

Common errors in RoB 2

Tess Moore, Systematic Review Methodological Editor, Cochrane Methods Support Unit.



Common errors for RoB 2 in Cochrane reviews

Where are we seeing common errors?

In the RoB 2 data file

Answers to signalling questions

Rationale for judgement

Use of algorithm

In the review

Text of the review

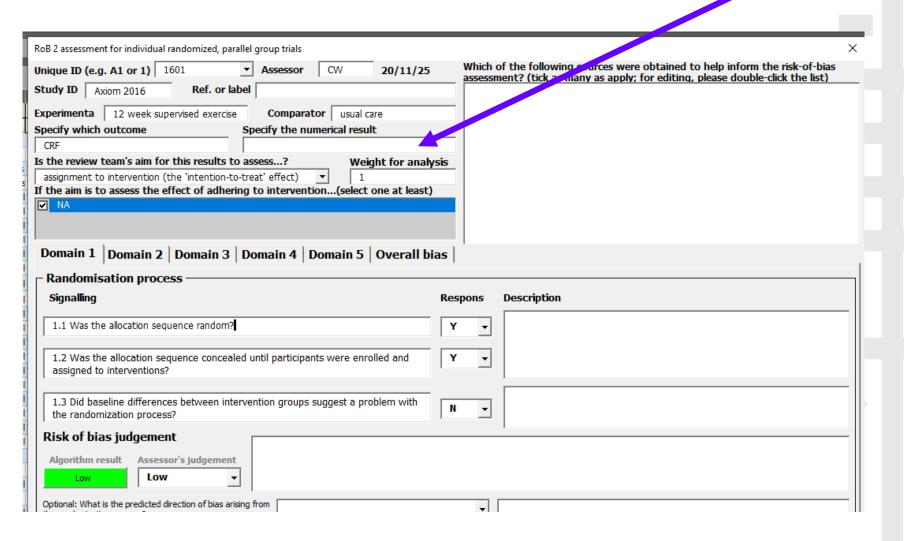
Interactive, results-level tables

Rationale for judgement

Use of algorithm



Training The bias assessments in Excel







		Basic informa	ation	
Study ID ▼ Refe ▼	Experime 🔻 Comp	arat ▼ Outcome	Results	~
Axiom 2016	12 week suprusual	care CRF		
Drees 2014	12 week sup(usual	care HRQofL	SF-36 and TACQOF-CF	
Drees 2014	12 week suprusual	care Physical a	ctivity	
Dulverton 2015	12 week sup(usual	care CRF		
Fretof 2020	Inspiratory r no ex	ercise c CRF		Nivers and and reservite
Klein 2016	Text interven no ex	ercise CRF		Numerical result
Klein 2016	Text based ir no ex	ercise Physical a	ctivity	empty
Madabar 2011	Hospital Exe Usual	care CRF		, ,
Meerain 2012	Exercise No ex	ercise Strength	MVC	Incorrect data
Meerain 2012	Exercise No ex	ercise (CRF		

	Basic information									
Study ID	Reference	Experimental	Comparator	Outcome		Results				
▼		-	_		-					
Amore Coff	Headache	Caffeine	Decaffeinated	Headache at 30 n	ninu	Mean Diff 0.22				
Deliciozza 2	Headache	Caffeinated	Decaffeinated	Headache at 30 n	ninu	Mean diff 1.11				
Kahave Par	Headache	Caffeinated	Decaffeinated	Headache at 30 n	ninu	0.55 (0.13 to 2.36)				
Mama-Kaff	Headache	Caffeinated	Decaffeinate	Headache at 30 n	ninu	OR 1.53 [0.7-3.35]				
Morrocona	Headache	Caffeine	Decaffeinated	Headache at 30 n	ninu	3.40 [0.39-29.31]				
Oohlalazza	Headache	Caffeine	Decaffeinated	Headach up to 1	hou	2.11 [0.41)				
Norscafe	Headache	Caffeine	Decaffeinated	Headach up to 1	hou	OR 1.21 (1.14-1.24)				
Piazza Alert	Headache	Caffeine	Decaffeinated	Headach up to 1	hou	OR 0.98 (0.93 - 1.11)				

