Librarians can help address reporting concerns in the biomedical literature particularly, for systematic reviews – here's how!

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JUNTA DE ANDALUCIA
CONSEJERÍA DE SALUD
Agencia de Evaluación de Tecnologías Sanitarias de Andalucía (AETSA)

UNIVERSITY OF OXFORD

Workshop leaders

- Isla Kuhn, Medical Librarian, University of Cambridge Medical Library
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- Rebeca Isabel-Gómez, Information & Knowledge Manager, Andalusian Health Technology Assessment Agency
- Alicia Fátima Gómez Sánchez, Research & Scholarly Communications Information Manager, Library and Computing Services, University of Hertfordshire
- Shona Kirtley, Senior Research Information Specialist, EQUATOR Network, University of Oxford. shona.kirtley@csm.ox.ac.uk

What are reporting guidelines and how can they help address deficiencies in reporting?

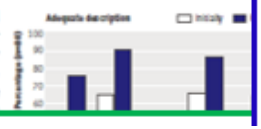
Recap: Incomplete/unclear reporting

What is missing from descriptions of treatment in trials and reviews?

Replicating non-pharmacological treatments in practice depends on how well they have been described in research studies, say **Paul Glasziou** and **colleagues**

Have you ever read a trial or review and wondered exactly how to carry out treatments such as a "behavioural intervention," "salt reduction," or "exercise programme"? Although CONSORT and related ini-

receiving numerous requests for additional details from doctors and patients, the author of a randomised trial on graded exercise for chronic fatigue syndrome[5] subsequently published a supplementary article with a more



PLOS ONE

Exercise prescription: a case for standardised reporting

Clin Chem Lab Med 2012;50(3):411–413 © 2012 by Walter de Gruyter • Berlin • Boston. DOI 10.1515/cclm-2011-0904

An appeal to medical journal editors: the need for a full description of laboratory methods and specimen handling in clinical study reports

RESEARCH ARTICLE

The Devil Is in the Details: Incomplete Reporting in Preclinical Animal Research

Marc T. Avey[1,2]*, David Moher[1,3], Katrina J. Sullivan[1], Dean Fergusson[1], Gilly Griffin[1], Jeremy M. Grimshaw[1,4], Brian Hutton[1,3], Manoj M. Lalu[1,7], Malcolm Macleod[5], John Marshall[6], Shirley H. J. Mei[7], Michael Rudnicki[7], Duncan J. Stewart[7,8], Alexis F. Turgeon[9,10], Lauralyn McIntyre[1,11], Canadian Critical Care Translational Biology Gr

Adequacy of Published Oncology Randomized Controlled Trials to Provide Therapeutic Details Needed for Clinical Application

Jennifer M. Duff, Helen Leather, Edmund O. Walden, Kourtney D. LaPlant and Thomas J. George Jr

Reproducibility of Search Strategies Is Poor in Systematic Reviews Published in High-Impact Pediatrics, Cardiology and Surgery Journals: A Cross-Sectional Study

Jonathan B. Koffel, Melissa L. Rethlefsen

Published: September 26, 2016 • http://dx.doi.org/10.1371/journal.pone.0163309

Non-compliance with randomised allocation and missing outcome data in randomised controlled trials evaluating surgical interventions: a systematic review

Temitope E. Adewuyi, Graeme MacLennan and Jonathan A. Cook

BMC Research Notes 2015 8:403 | DOI: 10.1186/s13104-015-1364-9

Recap: Quality of reporting in systematic reviews

Volume 31 , Issue 2
March/April 2016
Pages 338–351

Quality Assessment of Systematic Reviews on Oral Implants

Momen A. Atieh, BDS, MSc, DClinDent, PhD/Warwick J. Duncan, BDS, MDS,

Applicable or non-applicable: investigations of clinical heterogeneity in systematic reviews

Laura E. Chess and Joel J. Gagnier

BMC Medical Research Methodology BMC series – open, inclusive and trusted 2016 16:19
DOI: 10.1186/s12874-016-0121-7

Compliance of Systematic Reviews in Plastic Surgery With the PRISMA Statement

Seon-Young Lee, BMedSc[1]; Harkiran Sagoo, BSc(Hons)[2]; Katharine Whitehurst, B
Georgina Wellstead, BSc(Hons)[4]; Alexander J. Fowler, BSc(Hons), MBBS[5]; Riaz A
(Oxf), MRCSEng, FHEA, FRSPH[6]; Dennis Orgill, MD, PhD[7]

J Clin Epidemiol. 2016 Jan 13. pii: S0895-4356(16)00039-1. doi: 10.1016/j.jclinepi.2016.01.008. [Epub ah

Strong heterogeneity of outcome reporting in systematic reviews.

Sautenet B[1], Contentin L[2], Bigot A[3], Giraudeau B[4].

