical trials of patients with rheumatoid arthritis: EULAR/ACR collaborative recommendations. Ann Rheum Dis. 2008; 67: 1360e4. ***Also published in:*** *Arthritis Care and Research. 2008; 59 (10): 1371-1377.*
General, clinical trials	Intra-arterial cerebral thrombolysis for acute ischemic stroke	Trial Design and Reporting standards for intra-arterial cerebral thrombolysis for acute ischemic stroke.	Higashida, R. T., Furlan, A. J., Roberts, H., Tomsick, T., Connors, B., et al. Trial design and reporting standards for intra-arterial cerebral thrombolysis for acute ischemic stroke. Stroke. 2003; 34: e109e37.
General, clinical trials	Endovascular revascularization for chronic ischemia of lower limb arteries	Uniform reporting standards in studies assessing endovascular treatment for chronic ischaemia of lower limb arteries	Diehm, N., Baumgartner, I., Jaff, M., Do, D. D., Minar, E., Schmidli, J., et al. A call for uniform reporting standards in studies assessing endovascular treatment for chronic ischaemia of lower limb arteries. Eur Heart J. 2007; 28: 798e805.
General, clinical trials	Carotid artery and supra-aortic trunk revascularization trials	Standardized definitions and clinical endpoints in carotid artery and supra-aortic trunk revascularization trials	Nedeltchev, K., Pattynama, P. M., Biaminoo, G., Diehm, N., Jaff, M. R., Hopkins, L. N., Ramee, S., van Sambeek, M., Talen, A., Vermassen, F., and Cremonesi, A.. Standardized definitions and clinical endpoints in carotid artery and supra-aortic trunk revascularization trials. Catheterization and Cardiovascular Interventions. 2010; 76: 333–344.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
General, clinical studies	Bleeding complications in acute coronary syndromes	Standardized reporting of bleeding complications for clinical investigations in acute coronary syndromes	Rao, S. V., Eikelboom, J., Steg, P. G., Lincoff, A. M., Weintraub, W. S., Bassand, J. P., Rao, A. K., Gibson, C. M., Petersen, J. L., Mehran, R., Manoukian, S. V., Charnigo, R., Lee, K. L., Moscucci, M., and Harrington, R. A.. Standardized reporting of bleeding complications for clinical investigations in acute coronary syndromes: a proposal from the academic bleeding consensus (ABC) multidisciplinary working group. Am Heart J. 2009; 158: 881-886.
General, clinical studies	Parkinson's disease	Standard guidelines for publication of deep brain stimulation studies in Parkinson's disease (Guide4DBS-PD).	Vitek, J. L., Lyons, K. E., Bakay, R., Benabid, A. L., Deuschl, G., Hallett, M., Kurlan, R., Pancrazio, J. J., Rezai, A., Walter, B. L., and Lang, A. E.. Standard guidelines for publication of deep brain stimulation studies in Parkinson's disease (Guide4DBS-PD). Movement Disorders. 2010; 25 (11): 1530–1537.
In vitro studies	Molecular interaction experiments	Minimum Information required for reporting a Molecular Interaction Experiment (MIMIx): http://www.psidev.info/	Orchard, S., Salwinski, L., Kerrien, S., Montecchi-Palazzi, L., Oesterheld, M., St€umpflen, V., et al. The minimum information required for reporting a molecular interaction experiment (MIMIx). Nat Biotechnol. 2007; 25: 894e8.
In vitro studies	Human embryonic stem cells	International community consensus standard for reporting derivation of human embryonic stem cell lines	Stephenson, E. L., Braude, P. R., and Mason, C.. International community consensus standard for reporting derivation of human embryonic stem cell lines. Regen Med. 2007; 2: 349e62.
In vitro studies	Protein folding	Standard set of experimental conditions and a preliminary kinetic data set of two-state proteins	Maxwell, K. L., Wildes, D., Zarrine-Afsar, A., De Los Rios, M. A., Brown, A. G., Friel, C. T., et al. Protein folding: defining a ''standard'' set of experimental conditions and a preliminary kinetic data set of two-state proteins. Protein Sci. 2005; 14: 602e16.
In vivo studies	In situ hybridization and immuno-histochemistry	Minimum information specification for in situ hybridization and immunohistochemistry experiments (MISFISHIE)	Deutsch, E. W., Ball, C. A., Berman, J. J., Bova, G. S., Brazma, A., Bumgarner, R. E., et al. Minimum information specification for in situ hybridization and immunohistochemistry experiments (MISFISHIE). Nat Biotechnol. 2008; 26: 305e12.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Lab/pre-clinical studies	Reporting chemical shifts in solids	International Union of Pure and Applied Chemistry (IUPAC) recommendations 2008	Harris, R. K., Becker, E. D., Cabral De Menezes, S. M., Granger, P., Hoffman, R. E., Zilm, K. W., et al. Further conventions for NMR shielding and chemical shifts IUPAC recommendations 2008. Solid StateNucl Magn Reson. 2008; 33: 41e56. ***Also published in:*** *Pure and Applied Chemistry. 2008; 80 (1): 59-84.* *Magnetic Resonance in Chemistry. 2008; 46 (6): 582-598.*
Lab/pre-clinical studies	Nuclear magnetic resonance data	Recommendations for the presentation of Nuclear Magnetic Resonance (NMR) structures of proteins and nucleic acids	Markley, J. L., Bax, A., Arata, Y., Hilbers, C. W., Kaptein, R., Sykes, B. D., et al. Recommendations for the presentation of NMR structures of proteins and nucleic acids. IUPAC-IUBMB-IUPAB Inter-Union Task Group on the Standardization of Data Bases of Protein and Nucleic Acid Structures Determined by NMR Spectroscopy. J Biomol NMR. 1998; 12 (1): 1e23. ***Also published in:*** *European Journal of Biochemistry. 1998; 256 (1): 1-15.* *Journal of Molecular Biology. 1998; 280 (5): 933-952.* *Pure and Applied Chemistry. 1998; 70 (1): 117-142.*
Lab/pre-clinical studies	Pathology interpretations within GLP toxicology studies	Best Practices for Reporting Pathology Interpretations with GLP Toxicology Studies	Morton, D., Kemp, R. K., Francke-Carroll, S., Jensen, K., McCartney, J., Monticello, T. M., et al. Best practices for reporting pathology interpretations within GLP toxicology studies. Toxicol Pathol. 2006; 34: 806e9.
Lab/pre-clinical studies	Proteomics	Minimum Information About a Proteomics Experiment (MIAPE): http://psidev.info	Taylor, C. F., Paton, N. W., Lilley, K. S., Binz, P. A., Julian, R. K. Jr., Jones, A. R., et al. The minimum information about a proteomics experiment (MIAPE). Nat Biotechnol. 2007; 25: 887e93.

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Lab/pre-clinical studies	Mass spectrometry in proteomics experiments	Minimum Information about a Proteomics Experiment - Mass Spectrometry (MIAPE-MS): http://psidev.info	Taylor, C. F., Binz, P.-A., Aebersold, R., Affolter, M., Barkovich, R., Deutsch, E. W., et al. Guidelines for reporting the use of mass spectrometry in proteomics. Nat Biotechnol. 2008; 26: 860e1.
Lab/pre-clinical studies	CPR research	Utstein-Style Guidelines for Uniform Reporting of Laboratory CPR Research	Idris, A. H., Becker, L. B., Ornato, J. P., Hedges, J. R., Bircher, N. G., Chandra, N. C., et al. Utstein-style guidelines for uniform reporting of laboratory CPR research. A statement for healthcare professionalsfrom a task force of the American Heart Association, the American College of Emergency Physicians, the American Collegeof Cardiology, the European Resuscitation Council, the Heart and Stroke Foundation of Canada, the Institute of Critical Care Medicine, the Safar Center for Resuscitation Research, and the Society for Academic Emergency Medicine. Writing Group. Circulation. 1996; 94: 2324e36.
Observational studies	General	Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): www.strobe-statement.org	von Elm, E., Altman, D. G., Egger, M., Pocock, S. J., Gotzsche, P. C., and Vandenbroucke, J. P., STROBE Initiative. The Strengthening the Reporting statement: guidelines for reporting observational studies. PLoS Med. 2007; 4: e296.
Observational studies	General	Quality of Reporting of Observational Longitudinal Research	Tooth, L., Ware, R., Bain, C., Purdie, D. M., and Dobson, A. Quality of reporting of observational longitudinal research. [see comment]. Am J Epidemiol. 2005; 161: 280e8.
Observational studies	Genetic association studies	Strengthening the Reporting of Genetic Association studies (STREGA): www.strega-statement.org	Little J, Higgins JP, Ioannidis JP, Moher D, Gagnon F, von Elm E, et al. STrengthening the REporting of Genetic Association Studies (STREGA): an extension of the STROBE statement. PLoS Med 2009; 6: e22.

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Observational studies	Biomarkers, Molecular Epidemiology	Strengthening the Reporting of Observational Studies in Epidemiology – Molecular Epidemiology (STROBE-ME) www.strobe-statement.org	Gallo, V., Egger, M., McCormack, V., Farmer, P. B., Ioannidis, J. P., Kirsch-Volders, M., Matullo, G., Phillips, D. H., Schoket, B., Stromberg, U., Vermeulen, R., Wild, C., Porta, M., and Vineis, P.. STrengthening the Reporting of OBservational studies in Epidemiology - Molecular Epidemiology (STROBE-ME): An extension of the STROBE statement. Eur J Clin Invest. 2011; DOI: 10.1111/j.1365-2362.2011.02561.x (epub ahead of print). Print citation: 2012 Jan; 42(1): 1-16.
Observational studies	Tumour markers	Reporting recommendations for tumour marker prognostic studies (REMARK): www.cancerdiagnosis.nci.nih.gov/assessment/progress/clinical.html	McShane, L. M., Altman, D. G., Sauerbrei, W., Taube, S. E., Gion, M., Clark, G. M., et al. REporting recommendations for tumour MARKer prognostic studies (REMARK). Eur J Cancer. 2005; 41: 1690e6. ***Also published in:*** *Journal of the National Cancer Institute. 2005; 97 (16): 1180-1184.* *Nature Clinical Practice Oncology. 2005; 2 (8): 416-422.* *British Journal of Cancer. 2005; 93 (4): 387-391.* *Journal of Clinical Oncology. 2005; 23 (36): 9067-9072.* *Experimental Oncology. 2006; 28 (2): 99-105.* *Breast Cancer Research and Treatment. 2006; 100 (2): 229-235.*
Observational studies	Rheumatoid arthritis biologics registers	Reporting safety data of biologic registers in rheumatology	Dixon, W. G., Carmona, L., Finckh, A., Hetland, M. L., Kvien, T. K., Landewe, R., Listing, J., Nicola, P.J., Tarp, U., Zink, A., and Askling, J.. EULAR points to consider when establishing, analysing and reporting safety data of biologics registers in rheumatology. Ann Rheum Dis. 2010; 69: 1596–1602.
Observational studies	Rheumatic disorders	OMERACT IV recommendations for reporting of longitudinal observational studies in rheumatology	Wolfe, F., Lassere, M., van der, H. D., Stucki, G., Suarez-Almazor, M., Pincus, T., et al. Preliminary core set of domains and reporting requirements for longitudinal observational studies in rheumatology. J Rheumatol. 1999; 26: 484e9.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Observational studies	Trigeminal neuralgia	Recommendations for future reports on surgical management of trigeminal neuralgia	Zakrzewska, J. M. and Lopez, B. C.. Quality of reporting in evaluations of surgical treatment of trigeminal neuralgia: recommendations for future reports. Neurosurgery. 2003; 53: 110e20.
Observational studies	Spinal cord injury	Reporting spinal cord injury (SCI) studies	DeVivo, M. J., Biering-Sorensen, F., New, P., and Chen, Y.. Standardization of data analysis and reporting of results from the International Spinal Cord Injury Core Data Set. Spinal Cord. 2011; 49: 596–599.
Prospective clinical studies	Behavioural interventions and public health	Transparent Reporting of Evaluations with Non-randomized Designs (TREND): www.TREND-statement.org	Des Jarlais, D. C., Lyles, C., and Crepaz, N.. TREND Group. Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: the TREND statement. Am J Public Health. 2004; 94: 361e6.
Prospective clinical studies	Intervention studies of nosocomial infection	Outbreak Reports and Intervention Studies Of Nosocomial infection(ORION): www.idrn.org/orion.php	Stone, S. P., Cooper, B. S., Kibbler, C. C., Cookson, B. D., Roberts, J.A., Medley, G. F., et al. The ORION statement: guidelines for transparent reporting of outbreak reports and intervention studies of nosocomial infection. Lancet Infect Dis. 2007; 7: 282e8.
Prospective clinical studies	Anticancer drugs	Guidelines for reporting a Phase 1 Cancer Trial in a conference abstract	Strevel, E. L., Chau, N. G., Pond, G. R., Murgo, A. J., Ivy, P. S., and Siu, L. L.. Improving the quality of abstract reporting for phase I cancer trials. Clin Cancer Res. 2008; 14: 1782e7.
Prospective clinical studies	Acute graft-versus-host disease	Recommendations for reporting results of Graft-Versus-Host Disease (GVHD) prevention trials	Przepiorka, D., Weisdorf, D., Martin, P., Klingemann, H. G., Beatty, P., Hows, J., et al. 1994 Consensus conference on acute GVHD grading. Bone Marrow Transplant. 1995; 15: 825e8.
Prospective clinical studies	Acute myeloid leukaemia	Revised Recommendations of the International Working Group for Diagnosis, Standardization of Response Criteria, Treatment Outcomes, and Reporting Standards for Therapeutic Trials in Acute Myeloid Leukemia	Cheson, B. D., Bennett, J. M., Kopecky, K. J., Buchner, T., Willman, C.L., Estey, E. H., et al. Revised recommendations of the International Working Group for Diagnosis, Standardization of Response Criteria,Treatment Outcomes, and Reporting Standards for Therapeutic Trials in Acute Myeloid Leukemia. J Clin Oncol. 2003; 21: 4642e9.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Qualitative research	Psychology and social sciences	Evolving Guidelines for Publication of Qualitative Research Studies in Psychology and Related Fields	Elliott, R., Fischer, C. T., and Rennie, D. L.. Evolving guidelines for publication of qualitative research studies in psychology and related fields. Br J Clin Psychol. 1999; 38(Pt 3): 215e29.
Qualitative, observational	Participatory Action Research, Counseling psychology	Best Practices in the Reporting of Participatory Action Research (PAR)	Smith, L., Rosenzweig, L., and Schmidt, M.. Best Practices in the Reporting of Participatory Action Research: Embracing Both the Forest and the Trees. The Counseling Psychologist. 2010; 38(8): 1115–1138.
Quality improvement studies	General	Standards for Quality Improvement Reporting Excellence (SQUIRE): www.squire-statement.org	Davidoff, F., Batalden, P., Stevens, D., Ogrinc, G., and Mooney, S.. Publication guidelines for quality improvement studies in health care: Evolution of the SQUIRE project. J Gen Intern Med. 2008; 23: 2125e30.
Randomized controlled trials	General	Checklist of Information for Inclusion in Reports of Clinical Trials	Asilomar Working Group. Checklist of information for inclusion in reports of clinical trials. The Asilomar Working Group on Recommendations for Reporting of Clinical Trials in the Biomedical Literature. Ann Intern Med. 1996; 124: 741e3.
Randomized controlled trials	General	Checklist to be used by authors when preparing or by readers when analyzing a report of a randomized controlled trial	Moher, D., Standards of Reporting Trials (SORT) Group. A proposal for structured reporting of randomized controlled trials. JAMA. 1994; 272: 1926e31.
Randomized controlled trials	Cluster randomized trials	CONSORT Statement: extension to cluster randomised trials: www.consort-statement.org	Campbell, M. K., Elbourne, D. R., and Altman, D. G.. CONSORT statement: extension to cluster randomised trials. BMJ. 2004; 328: 702e8.
Randomized controlled trials	Intracluster correlation coefficients from cluster trials	Framework for the reporting of intracluster correlation coefficients in cluster randomized trials	Campbell, M. K., Grimshaw, J. M., and Elbourne, D. R.. Intracluster correlation coefficients in cluster randomized trials: empirical insights into how should they be reported. BMC Med Res Methodol. 2004; 4: 9.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Randomized controlled trials	Noninferiority and equivalence randomized trials	Reporting of Noninferiority and Equivalence Randomized Trials: An Extension of the CONSORT Statement: www.consort-statement.org	Piaggio, G., Elbourne, D. R., Altman, D. G., Pocock, S. J., Evans, S. J., CONSORT Group. Reporting of noninferiority and equivalence randomized trials: an extension of the CONSORT statement. JAMA. 2006; 295: 1152e60.
Randomized controlled trials	Journal and conference abstracts	CONSORT for reporting randomised trials in journal and conference abstracts: www.consort-statement.org	Hopewell, S., Clarke, M., Moher, D., Wager, E., Middleton, P., Altman, D. G., et al. CONSORT for reporting randomised trials in journal and conference abstracts. Lancet. 2008; 371: 281e3.
Randomized controlled trials	Abstracts submitted to meetings of the American Society for Clinical Oncology	Proposed Guidelines for Reporting a Randomized Trial in a Conference Abstract	Krzyzanowska, M. K., Pintilie, M., Brezden-Masley, C., Dent, R., and Tannock, I. F.. Quality of abstracts describing randomized trials in the proceedings of American Society of Clinical Oncology meetings: guidelines for improved reporting. J Clin Oncol. 2004; 22: 1993e9.
Randomized controlled trials	Harms	Better reporting of harms in randomized trials: An extension of the CONSORT Statement: www.consort-statement.org	Ioannidis, J. P., Evans, S. J., Gotzsche, P. C., O'Neill, R. T., Altman, D. G.,Schulz, K., et al. Better reporting of harms in randomized trials: an extension of the CONSORT statement. Ann Intern Med. 2004; 141: 781e8.
Randomized controlled trials	Non-pharmacologic treatments	Consolidated Standards of Reporting Trials extension for non-pharmacologic treatments (CONSORT extension for NPT): www.consort-statement.org	Boutron, I., Moher, D., Altman, D. G., Schulz, K. F., Ravaud, P., CONSORT Group. Methods and processes of the CONSORT Group: example of an extension for trials assessing nonpharmacologic treatments. Ann Intern Med. 2008; 148: W60e6. ***Explanation and elaboration document:*** *Annals of Internal Medicine. 2008; 148 (4): 295-309.* *Journal of Chinese Integrative Medicine. 2009; 7 (7): 690-699.* *Journal of Chinese Integrative Medicine. 2009 7 (5): 491-494.*

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Randomized controlled trials	Herbal interventions	Consolidated Standards of Reporting Trials extension for Herbal Medicine Interventions (CONSORT for Herbal Interventions)	Gagnier, J. J., Boon, H., Rochon, P., Moher, D., Barnes, J., Bombardier, C., et al. Reporting randomized, controlled trials of herbal interventions: an elaborated CONSORT statement. Ann Intern Med. 2006; 144: 364e7. ***Also published in:*** *Explore: The Journal of Science & Healing. 2006; 2(2): 143-9. Alternate title: Reporting random controlled trials of herbal medicines.* ***Explanation and elaboration document:*** *Journal of Clinical Epidemiology. 2006; 59 (11): 1134-49.*
Randomized controlled trials	Chinese materia medica	Consolidated Standards for Reporting Trials of Traditional Chinese Medicine: www.consort-statement.org	Wu, T.-X., Li, Y.-P., Bian, Z.-X., Li, T.-Q., Li, J., Dagenais, S., et al. Consolidated standards for reporting trials of traditional Chinese medicine (CONSORT for TCM) (for solicitation of comments). Chin J Evid Based Med. 2007; 7: 625e30. ***Also published in:*** *Fronteras en Medicina. 2011; 5 (2): 171-7.*
Randomized controlled trials	Acupuncture	Standards for Reporting interventions in Controlled Trials of Acupuncture (STRICTA): www.ftcm.org.uk/stricta	Macpherson, H., White, A., Cummings, M., Jobst, K. A., Rose, K., Niemtzow, R. C., et al. Standards for Reporting Interventions in Controlled Trials of Acupuncture: the STRICTA recommendations. J Altern Complement Med. 2002; 8: 85e9.
Randomized controlled trials	Acupuncture	Standards for Reporting interventions in Controlled Trials of Acupuncture (STRICTA) (2010 update) www.ftcm.org.uk/stricta	MacPherson, H., Altman, D. G., Hammerschlag, R., Youping, L., Taixiang, W., White, A., and Moher, D.. Revised STandards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA): extending the CONSORT statement. PLoS Med. 2010; 7(6): e1000261.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Randomized controlled trials	Chronic pain	Measuring and Reporting Chronic Pain Outcomes in Randomized Controlled Trials	Grant, M. D. and Samson, D.. Special report: measuring and reporting pain outcomes in randomized controlled trials. Technol Eval Cent Asses Program Exec Summ. 2006; 21(11): 1e2.
Randomized controlled trials	Exercise and low back pain	CONSORT extension for Pragmatic Trials: www.consort-statement.org	Zwarenstein, M., Treweek, S., Gagnier, J. J., Altman, D. G., Tunis, S., Haynes, B., et al. Improving the reporting of pragmatic trials: an extension of the CONSORT statement. BMJ. 2008; 337: a2390. ***Also published in:*** *Journal of Chinese Integrative Medicine. 2009; 7 (4): 392-397.* *BMJ. 2008; 337 (7680): 1223-1226.*
Randomized controlled trials	Allergen-specific immunotherapy	The CONSORT statement checklist in allergen-specific immunotherapy: a GA^{2}LEN paper	Bousquet, P. J., Brozek, J., Bachert, C., Bieber, T., Bonini, S., Burney, P., Calderon, M., Canonica, G. W., Compalati, E., Daures, J. P., Delgado, L., Demoly, P., Dahl, R., Durham, S. R., Kowalski, M. L., Malling, H. J., Merk, H., Papadopoulos, N., Passalacqua, G., Simon, H. U., Worms, M., Wahn, U., Zuberbier, T., Schunemann, H. J., and Bousquet, J.. The CONSORT statement checklist in allergen-specific immunotherapy: a GA2LEN paper. Allergy. 2009; 64: 1737–1745.

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Randomized controlled trials	Live stock and food safety	REFLECT (Reporting guidElines For randomized controLled trials for livEstoCk and food safeTy)	O'Connor, A. M., Sargeant, J. M., Gardner, I. A., Dickson, J. S., Torrence, M. E., Dewey, C. E., Dohoo, I. R., Evans, R. B., Gray, J. T., Greiner, M., Keefe, G., Lefebvre, S. L., Morley, P. S., Ramirez, A., Sischo, W., Smith, D. R., Snedeker, K., Sofos, J., Ward, M. P., and Wills, R.. The REFLECT statement: methods and processes of creating reporting guidelines for randomized controlled trials for livestock and food safety by modifying the CONSORT statement. Zoonoses Public Health. 2010; 57: 95–104. ***Also published in:*** *Journal of Veterinary Internal Medicine. 2010; 24 (1): 57-64.* *Zoonoses & Public Health. 2010; 57 (2): 105-36.* *Preventive Veterinary Medicine. 2010; 93 (1): 11-8.* *Journal of Food Protection. 2010; 73 (1): 132-9.* *Journal of Swine Health and Protection 2010; 18 (1): 18-26.* ***Explanation and elaboration document:*** *Journal of Food Protection. 2010; 73 (3): 579-603.*
Randomized controlled trials	Renal artery revascularization	Guidelines for the Reporting of Renal Artery Revascularization in Clinical Trials	Rundback, J. H., Sacks, D., Kent, K. C., Cooper, C., Jones, D., Murphy, T., et al. Guidelines for the reporting of renal artery revascularization in clinical trials. American Heart Association. Circulation. 2002; 106: 1572e85. ***Also published in:*** *Journal of Vascular and Interventional Radiology. 2002; 13 (10): 959-974.* *Journal of Vascular and Interventional Radiology. 2003; 14 (9, pt.2): S477-S492.*

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Randomized controlled trials, observational studies	Image-guided tumor ablation	Image-guided tumor ablation: standardization of terminology and reporting criteria	Goldberg, S. N., Grassi, C. J., Cardella, J. F., Charboneau, J. W., Dodd, G. D. III, Dupuy, D. E., et al. Image-guided tumor ablation: standardization of terminology and reporting criteria. Radiology. 2005; 235: 728e39. ***Also published in:*** *Journal of Vascular and Interventional Radiology. 2005; 16 (6): 765-778. Journal of Vascular and Interventional Radiology. 2009; 20 (7): S377-S390.*
Randomized controlled trials, Quasi-experimental studies, systematic reviews, meta-analyses	General	Journal Article Reporting Standards (JARS) and Meta-analysis Reporting Standards (MARS)	APA Publications and Communications Board Working Group on Journal Article Reporting Standards. Reporting standards for researchin psychology: why do we need them? What might they be? Am Psychol. 2008; 63: 839e51.
Standardized patient research reports	Medical education	Proposed reporting standards for standardised patient (SP) research reports	Howley, L., Szauter, K., Perkowski, L., Clifton, M., McNaughton, N., Association of Standardized Patient Educators (ASPE). Quality of standardised patient research reports in the medical education literature: review and recommendations. Med Educ. 2008; 42: 350e8.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Systematic reviews, meta-analyses	General	Quality of Reporting of Meta-analyses Statement (QUOROM)	Moher, D., Cook, D. J., Eastwood, S., Olkin, I., Rennie, D., and Stroup, D. F.. Improving the quality of reports of meta-analyses of randomised controlled trials: the QUOROM statement. Quality of Reporting of Meta-analyses. Lancet. 1999; 354: 1896e900. ***Also published in:*** *Onkologie. 2000; 23 (6): 597-602.* *British journal of surgery. 2000; 87 (11): 1448-1454.* *Revista Espanola de Salud Publica. 2000; 74 (2): 107-118.*
Systematic reviews, meta-analyses	General	Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA): www.prisma-statement.org	Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., the PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement. PLoS Med. 2009; 6: e1000097.
Systematic reviews, meta-analyses	General	Meta-analysis Of Observational Studies in Epidemiology (MOOSE)	Stroup, D. F., Berlin, J. A., Morton, S. C., Olkin, I., Williamson, G. D., Rennie, D., et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis Of Observational Studies in Epidemiology (MOOSE) group. JAMA. 2000; 283: 2008e12.
Undefined	Methodology; reliability and agreement	Guidelines for Reporting Reliability and Agreement Studies (GRRAS)	Kottner, J., Audige, L., Brorson, S., Donner, A., Gajewski, B. J., Hrobjartsson, A., Roberts, C., Shoukri, M., and Streiner, D. L.. Guidelines for Reporting Reliability and Agreement Studies (GRRAS) were proposed. Journal of Clinical Epidemiology. 2011; 64: 96-106.
Undefined	Emergency medicine and prehospital care	Recommended guidelines for reporting on emergency medical dispatch when conducting research in emergency medicine: The Utstein style	Castren, M., Karlsten, R., Lippert, F., Christensen, E. F., Bovim, E., Kvam, A. M., et al. Recommended guidelines for reporting on emergency medical dispatch when conducting research in emergency medicine: The Utstein style. Resuscitation. 2008; 79: 193e7.

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Undefined	Genetic risk prediction	Reporting of Genetic Risk Prediction Studies: The GRIPS Statement	Janssens, A. C., Ioannidis, J. P., van Duijn, C. M., Little, J., and Khoury, M. J.. Strengthening the reporting of Genetic RIsk Prediction Studies: the GRIPS Statement. PLoS Med. 2011 8(3): e1000420.
Undefined	Genotype prevalence and gene-disease associations	Proposed checklist for reporting and appraising studies of genotype prevalence and gene-disease associations	Little, J., Bradley, L., Bray, M. S., Clyne, M., Dorman, J., Ellsworth, D. L., et al. Reporting, appraising, and integrating data on genotype prevalence and gene-disease associations. Am J Epidemiol. 2002; 156: 300e10.
Undefined	Lower extremity ischemia.	Suggested standards for reports dealing with lower extremity ischemia	Rutherford, R., Flanigan, D., Gupta, S., Johnston, K., Karmody, A., Whittemore, A. D., et al. Suggested standards for reports dealing with lower extremity ischemia. Prepared by the Ad Hoc Committee onReporting Standards, Society for Vascular Surgery/North American Chapter, International Society for Cardiovascular Surgery. J VascSurg. 1986; 4: 80e94.
Undefined	Emergency department patients with potential acute coronary syndromes	Standardized Reporting Guidelines for Studies Evaluating Risk Stratification of Emergency Department Patients with Potential Acute Coronary Syndromes	Hollander, J. E., Blomkalns, A. L., Brogan, G. X., Diercks, D. B., Field, J. M., Garvey, J. L., et al. Standardized reporting guidelines for studies evaluating risk stratification of emergency department patients with potential acute coronary syndromes. Ann Emerg Med. 2004; 44: 589e98.
Undefined	Heart valve surgery	Recommendations for reporting morbid events after heart valve surgery	Horstkotte, D., Lengyel, M., Mistiaen, W. P., Piper, C., Voller, H., et al., Working Group on Infection, Thrombosis, Embolism and Bleeding; Society of Heart Valve Disease. Recommendations for reporting morbid events after heart valve surgery. J Heart Valve Dis. 2005; 14: 1e7.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Undefined	Cardiopulmonary bypass surgery	Minimal Criteria for Reporting the Systemic Inflammatory Response to Cardiopulmonary Bypass	Landis, R. C., Arrowsmith, J. E., Baker, R. A., de Somer, F., Dobkowski, W. B., Fisher, G., et al. Consensus statement: defining minimal criteria for reporting the systemic inflammatory response to cardiopulmonary bypass. Heart Surg Forum. 2008; 11: E316e22. ***Also published in:*** *Heart Surgery Forum. 2008; 11 (5): 286-292.*
Undefined	Out-of-hospital cardiac arrest	Recommended guidelines for uniform reporting of data from out-of- hospital cardiac arrest: the Utstein Style	Cummins, R. O., Chamberlain, D. A., Abramson, N. S., Allen, M., Baskett, P. J, Becker, L., et al. Recommended guidelines for uniform reporting of data from out-of-hospital cardiac arrest: the Utstein style. A statement for health professionals from a task force of the American Heart Association, the European Resuscitation Council,the Heart and Stroke Foundation of Canada, and the Australian Resuscitation Council. Circulation. 1991; 84: 960e75.
Undefined	Adult in-hospital resuscitation	Recommended Guidelines for Reviewing, Reporting and Conducting Research on In-hospital Resuscitation: The In-hospital Utstein Style	Cummins, R., Chamberlain, D., Hazinski, M. F., Nadkarni, V., and Kloeck, W.. Recommended guidelines for reviewing, reporting, and conducting research on in-hospital resuscitation: the in-hospital ‘‘Utstein style’’. A statement for health care professionals from the American Heart Association, the European Resuscitation Council, the Heart and Stroke Foundation of Canada, the Australian Resuscitation Council, and the Resuscitation Councils of Southern Africa. Acad Emerg Med. 1997; 4: 603e27.
Undefined	Pediatric resuscitation (advanced life support)	Recommended Guidelines for Uniform Reporting of Pediatric Advanced Life Support: The Pediatric Utstein Style	Zaritsky, A., Nadkarni, V., Hazinski, M. F., Foltin, G., Quan, L., Wright, J., et al. Recommended guidelines for uniform reporting of pediatric advanced life support: the pediatric Utstein style. Ann Emerg Med. 1995; 26: 487e503.

Guideline focus	Content area	Reporting guideline and acronym(if applicable)	Citation*
Undefined	Post-resuscitation in hospital care	Recommended guidelines for reviewing, reporting, and conducting research on post-resuscitation care: The Utstein Style	Langhelle, A., Nolan, J., Herlitz, J., Castren, M., Wenzel, V., Soreide, E., et al. Recommended guidelines for reviewing, reporting, and conducting research on post-resuscitation care: the Utstein style. Resuscitation. 2005; 66: 271e83.
Undefined	Bariatric surgery	Standards for reporting results	Mason, E. E., Amaral, J., Cowan, G. S. Jr., Deitel, M., Gleysteen, J. J., and Oria, H. E.. Standards for reporting results. Obes Surg. 1994; 4: 56e65.
Undefined	Bariatric surgery	Guidelines for reporting results in bariatric surgery	Standards Committee, American Society for Bariatric Surgery. Guidelines for reporting results in bariatric surgery. Standards Committee, American Society for Bariatric Surgery. Obes Surg. 1997; 7: 521e2.
Validation studies	Health administrative data	Validation studies of health administrative data	Benchimol, E. I., Manuel, D. G., To, T., Griffiths, A. M., Rabeneck, L., and Guttmann, A.. Development and use of reporting guidelines for assessing the quality of validation studies of health administrative data. Journal of Clinical Epidemiology. 2011; 64(8): 821-829.

*Additional citations provided, where existing, for those searched using Scopus for evaluations.

Appendix6. Support for validity assessment judgments.

Abbreviations: high=high validity; low=low validity; n/a=not applicable; unclear=unclear validity.