Column is filled in





RoB 2 assessment for individual randomized, parallel group trials	×
Unique ID (e.g. A1 or 1) 1601 Assessor CW 20/11/25 Which of the following sources were obtained to assessment? (tick as many as apply; for editing, pl	
Study ID Axiom 2016 Ref. or label	rease double click the listy
Experimenta 12 week supervised exercise Comparator usual care	
Specify which outcome Specify the numerical result	
CRF Specify Whiteh Succession Specify the Hamerican result	
Is the review team's aim for this results to assess? Weight for analysis	
assignment to intervention (the 'intention-to-treat' effect) ▼ 1	
If the aim is to assess the effect of adhering to intervention(select one at least)	
V NA NA	
Domain 1 Domain 2 Domain 3 Domain 4 Domain 5 Overall bias	Nia wati awala
Dollatii 1 Dollatii 2 Dollatii 3 Dollatii 4 Dollatii 3 Overali bias	No rationale
Randomisation process	given for
Signalling Respons Description	
1.1 Weeks allowing a suppose modernia	Answers to SQs
1.1 Was the allocation sequence random?	
1.2 Was the allocation sequence concealed until participants were enrolled and	1111
assigned to interventions?	
1.3 Did baseline differences between intervention groups suggest a problem with	
the randomization process?	
Risk of bias judgement	No rationale
Algorithm result Assessor's judgement	given for
Low V	<u> </u>
	DOMAIN- level
Optional: What is the predicted direction of bias arising from	iudaamant
	judgement





RoB 2 assessment for individual randomized, parallel group trials	X
Assessment ID 1 Assessor TM 2021/01/07	Which of the following sources were obtained to help inform the risk-of-bias assessment? (tick as many as apply)
Study ID Amore Coffea 200 Ref. or label Headache	Journal article(s)
Experimental Caffeine Comparator Decaffeinated	☐ Trial protocol
Specify which outcome Specify the numerical result	Statistical analysis plan (SAP)
Headache at 30 minutes Mean Diff 0.22	Non-commercial trial registry record (e.g. ClinicalTrials.gov record)
Is the review team's aim for this result to assess? Weight for analysis	Company-owned trial registry record (e.g. GSK Clinical Study Register record) "Grey literature" (e.g. unpublished thesis)
assignment to intervention (the 'intention-to-treat' effect) ▼ 1	Conference abstract(s) about the trial
If the aim is to assess the effect of adhering to intervention(select one at least)	Regulatory document (e.g. Clinical Study Report, Drug Approval Package)
occurance of non-protocol interventions	Research ethics application
failures in implementing the intervention that could have affected the outcome	Grant database summary (e.g. NIH RePORTER, Research Councils UK Gateway to R
non-adherence to their assigned intervention by trial participants	☐ Personal communication with trialist
Domain 1 Domain 2 Domain 3 Domain 4 Domain 5 Overall bias	
Randomisation process	<u>_</u>
Signalling	espons Description
1.1 Was the allocation sequence random?	PY Quote: "randomized to two groups." Comments: method of random sequence generation was not described.
	Comment: allocation concealment was not described.
	NI 🔻
assigned to interventions?	
	Baseline values did not indicate a problem with randomisation wither the
1.3 Did baseline differences between intervention groups suggest a problem with	PN method of generating the randomisation sequence, or allocation
the randomization process?	concealment were described.
Risk of bias judgement	
Algorithm result Assessor's judgement	
Double click on this column to	create the support for judgement for this risk of bias domain from descriptions
Some concerns Some concerns	