Systematic reviews experience major limitations in reporting absolute effects

Pablo Alonso-Coello, Alonso Carrasco-Labra, Romina Brignardello-Pete
A. Akl, Robin W.M. Vernooij, Brad C. Johnston, Xin Sun, Matthias Briel, Jason
Carlos E. Granados, Alfonso Iorio, Affan Irfan, Laura Martínez García, Reem A
Morera, Anna Selva, Ivan Solà, Andrea Juliana Sanabria, Kari A.O. Tikkinen, F
Zazueta, Yuqing Zhang, Qi Zhou, Holger Schünemann, Gordon H. Guyatt

Risk of Bias in Systematic Reviews of Non-Randomized Studies of Adverse Cardiovascular Effects of Thiazolidinediones and Cyclooxygenase-2 Inhibitors: Application of a New Cochrane Risk of Bias Tool

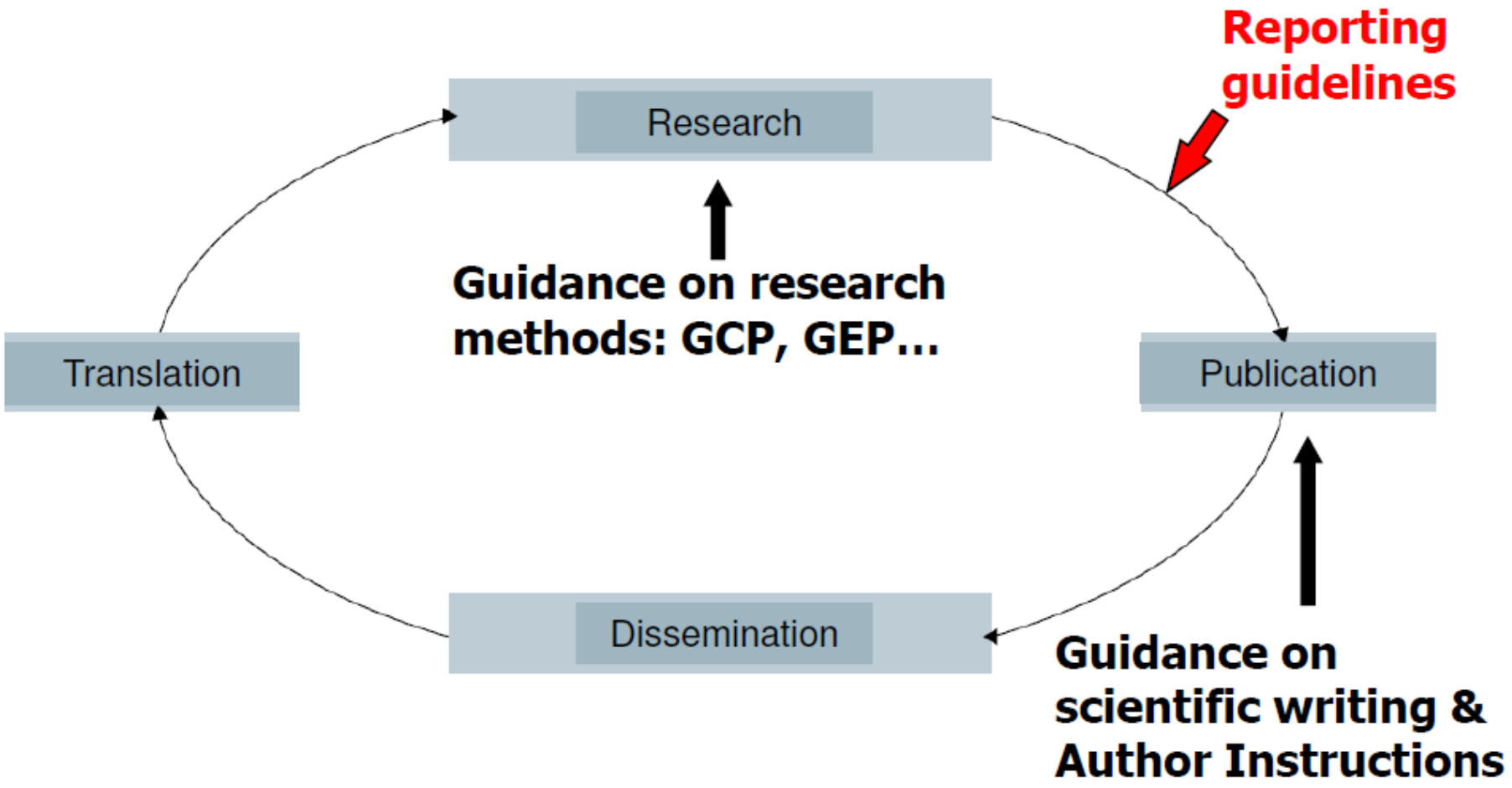
Ania Bilandzic, Tiffany Fitzpatrick, Laura Rosella, David Henry

dx.doi.org/10.1371/journal.pmed.1001987

A third of systematic reviews changed or did not specify the primary outcome: A PROSPERO register study

Andrea C. Tricco[a, b], Elise Cogo[a], Matthew J. Page[c], Julie Polisena[d, e], Alison Booth[f], Kerry Dwan[g], Heather MacDonald[a], Tammy J. Clifford[d], Lesley A. Stewart[f], Sharon E. Straus[a, h], David Moher[i]

How to improve reporting



What are reporting guidelines?

- Statements that provide advice on how to report research methods and findings
- Specify a minimum set of items required for a clear and transparent account of what was done and what was found in a research study
- Typically take the form of a checklist, flow diagram or piece of explicit text
- Based on available evidence and reflect the consensus opinion of experts in a particular field
- Complement advice on scientific writing and journals' instructions to authors
- Some examples include:

CONSORT
TRANSPARENT REPORTING of TRIALS

PRISMA
TRANSPARENT REPORTING of SYSTEMATIC REVIEWS and META-ANALYSES

STROBE Statement
Strengthening the reporting of observational studies in epidemiology

Example reporting guideline checklists

CONSORT Statement extension for reporting abstracts of randomized controlled trials

This extension to the CONSORT Statement provides a minimum list of essential items, that authors should consider when reporting the main results of a randomized trial in any journal or conference abstract.