BMJ ECONOMICS GUIDELINE EVALUATIONS

Herman, 2005

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Unclear	Authors do not state how many people assessed completeness of reporting.
Number of items assessed as reported in methods section	High	Quote (methods section): "...gather from each study the data needed to assess quality according to a 35-item checklist developed b the BMJ Economic Evaluation Working Party". Quote (results section): "Table 4 shows the results of the application of the BMJ 35-item quality checklist..." Comment: Table 4 shows data for all 35 items.
Comprehensive search strategy	Low	Quote: "We searched the following electronic databases from January 1999 to October 2004: Medline, AMED, Alt-Health-Watch, and the Complementary and Alternative Medicine Citation Index..." Comment: no supplementary searches conducted. Articles limited to the English language.
Balance of studies per journal in comparison arms (end vs. non)	High	Endorser arm: 2 articles from 1 journal Non-endorser arm: 11 articles from 10 journals, mostly 1 study per journal Comment: Appears to be balanced in each arm.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Jefferson, 1998

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Unclear	Authors do not state how many people assessed completeness of reporting.
Number of items assessed as reported in methods section	Unclear	Quote (methods): "This checklist contains 35 items important for reporting the results of economic evaluations..." Comment: no verification made in the results section o the number of item assessed.
Comprehensive search strategy	High	Two journals were specifically chosen during a certain time period. Comment: Given their intended focus, all manuscripts would have been obtained.
Balance of studies per journal in	High	Only 1 journal per arm included in the assessment.

Item	Judgement	Support for judgement
comparison arms (end vs. non)		
Balance of studies per journal in comparison arms (after vs. before)	High	Only one journal included in the comparison.
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	Low	Quote: "...during the periods July 1 to September 30, 1994, to BMJ and October 1 to December 31, 1995, to BMJ and The Lancet were included in a "before" phase of the study". Comment: reporting guideline published in 1996

CONSORT EXTENSION FOR ABSTRACTS, 2008

Ghimire, 2014

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Two clinical pharmacists…independently extract the data using the CONSORT for Abstract guidelines."
Number of items assessed as reported in methods section	Unclear	Number of items not specified in Methods section. All items reported in Results section.
Comprehensive search strategy	Low	Quote: "We conducted a MEDLINE/PubMed search to identify all RCTs published in the field of oncology before and after…2008." Comment: Only one database searched and no supplementary searches conducted.
Balance of studies per journal in comparison arms (end vs. non)	Low	End: 74 articles in 2 journals Non-end: 234 articles in 4 journals Comment: In non-endorser arm, 66% of studies were from one journal. In endorser arm, 58% of studies were from one journal.
Balance of studies per journal in comparison arms (after vs. before)	Low	After: 74 articles in 2 journals. 66% from one journal. Before: 16 articles in 2 journals. 69% from one journal.
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	Low	Quote: "The initial search differentiated between pre-CONSORT (2005-2007) and post-CONSORT (2010-2012) abstract periods." Comment: all articles in the 'before' am were published before the reporting guideline was published.

CONSORT EXTENSION FOR HARMS, 2004

Haidich, 2011

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Then two of us (A.B.H. and C.B.) independently extracted data from the main text on the characteristics of reports and examined whether reporting of harms was described according to the 10 new recommendations in the Extension of the CONSORT statement."
Number of items assessed as reported in methods section	High	Quote (methods): "A summary of the 10 new recommendations is presented in Table 1." Comment: Table 2 shows data for all 10

Item	Judgement	Support for judgement
		recommendations.
Comprehensive search strategy	High	Specific journals from a specific year were chosen. Comment: Given their intended focus, all manuscripts would have been obtained.
Balance of studies per journal in comparison arms (end vs. non)	Low	Endorser arm: 2 journals with 6 and 19 studies, respectively Non-endorser arm: 3 journals with 10, 16, and 51 studies, respectively Comment: a substantial proportion of studies in each arm are clustered with a particular journal.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Turner, 2011

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Low	Quote: "Data extraction was completed independently and verified by two authors by taking a 10% random sample of trials."
Number of items assessed as reported in methods section	High	Quote (methods): "We applied the CONSORT for harms extension collecting data on each of the first seven recommendations..." Quote (results): "In general, we found a low compliance with seven CONSORT for harms recommendations." Comment: Table 4 shows data for all 7 items.
Comprehensive search strategy	Low	Quotes: "We searched the Cochrane Complementary Medicine Field (CAM Field) Specialized Register of trials." and "...were excluded along with reports...for which full text articles were not locally available." Comment: Handsearching of journals is conducted for this register but authors limited their inclusion to locally available articles.
Balance of studies per journal in comparison arms (end vs. non)	Low	Endorser arm: 5 journals with 1 study each Non-endorser arm: 104 journals with 189 articles (2 journals contributed 17 and 22 articles, respectively, and remaining journals contributed 1 study each). Comment: 20% of studies in the non-endorser arm are clustered in two journals.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Peron, 2013

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Unclear	Quote: "A standardized data extraction form was used by two authors...to capture remaining data in this review." Comment: It is unclear whether dual extraction was used.
Number of items assessed as reported in methods section	High	Same number of total items provided in Methods and Results sections.
Comprehensive search strategy	Low	Comment: Searched only one database (Medline/PubMed), and limited the search to 10 journals. No supplemental searches were were conducted.
Balance of studies per journal in comparison arms (end vs. non)	Low	End: 43 articles from 2 journals. 62% from one journal. Non-End: 282 articles from 8 journals. 53% of articles were clustered in one journal.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Cornelius, 2013

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	"All data were extracted independently by 2 reviewers… and disagreements were resolved by discussion between reviewers."
Number of items assessed as reported in methods section	High	Items indicated in Methods and Results sections are the same.
Comprehensive search strategy	High	Quote: Embase, Health Services Research Projects in Progress (HSRProj), International Pharmaceutical Abstracts, ISI Proceedings, MEDLINE, CINAHL, LILACS, National Research Register (NRR) Archive, National Technical Information Service (TOXNET). Reference Lists of relevant reviews and original articles were scanned."
Balance of studies per journal in comparison arms (end vs. non)	High	End: 1 article from 1 journal Non-End: 6 articles from 5 journals Comment: appears to be balanced in each arm
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Lee, 2008

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Each paper was independently reviewed using the standard data abstraction form by two study investigators (PEL and HF)....they also

Item	Judgement	Support for judgement
		indicated on the form if the paper fulfilled the CONSORT harm reporting suggestions..."
Number of items assessed as reported in methods section	High	Quote (methods): "An abstraction form was developed to collect data from each paper on the extent to which the paper provided the information recommended by CONSORT. This abstraction form identified 10 specific topics on harm....(Appendix)." Quote (results): "Table 2 provides a summary of the data on the location of information on harm and harm topics...". Comment: items in Appendix and Table 2 coincide
Comprehensive search strategy	High	Quote: "Electronic searches of MEDLINE (1966 to May Week 4, 2005), EMBASE (1980-2005 Week 6), and the Cochrane Databases (inception to fourth quarter 2004) were performed...reference lists from the identified articles were manually searched and cross-referenced. Clinical experts were contacted to identify additional trials.
Balance of studies per journal in comparison arms (end vs. non)	High	Endorser arm: 1 study from 1 journal Non-endorser arm: 1 study from 1 journal
Balance of studies per journal in comparison arms (after vs. before)	High	Only one journal included in the comparison.
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	Low	Studies in the 'before' arm were published in 1999-2000; the reporting guideline was published in 2004.

CONSORT FOR HERBAL INTERVENTIONS, 2006

Ernst, 2011

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Unclear	Quote: "Data were extracted independently by two reviewers according to pre-defined criteria, including study design, intervention and control (placebo or active), participant characteristics, the main study findings and conclusions...In addition we evaluated al RCTs according to the criteria used in the CONSORT guidelines for herbal medicines". Comment: it is unclear whether they used two reviewers to also evaluate trials according to the reporting guideline.
Number of items assessed as reported in methods section	High	Quote (methods): "The guideline incorporates a total of 15 items describing the herbal medicinal intervention..." Quote (results): "None of the RCTs partially or fully described all 15 items."
Comprehensive search strategy	Low	Quote: "...to identify all the studies sponsored by NCCAM in Medline (via Pubmed)." Comment: A supplementary search, especially by contacting NCCAM should have been done to ensure catchment.
Balance of studies per journal in	High	Endorser arm: 1 study from 1 journal

Item	Judgement	Support for judgement
comparison arms (end vs. non)		Non-endorser arm: 6 studies from 5 journals.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs before only)	n/a	n/a

PRISMA, 2009

Tunis, 2013

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Data extraction was performed independently on included articles by two investigators….and assessed by using PRISMA and AMSTAR checklists."
Number of items assessed as reported in methods section	High	Authors provide PRISMA checklist as an appendix, and all items were collected on as shown in Figure 4.
Comprehensive search strategy	Low	Quote: "A searched was performed in MEDLINE…the search was limited to radiology-specific journals with an impact factor greater than 2.75…" Comment: One database searched and limited to radiology-specific journals above an impact factor threshold.
Balance of studies per journal in comparison arms (end vs. non)	Low	Endorser arm: 13 studies from 1 journal Non-endorser arm: 48 articles from 8 journals: 3 journals with 10-13 articles each and remaining journals with 1-5 articles each. Comment: majority of studies in non-endorser arm clustered in 3 journals.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Panic, 2013

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Scoring the papers with PRISMA and AMSTAR checklists was performed by two researchers independently"
Number of items assessed as reported in methods section	High	Comment: authors provide the complete PRISMA checklist as web-only materials and cited in their methods section. They provide data for all items in Table 1.
Comprehensive search strategy	Low	Authors searched one database (MEDLINE) for journals listed in the GH category from Thomson Reuters Current Contents in Clinical Medicine. A subset of papers were randomly selected. Comment: only one database searched, random

Item	Judgement	Support for judgement
		sample subset of papers chosen, and no supplementary searches conducted. Unclear how many reviews were missed from other journals.
Balance of studies per journal in comparison arms (end vs. non)	Unclear	Endorser arm: 3 journals with 6-9 articles, 3 journals with 1-4 articles each. Non-endorser arm: 4 journals with 4-6 articles, 5 journals with 1-5 articles each. Comment: Unclear how this would impact the results.
Balance of studies per journal in comparison arms (after vs. before)	Low	After endorsement: 3 journals with 6-9 articles, 2 journals with 1-4 articles each. Before endorsement: 2 journals with 9-10 articles each, 3 journals with 1-2 journals each. Comment: articles not evenly distributed in 'before' arm. Unclear impact in 'after' arm.
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	Unclear	After endorsement: all articles published in 2012 Before arm. All articles published the year before journal endorsement, which varied across journal. Year range: 2008-2011. Comment: based on information provided by authors, it is unclear which and how much'before' data were published in 2008, which would be before PRISMA was published.

Fleming, 2013

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "discrepancies between the authors in the grading of individual criteria were resolved by joint discussion" Comment: reasonable to infer that at least two people independently assessed completeness of reporting.
Number of items assessed as reported in methods section	High	Quote: "..the PRISMA guidelines. These guidelines incorporate 27 items…" Comment: Table 1 provides data for all 27 items.
Comprehensive search strategy	Low	Quote: "A comprehensive literature search was undertaken to identify systematic reviews by searching five major orthodontic journals…and The Cochrane Library…the search process is outlined elsewhere." Comment: Located other citated article, and neither this nor the other article provide how the five journals and Cochrane were searched (e.g., handsearching or bibliographic database search), years and databases searched, nor were one or more supplementary searches conducted.
Balance of studies per journal in comparison arms (end vs. non)	Low	In endorsing arm, 1 of 2 journals contributed more articles (14 vs. 6 articles.) Only one journal in non-endorsing arm.
Balance of studies per journal in comparison arms (after vs. before)	High	Only one journal in each arm.

Item	Judgement	Support for judgement
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	Low	All studies published before PRISMA was published.

QUOROM, 1999

Biondi-Zoccai, 2006

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "As a measure of study quality we appraised the compliance of each systematic review with the QUOROM checklist...two unblended reviewers (GGLB-Z, PA) independently appraised the studies."
Number of items assessed as reported in methods section	High	Quote (methods): "We considered that the study had complied with any of the 18 specific items..." Comment: Table 5 of the result section provides data for 18 items.
Comprehensive search strategy	Low	Quote: "We searched for systematic reviews in PubMed according to a defined strategy, and in the Cochrane database of systematic reviews and the database of abstracts of reviews of effects (updated March 2005)." Comment: no supplemental searches conducted.
Balance of studies per journal in comparison arms (end vs. non)	High	Endorser arm: 1 study from 1 journal Non-endorser arm: 6 studies from 5 journals
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Hind, 2007

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Low	Quote: "One researcher (DH) examined the main body and appendices of all reports, recording...whether a QUOROM study selection diagram was presented..."
Number of items assessed as reported in methods section	High	Quote (methods): "QUOROM study selection diagram" Quote (results):"Only 20 studies...had a diagram..."
Comprehensive search strategy	Low	Quote: "In May 2006, we searched Medline for the HTA programme's monographs..." Comment: Authors should have contacted the HTA programme to ensure a complete catchment.
Balance of studies per journal in comparison arms (end vs. non)	n/a	
Balance of studies per journal in comparison arms (after vs. before)	High	Only one journal assessed.
Sampling took place in the	High	Comparison years were 2003 and 2005; the reporting

Item	Judgement	Support for judgement
period following the publication of the reporting guideline (after vs. before only)		guideline was published in 1999.

Poolman, 2007

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "All included manuscripts were independently assessed on methodological reporting by three assessors"
Number of items assessed as reported in methods section	Unclear	No information provided in the methods section about the intended number of items to assess.
Comprehensive search strategy	Low	Quote: "We searched MEDLINE with OVID and PubMed (basic search, related articles, and clinical queries search), EMBASE, and the Cochrane Database of Systematic Reviews (CDSR)....we limited our search to the English language" Comment: no supplemental searches done and limited to the English language.
Balance of studies per journal in comparison arms (end vs. non)	High	Endorser arm: 1 study in 1 journal Non-endorser arm: 6 studies published in 5 journals
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

STARD, 2003

Freeman, 2009

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Unclear	Comment: Not reported
Number of items assessed as reported in methods section	High	Quote: "Papers were then scored against the STARD checklist of 25 items, resulting in a score out of 25 for each paper which corresponded to the paper's quality as a study reporting diagnostic accuracy."
Comprehensive search strategy	High	Quote: "Published articles were identified by systematic searches of electronic databases from 1966 until January 2007; these included PubMed, Ovid Medline, Ovid Embase, the Cochrane Library, the National Library for Health (UK), Online Computer Library Center (OCLC) and the Conference Papers Index. Text words and MeSH headings used separately and in combination included: prenatal diagnosis, Rh, fetal cells, fetal DNA, maternal blood, serum, plasma, Rh alloimmunis(z)ation. Bibliographies of all papers identified were examined. Searches for related articles by topic and author were carried out in PubMed where possible."

		Comment: more than one database and supplemental searches conducted.
Balance of studies per journal in comparison arms (end vs. non)	High	End: 3 articles from 2 journals Non-end: 9 articles from 7 journals Comment: Appears to be balanced in each arm.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Mahoney, 2007

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Differences in interpretation and discrepancies in ratings between the 2 reviewers were rare and were settled via consensus after additional review of the report for supporting evidence. Differences in interpretation and discrepancies in ratings between the 2 reviewers were rare and were settled via consensus after additional review of the report for supporting evidence."
Number of items assessed as reported in methods section	High	Quote: "To evaluate the quality of reporting, we chose the 25-item STARD checklist (13,14). However, because whole blood glucose monitors are not diagnostic devices, 5 STARD criteria (STARD checklist items 1, 9,12, 21, and 23) were deemed not applicable and were not scored."
Comprehensive search strategy	Low	Quote: "We searched the PubMed database for articles from August 2002 to November 2006 using combinations of the words: blood glucose, performance, evaluation, accurate, accuracy, point-of-care, meter, glucometer, and Monitor." Comment: only one source searched, no supplemental searches conducted.
Balance of studies per journal in comparison arms (end vs. non)	High	End: 6 articles from 5 journals Non-end: 20 articles from 13 journals Comment: Appears to be balanced in each arm.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Selman, 2011

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "All studies were assessed by TJS and RKM in duplicate, where there was disagreement consensus was achieved following assessment by a third reviewer (KSK)."

Number of items assessed as reported in methods section	Low	Quote: "The STARD checklist was applied to each of the studies included in all the reviews with the reporting item being determined as either present, absent, unclear or not applicable (additional file 1)."
Comprehensive search strategy	Low	Quote: "We developed a protocol to assess the impact of STARD on studies included in ten systematic reviews performed over the period 2004-2007. The studies covered the time period 1977-2007. We included reviews of minimal and non invasive tests to determine the lymph node status in gynaecological cancers [13-15] and reviews of Down's serum screening markers and uterine artery Doppler to predict small for gestational age in obstetrics [16,17]" Comment: authors do not state their sources of studies.
Balance of studies per journal in comparison arms (end vs. non)	Low	End: 15 articles from 7 journals Non-end: 35 articles from 21 journals Comment: in each arm about one-third of studies were from one journal
Balance of studies per journal in comparison arms (after vs. before)	Low	Before: 1 article from 1 journal After: 3 studies from 1 journal Comment: only one journal in assessment.
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	High	Quote: "The studies covered the time period 1977-2007." Comment: STARD published in 2003.

Smidt, 2006

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Two reviewers independently evaluated the included articles."
Number of items assessed as reported in methods section	High	Quote: "The 25 items of the STARD statement were used to assess the quality of reporting."
Comprehensive search strategy	Low	Quote: "searched MEDLINE and used a validated strategy ([Sensitivity AND specificity.sh] OR [Specificit*.tw] OR [False negative.tw] OR [Accuracy.tw])15 to identify articles on diagnostic accuracy published in six general medical journals" Comment: no supplemental searches conducted.
Balance of studies per journal in comparison arms (end vs. non)	Low	End: 95 articles from 7 journals Non-end: 46 articles from 5 journals Comment: imbalance in number of studies per journal in each arm.
Balance of studies per journal in comparison arms (after vs. before)	Unclear	Before: 78 articles from 7 journals (77% of studies from 3 journals) After: 95 articles from 7 journals (76% of studies from 3 journals) Comment: based on information provided, it is unclear whether the observed clustering of studies within the journal subset would affect estimates.
Sampling took place in the period following the publication of the reporting	Low	Quote: "The search was limited to studies focusing on human subjects and articles published in 2000 and 2004."

guideline (after vs. before only)		Comment: STARD published in 2003

Coppus, 2006

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Low	Quote: "A single trained reviewer scored all articles, with a secondary reviewer (B. W. J. M.) checking a random sample of 20% to ensure accuracy in interpretation of the articles."
Number of items assessed as reported in methods section	High	Quote: "For each item of the STARD statement, the total number of articles reporting all the elements needed for that item was summed. Equal weights were applied to each item. The total number of reported STARD items was also calculated for each article by summing the number of reported items (0–25 points possible)."
Comprehensive search strategy	Unclear	Quote: "We performed a systematic search in all issues of *Fertility and Sterility* and *Human Reproduction* published in 1999 (pre-STARD) and in 2004 (post-STARD) for articles reporting on the diagnostic or prognostic accuracy of a test." Comment: authors did not state how they searched for articles (whether by handsearching or use of bibliographic databases).
Balance of studies per journal in comparison arms (end vs. non)	High	End: 8 articles from 1 journal Non-End: 19 articles from 1 journal Comment: only one journal in assessment.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Johnson, 2007

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Each paper was scored by 2 authors (ZKJ and MARS) independently"
Number of items assessed as reported in methods section	High	Quote: "The eligible articles then were assessed using the STARD checklist (Table 1), with each item being scored as either fully, partially, or not reported."
Comprehensive search strategy	Low	Quote: "In June, 2006, a Medline and Medical Subject Headings search was conducted using the following terms: RNFL thickness, retinal nerve fiber layer thickness, OCT, optical coherence tomography, receiver operator characteristic, area under curve, diagnostic accuracy, glaucoma diagnosis, sensitivity, and specificity…all publications included in the reference list of the short-listed manuscripts also were examined…Abstracts identified were assessed for

		eligibility" Comment: years of coverage not provided, only one database searched.
Balance of studies per journal in comparison arms (end vs. non)	High	End: 1 article from 1 journal Non-end: 10 studies from 4 journals Comment: in the non-endorser arm, half of the studies were clustered by one journal
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Krzych, 2009

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Unclear	Quote: "…if a discrepancy between assessors had appeared during evaluation, the quality estimation was judged by compromise on the basis of published evidence"
Number of items assessed as reported in methods section	High	Quote: "we assessed the quality of every article with the use of the 14-item QUADAS tool [14] widened by a subjectively prepared list of eight STARD criteria (those shown to be less reproducible in the assessment cited above) [13]."
Comprehensive search strategy	Low	Quote: "we searched the MEDLINE and EMBASE databases from January 2004 to April 2007 (last search: May 7, 2007) for all studies of the diagnostic accuracy of BNP and NT-proBNP. To improve the chance of finding appropriate and available data we used an optimal electronic search for retrieving scientifi cally strong studies of diagnosis from MEDLINE developed by Haynes et al. [19–21]" Comment: supplemental searches not conducted.
Balance of studies per journal in comparison arms (end vs. non)	High	End: 4 articles from 2 journals Non-end: 21 articles from 16 journals Comment: Appears to be balanced in each arm.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Paranjothy 2007

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "Two reviewers (B.P. and M.S.) independently evaluated the quality of reporting of each included study. Disagreements were resolved by

		adjudication by a third independent reviewer (A.A.B.)."
Number of items assessed as reported in methods section	High	"The STARD checklist (Table 1) was used to assess the quality of reporting. The current checklist items are arranged under the headings of: (1) Title, abstract, and keywords, (2) Introduction, (3) Methods (11 items), (4) Results (11 items), and (5) Discussion. Each item could be considered to be fully, partially, or not reported according to predefined criteria (Table 2). If the item was ''not applicable,'' it was marked as such."
Comprehensive search strategy	Low	"Two reviewers (B.P. and M.S.) independently searched MEDLINE with a validated strategy13 to identify articles on diagnostic accuracy of glaucoma published between January 1966 and December 2005. A search strategy using Medical Subject Headings and keywords was executed using PubMed…..a hand search of all papers included in the reference list of the short-listed manuscripts was also performed."
Balance of studies per journal in comparison arms (end vs. non)	High	End: 1 article from 1 journal Non-end: 8 articles from 4 journals Comment: Appears to be balanced in each arm.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

STRICTA, 2002

Hammerschlag, 2011

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Low	Quote: "Results for the first eight articles were group consensus scores; results for the remaining articles were from single raters."
Number of items assessed as reported in methods section	High	Quote (methods): "Each of the 27 OCSI questions..." Quote (results): "OCSI scores per individual question across all trials are presented in Figure 1...it is of interest that 7 of the 27 questions..." Comments: Figure 1 shows data for 27 items.
Comprehensive search strategy	Low	Quote: "Databases that were searched to identify articles included MEDLINE, the Cochrane Central Register of Controlled Trials, Alt HealthWatch, AMED, University of Maryland CAMPAIN, and the Oregon College of Oriental Medicine library database...in addition, hand searches were performed of the reference lists..."
Balance of studies per journal in comparison arms (end vs. non)	Unclear	Endorser arm: 3 journals with 8, 7, and 2 studies, respectively. Non-endorser arm: 64 journals with a total of 130 studies: 3 journals with 5-7 studies each; 12 journals

Item	Judgement	Support for judgement
		with 2-3 studies each; and remaining journals with 1 study each. Comment: based on the above information, it was unclear whether estimates would be driven by a journal subset.
Balance of studies per journal in comparison arms (after vs. before)	Unclear	2 journals in assessment. After endorsement: 7 and 4 studies, respectively Before endorsement: 2 studies per journal. Comment: based on information in the 'after' arm, it is unclear whether the observed clustering would affect the estimates.
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	Low	Articles the 'before endorsement' arm were published (1999-2001) before the reporting guideline was published (2003-2005).

STROBE, 2007

Parsons, 2011

Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	Low	Quote: "After random ordering, odd-numbered papers were read by one statistician (NRP) and even-numbered papers by the other (CLP). Assessments were undertaken independently, after initial discussion and agreement on any issues that were considered to be problematic"
Number of items assessed as reported in methods section	Unclear	Quote: "a clinically trained member of the study team (RH) assessed the RCTs using the Consolidated Standards of Reporting Trials (CONSORT) guidelines and the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) guidelines." Comment: number of items not specifically reported.
Comprehensive search strategy	Low	Quote: "we sampled 100 papers from selected peer-reviewed general orthopaedic journals...limited to no more than one paper from any single research group...excluding papers published by research groups based at our own institutions." Figure 1: Bibliographic database Medline (January 2005 to February 2010) *(i) Journal of Bone and Joint Surgery (American)* *(ii) Clinical Orthopaedics and Related Research* *(iii) Journal of Bone and Joint Surgery (British)* *(iv) Acta Orthopedica* *(v) Archives of Orthopaedic and Trauma Surgery* *(vi) International Orthopaedics* *(vii) BMC Musculoskeletal Disorders* Comment: sample limited as described above
Balance of studies per journal in comparison arms (end vs. non)	Low	End: 9 articles from 2 journals Non-End: 38 articles from 6 journals Comment: in the non-endorser arm, 50% of studies were clustered in one journal.
Balance of studies per journal in comparison arms (after vs.	Low	Before: 11 studies from 2 journals After: 9 studies from 2 journals

before)		Comment: majority of studies in 'after' clustered in one journal.
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	Low	Search for articles published in journals from January 2005 to February 2010 Comment: STROBE published in 2007

Delaney, 2010

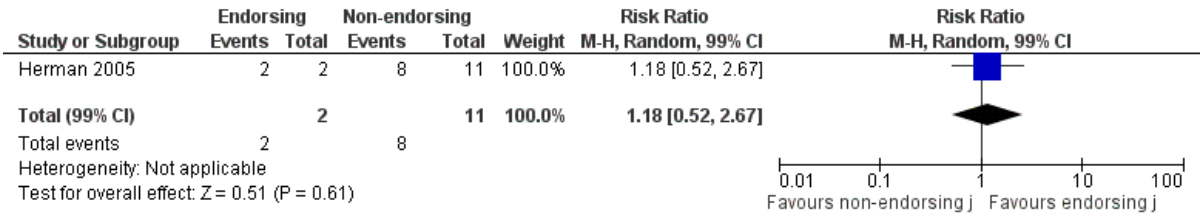
Item	Judgement	Support for judgement
Two or more assessors for completeness of reporting	High	Quote: "The manuscripts were divided among six review teams that were each composed of two of the investigators. Each reviewer evaluated the article content independently using the appropriate critique tools."
Number of items assessed as reported in methods section	Unclear	Quote: "OBS were critiqued with the STROBE statement checklist" Comment: number of items not reported.
Comprehensive search strategy	Low	Quote: "we performed a search of MEDLINE (1996-October 2008) using "platelet transfusion" as the key search term. The search start year (1996) was chosen because it was the year the CONSORT statement was published. The search was limited to those published in the English language, involving humans, and to core clinical journals. There was consensus to include additional journals with specific relevance to transfusion medicine that were not included in the core clinical journals by MEDLINE" Comment: one database searched, and no supplemental searches conducted.
Balance of studies per journal in comparison arms (end vs. non)	High	End: 1 article from 1 journal Non-end: 4 articles from 3 journals Comment: Appears to be balanced in each arm.
Balance of studies per journal in comparison arms (after vs. before)	n/a	n/a
Sampling took place in the period following the publication of the reporting guideline (after vs. before only)	n/a	n/a

Appendix 7. Individual meta-analysis forest plots for reporting guideline checklist items and mean summed score.

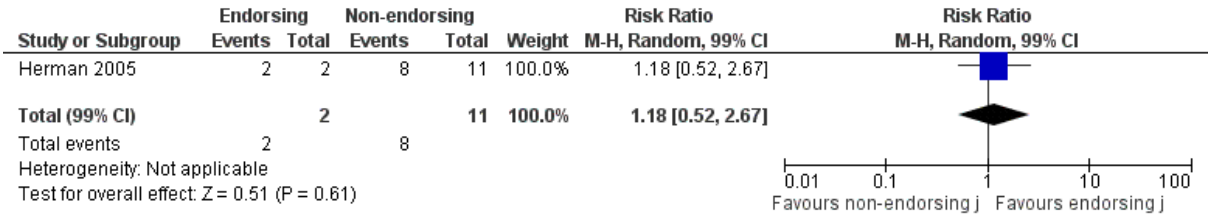
Separate forest plots for each checklist item from a reporting guideline are shown below. To describe further, the first forest plot is a checklist item from the BMJ Economics reporting guideline. Each 'study' in the forest plot represents an evaluation (e.g., Herman 2005). For each evaluation, the comparison is endorsing journals ('intervention') versus non-endorsing journals ('control'). For each arm of the comparison, the 'events' refers to the number of studies that had completely reported the checklist item of the 'total' number of studies (from either endorsing or non-endorsing journals) in the timeperiod of interest (in the case of Herman 2005, from publication years 2003-2004). The total number of evaluations (e.g., n=1) and studies (e.g., n=13) and their effect estimates (e.g., RR 1.18, 99% CI 0.52 to 2.67) were entered in Comprehensive Meta-analysis to create the summary plot 'snapshot' of checklist items for a given reporting guideline as shown in Figure 4-14).

In the case where the comparison in the forest plots is after versus before endorsement, the convention of 'intervention' and 'control' arms, respectively, still holds.

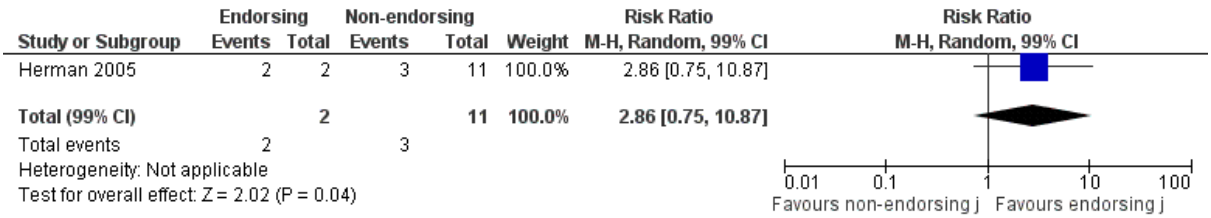
BMJ – Economic importance of question for endorsing compared with non-endorsing journals.



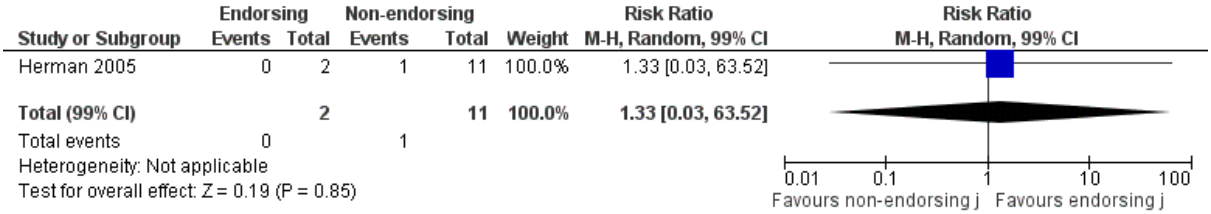
BMJ – Clearly describe alternatives being compared for endorsing compared with non-endorsing journals.



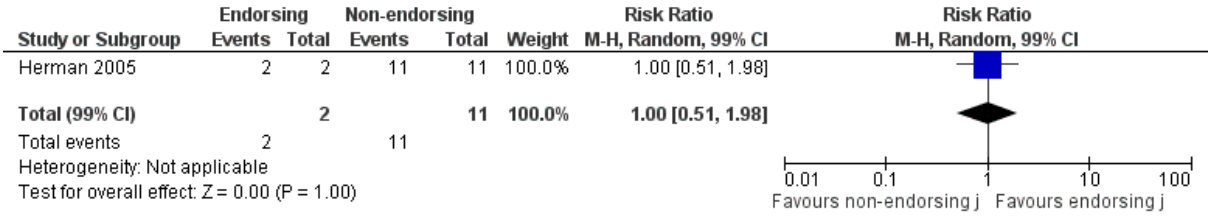
BMJ – State form of economic evaluation for endorsing compared with non-endorsing journals.



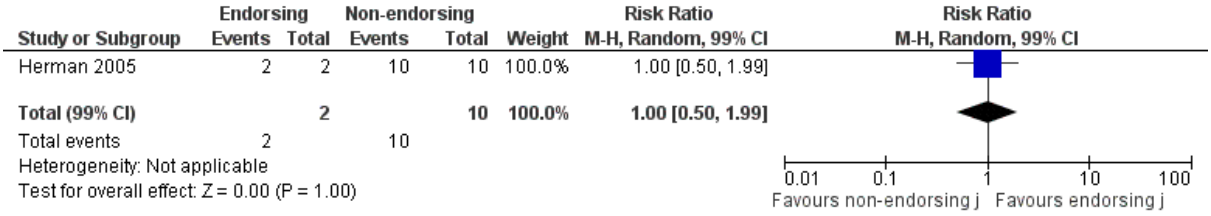
BMJ – Justify choice of economic evaluation for endorsing compared with non-endorsing journals.



BMJ – State source(s) of effectiveness estimates for endorsing compared with non-endorsing journals.

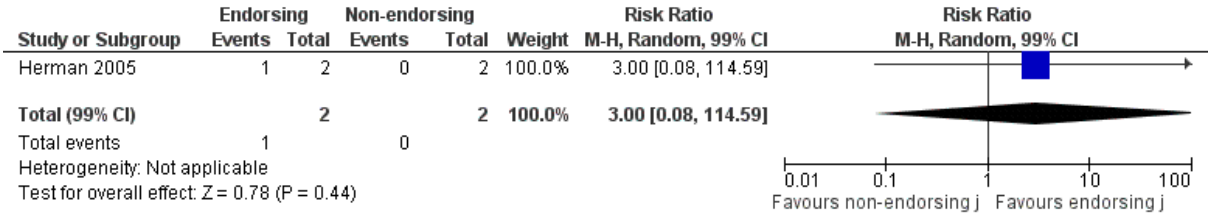


BMJ – Give details of designand results of effectiveness study (single study) for endorsing compared with non-endorsing journals.