RoB 2 assessment for individual randomized, parallel group trials	×
Assessment ID 1 Assessor TM 2021/01/0	Which of the following sources were obtained to help inform the risk-of-bias assessment? (tick as many as apply)
Study ID Amore Coffea 200 Ref. or label Headache	✓ Journal article(s)
Experimental Caffeine Comparator Decaffeinated	☐ Trial protocol
Specify which outcome Specify the numerical result	Statistical analysis plan (SAP)
Headache at 30 minutes Mean Diff 0,22	Non-commercial trial registry record (e.g. ClinicalTrials.gov record)
Is the review team's aim for this result to assess? Weight for analys	Gompany-owned trial registry record (e.g. GSK Clinical Study Register record) is "Grey literature" (e.g. unpublished thesis)
assignment to intervention (the 'intention-to-treat' effect)	Conference abstract(s) about the trial
If the aim is to assess the effect of adhering to intervention(select one at least)	Regulatory document (e.g. Clinical Study Report, Drug Approval Package)
occurance of non-protocol interventions	Research ethics application
failures in implementing the intervention that could have affected the outcome	Grant database summary (e.g. NIH RePORTER, Research Councils UK Gateway to R
non-adherence to their assigned intervention by trial participants	☐ Personal communication with trialist
Domain 1 Domain 2 Domain 3 Domain 4 Domain 5 Overall bias	
Randomisation process	
Kandoniisadon process	
Signalling	Respons Description
	Quote: "randomized to two groups."
Signalling 1.1 Was the allocation sequence random?	Quote: "randomized to two groups." Comments: method of random sequence generation was not described.
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1.1 Was the allocation sequence random? 1.2 Was the allocation sequence concealed until participants were enrolled and	Quote: "randomized to two groups." Comments: method of random sequence generation was not described.
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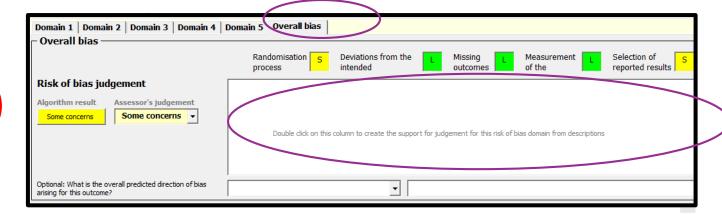


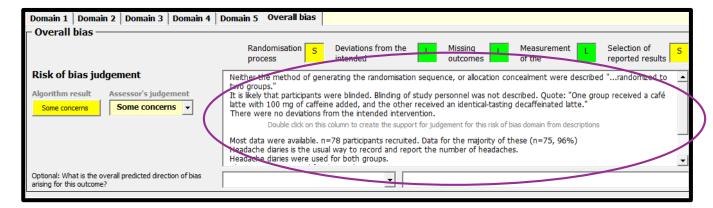


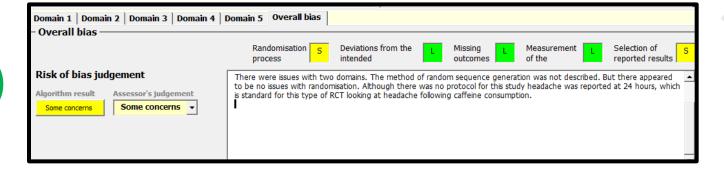
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4.1	Note for 4.1	4.2	Note for 4.2 ▼	4.3	Note for 4 ▼	4.4	T	Note for 4 🔻	4.5	4.0 Algorithn	4.0	Assessor's Judį 🔻
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PN	Leisure-Time Sper	N		Υ		PY		Cannot blind	PY	High	Som	e concerns
N		N		NI		PY			PN	Some concerns	Som	e concerns
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N		PN		NI		NI			PN	Some concerns	Som	e concerns
N		N		Υ		PY		Self reported	PY	High	High	1



	Domain 4. Measurement of the outcome										
i	4.1	Note for 4.1	4.2	Note for 4.2	4.3	Note for 4.3	4.4	Note for 4.4&4.5	4.5	4.0 Algorithm res	ul 4.0 Assessor
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20	N	Headache diari	N	Headache diaries	PN	Outcome asse	NA		NA	Low	Low
Ē	N	Headache was	N	All participants we	NI	The outcome v	PY	Assessment of	NI	High	High
¢	N	Headache was	N	Measurement was	N	Outcome asse	NA		NA	Low	Low
ı	N	Headache mea	N	Measurement was	PN	Quote: "Caffeir	NA		NA	Low	Low
	N	The outcomne	N	The outcome was	PN	Headache is s	NA		NA	Low	Low
2	N	The outcome w	N	The outcome was	PN	Headache is s	NA		NA	Louis	Low
þ	N	The outcomne	N	The outcome too	DM	Headache is s	NA			Low	Low
	N	The outcomne	N	The outcome was	PN	Headache is s	NA		110	Low	nswers p
										,	iiiswcis p















Bias assessment and judgement

Domain

Signalling questions

Only one (or two) answered

Answered incorrectly (or mis-read)

Domain or overall

Judgement

Does not follow the algorithm

Does not follow the algorithm – and no rationale given



1. Bias from randomisation process

Authors' judgement

Support for judgement

High

Baseline imbalance, intervention group were younger at baseline and younger for surgery (p<0.10)

Computer based randomisation at the trial centre with allocation centrally and blinded.

SQ 1.1 Was the allocation sequence random?