CONSORT for Abstract Checklist **www.consort-statement.org**

Item	Description
Title	Identification of the study as randomized
Authors *	Contact details for the corresponding author
Trial design	Description of the trial design (e.g. parallel, cluster, non-inferiority)
Methods	
Participants	Eligibility criteria for participants and the settings where the data were collected
Interventions	Interventions intended for each group
Objective	Specific objective or hypothesis
Outcome	Clearly defined primary outcome for this report
Randomization	How participants were allocated to interventions
Blinding (masking)	Whether or not participants, care givers, and those assessing the outcomes were blinded to group assignment
Results	
Numbers randomized	Number of participants randomized to each group
Recruitment	Trial status
Numbers analysed	Number of participants analysed in each group
Outcome	For the primary outcome, a result for each group and the estimated effect size and its precision
Harms	Important adverse events or side effects
Conclusions	General interpretation of the results
Trial registration	Registration number and name of trial register
Funding	Source of funding

PRISMA Statement 2009 – Reporting guideline for systematic reviews and meta-analyses

PRISMA stands for Preferred Reporting Items for Systematic reviews and Meta-Analyses. It is an evidence-based minimum set of standards for reporting systematic reviews and meta-analyses. It consists of a 27-item checklist and a flow diagram which depicts the flow of information through the different phases of a systematic review.

This guideline replaces the existing QUOROM Statement; journals and other organisations are encouraged to update their instructions and resources and refer authors to the new PRISMA guidance.

PRISMA 2009 Checklist **www.prisma-statement.org**

Section / topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	
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.	
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	
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.	
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.	
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.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
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).	
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.	
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	
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.	