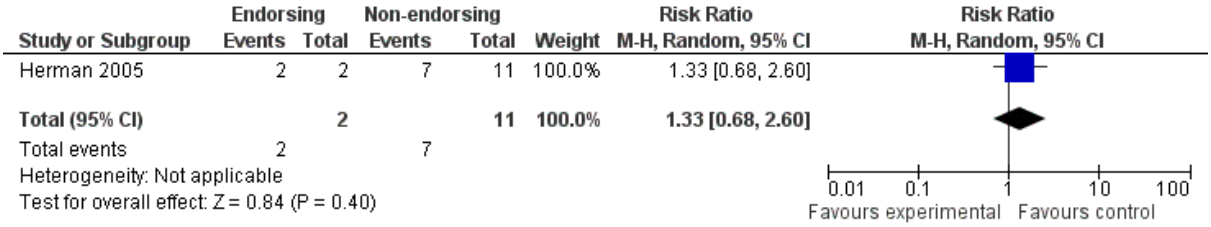


BMJ – State primary economic evaluation outcomes measure(s) for endorsing compared with non-endorsing journals.

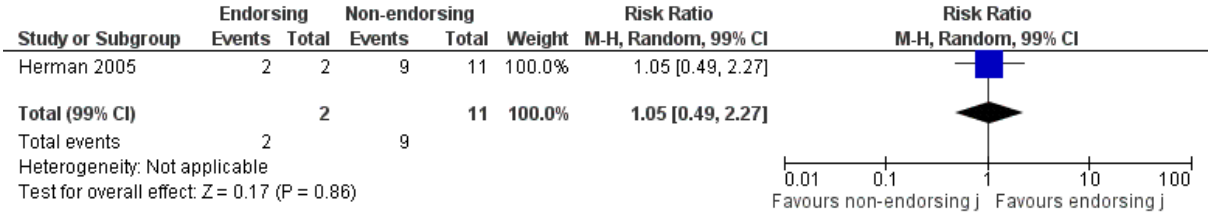
BMJ – Give details of subjects from whom valuations obtained for endorsing compared with non-endorsing journals.



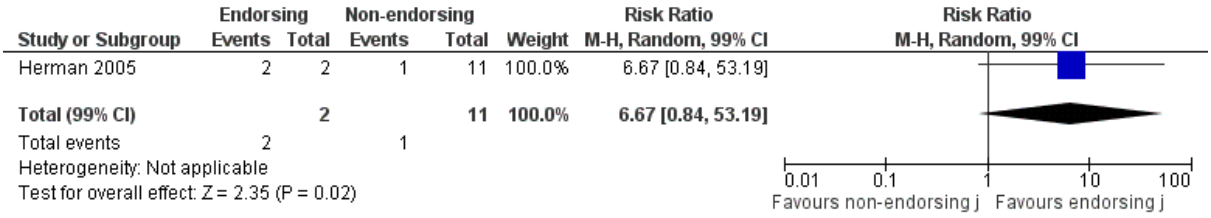
BMJ – Report quantities of resources separate from unit costs for endorsing compared with non-endorsing journals.



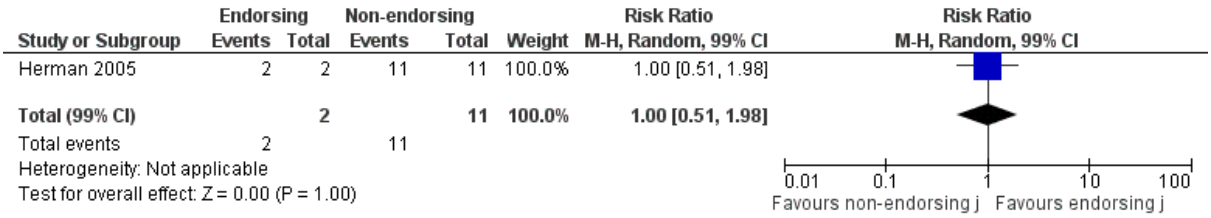
BMJ – Describe methods for estimation of quantities and unit costs for endorsing compared with non-endorsing journals.



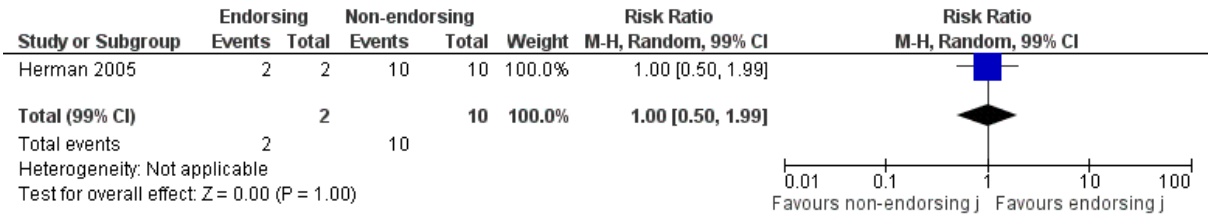
BMJ – Give details of currency of price adjustments for inflation or currency conversion for endorsing compared with non-endorsing journals.



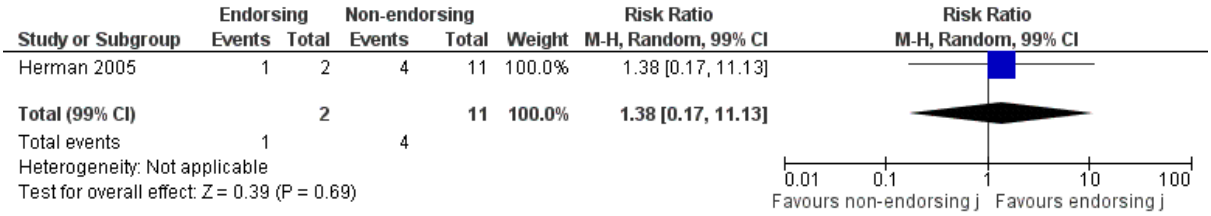
BMJ – State time horizon of costs and benefits for endorsing compared with non-endorsing journals.



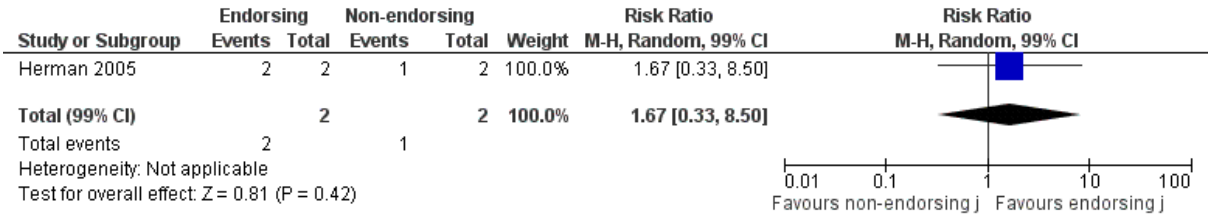
BMJ – Give details of statistical tests and CIs for stochastic data for endorsing compared with non-endorsing journals.



BMJ – Compare relevant alternatives for endorsing compared with non-endorsing journals.

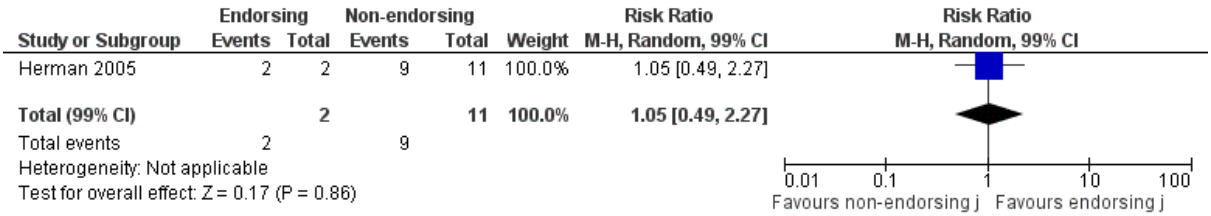


BMJ – Report incremental analysis for endorsing compared with non-endorsing journals.

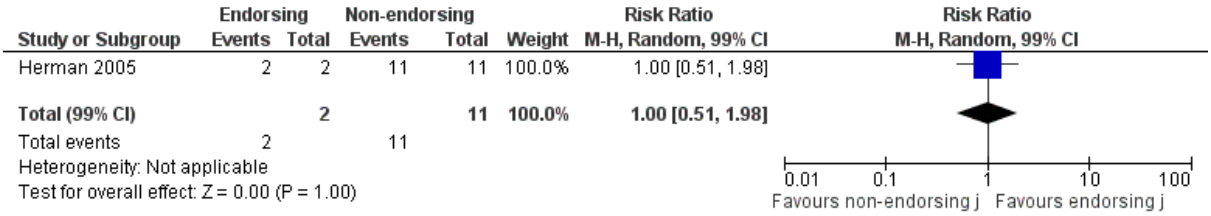


BMJ – Major outcomes presented in aggregated and disaggregated forms for endorsing compared with non-endorsing journals.

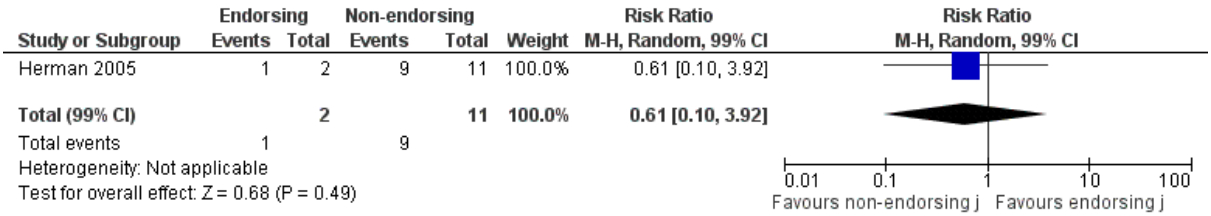
BMJ – Give answer to study question for endorsing compared with non-endorsing journals.



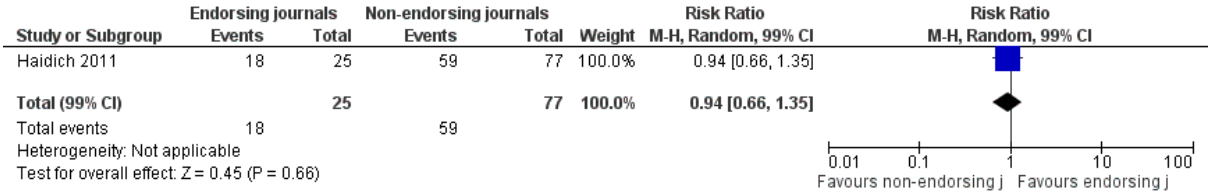
BMJ – Conclusions follow from the data for endorsing compared with non-endorsing journals.



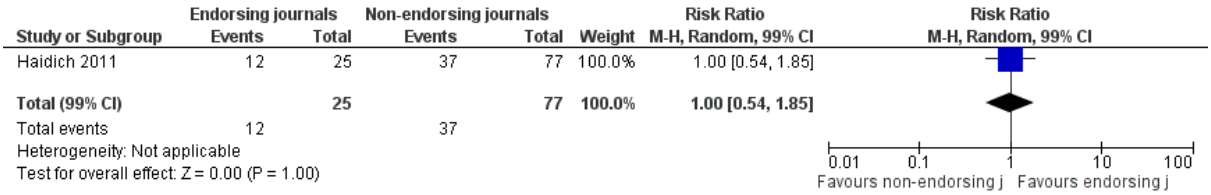
BMJ – Conclusions accompanied by appropriate caveats for endorsing compared with non-endorsing journals.



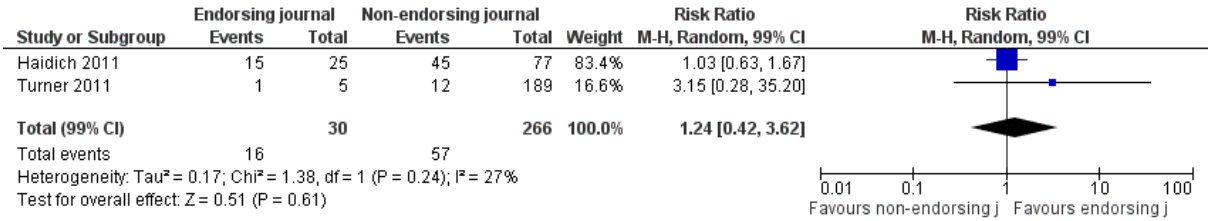
CONSORT for Harms – Title/abstract state data on harms and benefits for endorsing compared with non-endorsing journals.



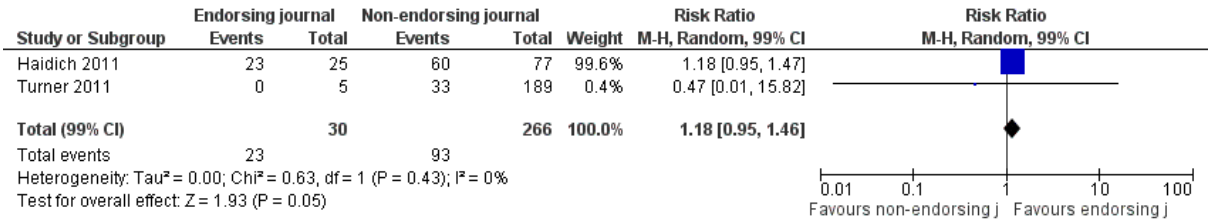
CONSORT for Harms – Introduction states data on harms and benefits for endorsing compared with non-endorsing journals.



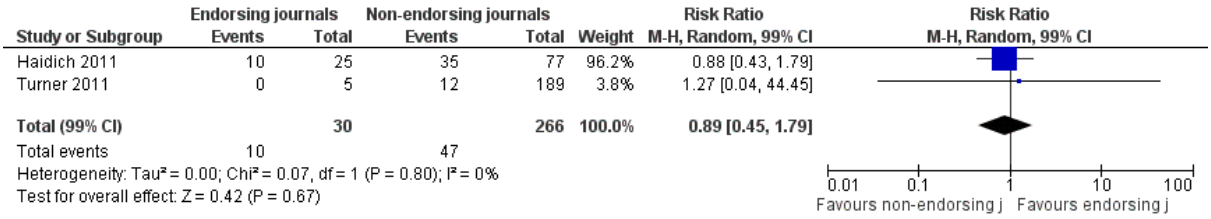
CONSORT for Harms – Outcomes: list of adverse events and definitions for endorsing compared with non-endorsing journals.



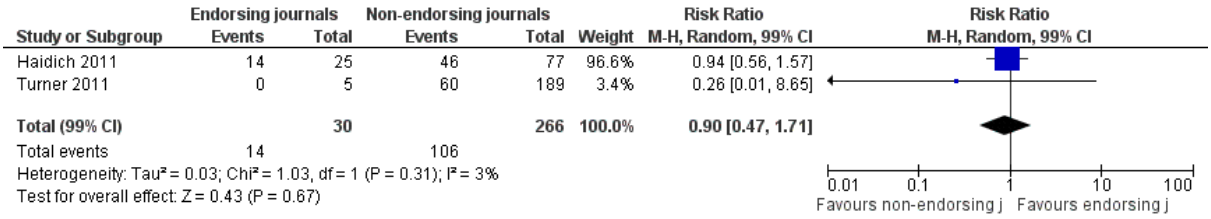
CONSORT for Harms – Outcomes: clarifies how harms collected for endorsing compared with non-endorsing journals.



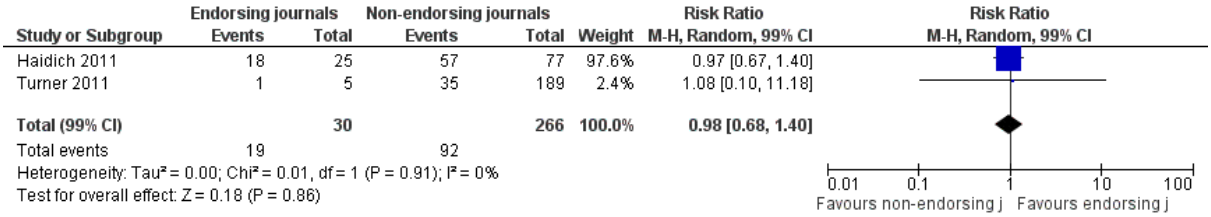
CONSORT for Harms – Statistical methods (presenting and analyzing harms) for endorsing compared with non-endorsing journals.



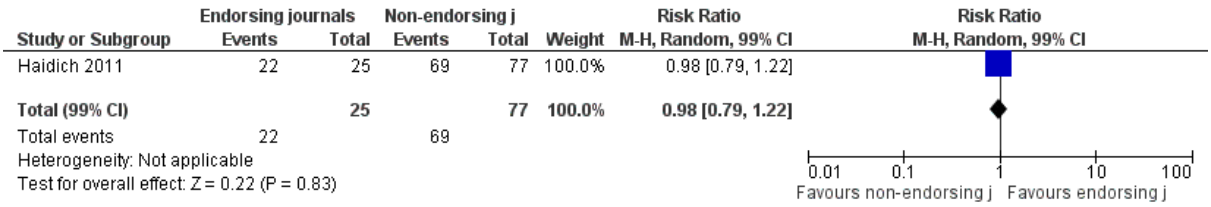
CONSORT for Harms – Participant flow (withdrawals for each arm) for endorsing compared with non-endorsing journals.



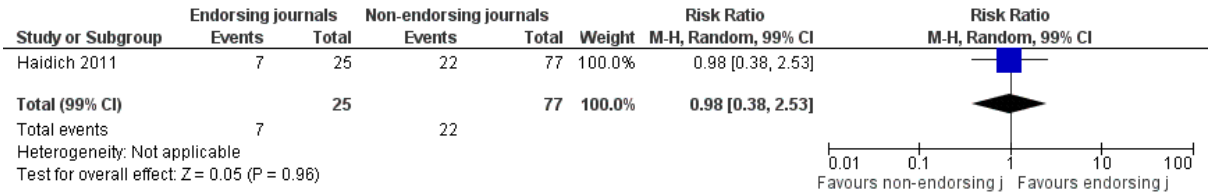
CONSORT for Harms – Numbers analyzed (denominator for harms analyses) for endorsing compared with non-endorsing journals.



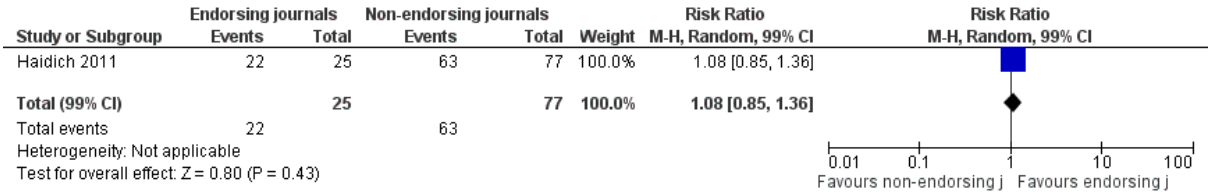
CONSORT for Harms – Absolute risk/appropriate metrics for endorsing compared with non-endorsing journals.



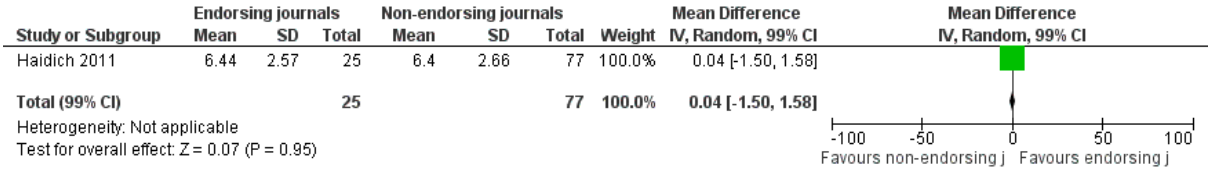
CONSORT for Harms – Subgroup/exploratory analyses for endorsing compared with non-endorsing journals.



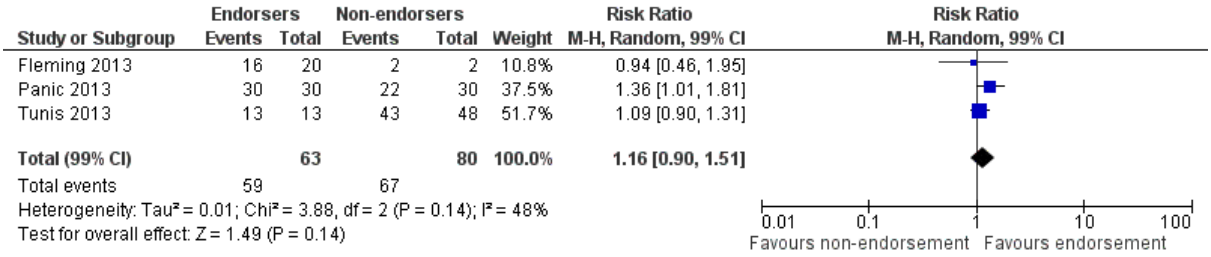
CONSORT for Harms – Balanced discussion for endorsing compared with non-endorsing journals.



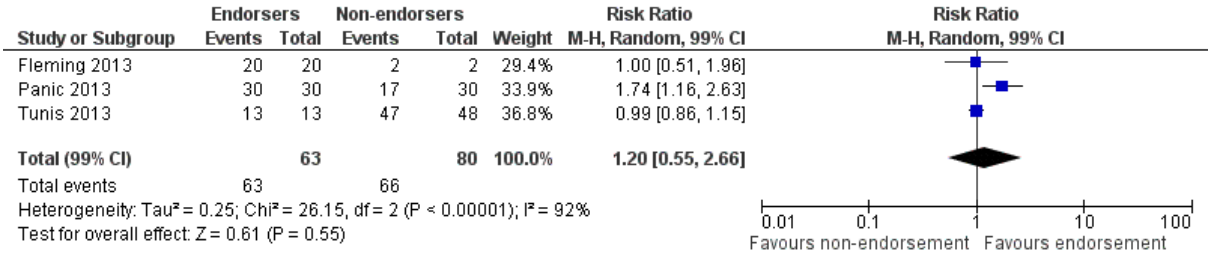
CONSORT for Harms – Mean summed score for endorsing compared with non-endorsing journals.



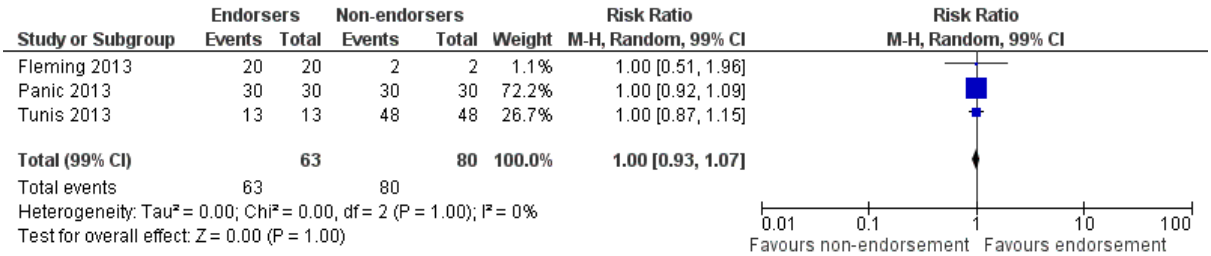
PRISMA – Title for endorsing compared with non-endorsing journals.



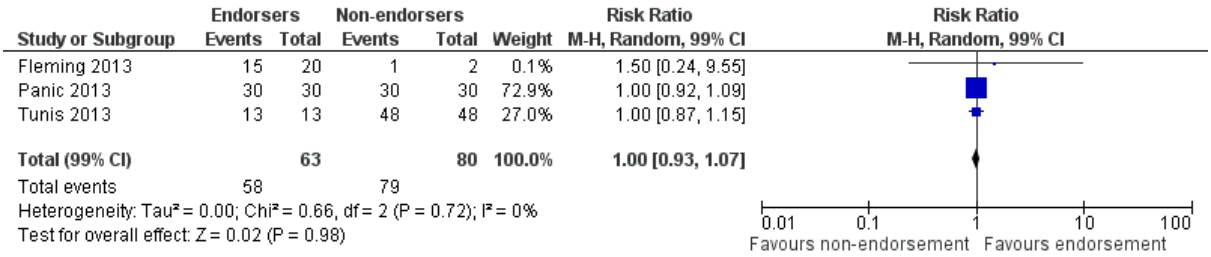
PRISMA – Structured summary for endorsing compared with non-endorsing journals.



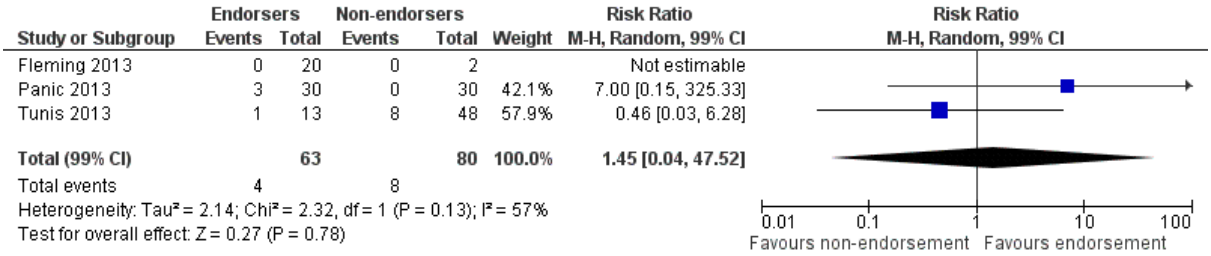
PRISMA – Rationale for endorsing compared with non-endorsing journals.



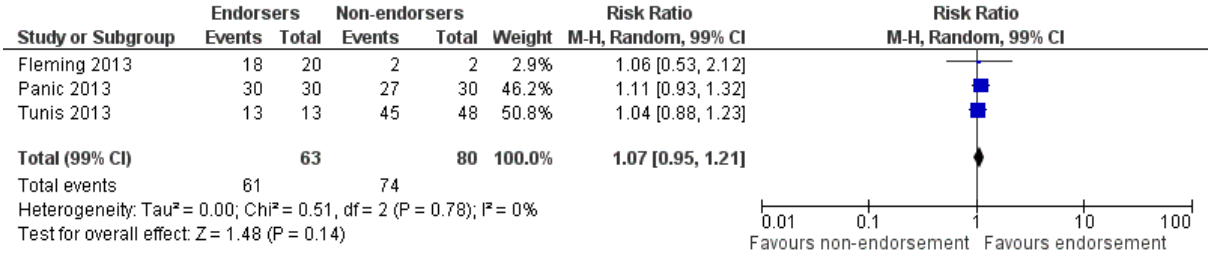
PRISMA – Objectives for endorsing compared with non-endorsing journals.



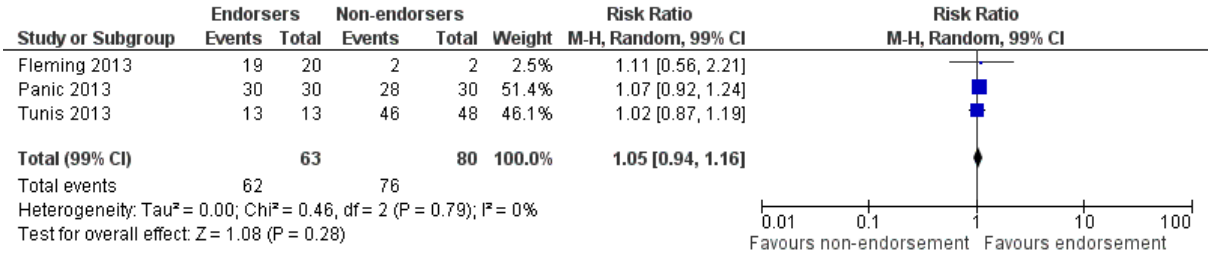
PRISMA – Methods, Protocol and registration for endorsing compared with non-endorsing journals.



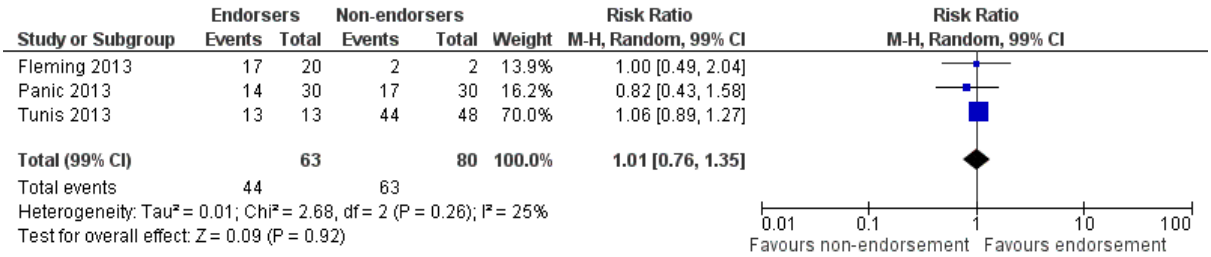
PRISMA – Methods, Eligibility criteria for endorsing compared with non-endorsing journals.



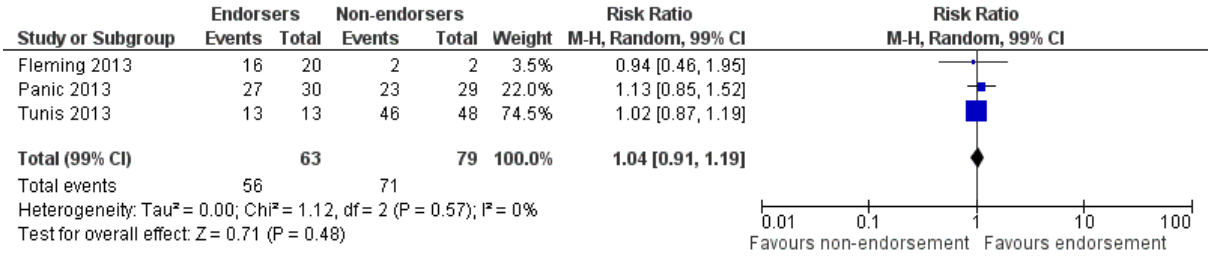
PRISMA – Methods, Information sources for endorsing compared with non-endorsing journals.



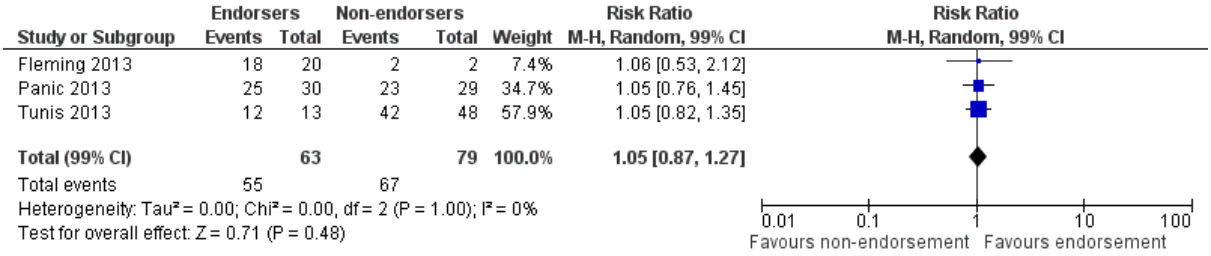
PRISMA – Methods, Search for endorsing compared with non-endorsing journals.



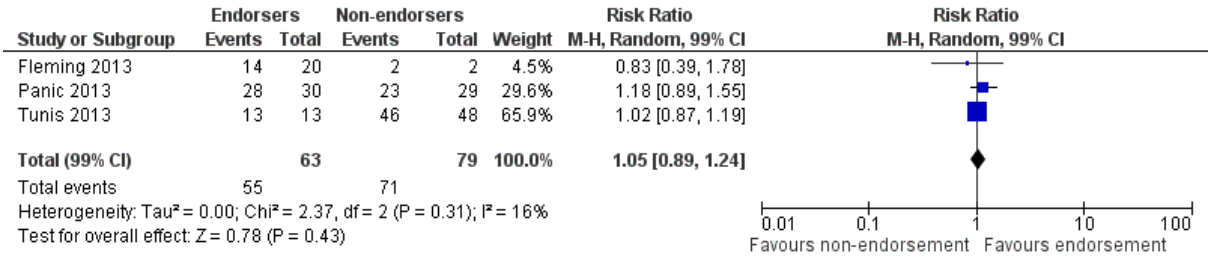
PRISMA – Methods, Study selection for endorsing compared with non-endorsing journals.



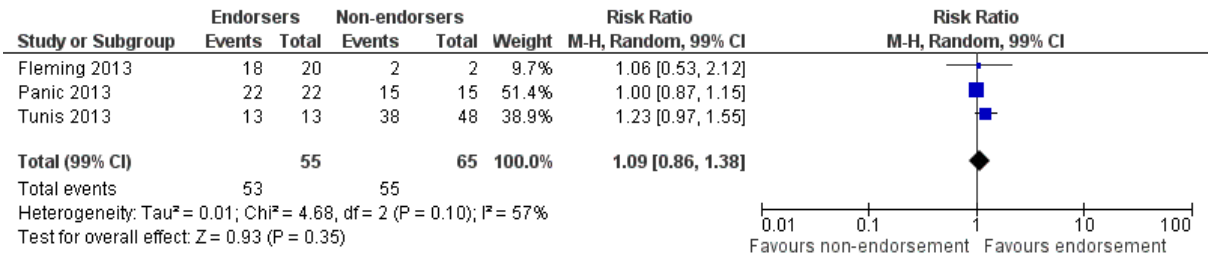
PRISMA – Methods, Data collection process for endorsing compared with non-endorsing journals.