SQ 1.2 Was allocation concealed until ppts enrolled and assigned?

SQ 1.3 Did baseline differences between intervention groups suggest a problem with randomisation process?

Alternative SQ 1.3?

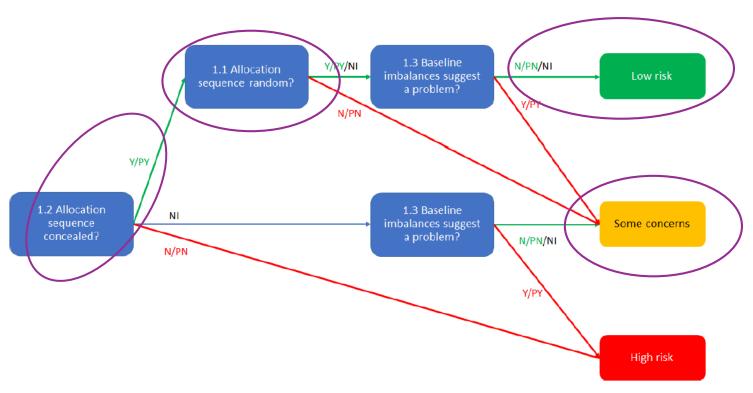
Was there baseline imbalance?



SQ 1.3 Did baseline differences between intervention groups suggest a problem with randomisation process?

1. Bias from randomisation process

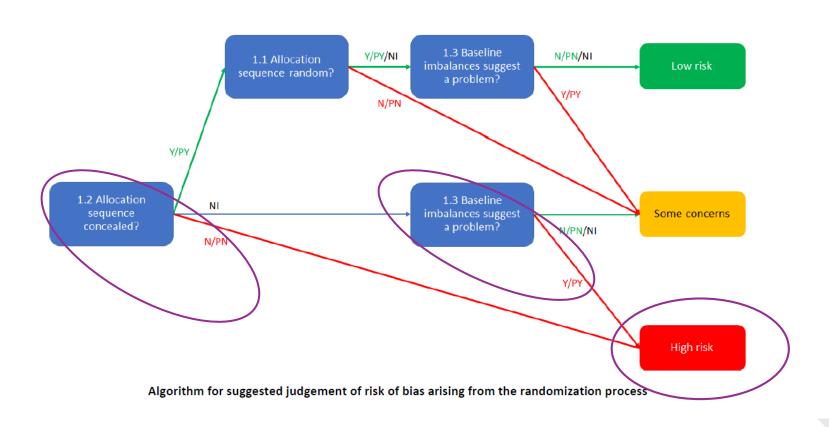




Algorithm for suggested judgement of risk of bias arising from the randomization process

1. Bias from randomisation process





1. Bias from randomisation process





2. Bias due to deviations from intended interventions

Authors' judgement

Support for judgement

High

Cannot blind exercise intervention

Domain 2 Simple statement about blinding without describing if result being assessed is likely to be affected by blinding

Authors judge this to be

"High" risk of bias

But algorithm proposed that it could be "Low" or "Some concerns" or "High"

2. Bias from deviation from intended intervention





2. Bias due to deviations from intended interventions					
Authors' judgement	Support for judgement				
High	Cannot blind exercise intervention				

SQ 2.1 Were participants aware of their assigned intervention during the trial?

SQ 2.2 Were carers or people delivering the intervention aware of the participants assignment during the trial?

SQ 2.3 If Y/PY or NI to 2.1 or 2.2 Were there deviations from intended interventions?

SQ 2.3 Were there deviations from intended interventions?

SQ 2.4 If Y/PY to 2.3: Were these deviations likely to have affected the outcome?

SQ 2.5 If Y/PY to 2.4: Were these deviations balanced between groups?

SQ 2.6 Was an appropriate analysis used?

SQ 2.7. IF N/PN to 2.6: Was there potential for a substantial impact of the failure to analyse participants to the group to which they were randomised?

2. Bias from deviation from intended intervention



2. Bias due to deviations from intended interventions							
Authors' judgement	Support for judgement						
Low	Quote: "Treatment coffee was not different from placebo coffee by smell or taste." Comment: It is likely that participants were blinded. Blinding of other study personnel was not described. No deviations from the trial were reported. Analysis was ANOVA. Groups were analysed in the groups they were randomised in.						



2. Bias from deviation from intended intervention





Authors' Support for judgement 30% of patients remained at the end of the study.

