Web table 1. Examples of statements from clinical guidelines attributable to IPD meta-analyses

IPD publication[1]	The IPD meta-analysis	The matched guideline	Pertinent result(s) of the IPD meta-analysis	Statement(s) from matched guideline based on IPD meta-analysis
Early Breast Cancer Trialists' Collaborative Group 2010[18]	4 trials; 3729 patients	2012. International Society of Geriatric Oncology (SIOG) and European Society of Breast Cancer Specialists (EUSOMA). Management of elderly patients with breast cancer: updated recommendations.	Radiotherapy reduced the absolute 10-year risk of any ipsilateral breast event regardless of age at diagnosis, extent of surgery, use of tamoxifen margin status, grade or tumour size Proportional reduction in ipsilateral breast events was greater in older than in younger women No significant effect on mortality after 10 years of follow-up	"A meta-analysis confirmed significant benefit from adjuvant radiotherapy plus breast-conserving surgery (BCS) over BCS alone in women older than 50 years (10-year local recurrence rate [LRR] 10·8% vs 27·8%, respectively)" "The proportional benefit in reduced breast events in the adjuvant radiotherapy group increased significantly with age in 10-year cohorts including 60–69 years and 70 years or older (p=0·02)." "Despite lower LRR with radiotherapy, randomised trials have not shown a survival benefit from radiotherapy"
Piccart-Gebhart *et al*. 2008[21]	11 trials; 3953 patients	2010 National Breast and Ovarian Cancer Centre - Govt of Australia. Recommendations for use of Chemotherapy for the treatment of advanced breast cancer	Taxanes were similar in terms of response rates and survival, but significantly worse than single-agent anthracyclines in terms of progression-free survival	"Single-agent taxanes are an alternative to anthracyclines for first-line treatment for women with advanced breast cancer; "Single-agent taxanes give similar response rates and overall survival, but shorter time to progression compared with anthracyclines"
Baujat *et al*. 2010[26]	15 trials; 6515 patients	*2013. National Comprehensive Cancer Center Guidelines Version 1.2013. Head and Neck Cancers	Altered fractionation increases tumour control and survival, compared with conventional radiotherapy. Hyperfractionation provides the greatest benefit Effect more pronounced in younger patients and those with good performance status	"A meta-analysis of updated individual patient data from 15 randomized trials analyzing the effect of hyperfractionated or accelerated radiotherapy on survival of patients with H&N cancer has been published. Standard fractionation constituted the control arm in all of the trials in this meta- analysis. An absolute survival benefit of 3.4% at 5 years (HR 0.92; 95% CI, 0.86-0.97; P=.003) was reported." "This benefit, however, was limited to patients younger than 60 years of age"
Pignon *et al*. 2009[27]	87 trials; 16,485 patients	2011. British Association of Otorhinolaryngology. Head and Neck Cancer	Benefit of concomitant chemoradiotherapy was confirmed, and was greater than the benefit of induction chemotherapy There was a decreasing effect of chemotherapy with age	"Concurrent chemoradiotherapy is at present the standard of care for treatment of locally advanced head and cancer neck cancer, with a confirmed survival benefit." "Elderly patients benefit least in terms of survival advantage with the use of concurrent chemotherapy."