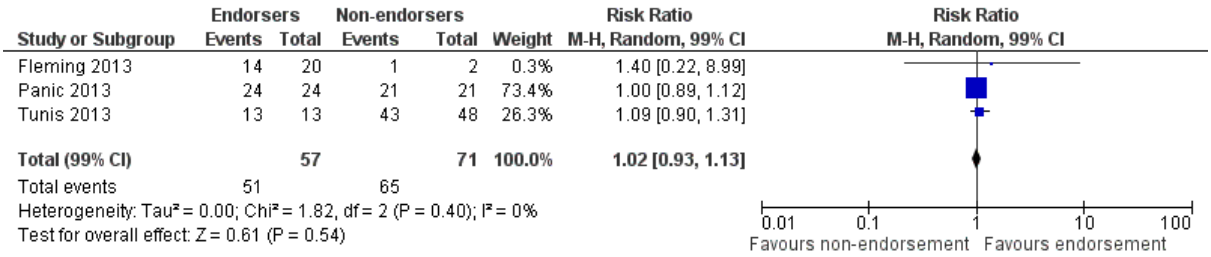
PRISMA – Methods, Data items for endorsing compared with non-endorsing journals.



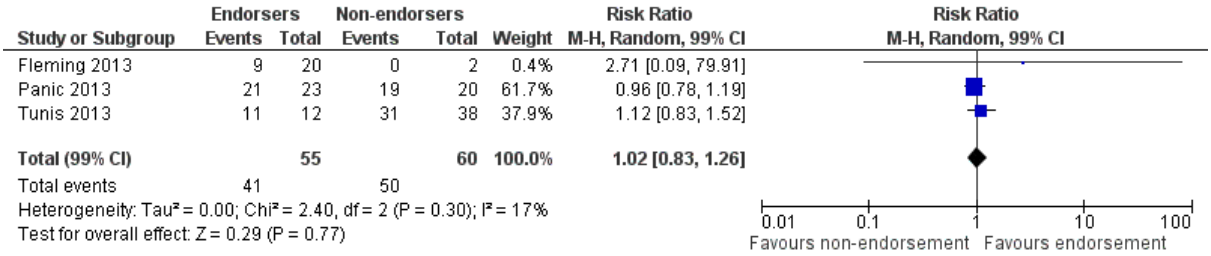
PRISMA – Methods, Risk of bias for individual studies for endorsing compared with non-endorsing journals.



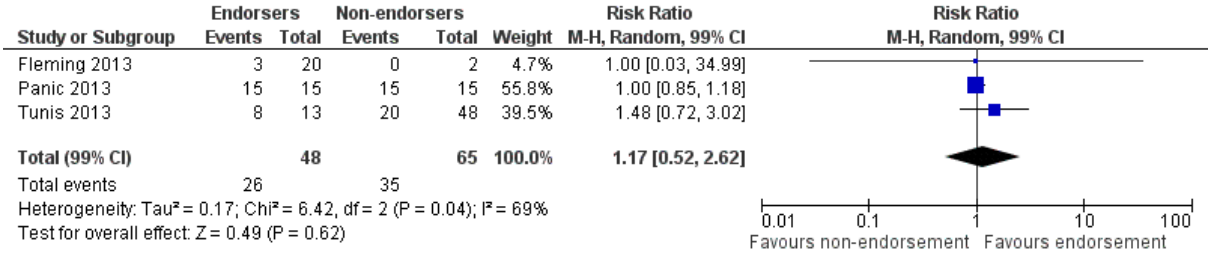
PRISMA – Methods, Summary measures for endorsing compared with non-endorsing journals.



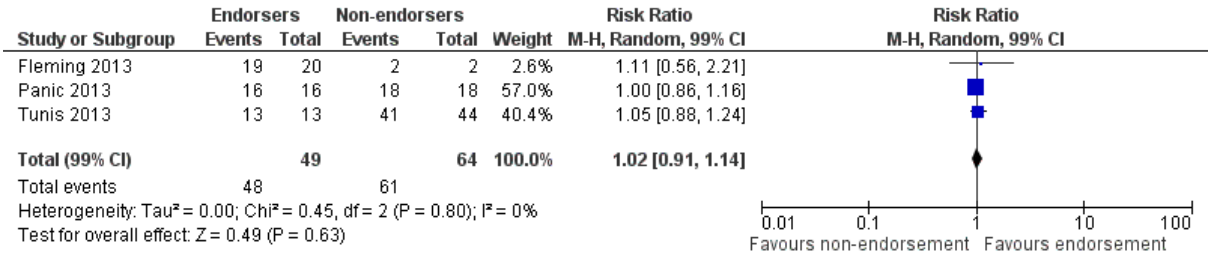
PRISMA – Methods, Synthesis of results for endorsing compared with non-endorsing journals.



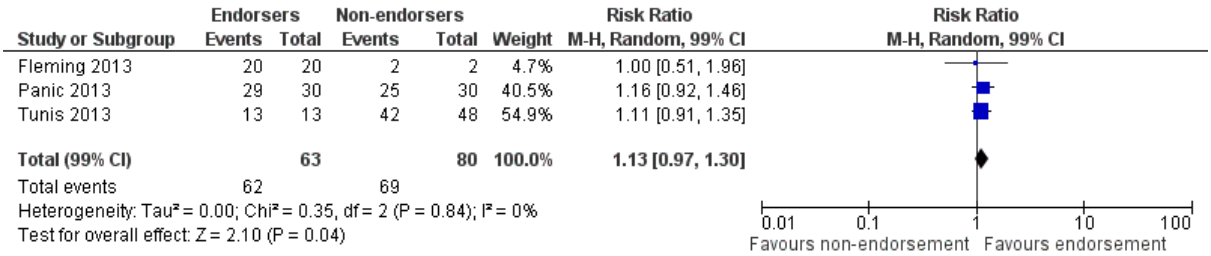
PRISMA – Methods, Risk of bias across studies for endorsing compared with non-endorsing journals.



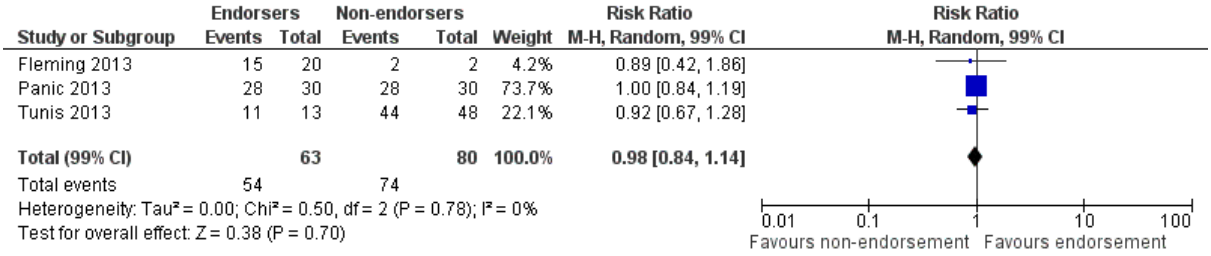
PRISMA – Methods, Additional analyses for endorsing compared with non-endorsing journals.



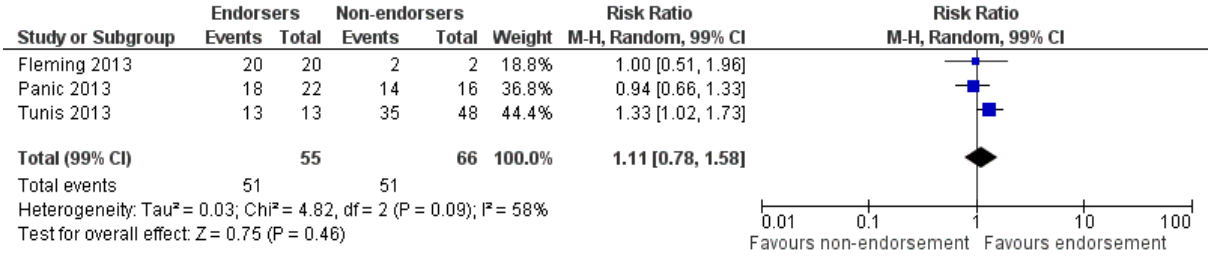
PRISMA – Results, Study selection for endorsing compared with non-endorsing journals.



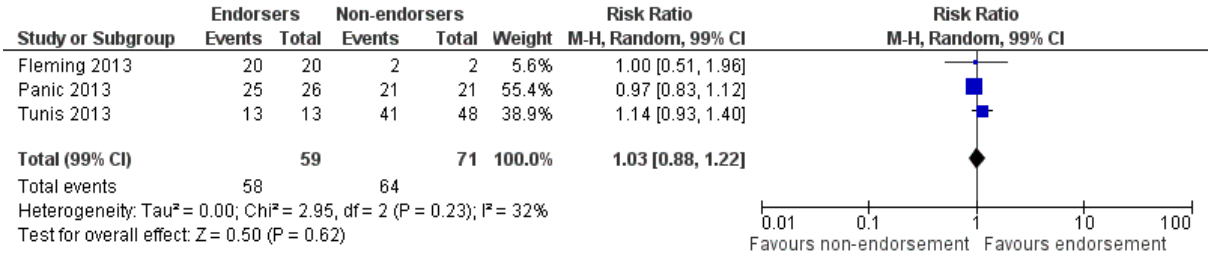
PRISMA – Results, Study characteristics for endorsing compared with non-endorsing journals.



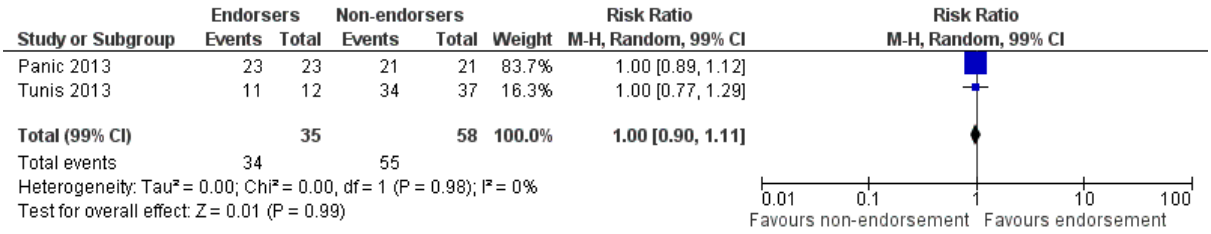
PRISMA – Results, Risk of bias within studies for endorsing compared with non-endorsing journals.



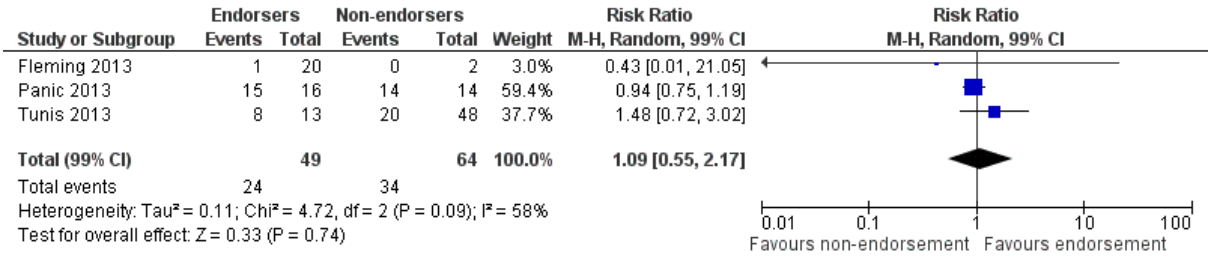
PRISMA – Results, Individual study results for endorsing compared with non-endorsing journals.



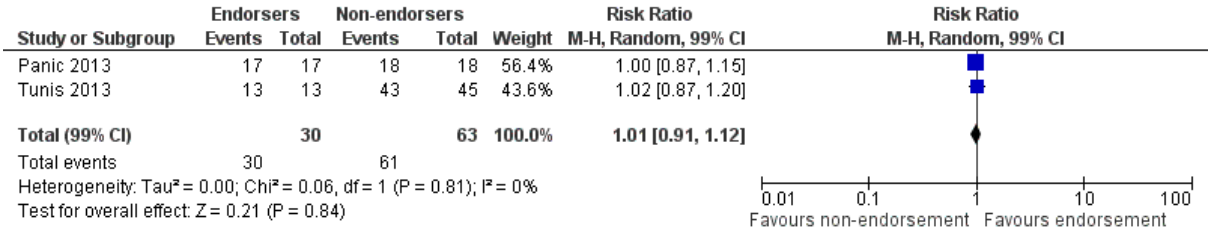
PRISMA – Results, Synthesis of results for endorsing compared with non-endorsing journals.



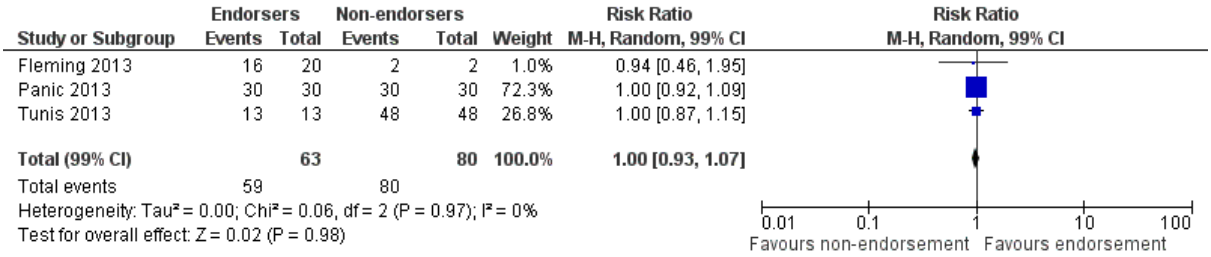
PRISMA – Results, Risk of bias across studies for endorsing compared with non-endorsing journals.



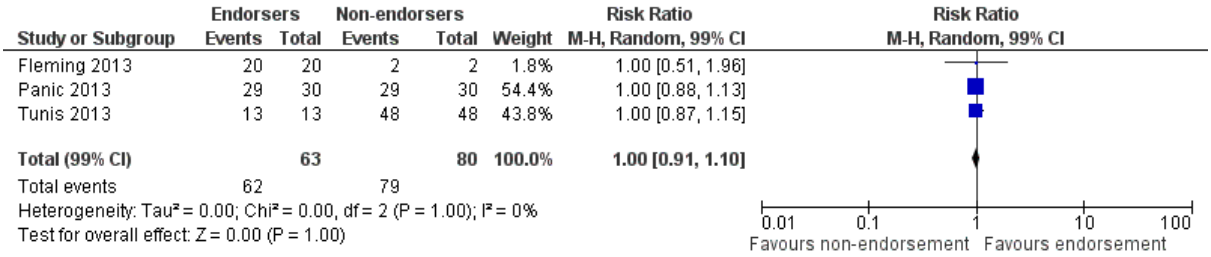
PRISMA – Results, Additional analysis for endorsing compared with non-endorsing journals.



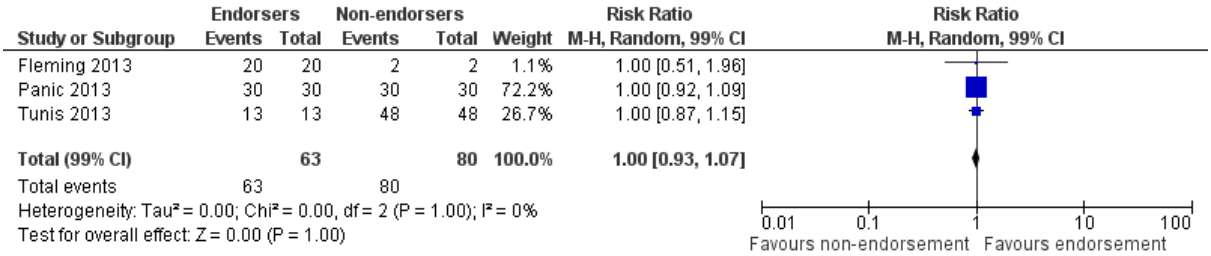
PRISMA – Discussion, Summary of evidence for endorsing compared with non-endorsing journals.



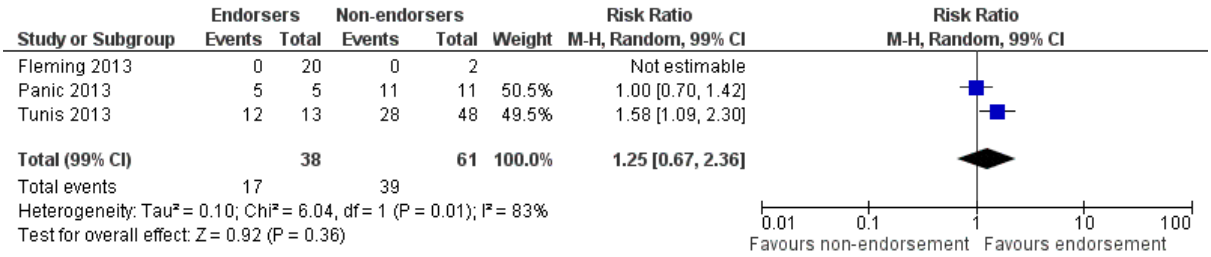
PRISMA – Discussion, Limitations for endorsing compared with non-endorsing journals.



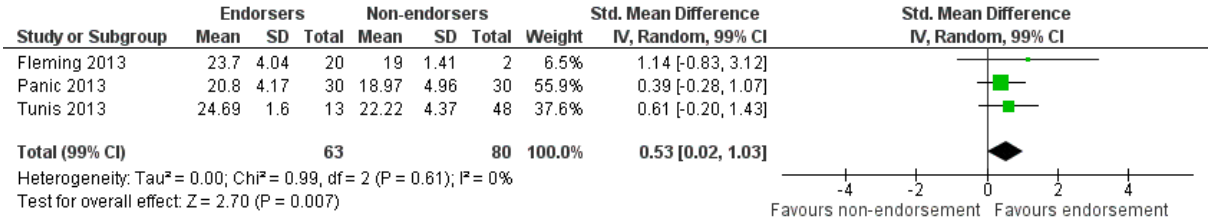
PRISMA – Discussion, Conclusions for endorsing compared with non-endorsing journals.



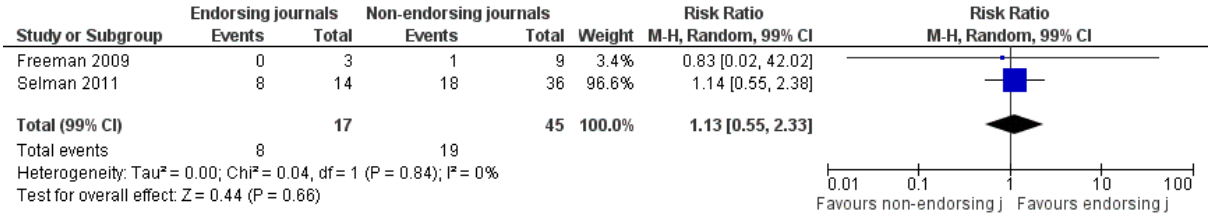
PRISMA – Funding for endorsing compared with non-endorsing journals.



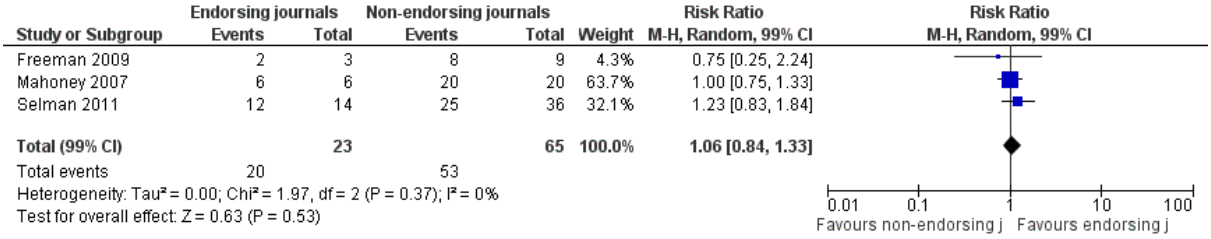
PRISMA – Mean summed score for endorsing compared with non-endorsing journals.



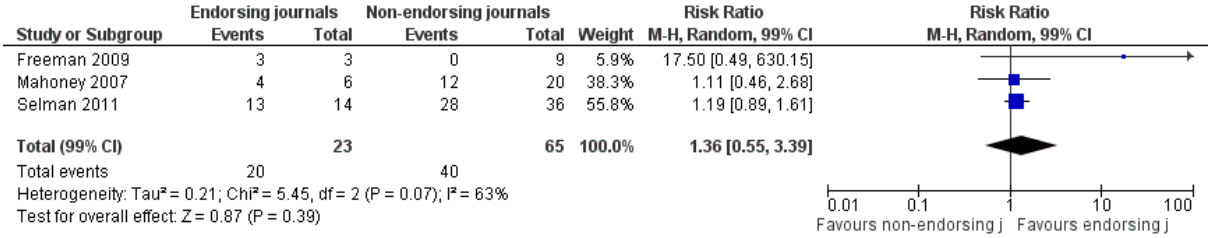
STARD – Title/abstract/keywords for endorsing compared with non-endorsing journals.



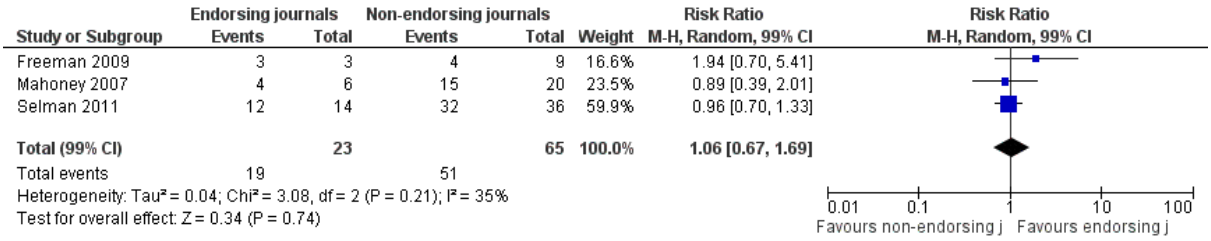
STARD – Introduction for endorsing compared with non-endorsing journals.



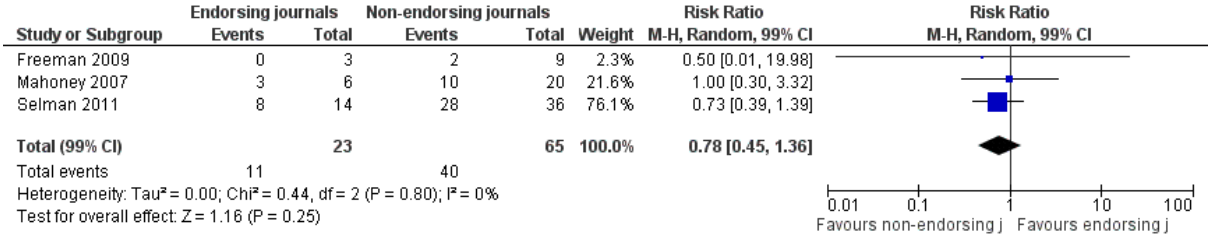
STARD – Participants, Describe population for endorsing compared with non-endorsing journals.



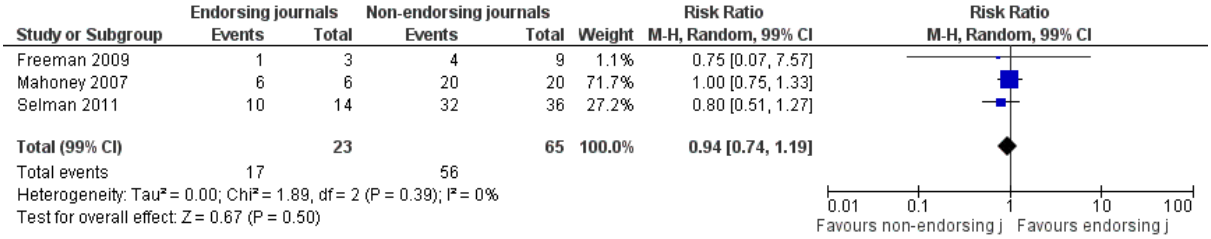
STARD – Participant recruitment for endorsing compared with non-endorsing journals.



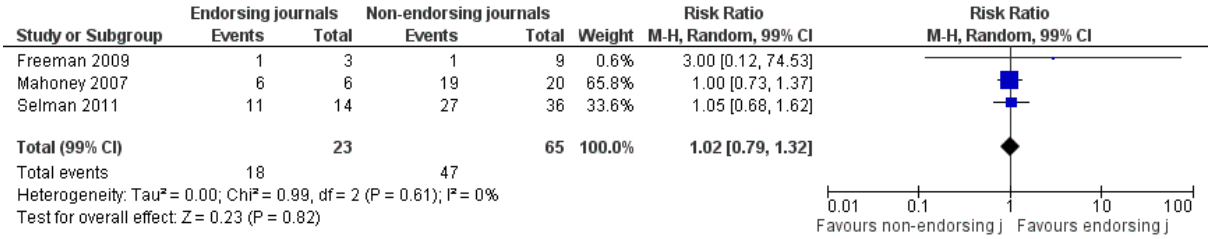
STARD – Participant sampling for endorsing compared with non-endorsing journals.



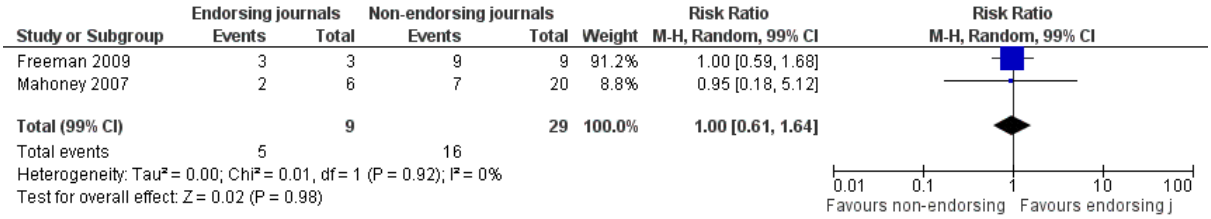
STARD – Participants, Data collection for endorsing compared with non-endorsing journals.



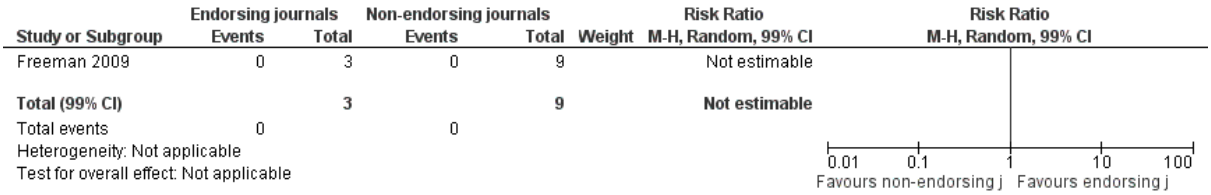
STARD – Test methods, Describe reference standard for endorsing compared with non-endorsing journals.



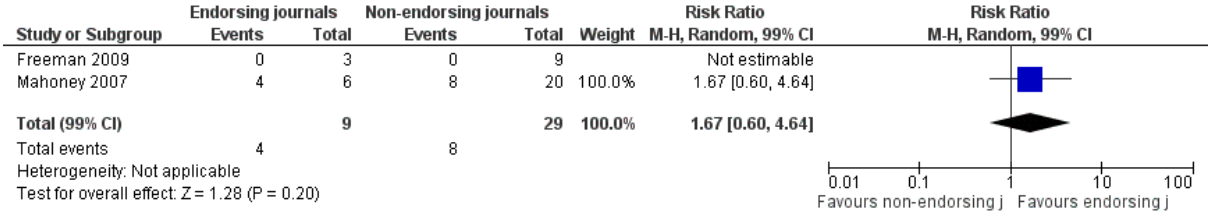
STARD – Test methods, Describe technical specifications for endorsing compared with non-endorsing journals.



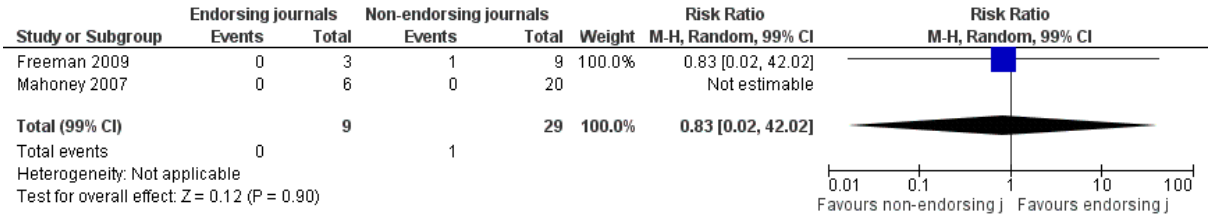
STARD – Test methods, Cutoffs for index & standard for endorsing compared with non-endorsing journals.



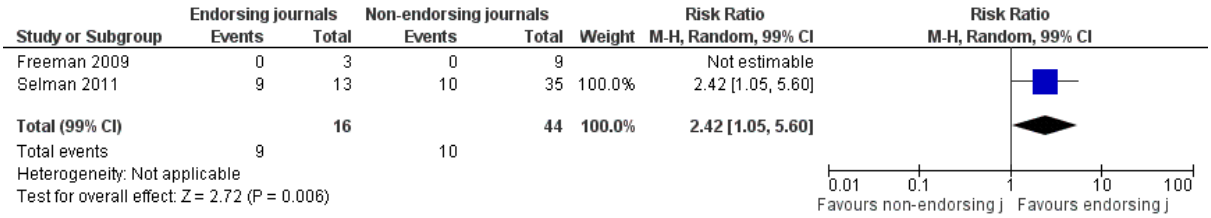
STARD – Describe persons executing index & standar Introduction for endorsing compared with non-endorsing journals.



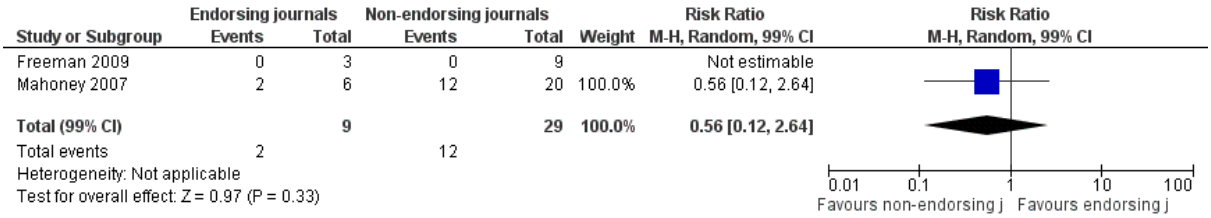
STARD – Test methods, blinding for endorsing compared with non-endorsing journals.



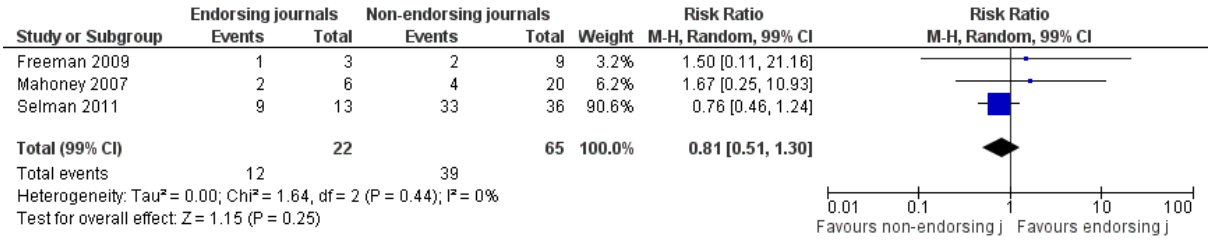
STARD – Statistical methods, Measures & uncertainty for endorsing compared with non-endorsing journals.



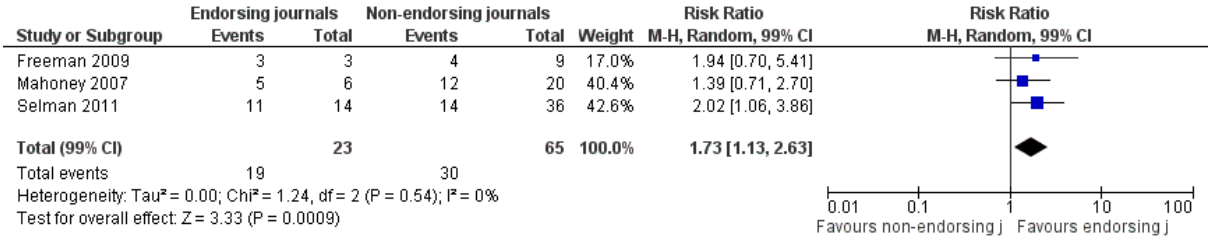
STARD – Statistical methods, Test reproducibility for endorsing compared with non-endorsing journals.



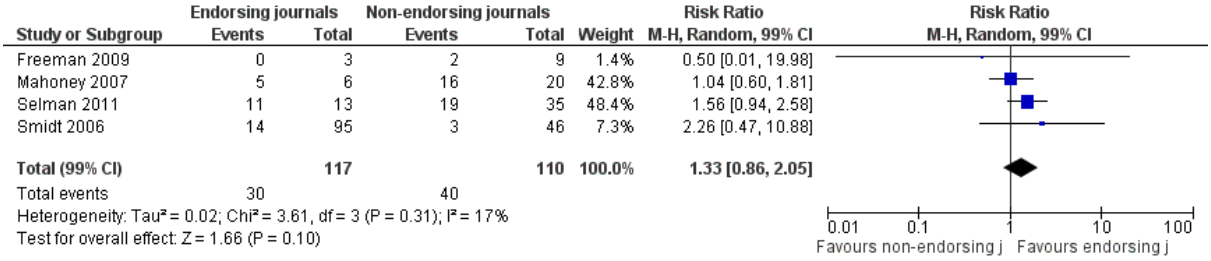
STARD – Results, Study dates & recruitment for endorsing compared with non-endorsing journals.