Low risk of bias 6 Lost to follow up in each

Domain 3

Despite many missing participants bias judged to be "Low"

3. Bias due to missing data







Missing outcome data

Authors' judgement

Support for judgement

Some concerns

Overall: 16% of people dropped out. Similar numbers from both groups. Reasons for dropping out for some participants were duration of intervention, but some reasons were unrelated. There was no analysis to assess the effect of missing data

SQ 3.1 Were outcome data available for all or nearly all participants?

SQ 3.2 If not were there evidence that result is not biased by missing data?

SQ 3.3 Could missingness in the outcome depend on its true value?

SQ 3.4 Is it likely that missingness depended on its true value?

SQ 3.1 16% of participants lost to follow-up.

SQ 3.2 No analysis to assess effects of missing data.

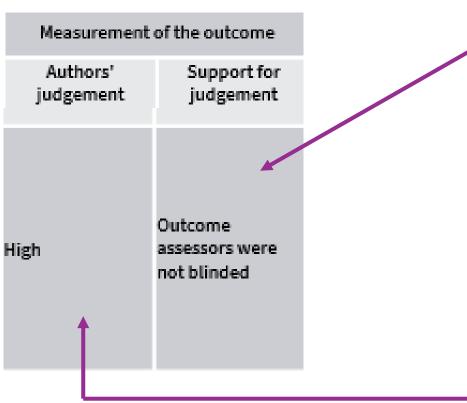
SQ 3.3 Reasons for missing data provided and some were related to the outcome.

SQ 3.4 It is unlikely that missing ness depended on the true value

Judgement "Some concerns"







Domain 4 Simple statement about blinding without describing if result being assessed is likely to be affected by blinding

Authors judge this to be

"High" risk of bias

But it could be "Low"

or

"Some concerns"

4. Bias due to outcome measurement







Measurement of the outcome								
Authors' judgement	Support for judgement							
High	Outcome assessors were not blinded							

SQ 4.1 Was the method of measuring the outcome inappropriate?

SQ 4.2 Were measurements similar between groups?

SQ 4.3 Were outcome assessors blinded?

SQ 4.4 Could the outcome assessment be affected by knowing the assignment?

SQ 4.5 Do you the reviewers think this is likely?

4. Bias due to outcome measurement





Measurement of the outcome

Authors' Support for judgement judgement Measurement was appropriate Some concerns Measurements were similar across all intervention groups. There is no information in whether the outcome assessors were blinded. Outcome assessors, through encouragement during testing, could affect the outcome, therefore we have some concerns about potential bias.

SQ 4.1 Was the method of measuring the outcome inappropriate?

SQ 4.2 Were measurements similar between groups?

SQ 4.3 Were outcome assessors blinded?

SQ 4.4 Could the outcome assessment be affected by knowing the assignment?

SQ 4.5 Do you the reviewers think this is likely?

From Williams & Wadey et al 2020



Domain 5 Reliance on availability of statistical analysis plan.

- published protocol
- trial register entry
- lists of planned outcomes/ time points
- clinical judgement

SQ 5.1 Data analysed according to statistical analysis plan?

Is the numerical result likely chosen from:

SQ 5.2 multiple eligible outcomes? (scales, timepoints, definitions)

"Q 5.3 multiple eligible analyses of the data

Selection of the reported results Authors' Support for judgement judgement No statistical High analysis plan

