NOTES

Data

Use 'na' for not applicable or not reported
For all trials, extract p-value for relative effects?
Convert 95% CI and SE into SD for arm level data
For relative effects, either record SD for conversion into SE at later date or convert using formulas
Negative numbers (e.g. a reduction) will appear in red, just type in number in cell with minus sign and press
Indicate 'completers' for efficacy data if ITT not reported or results are reported for N less than those
Colour cell this colour when data is calculated from reported data
Colour cell this colour when data are medians and IQR
consistent direction (lower better)
Do not impute missing change from baseline SDs - leave as na

Study coding

Repeat 'STUDY ID' in every row showing a separate arm in the model. However, if a row is reporting sub-group data, specify so, e.g. 'STUDY ID, subgroup 40-45 yrs old'

Age

For age, mean age of all trial participants should be recorded; if reported by intervention group then calculate overall mean by combining data
If study reports subgroup analysis <25/>=25 just record these; if other age cutoff used, record overall mean

Coding of interventions

Use same code for each distinct intervention in the network, e.g. different doses of oral tetracycline should be coded as TETRA-oral. Note we are not distinguishing between different doses of the same drug in the network, with the exception of estriol pessar. Also, note we are not using doses outside BNF range, or, if the
When you use abbs for drugs, please add next to abbreviation whether a drug is oral or topical, e.g. TETRA-
Make sure all abbs/codes are reported in 'Classes and interventions' tab.
Keep in the network arms of a study that use same drug in different dose, e.g. if a study compares TETRA-oral 40mg vs TETRA-oral 80mg, extract data and code as TETRA-oral vs TETRA-oral. These studies do not

Coding of control interventions (placebo and vehicle)

Placebo: for now code as PLC-topical, PLC-oral, PLC-physical, as/where relevant. If an arm uses a combination of placebos, code as such e.g. PLC-oral + PLC-topical. TSU may change coding following
Vehicle: for now code as vehicle. TSU may change coding, following committee meeting

Relative effects

Extract pre-post difference if available otherwise endpoint difference.
Pre-post difference = difference in % change or difference in count change BETWEEN TREATMENTS
Endpoint = difference between counts at end of treatment.

Risk of bias

Parallel group trials - Cochrane RoB tool, v.2 for individual parallel group trials

Imputation

Single imputation - Examples include: Last observation carried forward (LOCF), mean substituted (mean value of available data for participant substitued for missing values), best observation carried forward

Multiple imputation (MI) - Examples include: Single value regression analysis; Monotonic imputation; Chained equations or Markov Chain Monte Carlo (MCMC) Method

Drug availability

Can check whether licensed and where
https://www.ema.europa.eu/en
https://bnf.nice.org.uk/
https://www.fda.gov/drugs

~~Author~~ = study should be excluded

Extracted if arm based change + SD scores cannot be calculated

SD=(SE x √N) or SD= √N x [(upper CI - lower CI)/3.92] for 95% CI (for 90% CI divide by 3.29).

This could be measured from graph or converted SE to SD etc.
Do not convert means to medians at this stage (TSU will check)

e.g. subtract the values from a constant equal to the lowest + the highest values on the scale

See ''Convert SE p or CI to SD' sheet, N:\07 - METHODOLOGY\01 - METHODS & STATISTICS\Calculators

Example: intervention A=-50%, intervention B=-30%. Pre-post difference = 20%
Example: intervention A=20 lesions, intervention B=30 lesions. Endpoint difference between A vs B is = -10 les

https://sites.google.com/site/riskofbiastool/welcome/rob-2-0-tool/current-version-of-rob-2

Helpful article: https://bmjopen.bmj.com/content/3/11/e003464

ions.