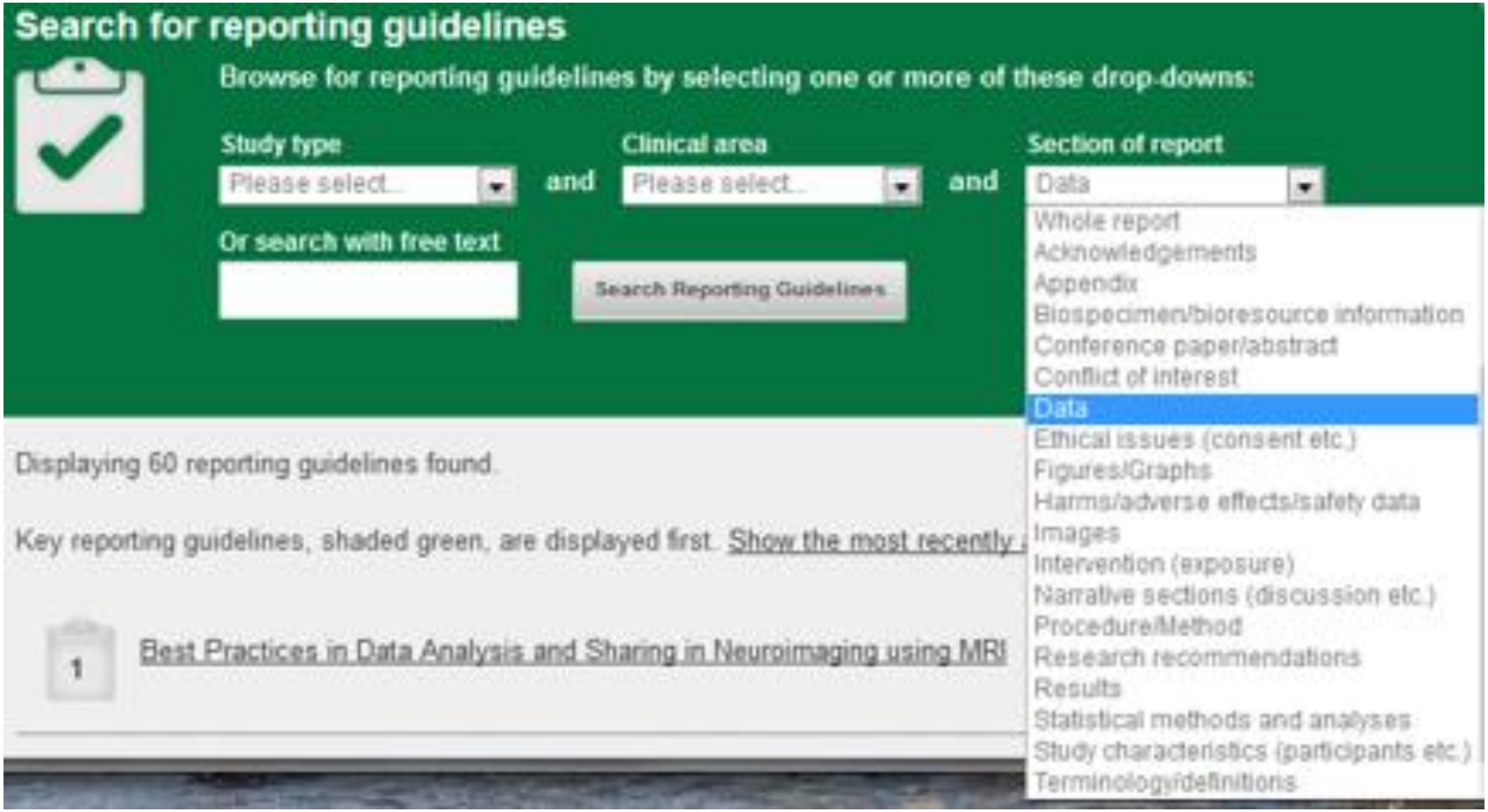
Cover a range of study types

Reporting guidelines for main study types

Randomised trials	CONSORT	Extensions	Other
Observational studies	STROBE	Extensions	Other
Systematic reviews	PRISMA	Extensions	Other
Case reports	CARE	Extensions	Other
Qualitative research	SRQR	COREQ	Other
Diagnostic / prognostic studies	STARD	TRIPOD	Other
Quality improvement studies	SQUIRE		Other
Economic evaluations	CHEERS		Other
Animal pre-clinical studies	ARRIVE		Other
Study protocols	SPIRIT	PRISMA-P	Other
Clinical practice guidelines	AGREE	RIGHT	Other

See all 360 reporting guidelines

Relevant to different sections of the paper/report



EQUATOR Network

Enhancing the QUAlity and Transparency Of health Research

International initiative to improve the reliability and value of medical research literature by promoting transparent and accurate reporting.

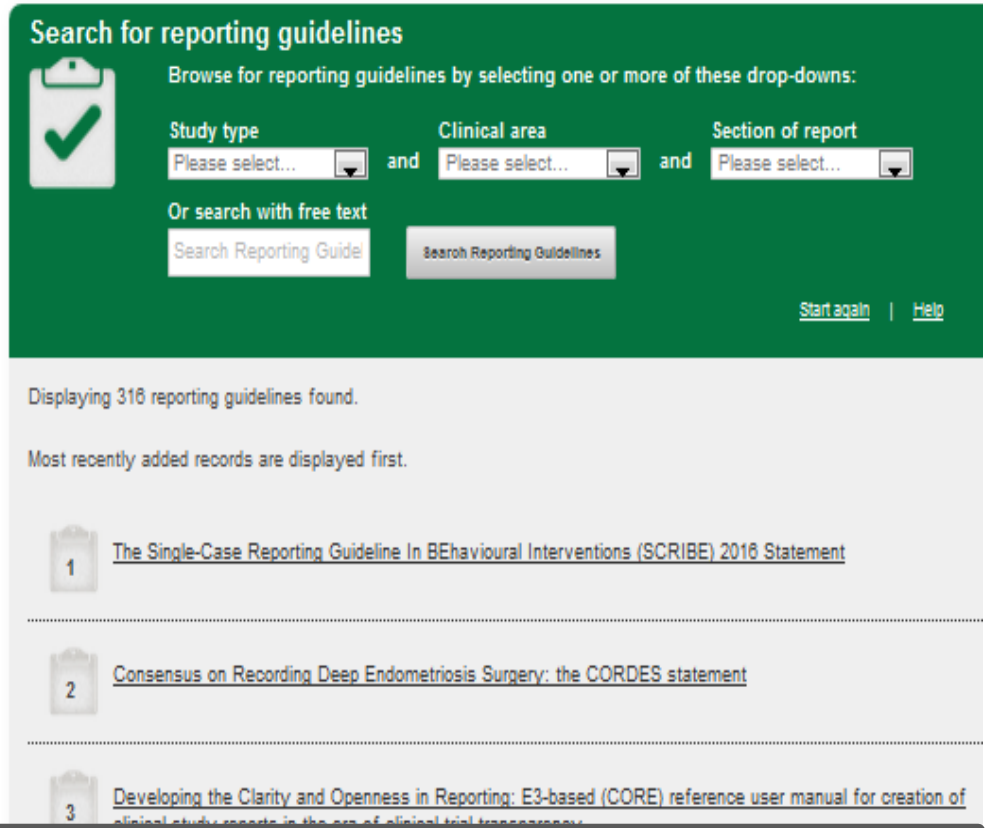
Main focus:

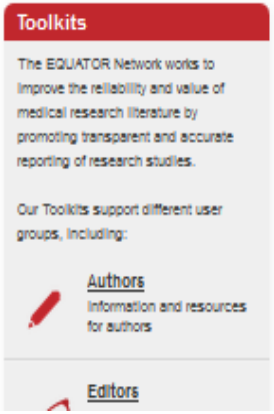
* Raising awareness
* Provision of resources
* Education and training
* Research