4. Bias due to selective outcome reporting



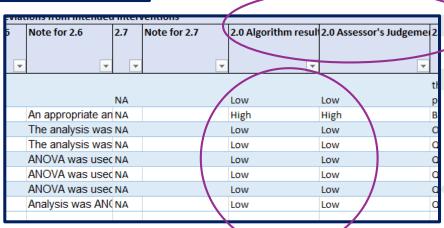
Disagreeing with the Algorithm

RoB 2 assessment for individual randomized, parallel group trials				×
Assessment ID 1 ▼ Assessor Th	21/1/11		of the following sources were obtained to he nent? (tick as many as apply)	elp inform the risk-of-bias
Study ID Amore Coffea 200 Ref. or label Headache			urnal article(s)	A
Experimental Caffeine Comparator	Decaffeinated		al protocol	
Specify which outcome Specify the numeric	al result		atistical analysis plan (SAP)	
Headache at 30 minutes Mean Diff 0.22			n-commercial trial registry record (e.g. ClinicalTrials	-
Is the review team's aim for this result to assess?	Weight for analysis		mpany-owned trial registry record (e.g. GSK Clinica rey literature" (e.g. unpublished thesis)	al Study Register record)
assignment to intervention (the 'intention-to-treat' effect)	1		nference abstract(s) about the trial	
If the aim is to assess the effect of adhering to intervention((select one at least)		gulatory document (e.g. Clinical Study Report, Dru	ıg Approval Package)
occurance of non-protocol interventions			search ethics application	
failures in implementing the intervention that could have affected			ant database summary (e.g. NIH RePORTER, Rese	arch Councils UK Gateway to R
non-adherence to their assigned intervention by trial participants		□ Pe	rsonal communication with trialist	
Domain 1 Domain 2 Domain 3 Domain 4 Domain 5 0	overall bias			
Randomisation process	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
Signalling	Re	spons	Description	
Ad March - Illeration and and			Quote: "randomized to two groups."	
1.1 Was the allocation sequence random?	P	Y 🔻	Comments: method of random sequence gene	
			Comment: allocation concealment was not des	cribed.
1.2 Was the allocation sequence concealed until participants we assigned to interventions?	ere enrolled and	II		
assigned to interventions:				
1.3 Did baseline differences between intervention groups sugge	et a problem with		Baseline values did not indicate a problem with	
the randomization process?	P	W _▼	method of generating the randomisation sequiconcealment were described.	ence, or allocation
,			Conceannent were described.	
Risk of bias judgement Quote: "random	nized to two groups."			
	od of random sequence ger			f di-ti
			e support for judgement for this risk of bias domain isationNeither the method of generating the rand	
	mont word described			
Optional: what is the predicted direction of bias arising from		-		
the randomization process?			1	
O (down (find and a second)	GI DOF	1		CAME
Guidance (Internet access)	CLOSE			SAVE



Disagreeing with the Algorithm

	1.3	Note for 1.3	1.0 Algorithm result	1.0 Assessor's Judgeme	1.0 General note 1.0 O
~	_	▼	V	▼	▼
					"randomized to
hod of	PN	Baseline values did	Some concerns	Some concerns	two groups."
cipants we	N	There were no base	Low	Low	Quote: "80 participants
(N=132) w	Υ	The allocation ratio	\ High	High	Quote: "Nurses (N=132)
pants borr	PN	Thre were no issue	High	High	Quote: "participants b
ipants wei	N	There were no base	ELow	Low	Quote: " participants v
ants were	N	The baseline differe	Low	Low	Quote: "Participants we
ırticipant v	N	There were no issu	Some concerns	Some concerns	Quote: "Each participant
mized con	N	There were no issu	Low	Low	Quote: "A randomized o





Results-level tables

Study	Bias											
	Randomisation process		Deviations from intended interventions		Missing outcome data		Measurement of the outcome		Selection of the reported results			Overall
	Authors'	Support for judgement	Authors'	Support for judgement	Authors'	Support for judgement	Authors'	Support for judgement	Authors' judgement	Support for judgement	Authors'	Support for judgement
	juugomon	juugoment	Juagomeni	jaagoment		roup 1.1.1 Exer			juugumem	Jangomoni	Jangomon	Jungomo
Therrien 2003	High risk of bias	No information on method of randomisation and significant baseline imbalance between grorps. There is a 8 year age gap – the intervention group are younger and age of repair was younger. Right ventricular outflow tract (11 vs 22 mmhg) were half in the intervention group. Daily activity levels were less in the intervention group. This may suggest a problem with randomisation.	Low risk of blas	Both participants and those delivering the intervention were aware of intervention received but there were no deviations from intended interventions and the analysis was appropriate.	Low risk of bias	17 of 18 participants (95%) were included at follow up. One person lost from the control group due to a lack of interest.	Some	There was no information on whether outcome assessors were aware of the intervention received. Knowledge of intervention received could have affected outcome measurement.	Some	No registry of protocol available. Common CRF parameter reported. No information whether there were multiple eligible analyses.	High risk of blas	Lack of informat randomisation, baseline imbala and blinding of outcome assess and no pre-regis protocol or statis plan.
Moalla 2006	Some concerns	There was no information on method of randomisation, there was no baseline imbalance that would suggest a problem with randomisation.	Low risk of bias	Both participants and those delivering the intervention were aware of intervention received. There were no deviations from intervention	Low risk of bias	All outcome data was presented	Some concerns	informatio on wheth outcome assessors were aware of the intervention received. Knowledge of intervention received could have affected outcome measurement	Some concerns	No pre- registered method (registry or protocol) available. However, industry standard CRF data is available.	Some	Overall due to a detail on randomisation, to outcome assess and lack of infor in the pre-re, st methods.

