Introduction

The Problem: "On a 1-7 scale, the median overall quality score for all pediatric oncology systematic reviews was 1 for systematic reviews in regular journals..." The Solution: Complete reporting, "Complete pre-specification could improve efficiency and reduce bias in data abstraction and analysis during a systematic review. Ultimately, more completely specified and comparable outcomes could make systematic reviewers more useful to decision-makers." How do we define completeness according to this author? Easy as pie. (See Figure 1.)

Results

Question #1: Are outcomes being fully specified?

Research Question #1: Are outcomes being fully specified?

Research Question #2: If not, then which elements are not being specified?

Research Question #3: Is element specification consistent across outcomes?

Research Question #4: Are unspecified elements an epidemic, or the result of a few repeat offenders?

Methods

885 articles identified during literature search

295 articles randomly sampled

182 articles included in analysis

Categorizing studies (n = 182) by the proportion of elements they specify

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Question #4: Are unspecified elements an epidemic, or the result of a few repeat offenders?

Lessons Learned

- Complete reporting of the four elements of a fully-specified outcome (Fig. 1) with specification of primary outcome is rare.
- There is near-universal failure to specify primary outcomes.
- Completeness of reporting varies between outcome classes; adverse event reporting has exceptional room for improvement.
- 75% of articles evaluated fail to completely specify outcomes.
- Improved outcome reporting will be a boon to meta-analysis and ultimately to medical care for children with ALL.

Figure 4: The percentage of elements within pediatric ALL. Elements that are well-specified. Elements are grouped into the outcome classes. Meanings and tendencies of the outcomes are indicated. The quality of Cochrane systematic reviews is significantly higher than systematic reviews.}

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