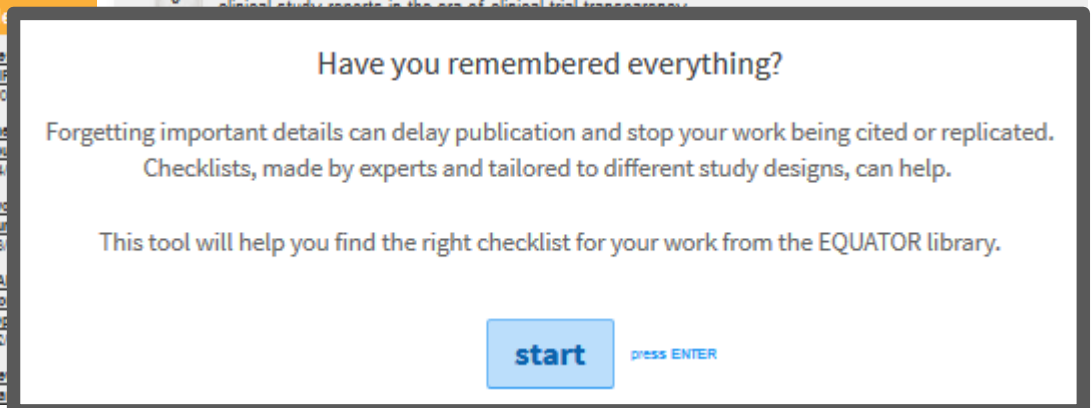
Established due to growing evidence of serious deficiencies in research literature and its effect on the reliability and usability of research results.

Many reporting guidelines available but awareness and adherence still low.

EQUATOR website: www.equator-network.org

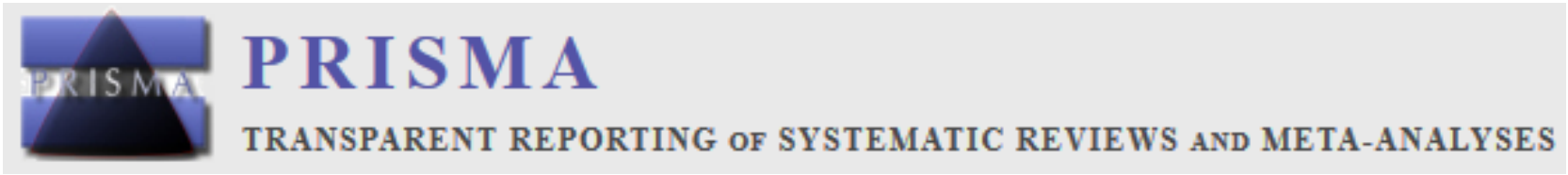






What reporting guidelines are available specifically for reporting systematic reviews?

PRISMA Statement



www.prisma-statement.org

Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement

David Moher, Alessandro Liberati, Jennifer Tetzlaff, Douglas G. Altman, The PRISMA Group

Published: July 21, 2009 • http://dx.doi.org/10.1371/journal.pmed.1000097

The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: Explanation and Elaboration

Alessandro Liberati, Douglas G. Altman, Jennifer Tetzlaff, Cynthia Mulrow, Peter C. Gøtzsche, John P. A. Ioannidis, Mike Clarke, P. J. Devereaux, Jos Kleijnen, David Moher

Published: July 21, 2009 • http://dx.doi.org/10.1371/journal.pmed.1000100

PRISMA checklist and flow diagram

PRISMA Statement 2009 – Reporting guideline for systematic reviews and meta-analyses

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Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	
METHODS			
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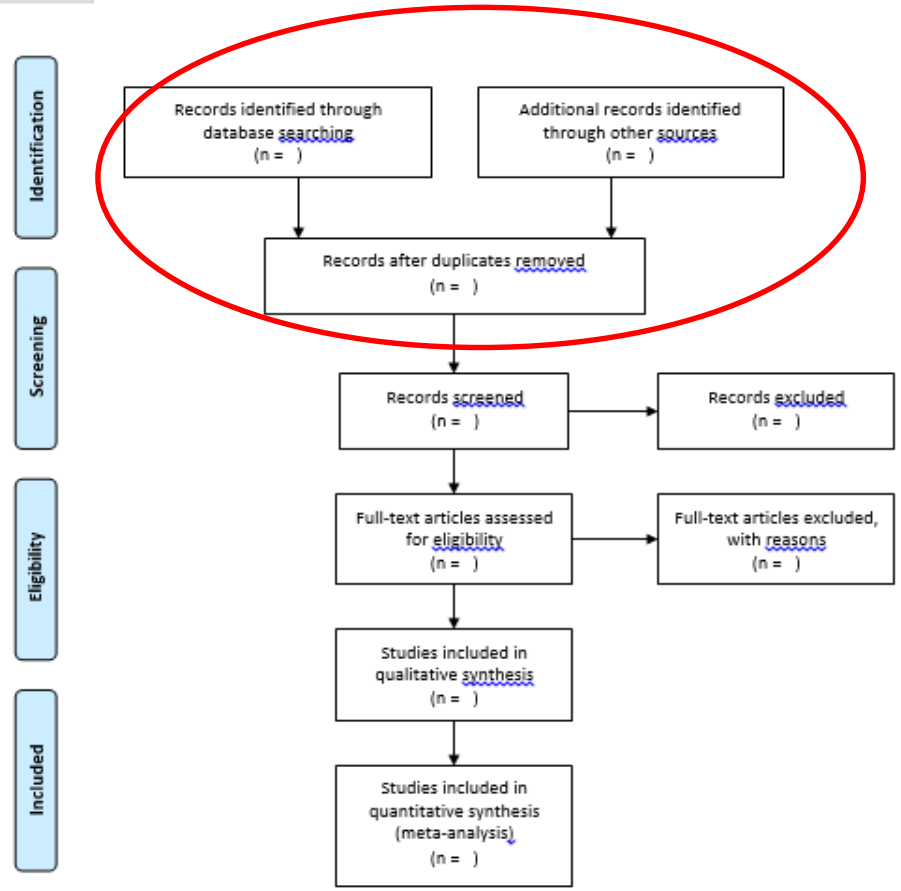
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
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).	
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.	
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	
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.	