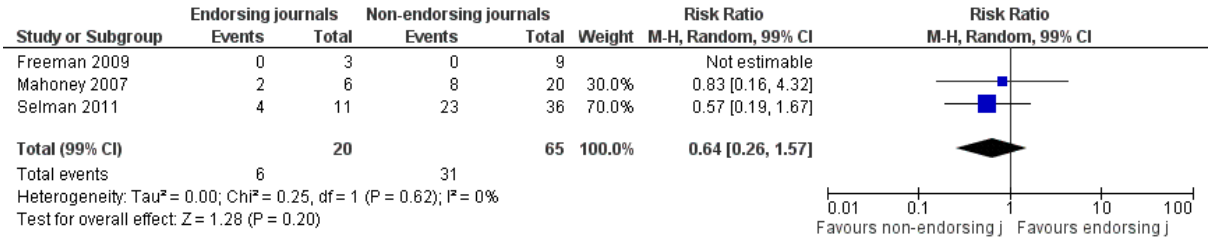
STARD – Results, Participant characteristics for endorsing compared with non-endorsing journals.



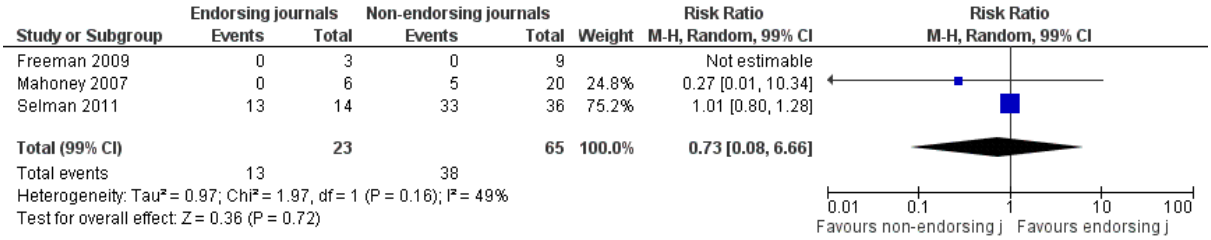
STARD – Participant flow for endorsing compared with non-endorsing journals.



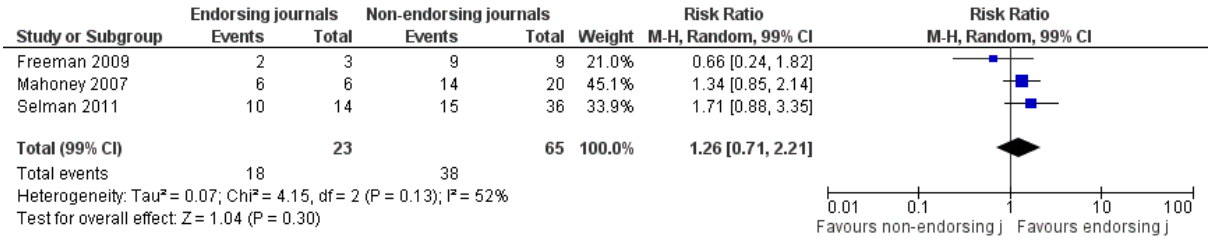
STARD – Results, Time interval for endorsing compared with non-endorsing journals.



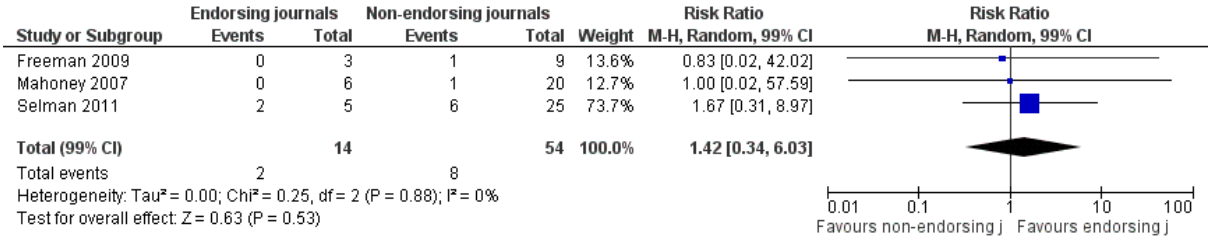
STARD – Results, Condition/Severity of disease for endorsing compared with non-endorsing journals.



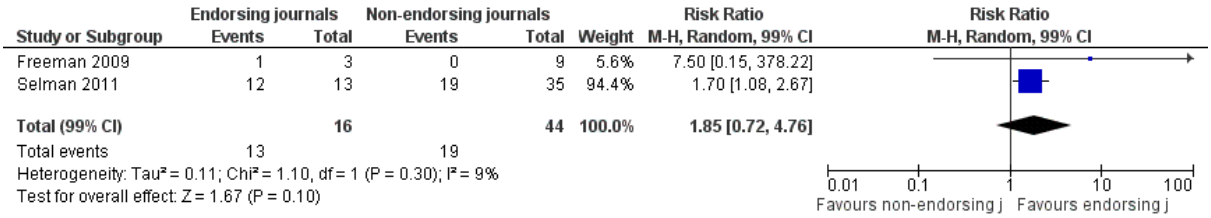
STARD – Results, Cross tabulation of results for endorsing compared with non-endorsing journals.



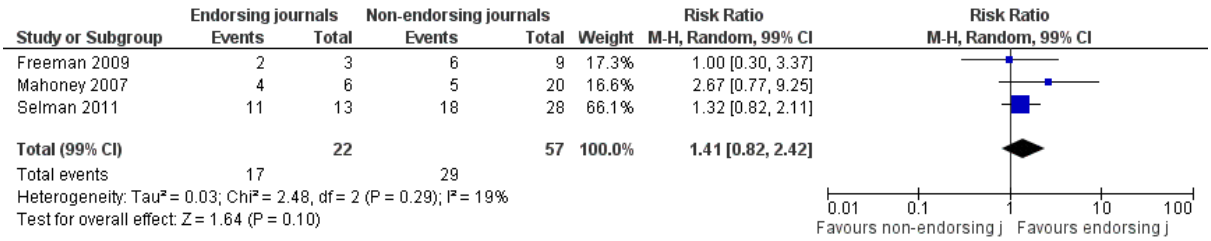
STARD – Results, Adverse events from test/standard for endorsing compared with non-endorsing journals.



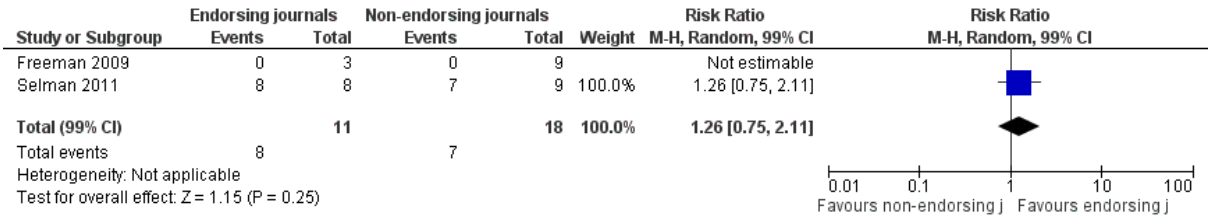
STARD – Results, Estimates of diagnostic accuracy for endorsing compared with non-endorsing journals.



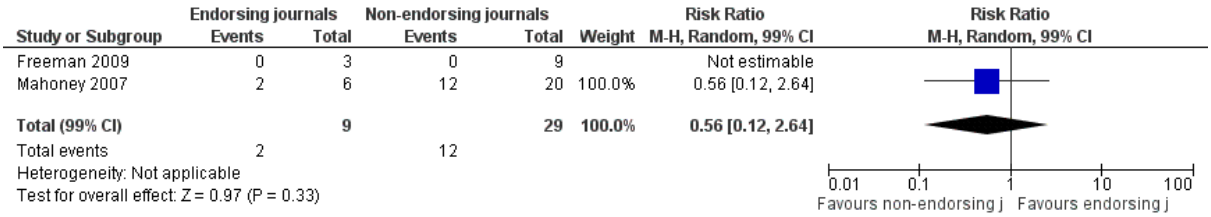
STARD – Results, Handing of indeterminate results, missing data, outliers for endorsing compared with non-endorsing journals.



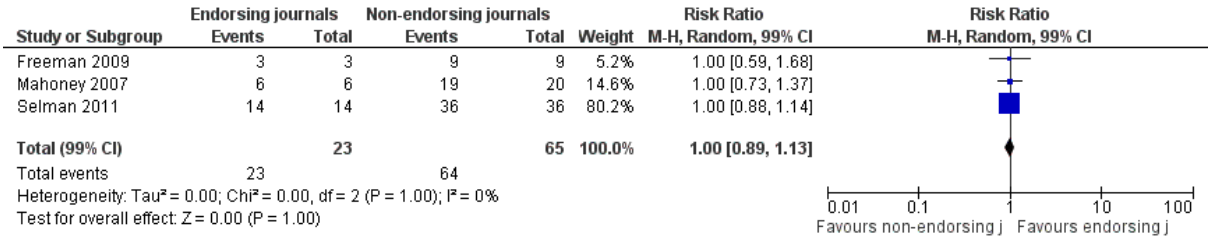
STARD – Results, Estimates of variability among subgroups for endorsing compared with non-endorsing journals.



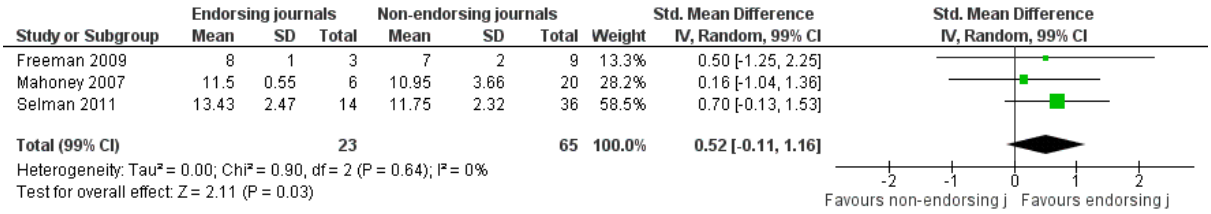
STARD – Results, Test reproducibility for endorsing compared with non-endorsing journals.



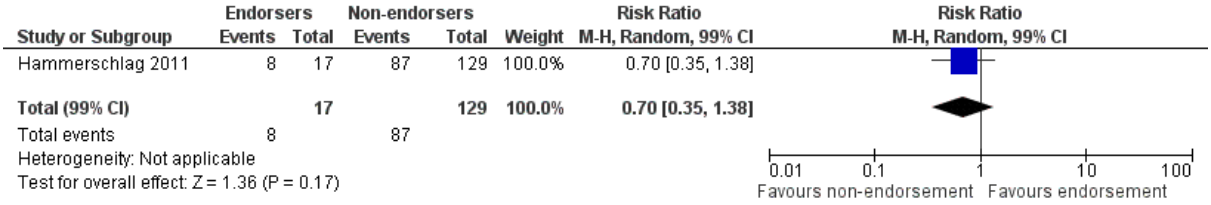
STARD – Discussion, Clinical Applicability for endorsing compared with non-endorsing journals.



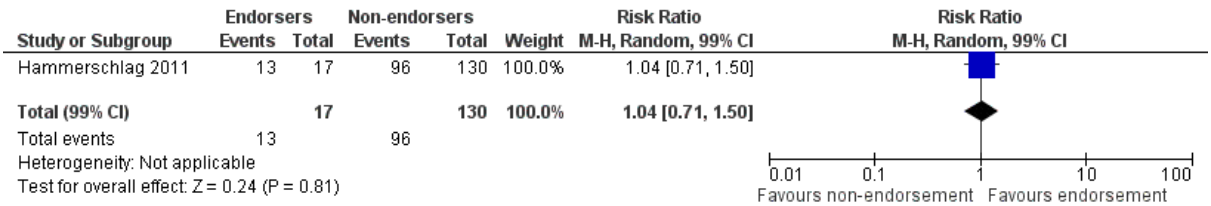
STARD – Mean summed score for endorsing compared with non-endorsing journals.



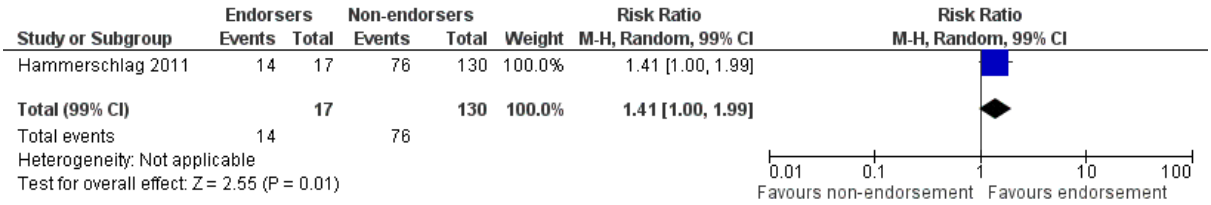
STRICTA – Style of acupuncture for endorsing compared with non-endorsing journals.



STRICTA – Rationale for treatment for endorsing compared with non-endorsing journals.

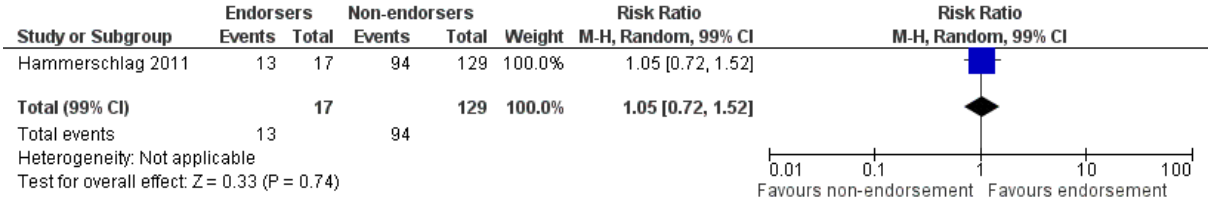


STRICTA – Sources to justify rationale for endorsing compared with non-endorsing journals.

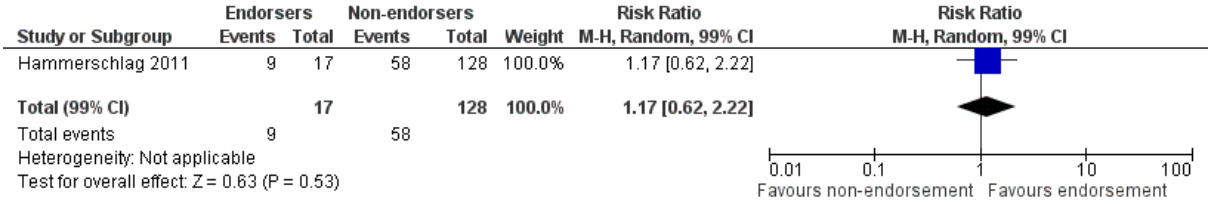


STRICTA – Uni/bilateral points used for endorsing compared with non-endorsing journals.

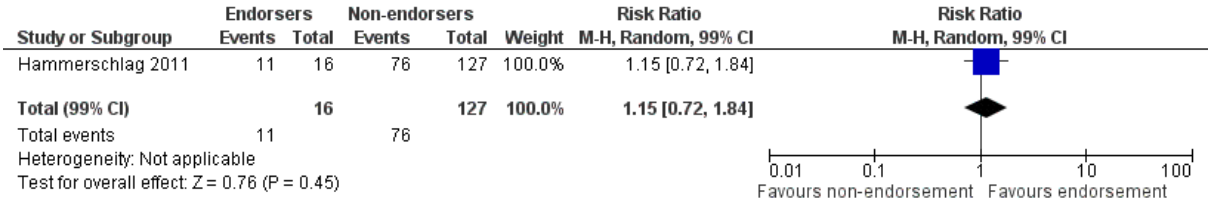
STRICTA – Number of needles inserted for endorsing compared with non-endorsing journals.



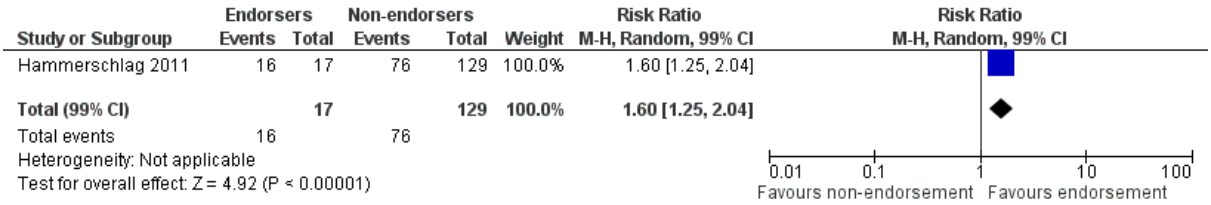
STRICTA – Depths of insertion for endorsing compared with non-endorsing journals.



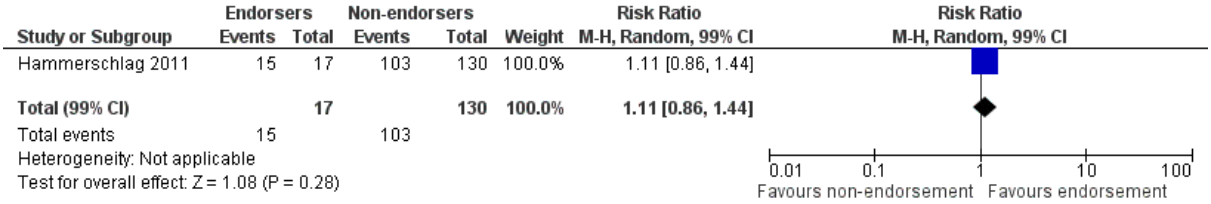
STRICTA – Responses elicited for endorsing compared with non-endorsing journals.



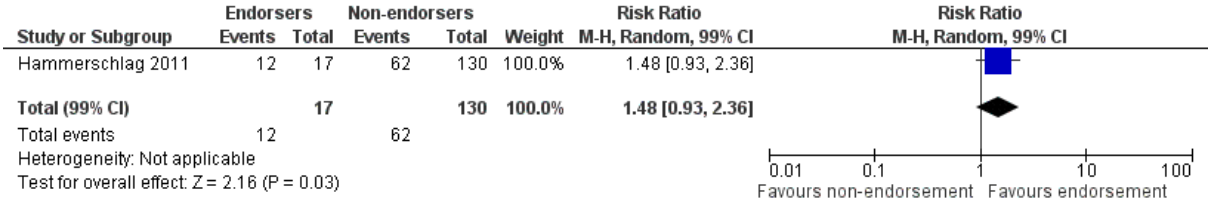
STRICTA – Needle stimulation for endorsing compared with non-endorsing journals.



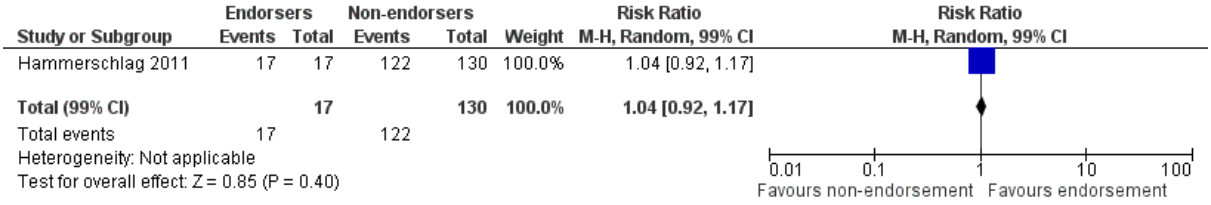
STRICTA – Needle retention time for endorsing compared with non-endorsing journals.



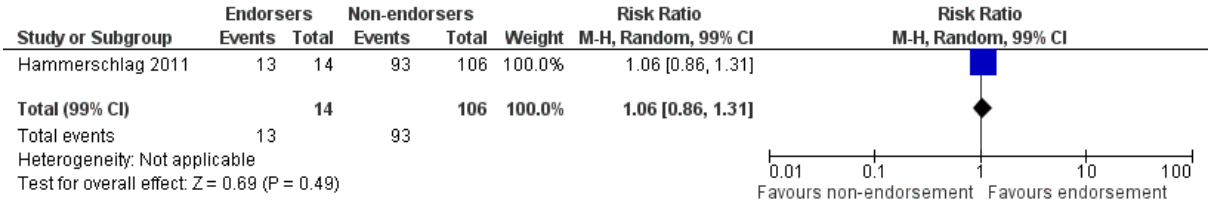
STRICTA – Needle type for endorsing compared with non-endorsing journals.



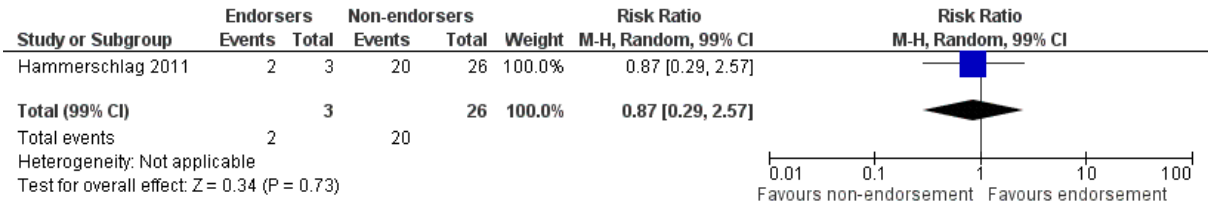
STRICTA – Number of treatment sessions for endorsing compared with non-endorsing journals.



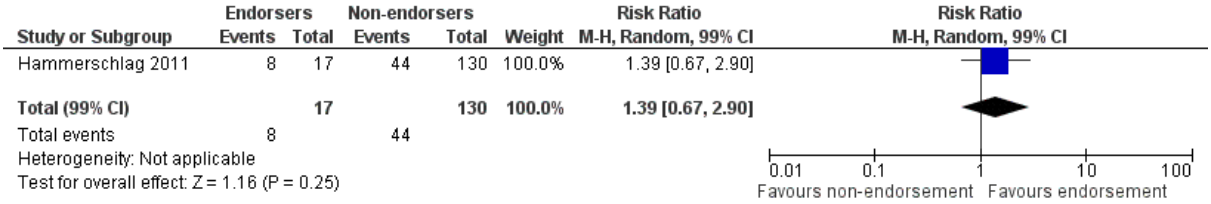
STRICTA – Frequency of treatment for endorsing compared with non-endorsing journals.



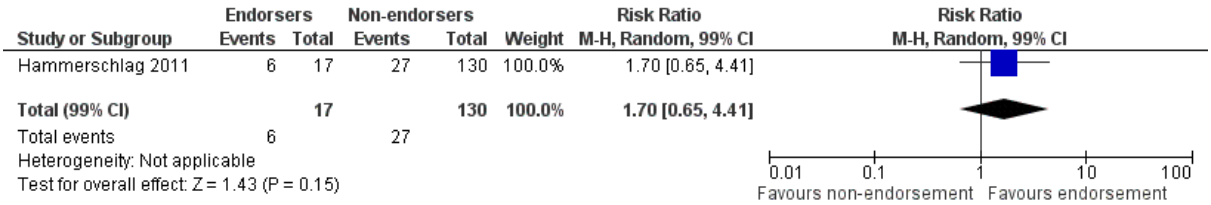
STRICTA – Other interventions for endorsing compared with non-endorsing journals.



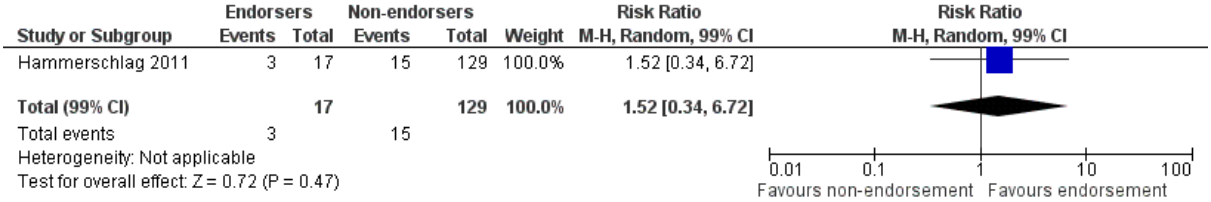
STRICTA – Duration of relevant training for endorsing compared with non-endorsing journals.



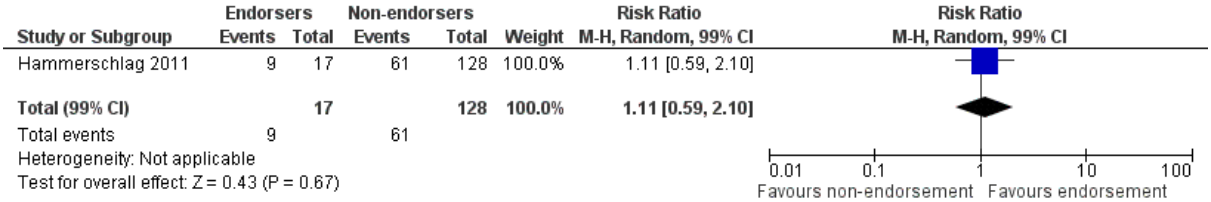
STRICTA – Length of clinical experience for endorsing compared with non-endorsing journals.



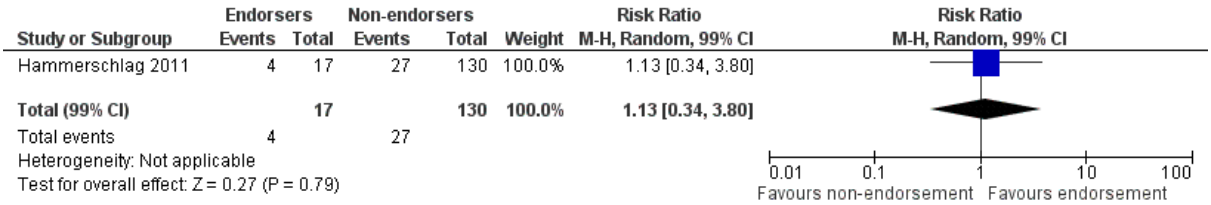
STRICTA – Expertise in condition for endorsing compared with non-endorsing journals.



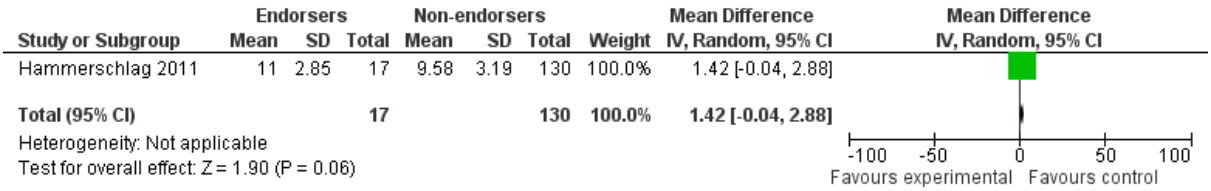
STRICTA – Sources that justify choice of control for endorsing compared with non-endorsing journals.



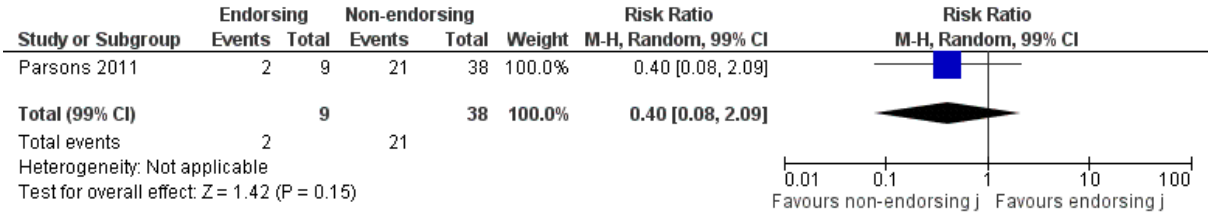
STRICTA – Explanations regarding treatment and control for endorsing compared with non-endorsing journals.



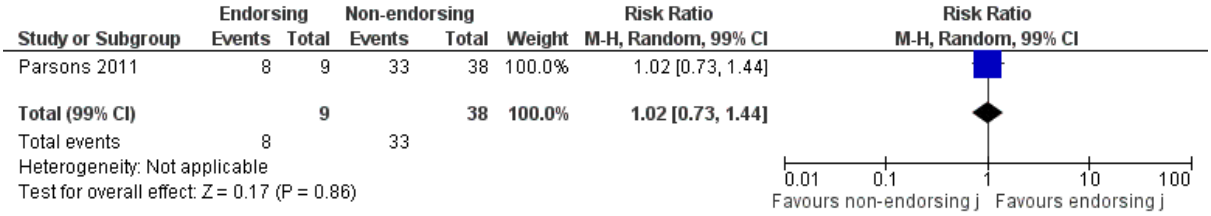
STRICTA – Mean summed score for endorsing compared with non-endorsing journals.



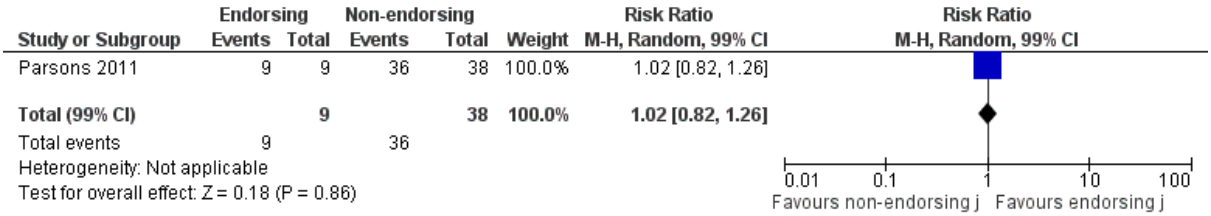
STROBE – Title/abstract for endorsing compared with non-endorsing journals.



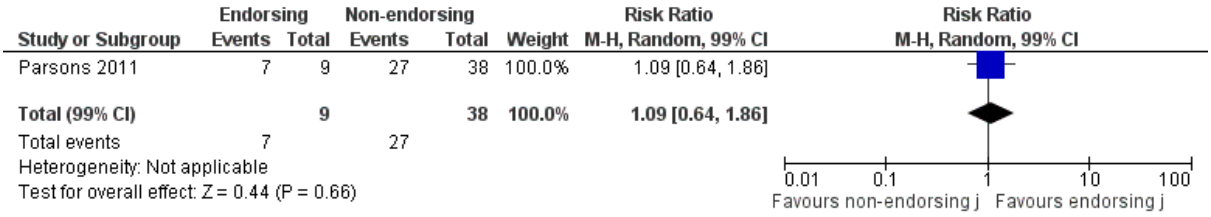
STROBE – Abstract for endorsing compared with non-endorsing journals.



STROBE – Introduction, Background & rationale for endorsing compared with non-endorsing journals.

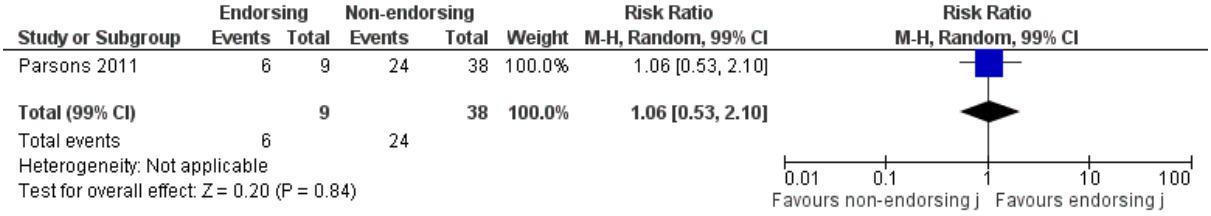


STROBE – Introduction, Objectives for endorsing compared with non-endorsing journals.

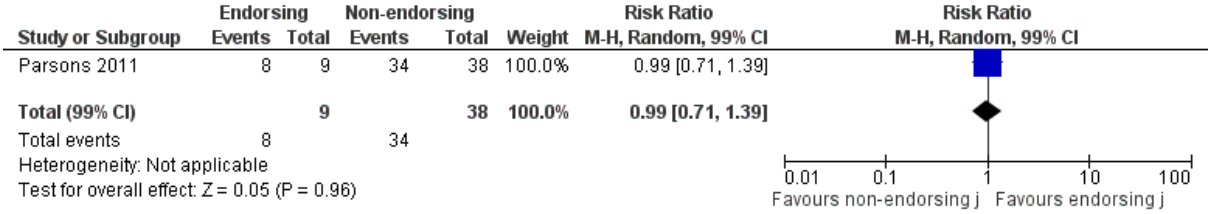


STROBE – Introduction, Study design for endorsing compared with non-endorsing journals.

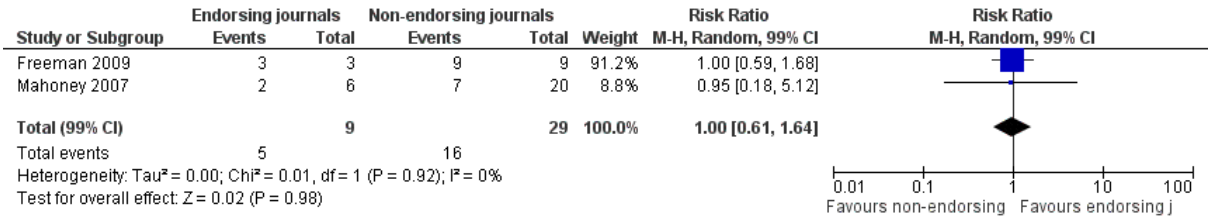
STROBE – Methods, Setting/Locations/Dates for endorsing compared with non-endorsing journals.