[1] Details of patients/interventions given in Table 1

IPD publication[1]	The IPD meta-analysis	The matched guideline	Pertinent result(s) of the IPD meta-analysis	Statement(s) from matched guideline based on IPD meta-analysis
Greb *et al*. 2008[28]	15 trials; 3079 patients	2011 Alberta Health Services. Alberta Bone Marrow and Blood Cell Transplant Program: Standard Practice Manual	No evidence that high dose chemotherapy improves overall survival Some evidence that survival was worse for "good risk" patients Suggestive but inconclusive, evidence that "poor risk" patients may benefit from high dose chemotherapy	"The results of this meta-analysis demonstrated that HDCT does not improve OS (HR 1.05, 95% CI 0.92-1.19) compared with conventional chemotherapy" "However, subgroup analysis for OS indicated different effects (p=0.032) for good (HR 1.46, 95% CI 1.02-2.09) and poor risk (HR 0.95, 95% CI 0.81-1.11) patients"
Auperin *et al*. 2010[29]	6 trials; 1205 patients	2010. European Society for Medical Oncology. Early stage and locally advanced (non-metastatic) non-small-cell lung cancer: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up	Concomitant chemoradiotherapy has a more beneficial effect on survival compared with sequential chemoradiotherapy No clear evidence that any subgroups of patients benefited more or less from concomitant chemoradiotherapy in terms of progression-free or overall survival	"Concomitant chemoradiotherapy at systemic doses results in superior outcome to sequential chemoradiotherapy…—and is considered the present standard of care in selected patients". "…the effect was observed to be independent of patient and tumour characteristics, substage (IIIA versus IIIB) and time period in which the trials were conducted"
Bejan-Angoulvant *et al*. 2010[33]	8 trials; 6701 patients	2011. NICE guideline. CG127: Hypertension. The clinical management of primary hypertension in adults	Treating hypertension in very old patients reduces stroke and heart failure with no effect on total mortality In patients over 80 years old, the most reasonable strategy is a thiazide diuretic as first-line therapy and a maximal anti-hypertensive therapy with two drugs in low doses	"Offer antihypertensive drug treatment to people of any age with stage 2 hypertension." "..data in the MA came from either sub-group analyses of RCTs (data from only the ≥80 year-old people in the trial), or from RCTs in which only people ≥80 years were enrolled."
Cholesterol Treatment Trialists' (CTT) Collaboration 2010[35]	1. More versus less intensive statin regimens: 5 trials; 39,612 patients 2. Statin versus control 21 trials; 129,526 patients	**2010. Canadian Stroke Network. Prevention of stroke. In: Canadian best practice recommendations for stroke care*	In a wide range of people, statins reduce the risk of major vascular events (heart attacks, strokes and coronary revascularisation procedures) by about one fifth for each 1 mmol/L reduction in LDL cholesterol	*"The Cholesterol Treatment Trialists meta-analysis of 14 statin trials showed a dose-dependent relative reduction in cardiovascular disease with low-density lipoprotein cholesterol lowering. Every 1.0 mmol/L reduction in low-density lipoprotein cholesterol is associated with a corresponding 20 to 25 percent reduction in cardiovascular disease mortality and nonfatal myocardial infarction"*

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		2012 American College of Cardiology Foundation guideline for the diagnosis and management of patients with stable ischemic heart disease	Further reductions in LDL cholesterol with high-dose statins safely produce further definite reductions in major vascular events.	*"Class 1: In addition to therapeutic lifestyle changes, a moderate or high dose of a statin therapy should be prescribed, in the absence of contraindications or documented adverse effects. (Level of Evidence: A)"*
Antithrombotic Trialists' (ATT) Collaboration 2009[36]	1. Primary prevention: 6 trials; 95,000 patients 2. Secondary prevention 16 trials; 17,000 patients	**2010 national Stroke Foundation. Secondary prevention. In: Clinical Guidelines for Stroke Management 2010*	In secondary prevention trials, aspirin allocation yielded a greater absolute reduction in serious vascular events	*"Long-term antiplatelet therapy should be prescribed to all people with ischaemic stroke or TIA who are not prescribed anticoagulation therapy"*
		**2010. National Institute for Clinical Excellence CG94: Unstable Angina and NSTEMI*	In both primary and secondary prevention trials, the proportional reductions in the aggregate of all serious vascular events seemed similar for men and for women	*"Aspirin therapy reduces the risk of a vascular event and should be offered to all patients with UA or NSTEMI unless contraindicated"*
O'Meara *et al*. 2009[50]	7 trials; 887 patients	2010 Scottish Intercollegiate Guidelines Network. SIGN120: Management of chronic venous leg ulcers. A national clinical guideline	Venous leg ulcers in patients treated with four layer bandages heal faster, on average, than those of people treated with the short stretch bandage	"A meta-analysis of RCTs with pooling of individual patient data from five trials comparing 4LB with short stretch bandage found that the 4LB was associated with a significantly shorter time to healing."

* Guideline cites an alternative publication of the same meta-analysis