PRISMA 2009 Flow Diagram



PRISMA extensions

PRISMA harms checklist: improving harms reporting in systematic reviews

The PRISMA Extension Statement for Reporting of Systematic Reviews Incorporating Network Meta-analyses of Health Care Interventions: Checklist and Explanations

Preferred Reporting Items for Systematic Review and Meta-Analyses of individual participant data: the PRISMA-IPD Statement

Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) 2015 statement

PRISMA-Equity 2012 Extension: Reporting Guidelines for Systematic Reviews with a Focus on Health Equity

PRISMA for Abstracts: Reporting Systematic Reviews in Journal and Conference Abstracts

PRISMA-P

PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols) 2015 checklist: recommended items to address in a systematic review protocol*

Section and topic	Item No	
ADMINISTRATIVE INFORMATION		
Title:		
Identification	1a	Identify
Update	1b	If the pr
Registration	2	If regist
Authors:		
Contact	3a	Provide name, institutional affiliation, e-mail address of all protocol authors, provide physical mailing address of corresponding author
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list cha otherwise, state plan for documenting important protocol amendments
Support:		
Sources	5a	Indicate sources of financial or other support for the review
Sponsor	5b	Provide name for the review funder and/or sponsor
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol
INTRODUCTION		
Rationale	6	Describe the rationale for the review in the context of what is already known
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions
METHODS		
Eligibility criteria	8	
Information sources	9	

Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement

David Moher ✉, Larissa Shamseer, Mike Clarke, Davina Ghersi, Alessandro Liberati, Mark Petticrew, Paul Shekelle, Lesley A Stewart and PRISMA-P Group

Systematic Reviews 2015 4:1 | DOI: 10.1186/2046-4053-4-1

Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation

BMJ 2015 ; 349 doi: http://dx.doi.org/10.1136/bmj.g7647 (Published 02 January 2015)
Cite this as: *BMJ* 2015;349:g7647

Reporting guidelines specifically for reporting systematic reviews

A protocol format for the preparation, registration and publication of systematic reviews of animal intervention studies

A systematic review of systematic reviews and meta-analyses of animal experiments with guidelines for reporting

Systematic reviews and meta-analysis of preclinical studies: why perform them and how to appraise them critically

Collaborative Approach to Meta Analysis and Review of Animal Data from Experimental Studies (CAMARADES)

Finding What Works in Health Care: Standards for Systematic Reviews. Cl
Systematic Reviews

Bayesian methods in health technology assessment: a review

Systematic Reviews. CRD's guidance for undertaking reviews in health ca

RAMESES publication standards: meta-narrative reviews

The HuGENet™ HuGE Review Handbook, version 1.0. Guidelines for syst
gene disease association studies

RAMESES publication standards: realist syntheses

Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0

Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis Of Observational Studies in Epidemiology (MOOSE) group

Meta-analysis of individual participant data: rationale, conduct, and reporting

Systematic review reporting guidelines that include recommendations for literature search reporting: PRISMA checklist

INTRODUCTION		
Rationale	3	Describe the rationale for the review in the context of what is already known.
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).
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.
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.
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.
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.
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).
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.

www.prisma-statement.org

Systematic review reporting guidelines that include recommendations for literature search reporting: PRISMA-P checklist

INTRODUCTION		
Rationale	6	Describe the rationale for the review in the context of what is already known
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)
METHODS		
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated
Study records:		
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review

www.prisma-statement.org/Extensions/Protocols.aspx

Systematic review reporting guidelines that include recommendations for literature search reporting

Cochrane Collaboration

- Handbook Chapter 6.6.2 Provides reporting recommendations for both the review and the review protocol: http://handbook.cochrane.org/chapter_6/6_6_2_reporting_the_search_process_in_the_review.htm

- Methodological expectations of Cochrane Intervention Reviews (MECIR): Standards for the conduct and reporting of new Cochrane Intervention Reviews. R6 provides recommendations for reporting the search in the abstract and R34-R39 for reporting the search in the methods section.

http://www.editorial-unit.cochrane.org/sites/editorial-unit.cochrane.org/files/uploads/1MECIR%20standards%20booklet%20V%202.pdf

Institute of Medicine

- Finding What Works in Health Care: Standards for Systematic Reviews. Standards for reporting the search outlined in Standard 5.1.

http://www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2011/Finding-What-Works-in-Health-Care-Standards-for-Systematic-Reviews/Standards%20for%20Systematic%20Review%202010%20Insert.pdf

Examples of reporting guidelines specifically for reporting literature searches (but not necessarily for systematic reviews) include:

Atkinson KM, Koenka AC, Sanchez CE, Moshontz H, Cooper H. Reporting standards for literature searches and report inclusion criteria: making research syntheses more transparent and easy to replicate. Research Synthesis Methods. 2015;6(1): 87–95.

Niederstadt C, Droste S. Reporting and presenting information retrieval processes: the need for optimizing common practice in health technology assessment. Int J Technol Assess Health Care. 2010;26(4):450-457.

Booth A. "Brimful of STARLITE": toward standards for reporting literature searches. J Med Libr Assoc. 2006;94(4):421-429, e205.