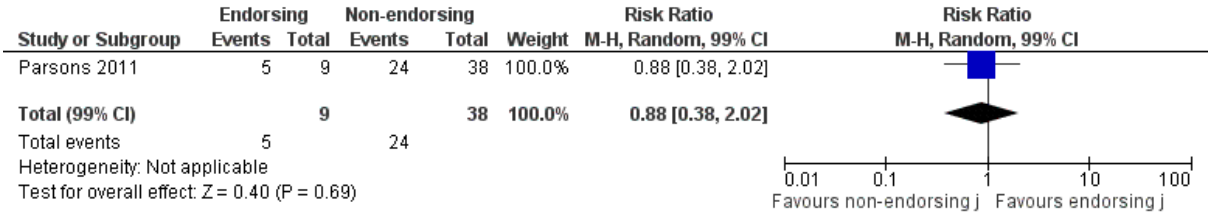
STROBE – Methods, Eligibility for endorsing compared with non-endorsing journals.



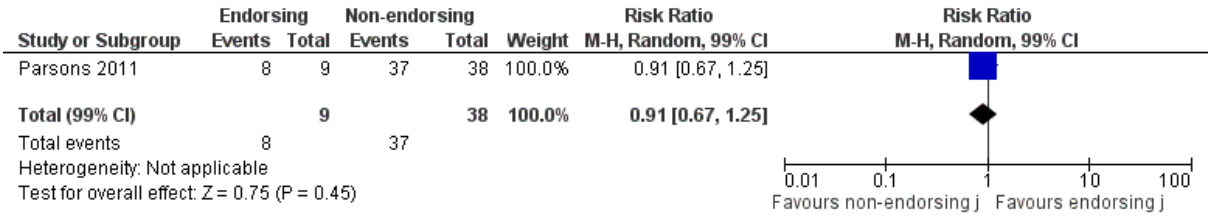
STROBE – Participant matching for endorsing compared with non-endorsing journals.



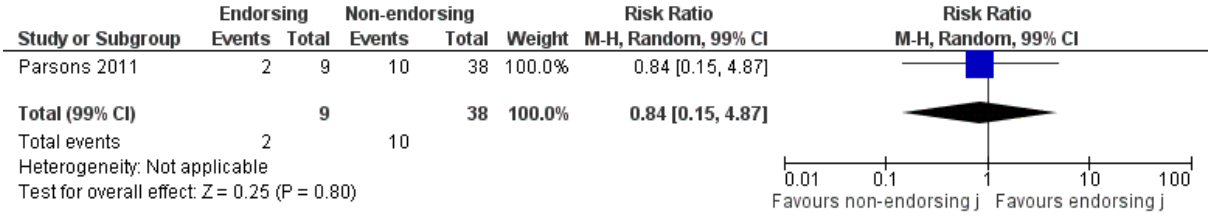
STROBE – Methods, Outcome/exposure/variables for endorsing compared with non-endorsing journals.



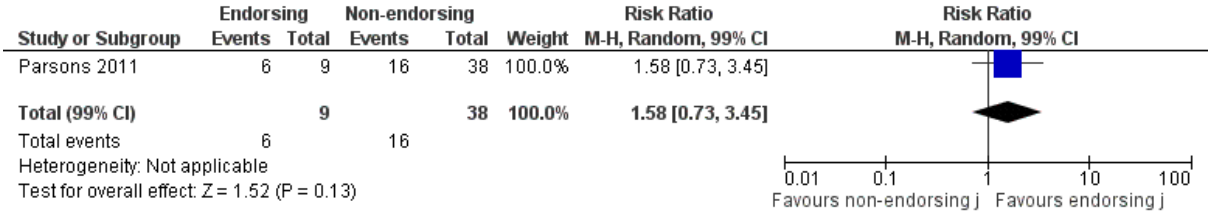
STROBE – Methods, Data sources & measurement for endorsing compared with non-endorsing journals.



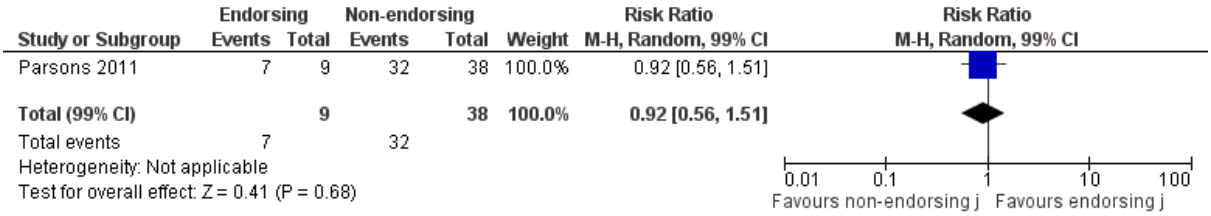
STROBE – Methods, Bias for endorsing compared with non-endorsing journals.



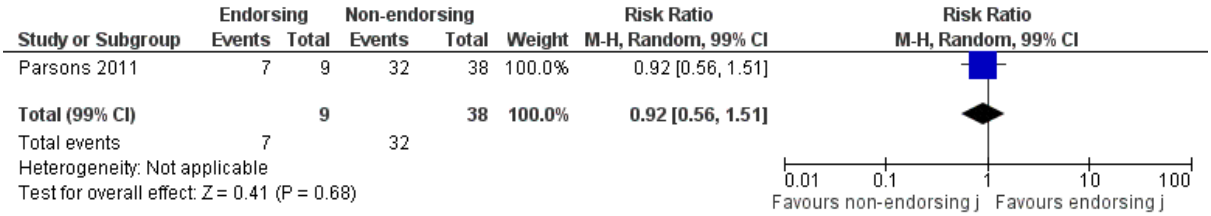
STROBE – Methods, Study size for endorsing compared with non-endorsing journals.



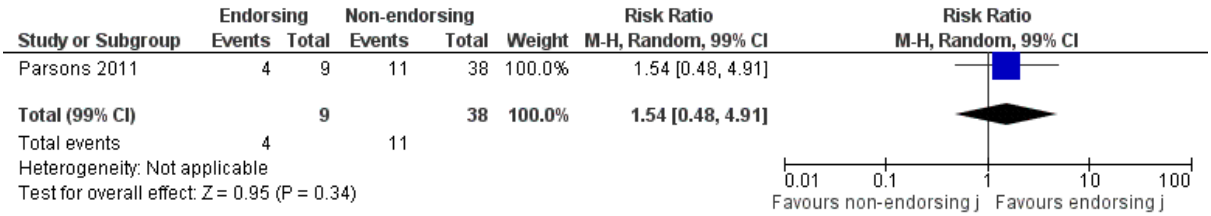
STROBE – Methods, Handling variables for endorsing compared with non-endorsing journals.



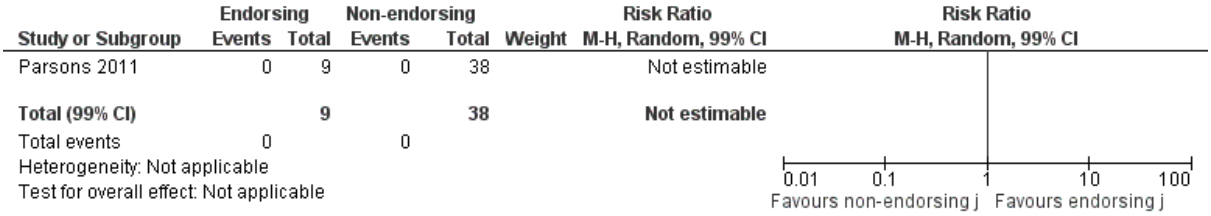
STROBE – Methods, Statistics for endorsing compared with non-endorsing journals.



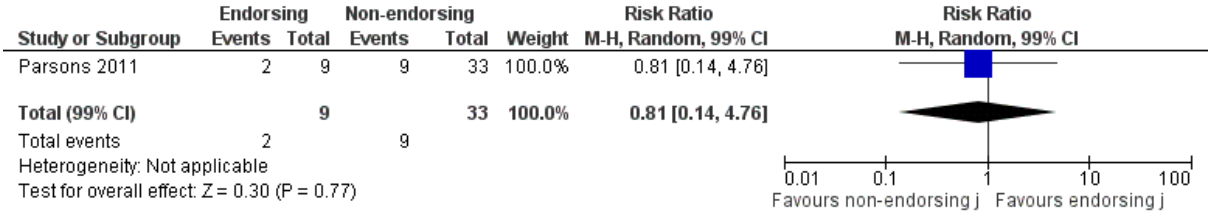
STROBE – Methods, Subgroups/interactions for endorsing compared with non-endorsing journals.



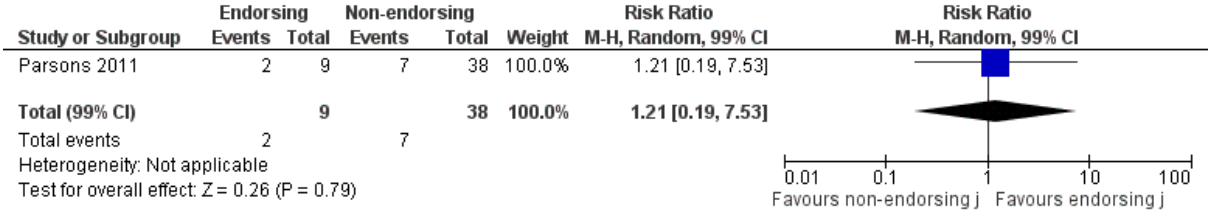
STROBE – Methods, Missing data for endorsing compared with non-endorsing journals.



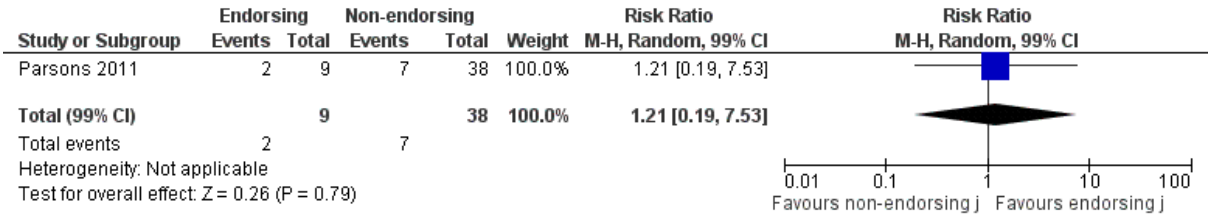
STROBE – Methods, Loss to follow-up/case matching/sampling methods for endorsing compared with non-endorsing journals.



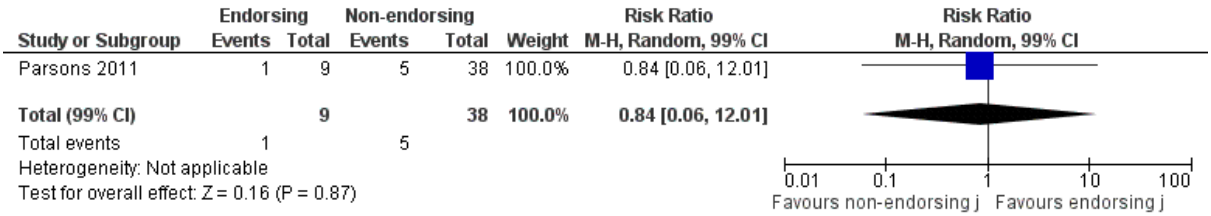
STROBE – Methods, Sensitivity analyses for endorsing compared with non-endorsing journals.



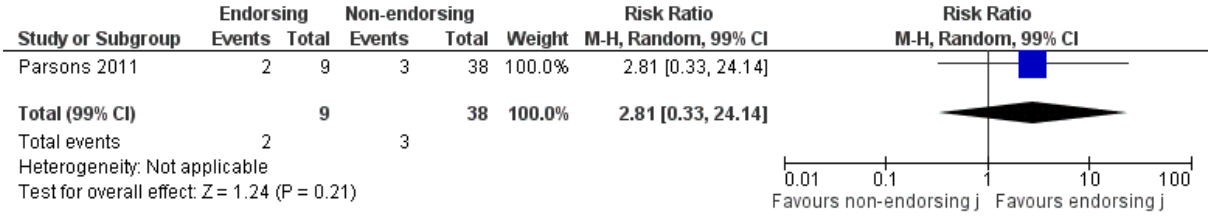
STROBE – Results, Participant flow for endorsing compared with non-endorsing journals.



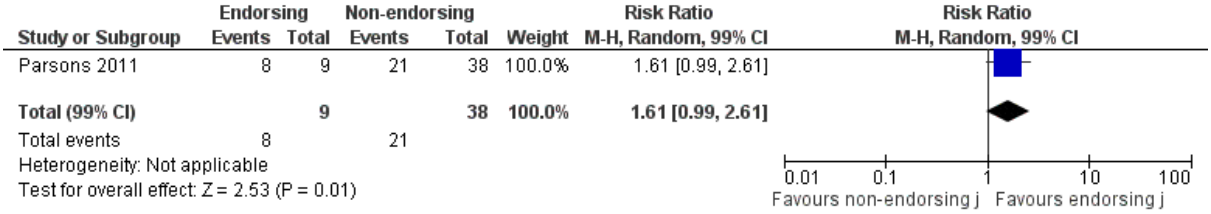
STROBE – Results, Reasons for nonparticipation for endorsing compared with non-endorsing journals.



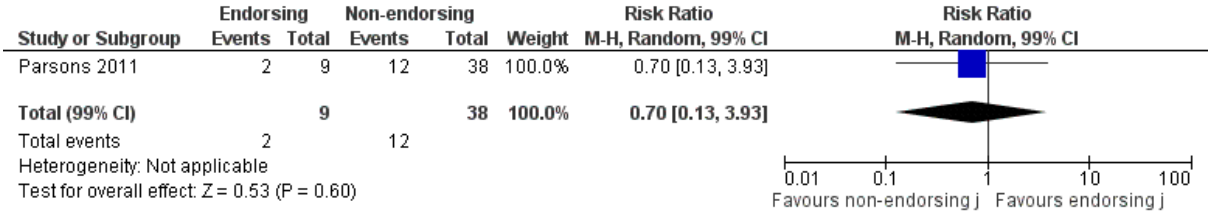
STROBE – Results, Flow diagram for endorsing compared with non-endorsing journals.



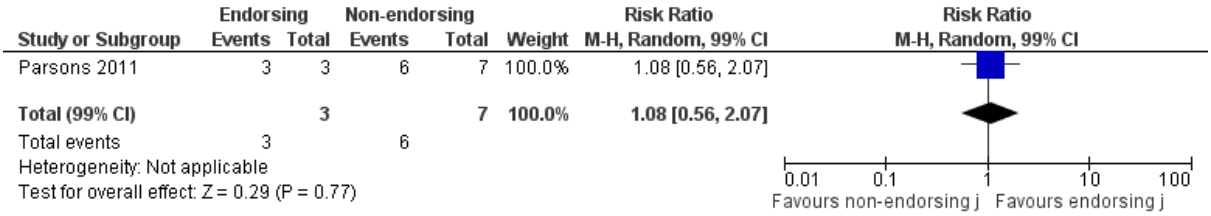
STROBE – Results, Participant characteristics for endorsing compared with non-endorsing journals.



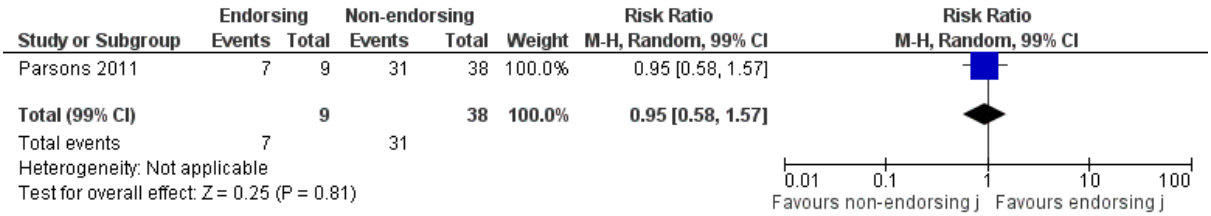
STROBE – Results, Participants with missing data for endorsing compared with non-endorsing journals.



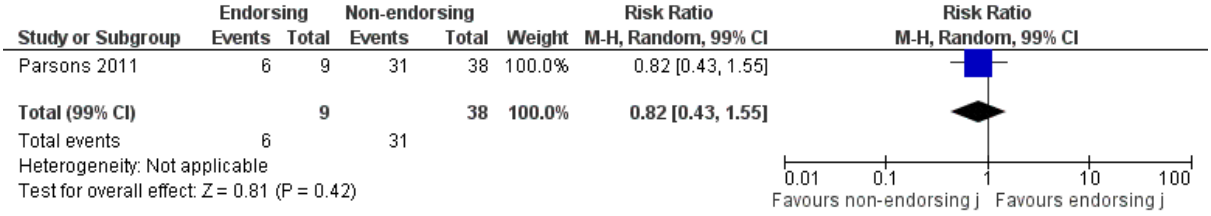
STROBE – Results, Follow-up time (cohort) for endorsing compared with non-endorsing journals.



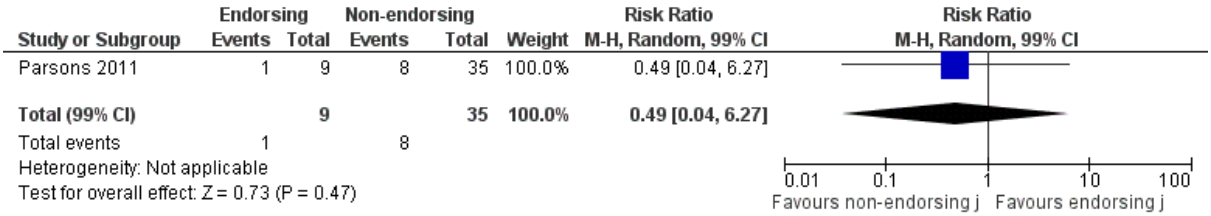
STROBE – Results, Outcomes data for endorsing compared with non-endorsing journals.



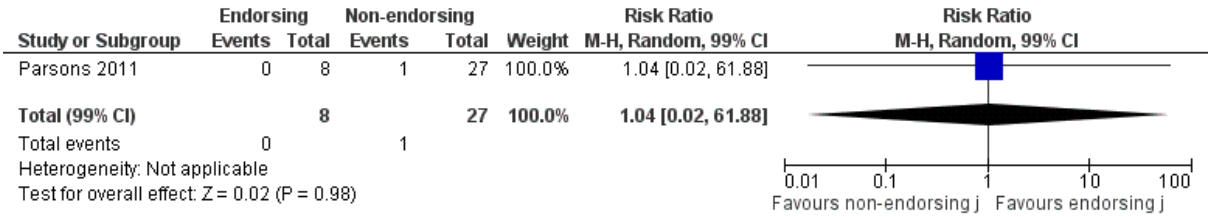
STROBE – Results, Estimates of effect/precision for endorsing compared with non-endorsing journals.



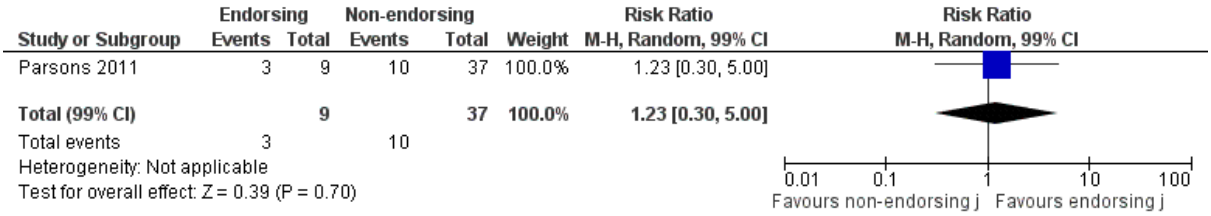
STROBE – Results, Boundaries for continuous variable categories for endorsing compared with non-endorsing journals.



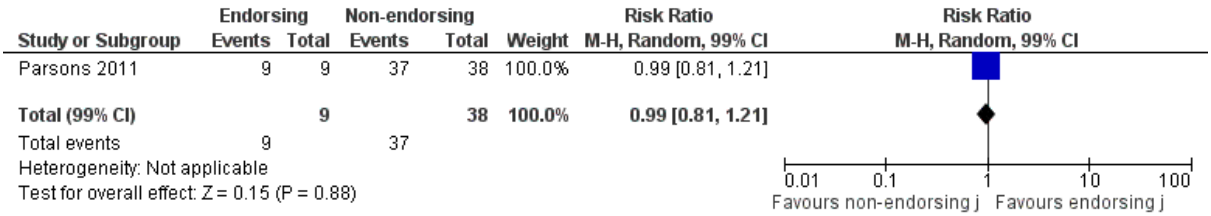
STROBE – Results, Relative to absolute risks for endorsing compared with non-endorsing journals.



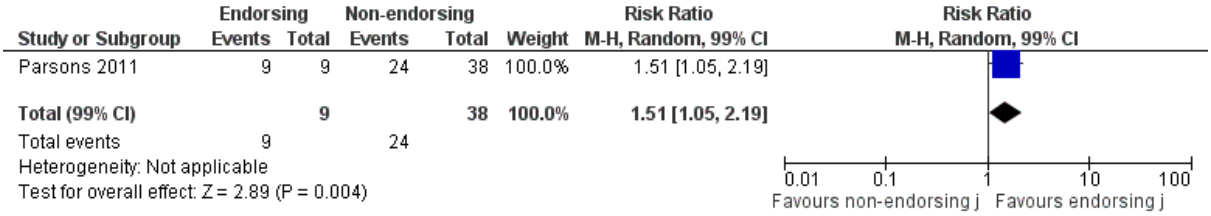
STROBE – Results, Other analyses for endorsing compared with non-endorsing journals.



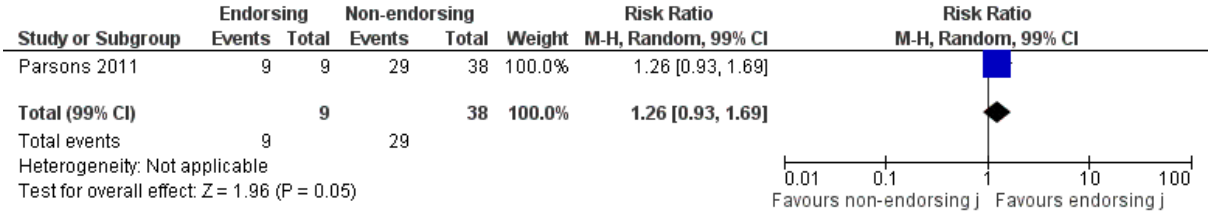
STROBE – Discussion, Key results summarized for endorsing compared with non-endorsing journals.



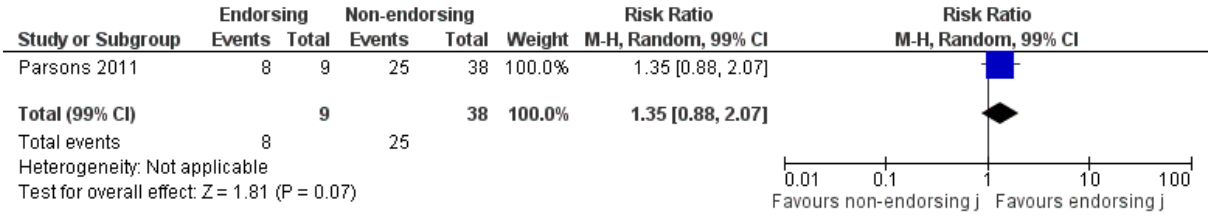
STROBE – Discussion, Limitations for endorsing compared with non-endorsing journals.



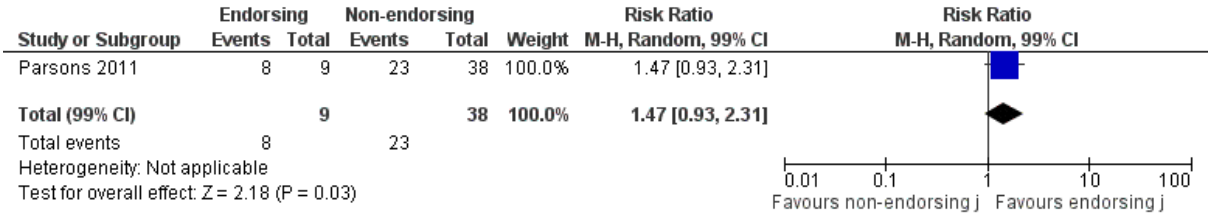
STROBE – Discussion, Interpretation for endorsing compared with non-endorsing journals.



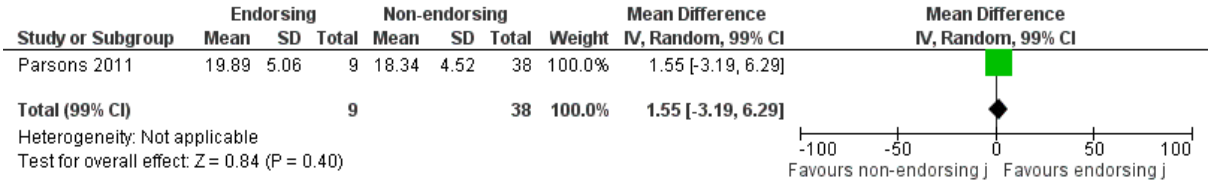
STROBE – Discussion, Generalizability for endorsing compared with non-endorsing journals.



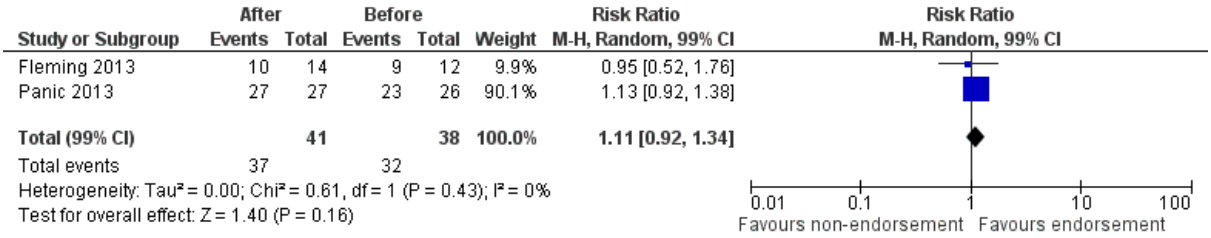
STROBE – Other, Funding for endorsing compared with non-endorsing journals.



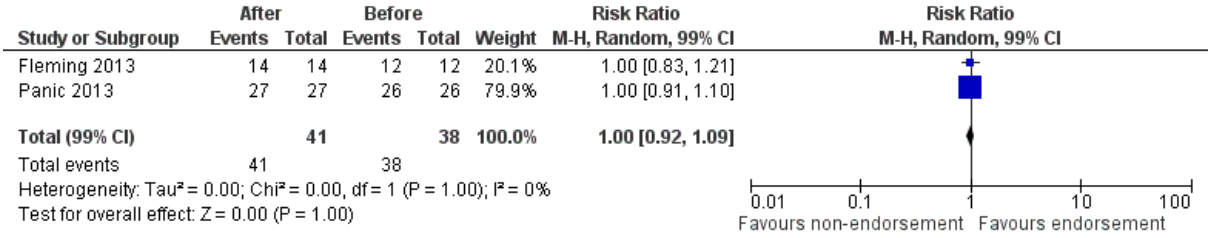
STROBE – Mean summed score for endorsing compared with non-endorsing journals.



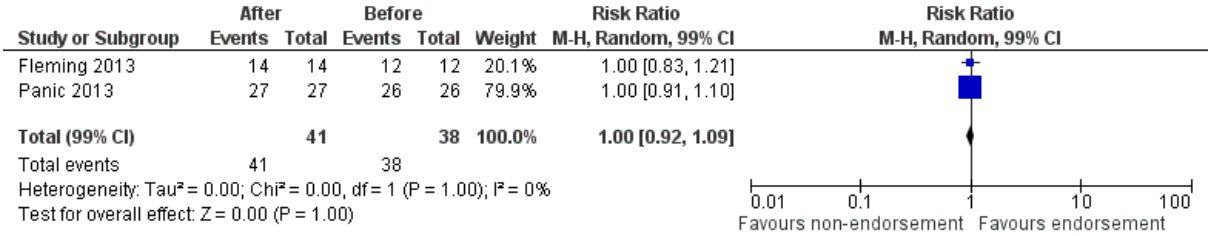
PRISMA – Title for after compared with before endorsement.



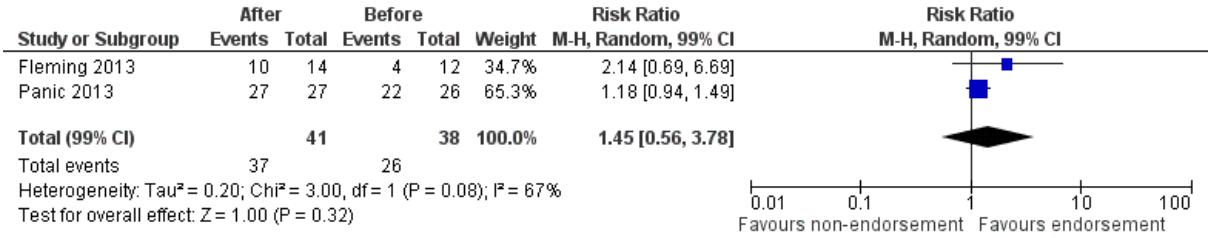
PRISMA – Structured summary for after compared with before endorsement.



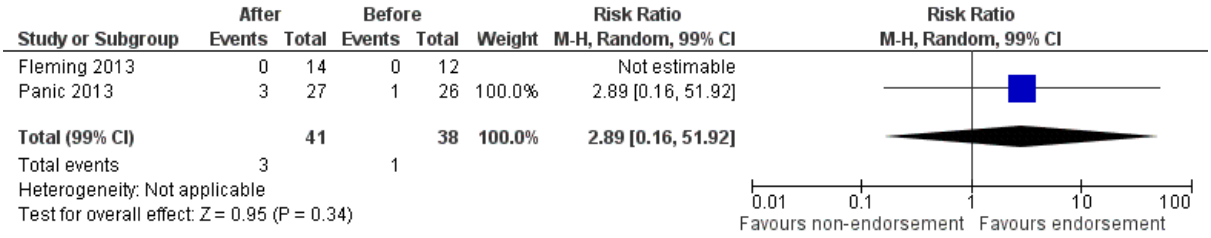
PRISMA – Rationale for after compared with before endorsement.



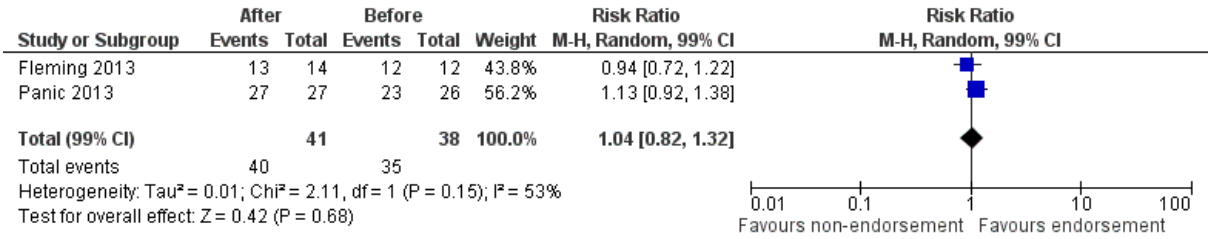
PRISMA – Objectives for after compared with before endorsement.



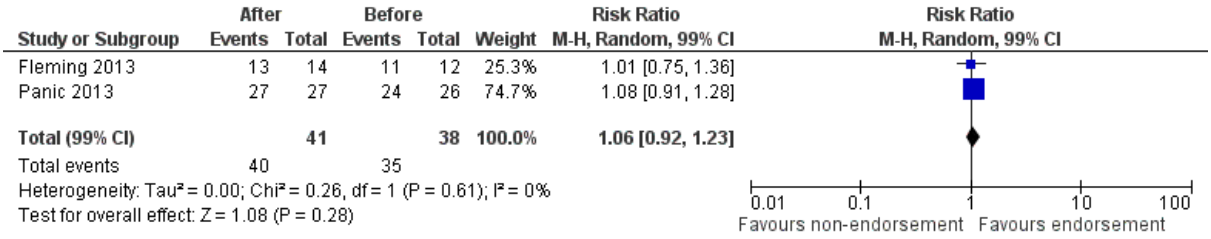
PRISMA – Methods, Protocol and registration for after compared with before endorsement.



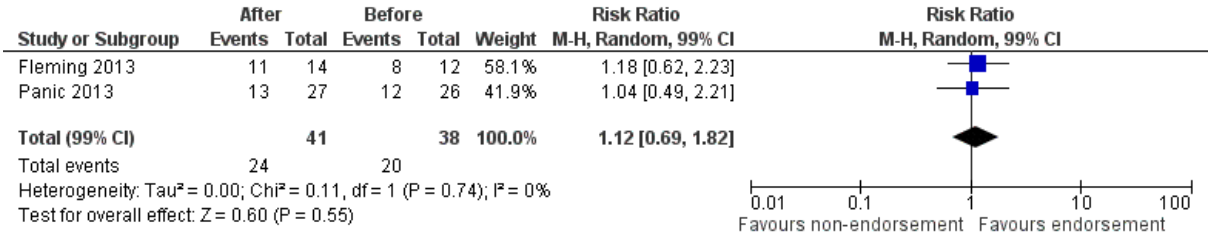
PRISMA – Methods, Eligibility criteria for after compared with before endorsement.