Risk of bias for analysis 1.1 Maximal cardiorespiratory fitness

Results-level table in published review

			Bias			
Study	Randomisation process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported results	Overall
Subgroup 1.1.1 E	xercise training					
herrien 2003	8	Ø	Ø	0	0	8
	intervention group a	re younger and age of r	epair was younger. Righ	nt ventricular outflow t	groups. There is a 8 year ract (11 vs 22 mmhg) wer gest a problem with rando	e half in the
		d those delivering the i		of intervention receive	ed but there were no devi	ations from
	17 of 18 participants	(95%) were included at	follow up. One person	lost from the control g	roup due to a lack of inter	rest.
oalla 2006	<u>~</u>	Ø	Ø	0	0	~
	There was no information.	ation on method of ran	domisation, there was	no baseline imbalance	that would suggest a prol	blem with
Madhavi 2011	8	<u></u>	8	8	0	8
Vinter 2012	~	②	~	~	~	~
Vesthoff-Bleck 013	<u>~</u>	②	~	~	~	~



Results-level tables

_	L													
Study	Randomis	ation process	Deviations from intended interventions		Missing outcome data		Measurement of the outcome		Selection of the reported results		Overall			
	Authors' judgement	Support for judgement	Authors' judgement	Support for judgement	Authors' judgement	Support for judgement	Authors' judgement	Support for judgement	Authors' judgement	Support for judgement	Authors' judgement	Support for judgement		
Žhōu2003	High risk of bias	Only mentions randomisation with no explanation. Inter vention group were younger at baseline and at age of surgery repair, (P<0.1).	High risk of bias	Cannot blind an exercise intervention	Low risk of bias	All outcome data was presented	Some concerns	If the person running the exercise test was not blinded to condition, they could have given more encouragement to the participant in an intervention group. Gas analysis and appropriate protocol on cycle ergometer.	Some concerns	-	Some-Concerns	K		
^P erera 2006			High risk of bias	Participants,				No information on if outcome assessors were				Overall due to lack of detail o		
				No ra	tional	e give	n ns	aware of gned introduction, this way bias how the CPET was	ot cention, this vay bias how the PET was onducted and/or	No pre planned statistical plan	k	randomisation and the blinding outcome		
				for a	doma	in-leve	el 📗	conducted and/or analysed.				assessors Overall due to		
Lambert 2011	High risk of bias	Large baseline differences in peak VO2. Possibly no/no information atte mpt to conceal randomisation.	Some concern	judgement s group or control group. Low risk of bias 111 people in an exercise exercise			High	furthermore no	Some concerns	No protocol and or statistical plan released prior to study	High risk of bias	lack of blinding outco me assessors, e-		
						intervention.		description of direct assessment.				groups all the high effect. e		
Gomez 2012	Low risk of bias	Randomisation was performed using sealed envelopes. Each participant chose an opaque envelop from a shuffled stack.		You cannot blind an exercise intervention.	Low risk of bias	80% of patients remained at the end of the study. 6 Lost to follow up in each group. Intention to treat analysis	Some concerns	No information on if outcome assessors were blinded to intervention status.	Some concerns	Protocol registered but no statistical plan available.	Some concerns	Overall judged some concerns due to the		
Fouré 2013	Some concerns	No information on method of randomisation other than a 1:1 ratio. Baseline differences are balanced and non-significant (except Creatinine).	Low risk of bias	Cannot blind an exercise intervention	Low risk of bias	16% lost to follow up, intention to treat.	High	Outcome assessors were not blinded	Some concerns	Protocol registered. Not enough information in the protocol on a priori statistical plan and no published statistical plan found.	Some concerns	Overall, some concerns due to the potential lack of blinding pre published statistical plan and lack of information on randomisation		