Kable AK, Pich J, Maslin-Prothero SE. A structured approach to documenting a search strategy for publication: a 12 step guideline for authors. Nurse Educ Today. 2012;32(8):878-886.

General reporting items for systematic review literature searches include:

- Details of all sources searched including databases, hand searches, citation searches, grey literature sources, websites, conference proceedings, contact with authors etc.
- Details of all search terms (MeSH and free-text), the fields that the terms were searched in, any search filters/hedges used, limits applied to the search e.g. date ranges or language or publication types, how the terms were combined etc.
- Copy of the entire search strategy for each database (to be included in the appendices)
- Date that the search was conducted on each database
- Dates of any update searches conducted for each database
- Details of the search platform used e.g. OVID or EbscoHost
- Details of the exact version of the database used e.g. Embase 1996 to 2016 Week 36
- The total number of results retrieved individually for each database, and combined before and after deduplication

So why use reporting guidelines and what impact can their use have?

Why use reporting guidelines?

Reporting guidelines are simply an aide memoire - a list of items deemed essential for a clear and transparent account of what was done and what was found in a research study

- They help to:
  - improve the accuracy, completeness and reproducibility of research reports/papers
  - ensure compliance with journal submission requirements
  - ensure research studies provide a more reliable basis for making clinical decisions or for inclusion in further research
  - ensure that research results can be transferred into practice more quickly
  - improve the quality of the research output of the department / institution / organisation

You can help to improve not only the quality and subsequent usability of published health research but also help advance the global body of health knowledge ultimately leading to improved patient care!

Examples of Journal requirements

Standards of reporting

Back to top

BioMed Central advocates complete and transparent reporting of biomedical and biological research. Please refer to the Minimum standards of reporting checklist when reporting your research (published in *BMC Biology*). Exact requirements may vary depending on the journal; please refer to the journal's instructions for authors. We also strongly recommend that authors refer to the minimum reporting guidelines for health research hosted by the EQUATOR Network when preparing their manuscript, and the BioSharing Portal for reporting checklists for biological and biomedical research, where applicable. Authors should adhere to these guidelines when drafting their manuscript, and peer reviewers will be asked to refer to these checklists when evaluating such studies.

Checklists are available for a number of study designs, including:

- Randomized controlled trials (CONSORT) and protocols (SPIRIT)
- Systematic reviews and meta-analyses (PRISMA) and protocols (PRISMA-P)
- Observational studies (STROBE)
- Case reports (CARE)
- Qualitative research (COREQ)
- Diagnostic/prognostic studies (STARD and TRIPOD)
- Economic evaluations (CHEERS)
- Pre-clinical animal studies (ARRIVE)

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As supplemental files

- The original protocol for a clinical trial or, if the protocol has been published in an open access online journal, its reference and URL. We appreciate that studies sometimes deviate from protocols, but please explain any important deviations in the manuscript, particularly those about choice of outcomes and analyses or change in sample size.
- The original protocol for an observational study or systematic review, if available. We recommend that protocols for randomised trials are written using the SPIRIT checklist.
- For a randomised controlled trial, the appropriate completed CONSORT checklist showing on which page of your manuscript each checklist item appears, the CONSORT-style structured abstract, and the CONSORT flowchart (CONSORT has several extension statements - for example, for cluster RCTs, pragmatic trials).
- For a randomised controlled trial, a completed TIDieR checklist - this helps to ensure that trial interventions are fully described in ways that are reproducible, usable by other clinicians, and clear enough for systematic reviewers and guideline writers.
- PRISMA checklist and flowchart for a systematic review or meta-analysis of randomised trials and other evaluation studies.
- STARD checklist and flowchart for a study of diagnostic accuracy.
- STROBE checklist for an observational study.
  Please use the STROBE extensions, where appropriate:
  - RECORD: The REporting of studies Conducted using Observational Routinely-collected health Data (RECORD) Statement
  - RDS: Strengthening the Reporting of Observational Studies in Epidemiology for Respondent-Driven Sampling Studies: 'STROBE-RDS' Statement
  - ME: STrengthening the Reporting of OBservational studies in Epidemiology – Molecular Epidemiology (STROBE-ME)
  - STREGA: STrengthening the REporting of Genetic Association Studies (S
- GRIPS for genetic risk prediction studies.
- CHEERS for an econon

THE LANCET

- Reports of trials must conform to CONSORT 2010 guidelines, and should be submitted with their prot
- All reports of randomised trials should include a section entitled Randomisation and masking, within formatting guidelines for randomised trials.
- Cluster-randomised trials must be reported according to CONSORT extended guidelines
- Randomised trials that report harms must be described according to extended CONSORT guidelines
- Studies of diagnostic accuracy must be reported according to STARD guidelines
- Observational studies (cohort, case-control, or cross-sectional designs) must be reported according t with their protocols
- We encourage the registration of all observational studies on a WHO-compliant registry (see Lancet 2
- Genetic association studies must be reported according to STREGA guidelines
- Systematic reviews and meta-analyses must be reported according to PRISMA guidelines
- To find reporting guidelines see http://www.equator-network.org

Annals of Internal Medicine

ESTABLISHED IN 1927 BY THE AMERICAN COLLEGE OF PHYSICIANS

Reporting guidelines	Follow relevant reporting recommendations. The EQUATOR includes the follo PRISMA reporting guideline for systematic reviews and meta-analysis MOOSE reporting guidelines for meta-analysis of observational studies ENTREQ reporting guideline for synthesis of qualitative research

