Improving the quality of reports of meta-analyses of randomised controlled trials: the Quorum Statement

Dear Reviewers

We thought you might be interested in the increasing use of the Quorum statement in the reporting of meta-analyses. As an example, the British Medical Journal now asks that authors submitting reports of meta-analyses should additionally submit a Quorum checklist and flow chart so that readers and referees can examine the destination of trials considered for inclusion in the meta-analyses.

We are sending a Quorum Checklist to Cochrane Wounds Group Contact Reviewers so that :

1. you can collect this data as you progress through your review
2. your submission to journals requiring a Quorum statement can be expedited

Progress through the stages of a meta-analysis for RCTs (reference)

Potentially relevant RCTs identified and screened for retrieval (n= …)	
	RCTs excluded, with reasons (n=…)
RCTs retrieved for more detailed evaluation (n=…)	
	RCTs excluded, with reasons (n=…)
Potentially appropriate RCTs to be included in the meta-analysis (n=…)	
	RCTs excluded from the meta-analysis, with reasons (n=…)
RCTs included in meta-analysis (n=…)	
	RCTs withdrawn, by outcome, with reasons (n=…)
RCTs with usable information, by outcome (n=…)	

In addition, the Quorum checklist provides a descriptor of the materials to be included in each report of a meta-analysis:

Note that this reflects the sections in RevMan so you will have little to do to convert your RevMan document into a full text review for publication elsewhere.

Heading	Subheading	Descriptor
Title		Identify the report as a meta-analysis (or systematic review of RCTs)
Abstract		Use a structured format
		Describe
	Objectives	The clinical question explicitly
	Data sources	The databases (i.e. list) and other information sources
	Review methods	The selection criteria (i.e. population, intervention, outcome, and study design): methods for validity assessment, data abstraction, and study characteristics, and quantitative data synthesis in sufficient detail to permit replication
	Results	Characteristics of the RCTs included and excluded: qualitative and quantitative findings (i.e. point estimates and confidence intervals); and sub-group analyses
	Conclusion	The main results
		Describe
Introduction		The explicit clinical problem, biological rationale for the intervention and rationale for the review
Methods	Searching	The information sources in detail (e.g. databases, registers, personal files, expert informants, agencies, hand-searching), and any restrictions (years considered, publication status, language of publication)
	Selection	The inclusion and exclusion criteria (defining population, intervention, principal outcomes, and study design)
	Validity assessment	The criteria and process used (e.g. masked conditions, quality assessment, and their findings)
	Data abstraction	The process or processes used (e.g. completed independently, in duplicate)
	Study characteristics	The type of study design, participants' characteristics, details of intervention, outcome definitions, and how clinical heterogeneity was assessed
	Quantitative data synthesis	The principal measures of effect (e.g. relative risk), method of combining results (statistical testing and confidence intervals), handling of missing data; how statistical heterogeneity was assessed; a rationale for any apriori sensitivity and sub-group analyses; and any assessment of publication bias

Results	Trial flow	Provide a meta-analysis profile summarising trial flow (see figure)
	Study characteristics	Present descriptive data for each trial (e.g. age, sample size, intervention, dose, duration, follow-up period)
	Quantative data synthesis	Report agreement on the selection and validity assessment; present simple summary results (for each treatment group in each trial, for each primary outcome); present data needed to calculate effect sizes and confidence intervals in intention-to-treat analyses (e.g. 2X2 tables of counts, means and SDs, proportions)
Discussion		Summarise key findings; discuss clinical inferences based on internal and external validity; interpret the results in the light of the totality of available evidence; describe potential biases in the review process 9e.g. publication bias); and suggest a future research agenda

Moher D, Cook DJ, Eastwood S, Olkin I, Rennie D, Stroup DF et al. Improving the quality of reports of meta-analyses of randomised controlled trials: the Quorom Statement. The Lancet (1999) 354: 1896-900.