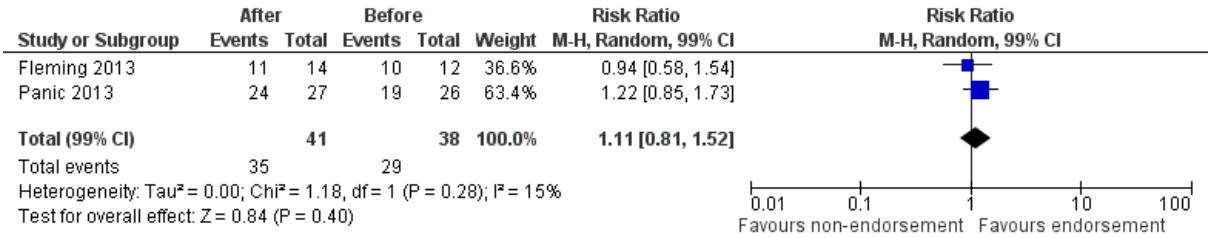
PRISMA – Methods, Information sources for after compared with before endorsement.



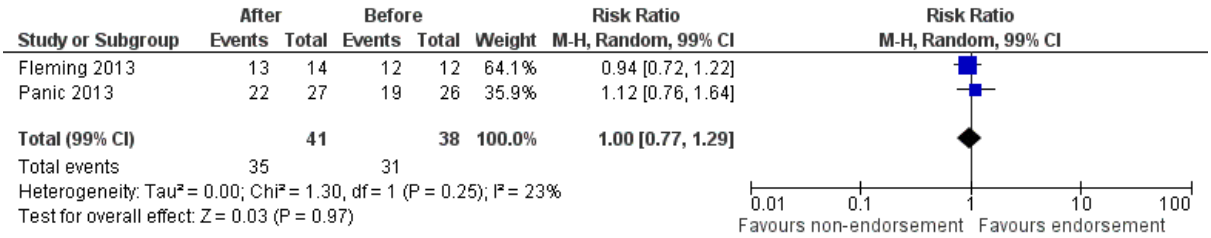
PRISMA – Methods, Search for after compared with before endorsement.



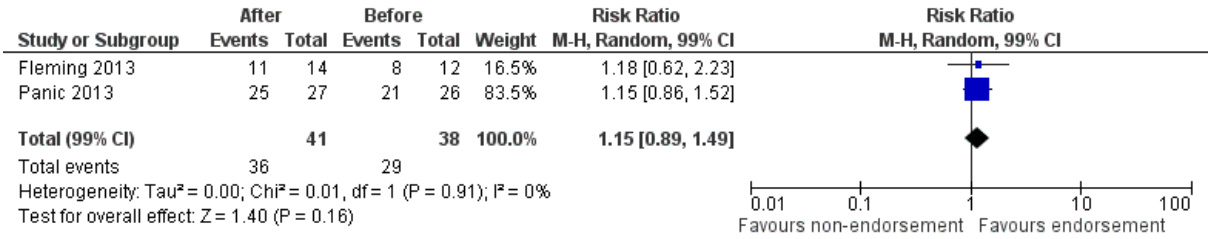
PRISMA – Methods, Study selection for after compared with before endorsement.



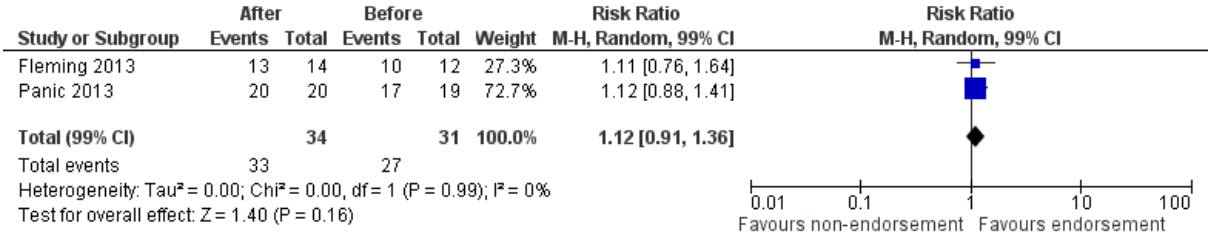
PRISMA – Methods, Data collection process for after compared with before endorsement.



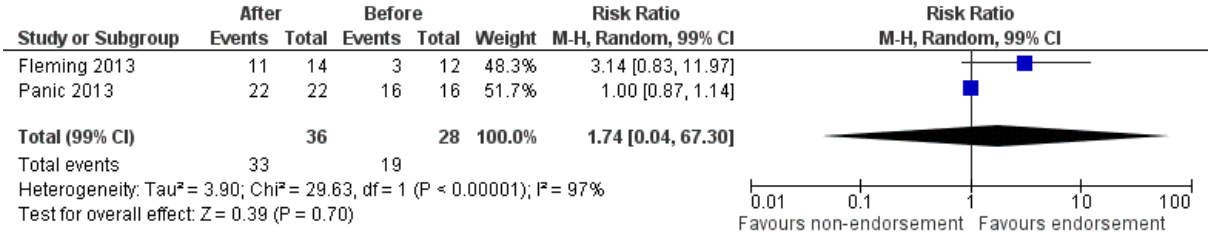
PRISMA – Methods, Data items for after compared with before endorsement.



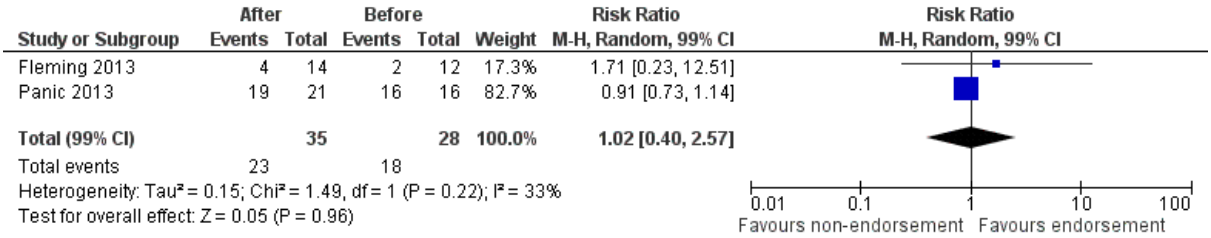
PRISMA – Methods, Risk of bias, individual studies for after compared with before endorsement.



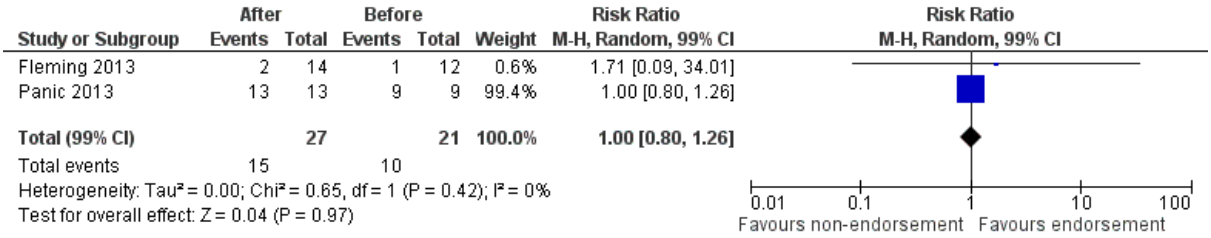
PRISMA – Methods, Summary measures for after compared with before endorsement.



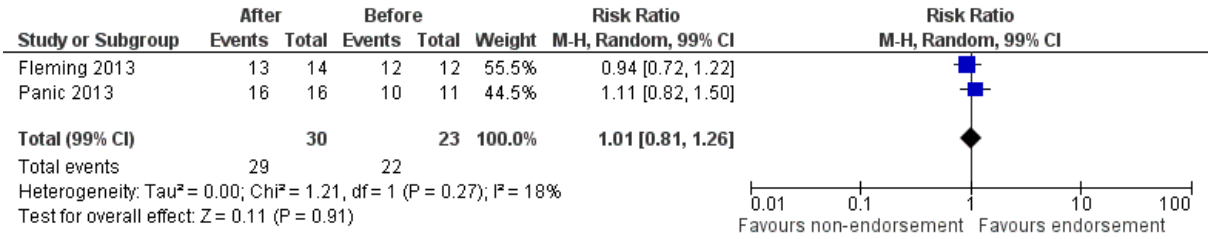
PRISMA –Methods, Synthesis of Results for after compared with before endorsement.



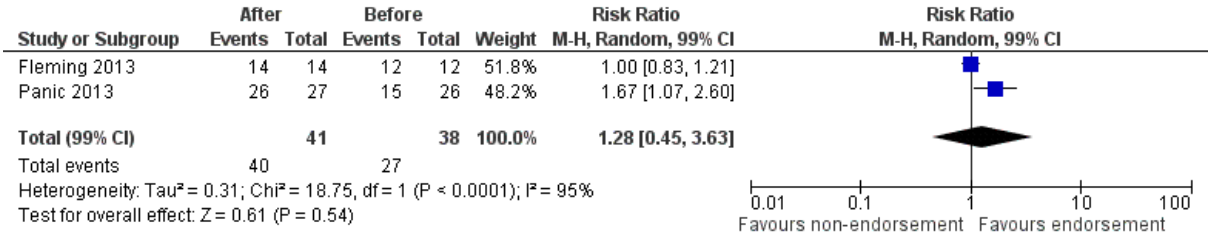
PRISMA – Methods, Risk of bias across studies for after compared with before endorsement.



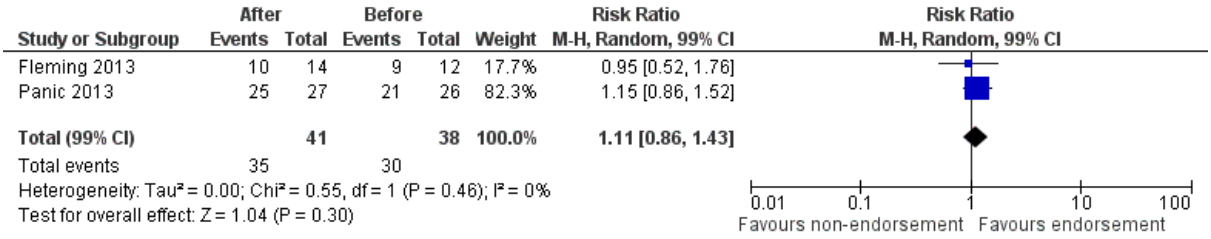
PRISMA – Methods, Additional analyses for after compared with before endorsement.



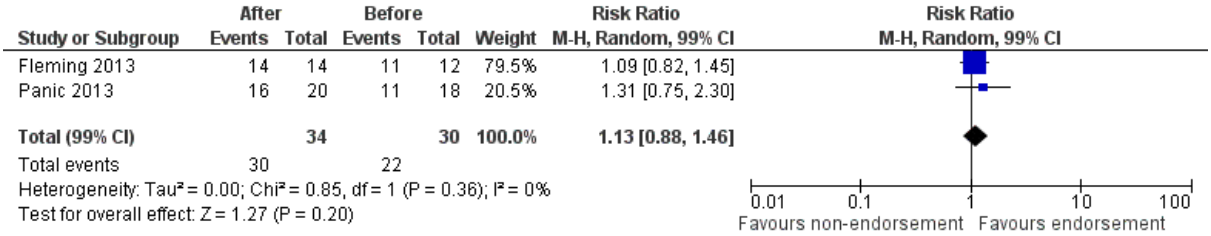
PRISMA – Results, Study selection for after compared with before endorsement.



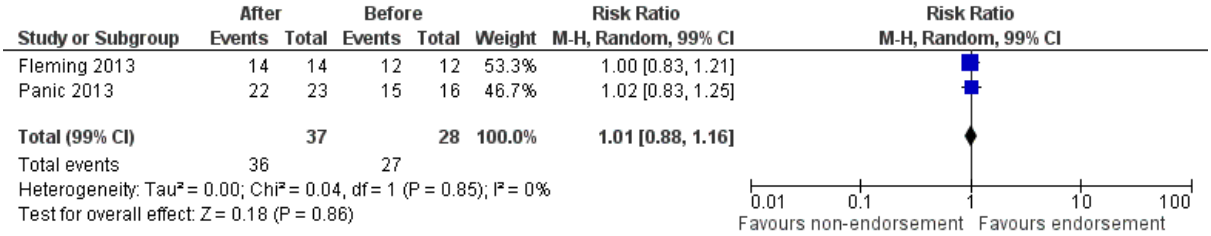
PRISMA – Results, Study characteristics for after compared with before endorsement.



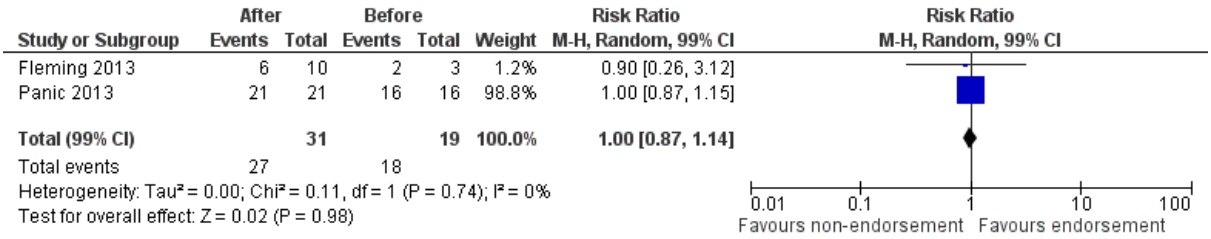
PRISMA – Results, Risk of bias within studies for after compared with before endorsement.



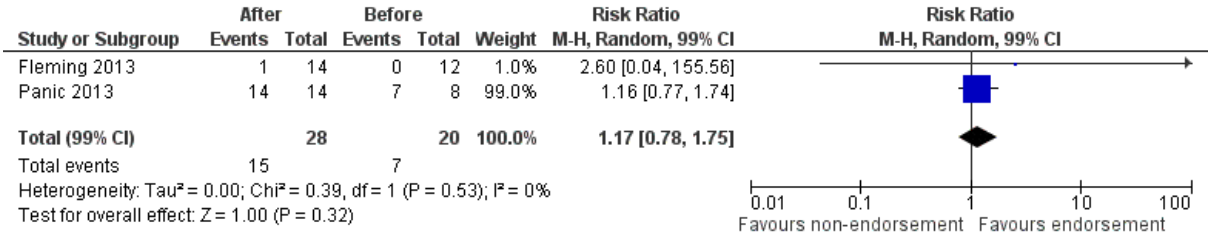
PRISMA – Results, Individual study results for after compared with before endorsement.



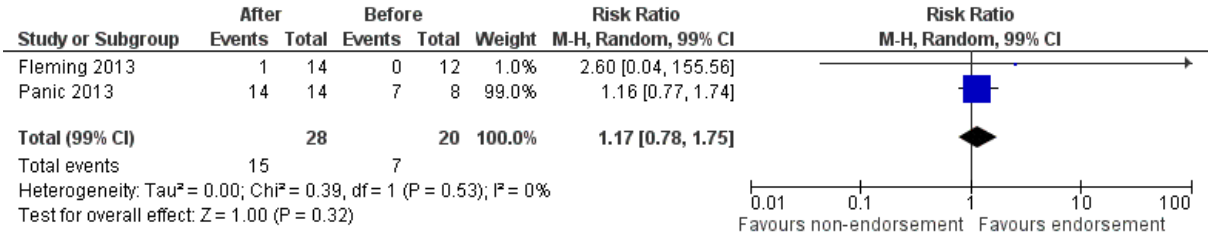
PRISMA – Results, Synthesis of Results for after compared with before endorsement.



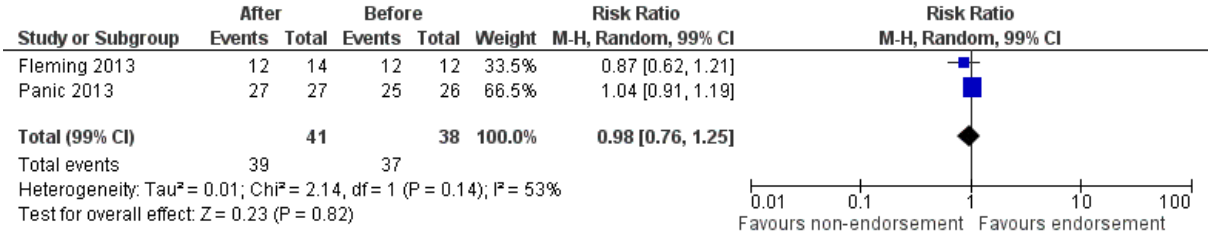
PRISMA – Results, Risk of bias across studies for after compared with before endorsement.



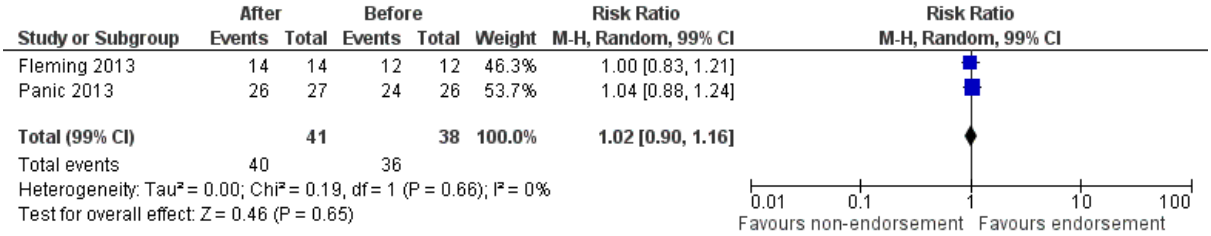
PRISMA – Results, Additional analyses for after compared with before endorsement.



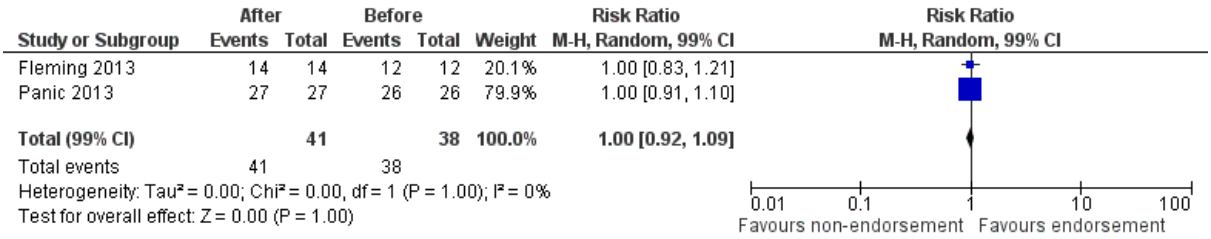
PRISMA – Discussion, Summary of Evidence for after compared with before endorsement.



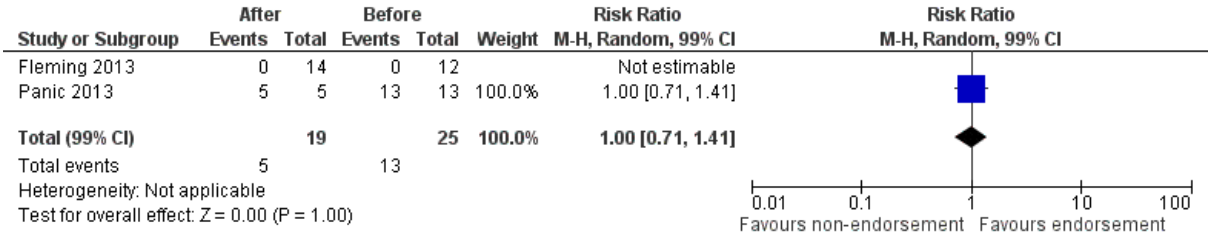
PRISMA – Discussion, Limitations for after compared with before endorsement.



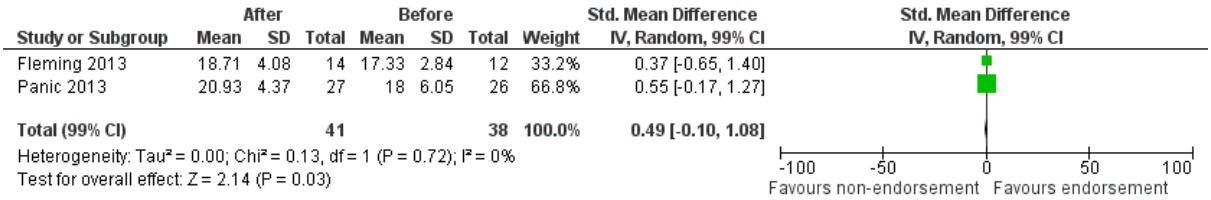
PRISMA – Discussion, Conclusions for after compared with before endorsement.



PRISMA – Funding for after compared with before endorsement.

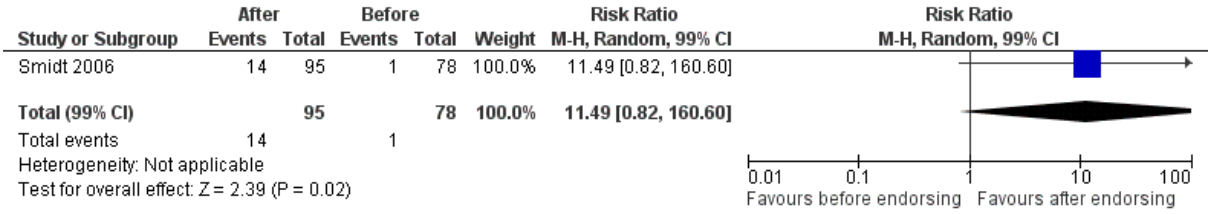


PRISMA – Mean summed score for after compared with before endorsement.

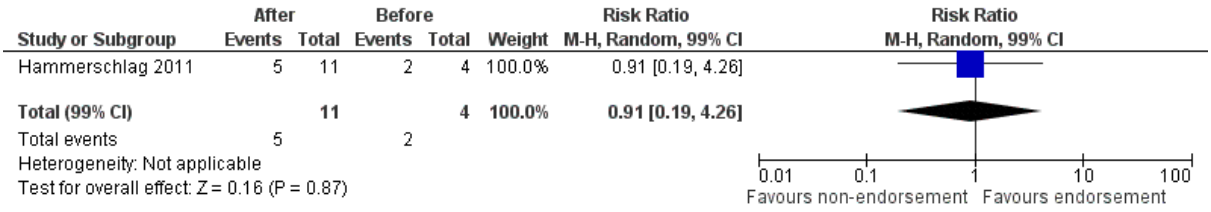


QUOROM – Flow diagram for after compared with before endorsement.

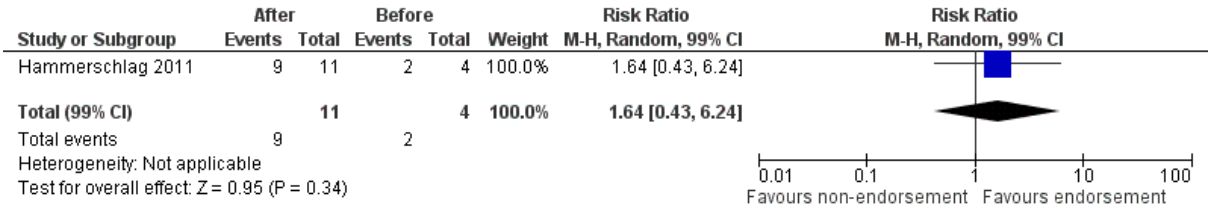
STARD – Flow diagram for after compared with before endorsement.



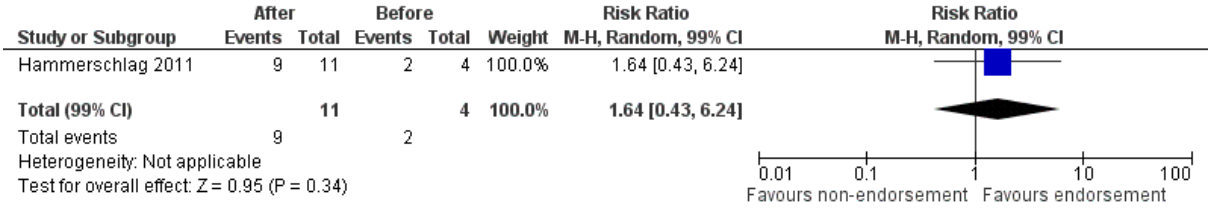
STRICTA – Style of acupuncture for after compared with before endorsement.



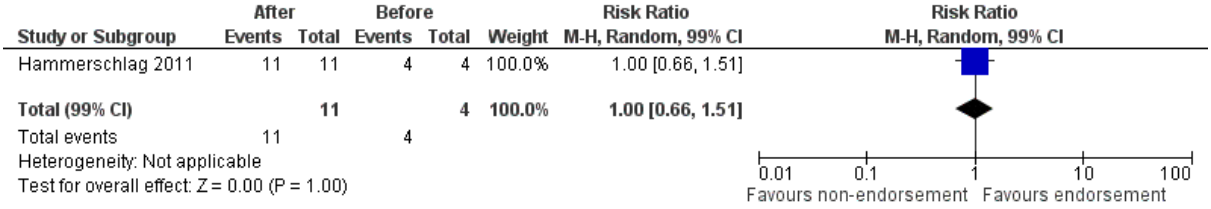
STRICTA – Rationale for after compared with before endorsement.



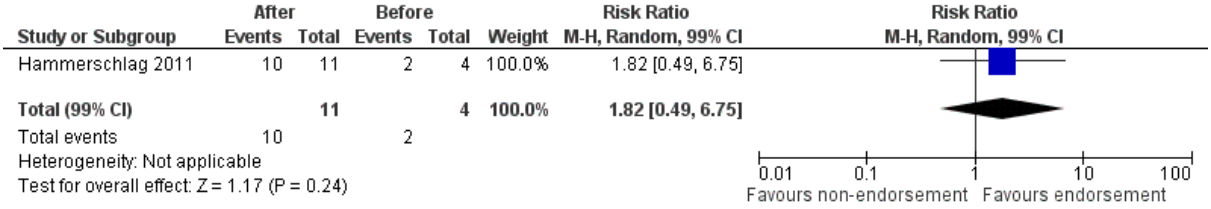
STRICTA – Sources for rationale for after compared with before endorsement.



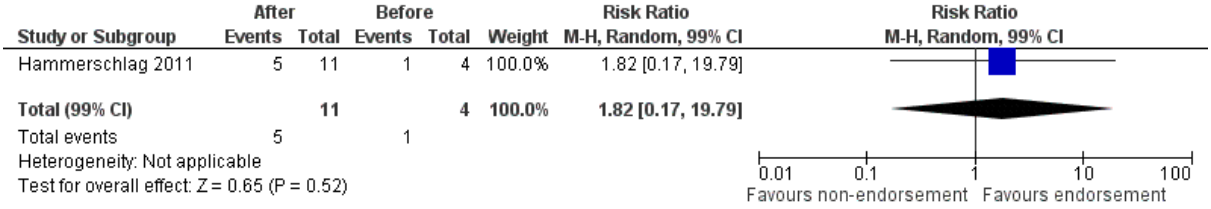
STRICTA – Points used for after compared with before endorsement.



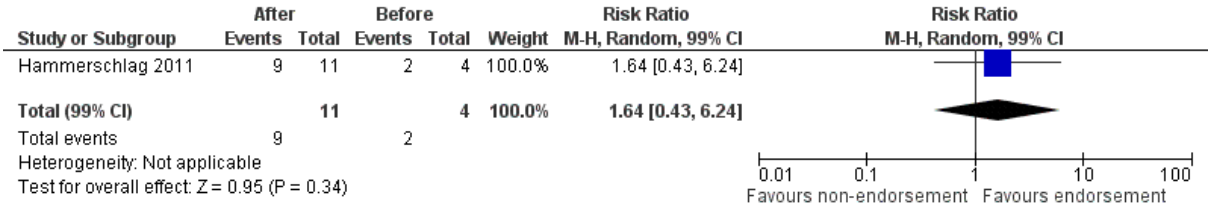
STRICTA – Number of needles inserted for after compared with before endorsement.



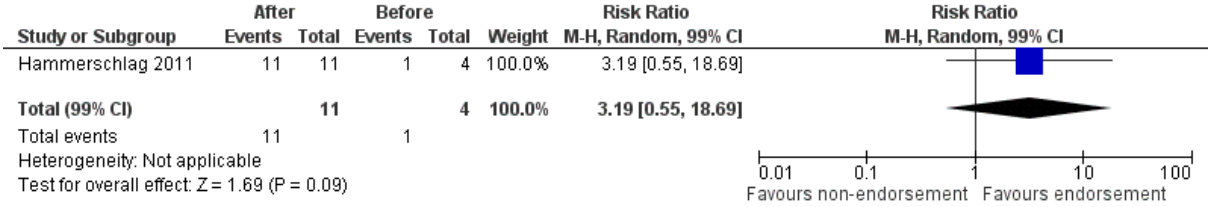
STRICTA – Depths of insertion for after compared with before endorsement.



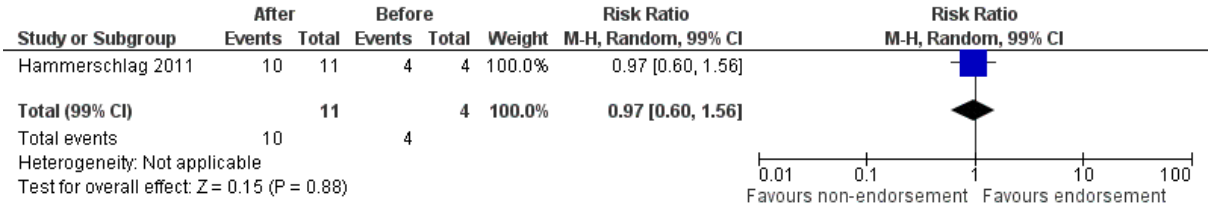
STRICTA – Responses elicited for after compared with before endorsement.



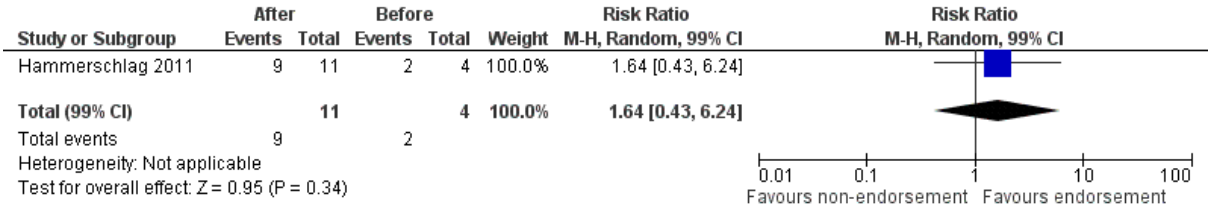
STRICTA – Needle stimulation for after compared with before endorsement.



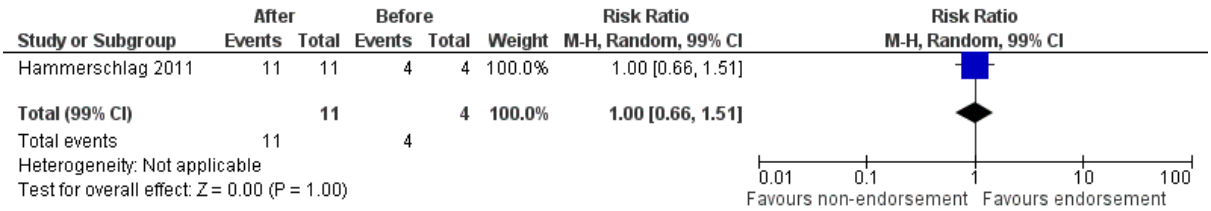
STRICTA – Needle retention time for after compared with before endorsement.



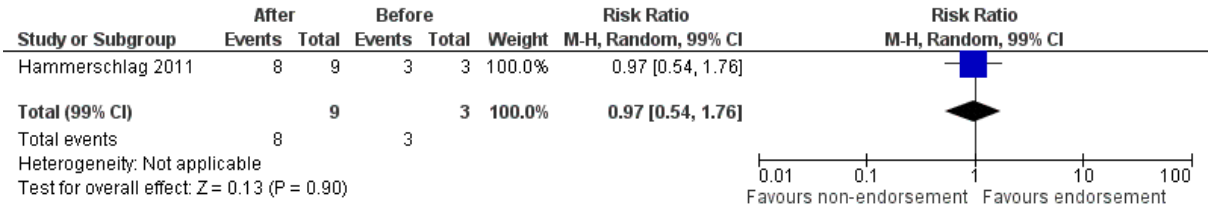
STRICTA – Needle type for after compared with before endorsement.



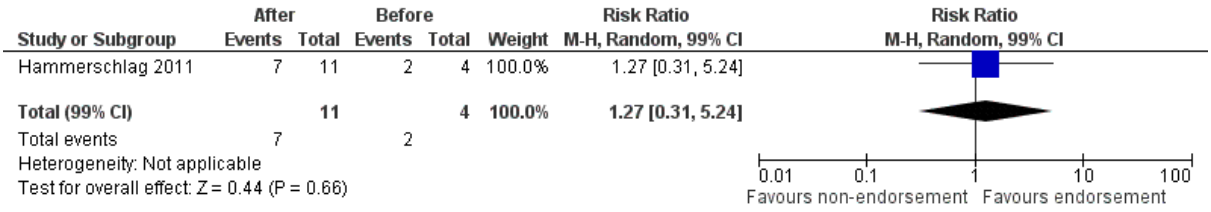
STRICTA – Number of treatment sessions for after compared with before endorsement.



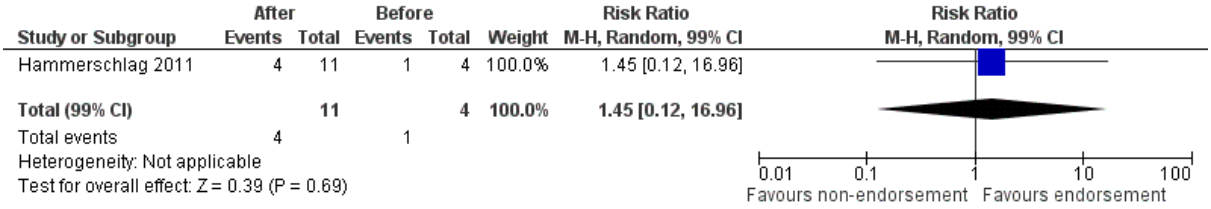
STRICTA – Frequency of treatment for after compared with before endorsement.



