PRISMA Checklist Plus AACPDM Synthesis/Analysis Items

Section/Topic	#	PRISMA Checklist Item and AACPDM Additional Items (in Red Font) References: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. AACPDM Methodology to Develop Systematic Reviews of Treatment Interventions, 2012 Version,	Reported on page
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both. AACPDM systematic review.	
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 designs (PICOS). AACPDM SRs will have single question: "What are all the effects of (speciific intervention) for children/youth/individuals with (specific medical condition)?"	
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. AACPDM SRs will cite AAACPDM Methodology to Develop Systematic Reviews of Treatment Interventions, 2008 Version: http://www.aacpdm.org/resources/outcomes/systematicReviewsMethodology.pdf or later	
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. Will use AACPDM Data Extraction Summary Forms.	
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. AACPDM SRs will use level of evidence (I-V) according to type of research study design to describe all studies in review. It will add a conduct of study score (weak, mod, strong) for each level I-III study. These are based on information in Tables 1a,b and 3a,b in the Methodology. This will be done at the study and at the outcome level.	
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency. AACPDM SRs will code the results/outcomes from studies with level of evidence I-III by International Classification of Health, Functioning and Disabiility Component (http://www.who.int/classifications/icf/training/icfchecklist.pdf)	
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified. AACPDM SRs will note any subgroup analyses reported in group studies or replications in single subject studies for indications as to whether some types of participants benefitted more than others.	
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations. AACPDM SRs use specific tablular format for "Summary of Studies - Intervention and Participants" and report all studies included in the review regardless of level of evidence for the study.	
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12). At the study level, AACPDM SRs report level of evidence in the "Summary of Studies - Intervention and Participants" table for all studies in the review plus a conduct of study score for those studies with level of evidence I-III.	
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot. AACPDM SRs display outcomes re benefits in the "evidence table" or Summary of Studies - Outcomes, Measures, Results" table. Any harm data that was reported is recorded in the "Adverse Events" table with no critical appraisal as to strength of this "outcome".	
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency. AACPDM SRs code all study outcomes for their level of evidence as well as for the component of the ICF in which an effect was measured. All outcomes with level of evidence I-III are aggregated in a specific "evidence table" format, "Summary of Studies - Outcomes, Measures, Results."	
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15). In AACPDM SRs, this can be observed in the," Summary of Studies - Interventions and Participants" table.	
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]). AACPDM SRs analyze the evidence with 6 questions that address effects on body functions and structures vs. activities and participation vs. contextual factors, that probe any linkages of effects within and between these ICF components of function/disablement, report the kinds and magnitude of adverse effects, and describe the strength of the evidence including risk of bias within and across studies.	
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers). AACPDM SR discussion addresses outcomes aggregated by ICF component. If no, or insufficient, level I-III evidence is available for these components or for specific outcomes of interest, the SR may include an additional table of level IV-V outcomes and summary of what, if anything, can be gleaned from this evidence despite attribution of outcomes to the intervention not being possible at these levels of evidence. This provides a comprehensive picture of what has been studied in the literature, both kinds of outcomes and strength of those outcomes.	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	