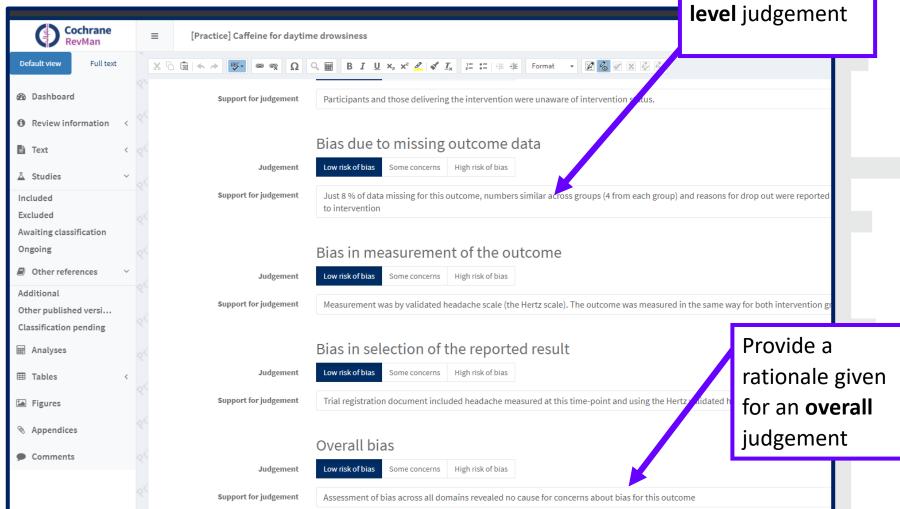
No rationale given for an **overall** judgement

No judgement



Results-level tables

Provide rationale for a **domain**-**level** judgement





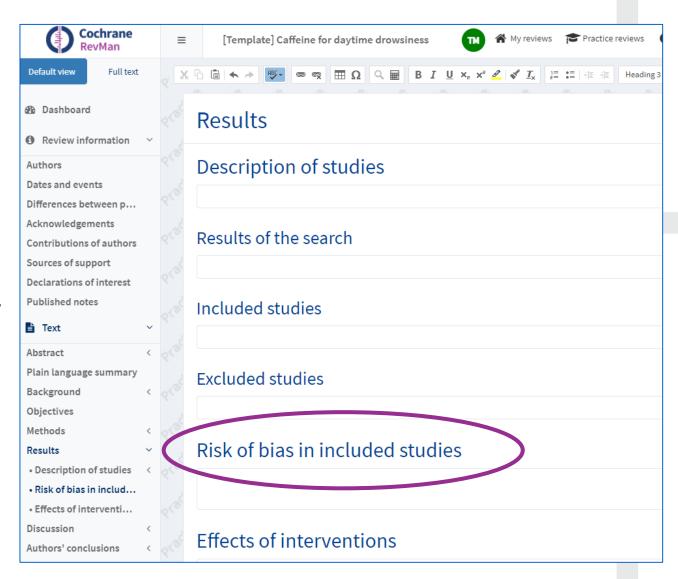
The text

Section: Results

Subsection: Risk

of bias

Overview of bias - across the studies – for each outcome





The text



Study level / Outcome level

Risk of bias

Some concerns in relation to selection bias were identified in all five studies (Adeley 2016, Garcia 2020, Meaden 2012, Osborne 2018, Victor 2019). Although all five studies reported that the interventions were 'randomly' allocated, the methods for generating the randomisation sequence was missing from four studies (Adeley 2016, Garcia 2020, Meaden 2012, Osborne 2018).



The text



Study level / Outcome level

Risk of bias

The results for all studies were mostly assessed at "Low" risk of bias for the domain "Bias in relation to measurement of the outcome" except for the outcomes: HRqoL where five of the seven studies (Axiom 2016, Fretof 2020, Meerain 2012, Orford 2018, van Dieter 2019), and Pain (the same five studies) were judged to be at "some concerns" for bias because the intervention could not be blinded and the outcome measures were subjective and may have been affected by knowledge of the outcome.

Wadey ey al 2020

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Common errors list 1

Assessment of bias - In the Excel, word or online tool:

- 1. State the result
- 2. For each domain:
 - a) Answer all SQs
 - b) Provide a rationale for all answers to all SQ
 - c) Use the algorithm for deciding your judgement
 - d) Provide a support for DOMAIN-level judgement based on SQ answers
- 3. Overall:
- a) Provide support for the OVERALL- bias
 In the summary results level tables (Risk of bias entry for RevMan Web)
- 4. Complete all cells of the tables (all support for judgement statements) Text in the review
 - 8. Report at the results-level rather than at the study-level
 - 9. Provide a broad summary of the patterns of bias you see across the results, rather than an exhaustive list.

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END

Questions