ICMJE

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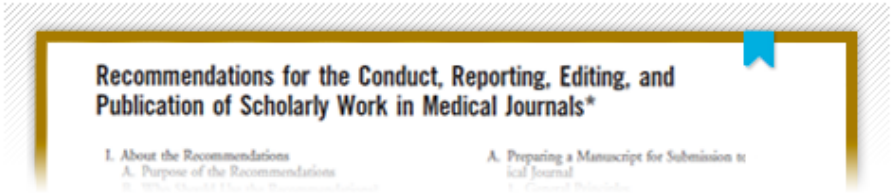
Recommendations | Conflicts of Interest | Journals
Following the ICMJE Recommendations

Recommendations


Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals*

I. About the Recommendations
A. Purpose of the Recommendations
A. Preparing a Manuscript for Submission to a Medical Journal

Read the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals.

www.icmje.org/icmje-recommendations.pdf

Confl

Use the I
a disclos

ted and sent for peer review simultaneously with the primary manuscript.

2. Reporting Guidelines

Reporting guidelines have been developed for different study designs; examples include CONSORT (www.consort-statement.org) for randomized trials, STROBE for observational studies (http://strobe-statement.org/), PRISMA for systematic reviews and meta-analyses (http://prisma-statement.org/), and STARD for studies of diagnostic accuracy (www.stard-statement.org/). Journals are encouraged to ask authors to follow these guidelines because they help authors describe the study in enough detail for it to be evaluated by editors, reviewers, readers, and other researchers evaluating the medical literature. Authors of review manuscripts are encouraged to describe the methods used for locating, selecting, extracting, and synthesizing data; this is mandatory for systematic reviews. Good sources for reporting guidelines are the EQUATOR Network (www.equator-network.org/home/) and the NLM's Research Reporting Guidelines and Initiatives (www.nlm.nih.gov/services/research_report_guide.html).

3. Manuscript Sections

The following are general requirements for reporting within sections of all study designs and manuscript for-

Impact: UK Academy of Medical Sciences

Impact: HEFCE

HIGHER EDUCATION FUNDING COUNCIL FOR ENGLAND hefce

RESEARCH POLICY | November 10th 2015

Research impact: learning lessons from the REF

Lesson 5: Researchers who deliver high-quality academic research also deliver high-quality impact

Impact

European Heart Journal - Cardiovascular Imaging

Reporting standards in cardiac MRI, CT, and SPECT diagnostic accuracy studies: analysis of the impact of STARD criteria

Edd N. Maclean, Ian S. Stone, Felix Ceelen, Xabier Garcia-Albeniz, Wieland H. Sommer, Steffen E. Petersen

DOI: http://dx.doi.org/10.1093/ehjci/jet277 691-700 First published online: 23 January 2014

"The reporting standards of diagnostic accuracy studies in the field of non-invasive cardiac imaging are satisfactory at best and have **improved since the introduction of STARD**. **Those journals that advise authors to refer to STARD have significantly higher impact factors**, and authors should be encouraged that **journals of relatively high impact factors publish diagnostic accuracy studies of higher reporting quality**."

INTERNATIONAL JOURNAL OF SURGERY

Impact of the mandatory implementation of reporting guidelines on reporting quality in a surgical journal: A before and after study

Riaz Ahmed Agha, Alexander J. Fowler, Chris Limb, Katie Whitehurst, Robert Coe, Harkiran Sagoo, Daniyal Jafree, Charmilie Chandrakumar, Buket Gundogan

"...**STROBE compliance** following implementation of the policy, **increased by a statistically significant 12%** (68% to 77%, p=0.00018)...**CONSORT compliance increased (50% to 70%)** as did **PRISMA compliance (48% to 76%)**..."

Calls for development of additional reporting guidelines for reviews:

A scoping review on the conduct and reporting of scoping reviews

Andrea C. Tricco, Erin Lillie, Wasifa Zarin, Kelly O'Brien, Heather Colquhoun, Monika Kastner, Danielle Levac, Carmen Ng, Jane Pearson Sharpe, Katherine Wilson, Meghan Kenny, Rachel Warren, Charlotte Wilson, Henry T. Stelfox and Sharon E. Straus

BMC Medical Research Methodology BMC series – open, inclusive and trusted 2016 16:15

DOI: 10.1186/s12874-016-0116-4

Conclusion: "...improvements in reporting and conduct are imperative. Further research on scoping review methodology is warranted, and in particular, **there is need for a guideline to standardize reporting."**

Impact: citations

PLOS | ONE

RESEARCH ARTICLE

Is Quality and Completeness of Reporting of Systematic Reviews and Meta-Analyses Published in High Impact Radiology Journals Associated with Citation Rates?

Christian B. van der Pol[1], Matthew D. F. McInnes[1,2]*, William Petrcich[2], Adam S. Tunis[1], Ramez Hanna[1]

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OPEN ACCESS

Citation: van der Pol CB, McInnes MDF, Petrcich W, Tunis AS, Hanna R (2015) Is Quality and Completeness of Reporting of Systematic Reviews

Abstract

Conclusion

There is a positive correlation between the quality and the completeness of a reported SR or MA with citation rate which persists when adjusted for journal IF and journal 5-year IF.