

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

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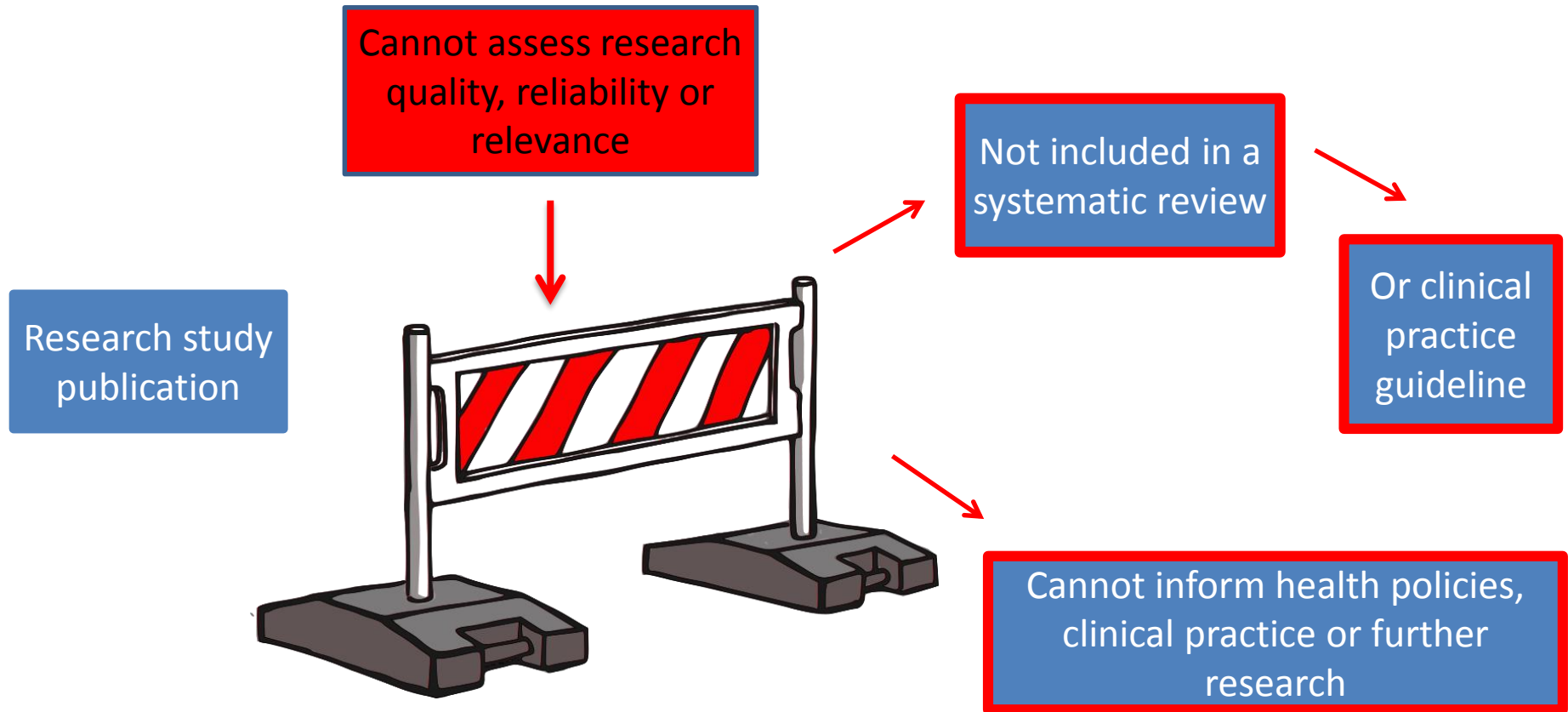
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What are the consequences of
poor reporting?

Importance of accurate and transparent research reports

Failure to provide a detailed and clear description of what was done and what was found by a research study prevents its full utilisation



Potential impact/consequences

- Impossible for other researchers to:
 - replicate methods
 - replicate the intervention
 - reproduce findings
 - or for readers even just to understand what was done and what was found by the research study
- Research results cannot be translated into practice or used to inform future research
- Waste of the time and money invested in the research study and can be considered unethical, particularly when patients have volunteered to take part
- Consequences therefore are wide ranging and serious and can ultimately affect patient care

Consequences of poor reporting

Poor reporting is a serious problem particularly for systematic reviews and clinical guideline development. It prevents the inclusion of all eligible studies and comparison across studies:

Data reporting was poor. 15 trials met the inclusion criteria for this review but only 4 could be included as data were impossible to use in the other 11”

“...the trial did not report many data in a form that we could analyse in this review”

“The biggest problem was the quality of reporting, which did not allow us to judge the important methodological items ...”

“Reporting quality in the studies was generally poor by current standards”

“...in one trial it was not clear whether data were appropriately reported”

“randomised clinical trials...are warranted...Such trials ought to be conducted with low risk of systematic error (bias) and low risk of random error (play of chance), and should follow the SPIRIT and CONSORT guidelines”

“...this systematic review included only three trials of poor methodological quality... Additionally, the data are incomplete, and some important clinical outcomes were not reported”

Quality of reporting in systematic reviews

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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 | © Chess and Gagnier. 2016

Compliance of Systematic Reviews in Plastic Surgery With the PRISMA Statement

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

Strong heterogeneity of outcome reporting in systematic reviews.

Sautenet B¹, Contentin L², Bigot A³, Giraudeau B⁴.

Systematic reviews experience major limitations in reporting absolute effects

Pablo Alonso-Coello ✉✉, Alonso Carrasco-Labra, Romina Brignardello-Peterson, A. Akl, Robin W.M. Vernooij, Brad C. Johnston, Xin Sun, Matthias Briel, Jason A. Guyatt, Carlos E. Granados, Alfonso Iorio, Affan Irfan, Laura Martinez Garcia, Reem Alkhatib, Morera, Anna Selva, Ivan Solà, Andrea Juliana Sanabria, Kari A.O. Tikkinen

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

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 Moherⁱ

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