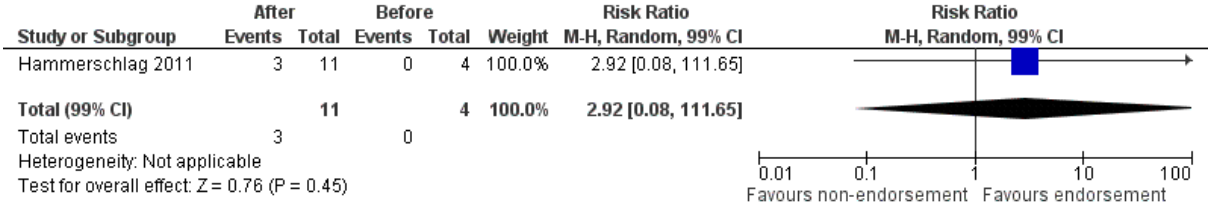
STRICTA – Duration of relevant training for after compared with before endorsement.



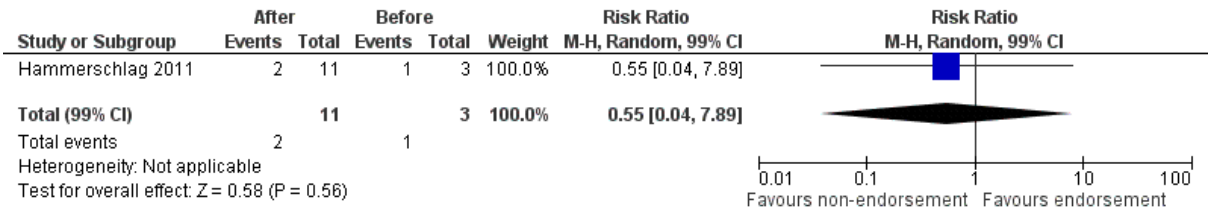
STRICTA – Length of clinical experience for after compared with before endorsement.



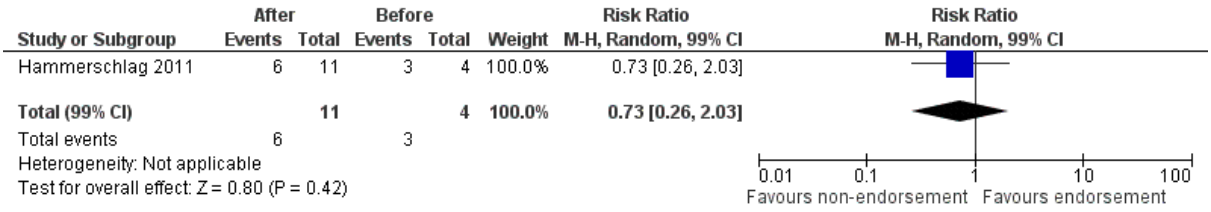
STRICTA – Expertise in condition for after compared with before endorsement.



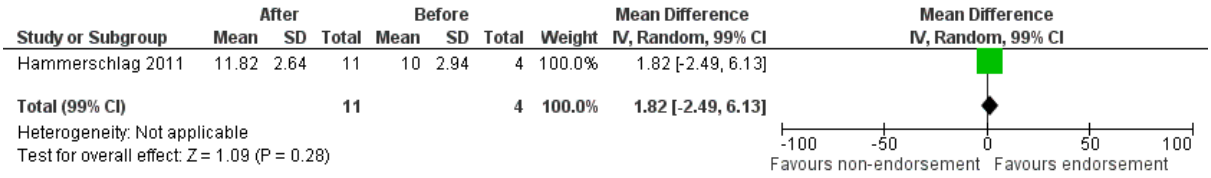
STRICTA – Explanations for treatment and control interventions for after compared with before endorsement.



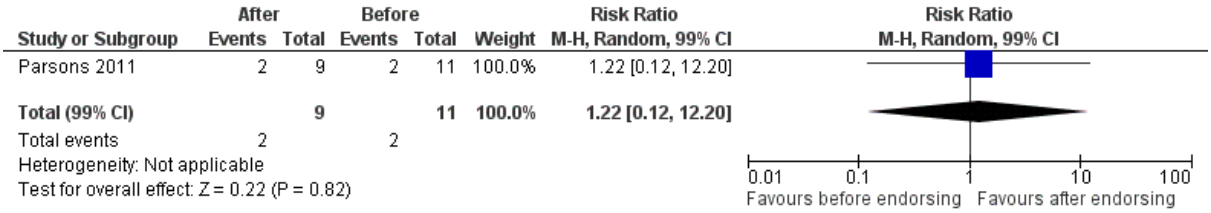
STRICTA – Sources that justify choice of control for after compared with before endorsement.



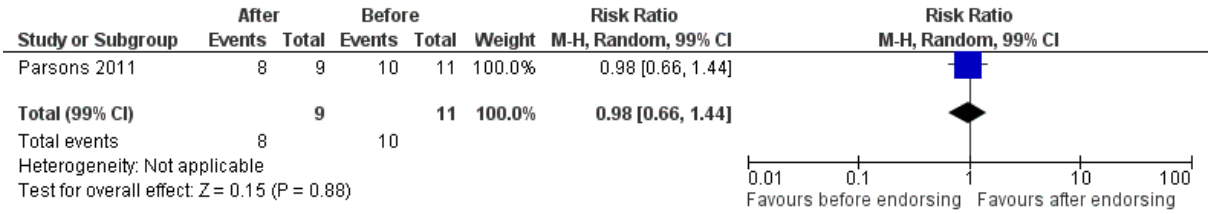
STRICTA – Mean summed score for after compared with before endorsement.



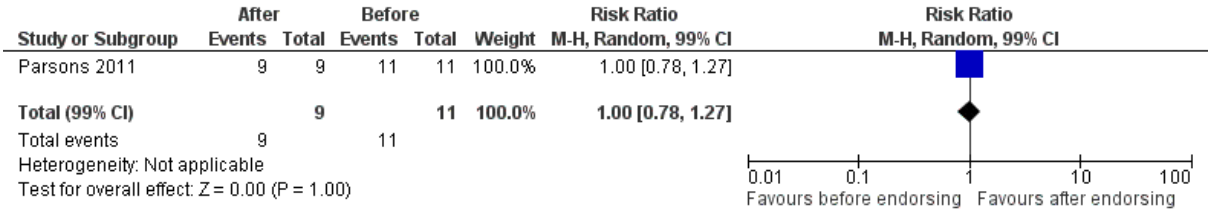
STROBE – Title/abstract for after compared with before endorsement.



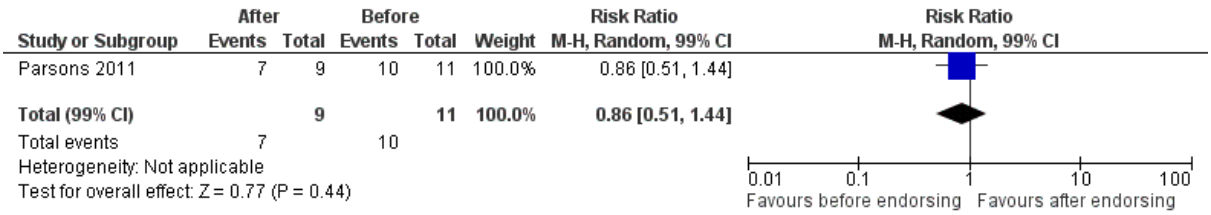
STROBE – Abstract for after compared with before endorsement.



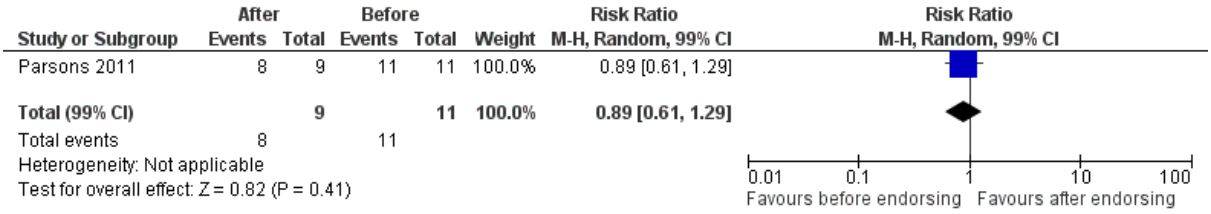
STROBE – Introduction, Background & rationale for after compared with before endorsement.



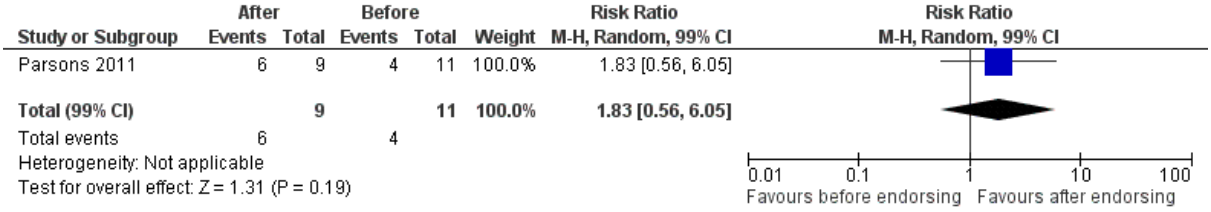
STROBE – Introduction, Objectives for after compared with before endorsement.



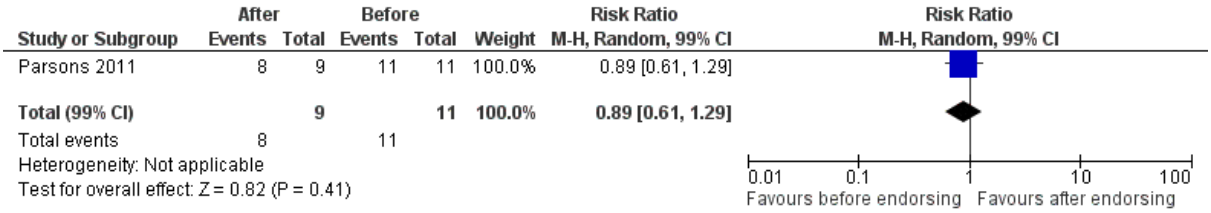
STROBE – Methods, Study design for after compared with before endorsement.



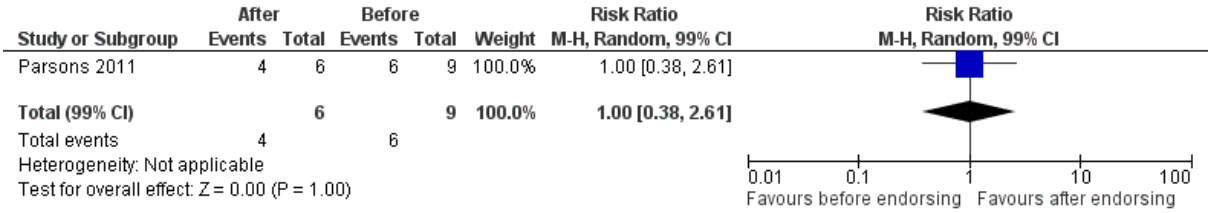
STROBE – Methods, Setting/locations/dates for after compared with before endorsement.



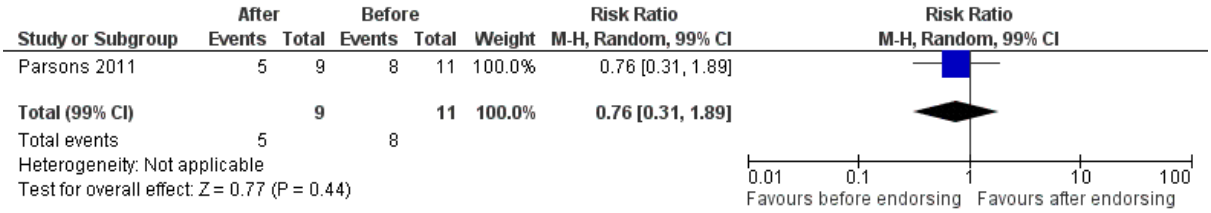
STROBE – Methods, Eligibility & selection for after compared with before endorsement.



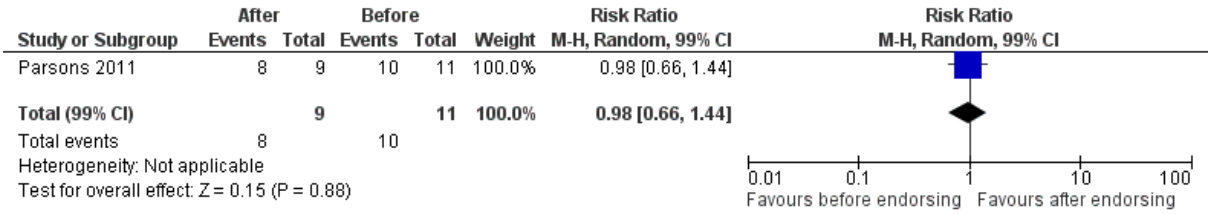
STROBE – Methods, Participant matching for after compared with before endorsement.



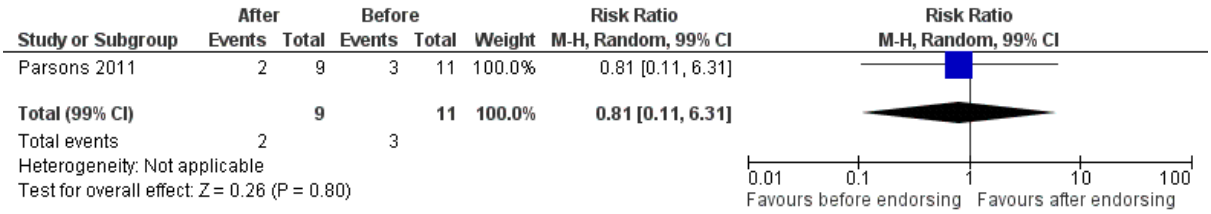
STROBE – Methods, Outcome/exposure/variables for after compared with before endorsement.



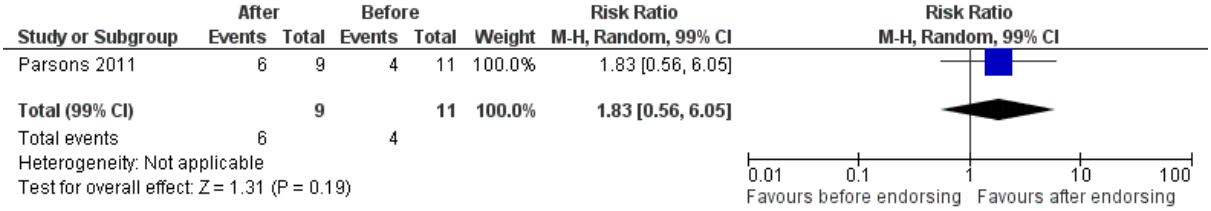
STROBE – Methods, Data sources/management for after compared with before endorsement.



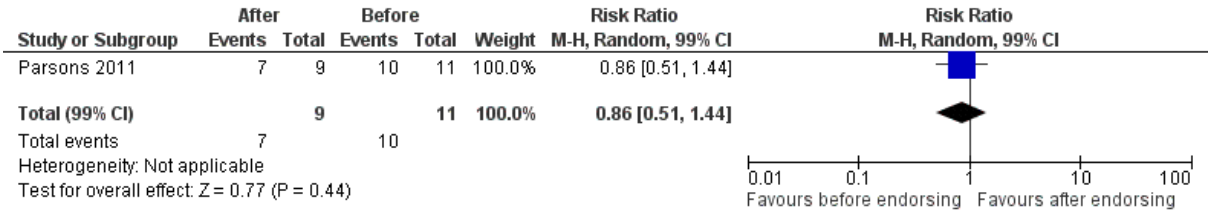
STROBE – Methods, Bias for after compared with before endorsement.



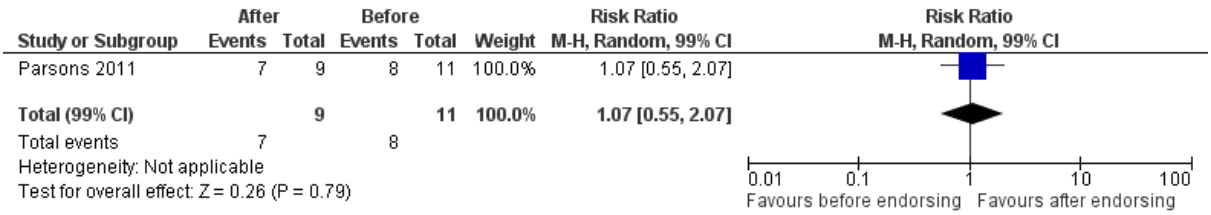
STROBE – Methods, Study size for after compared with before endorsement.



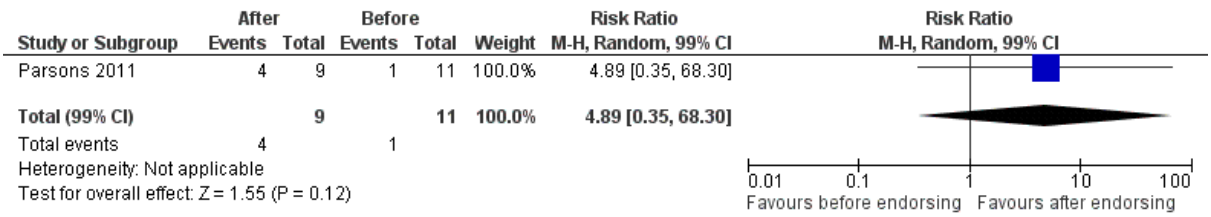
STROBE – Methods, Variables for after compared with before endorsement.



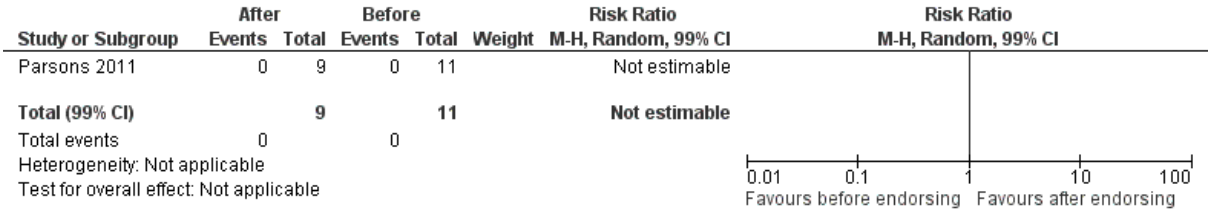
STROBE – Methods, Statistics for after compared with before endorsement.



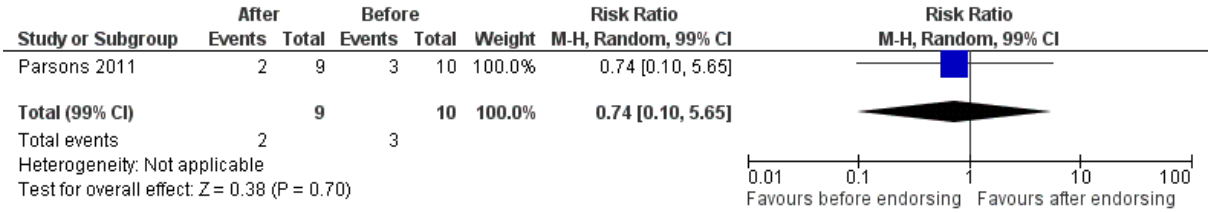
STROBE – Methods, Subgroup/interactions for after compared with before endorsement.



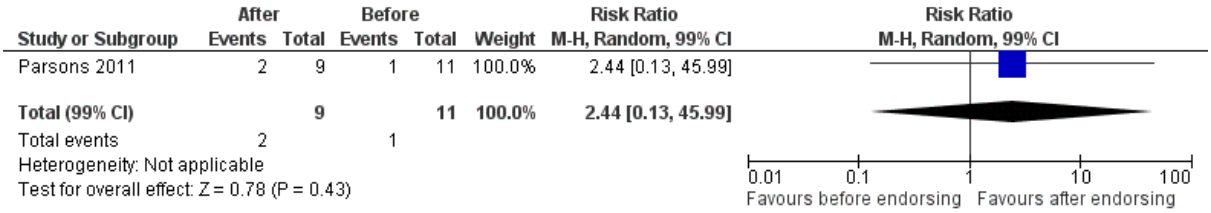
STROBE – Methods, Missing data for after compared with before endorsement.



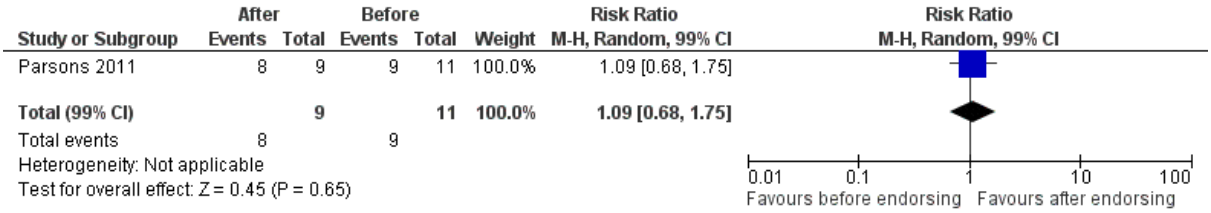
STROBE – Methods, Loss to followup/case matching/sampling for after compared with before endorsement.



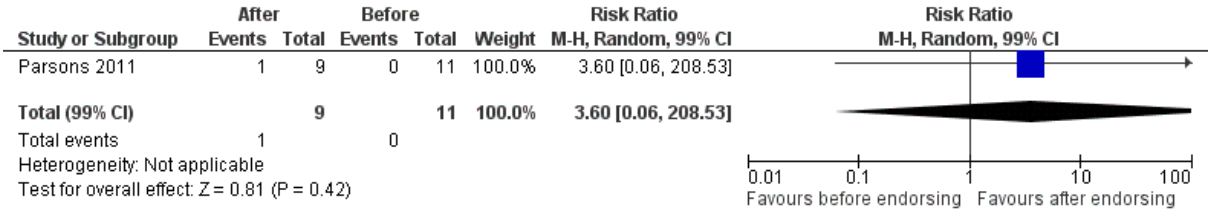
STROBE – Methods, Sensitivity analyses for after compared with before endorsement.



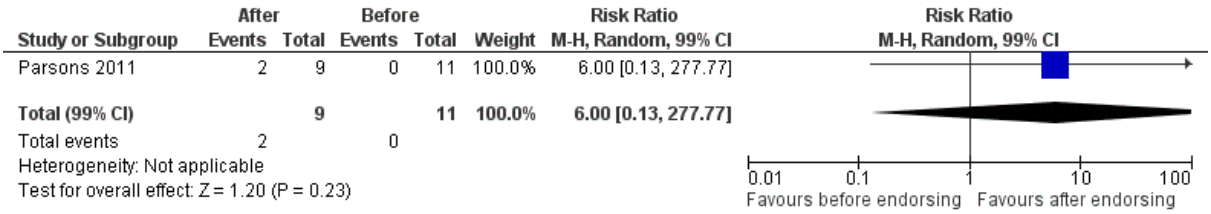
STROBE – Results, participant flow for after compared with before endorsement.



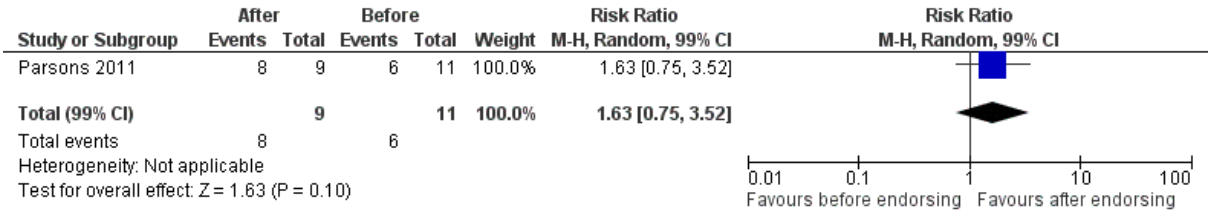
STROBE – Results, Nonparticipation for after compared with before endorsement.



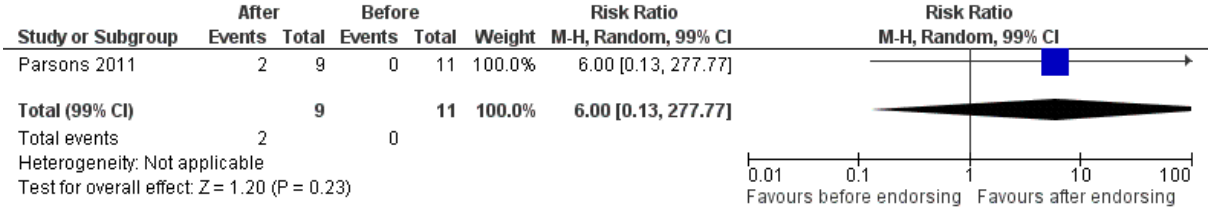
STROBE – Results, Flow diagram for after compared with before endorsement.



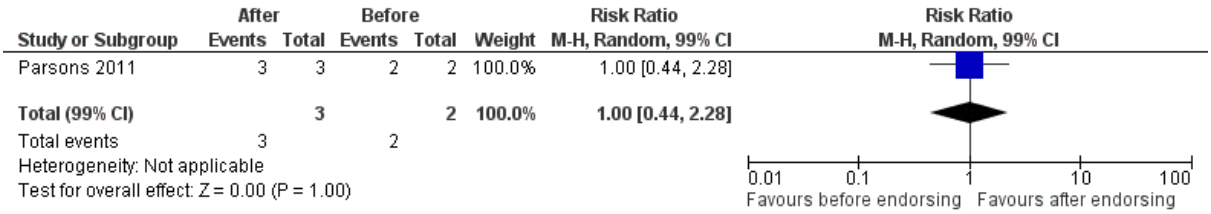
STROBE – Results, Participant characteristics for after compared with before endorsement.



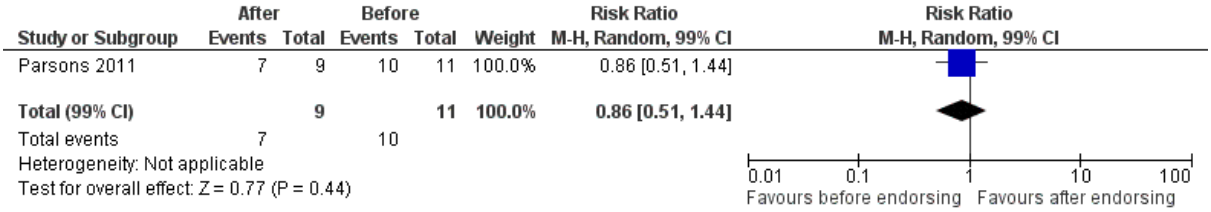
STROBE – Results, Missing data for after compared with before endorsement.



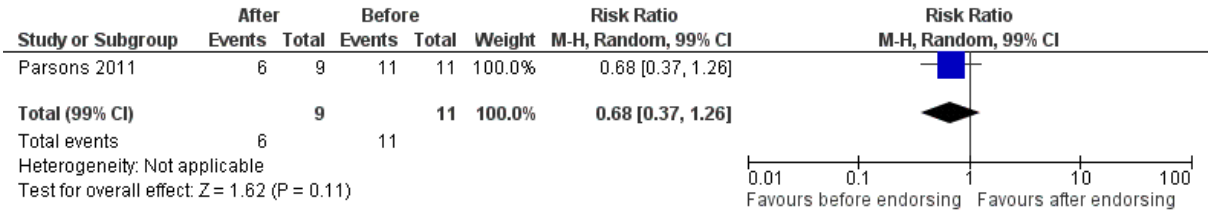
STROBE – Results, Follow-up (cohort) for after compared with before endorsement.



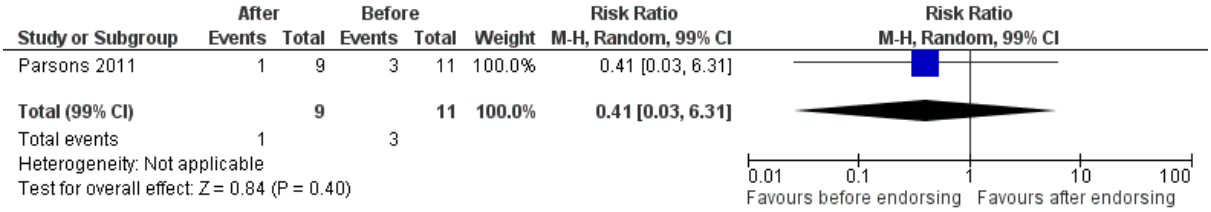
STROBE – Results, Outcome data for after compared with before endorsement.



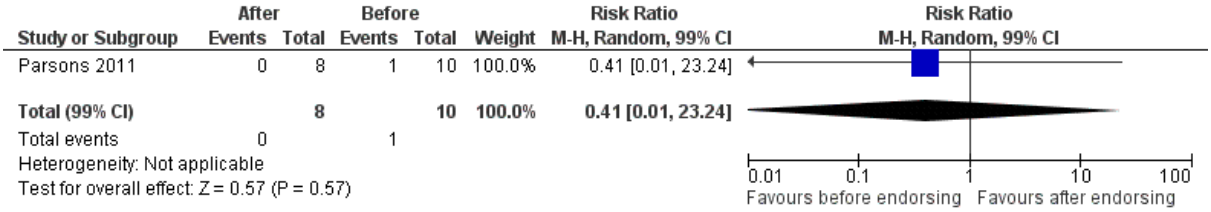
STROBE – Results, Effect/Precision for after compared with before endorsement.



STROBE – Results, Boundaries for continuous categories for after compared with before endorsement.

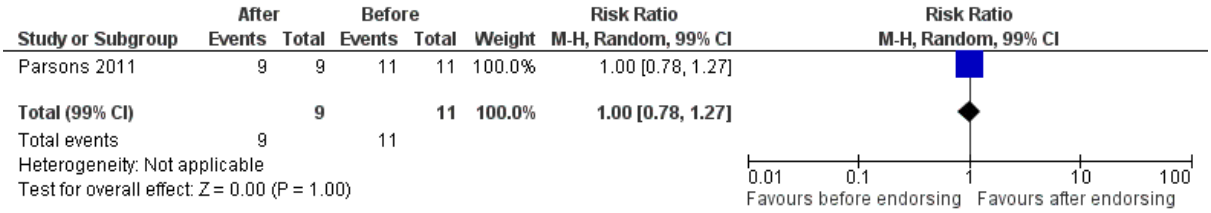


STROBE – Results, Relative to Absolute risks for after compared with before endorsement.



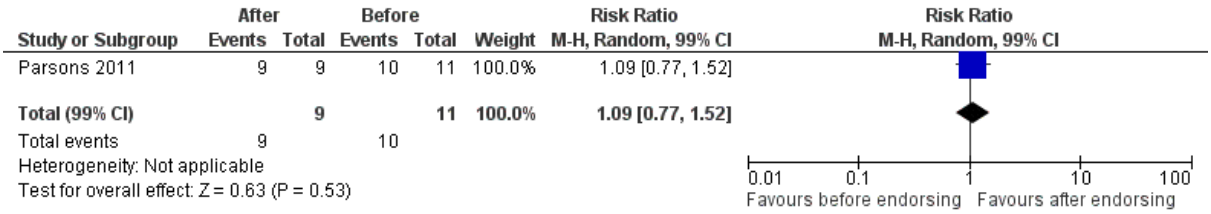
STROBE – Results, Other analyses for after compared with before endorsement.

STROBE – Discussion, Key results for after compared with before endorsement.

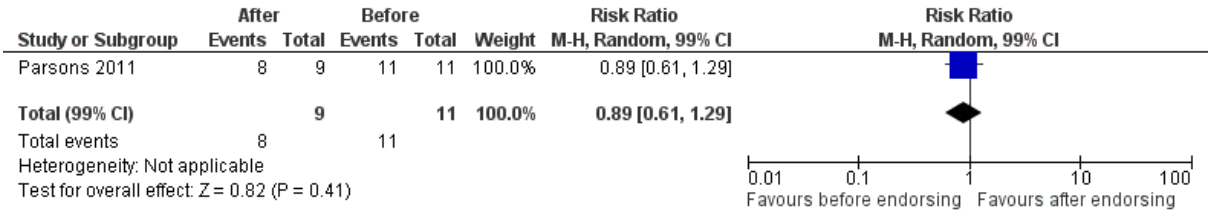


STROBE – Discussion, Limitations for after compared with before endorsement.

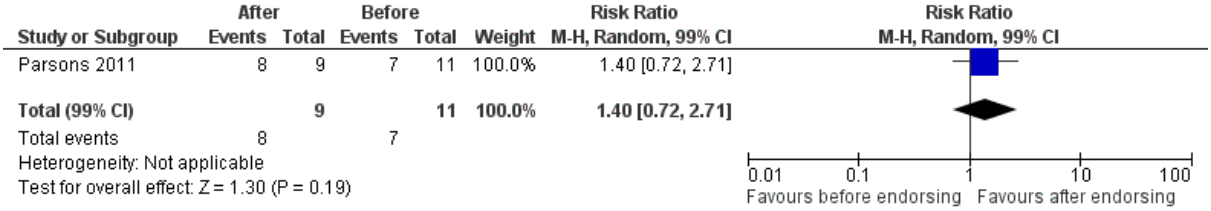
STROBE – Discussion, Interpretation for after compared with before endorsement.



STROBE – Discussion, Generalizability for after compared with before endorsement.



STROBE – Other, Funding for after compared with before endorsement.



STROBE – Mean summed score for after compared with before endorsement.