Completeness of Reporting in Shoulder Arthroplasty: A Systematic Review
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Introduction
Saklani et al (2014) “Outcome pre-specification was largely incomplete; we encourage systematic reviewers to consider 5 elements. This will indicate the importance of the complete specification to clinical trialists, on whose work systematic reviewers depend, and will indirectly encourage comparable outcome choice to reviewers undertaking related research questions.”

P.A. Leonardi et al (2014) “Many randomized controlled trials report only a portion of their primary and secondary outcomes. This creates substantial potential for bias in the available evidence. Trials can be misinterpreted when crucial information is missing. Selective reporting further distorts the systematic review and meta-analysis of the evidence.”

According to Hanchard et al (2014), “In the absence of pre-defined definitions or strategies for data collection, is a serious flaw that casts doubt on the completeness of data and hampers comparison of risks and benefits. In future studies, key categories of potential adverse events should be established prospectively, and an active strategy should be put in place for collecting these data.”

According to Castelli et al (2014) “Selection of appropriate outcome measures is crucial in clinical trials in order to minimize bias and allow for precise comparison of effects between interventions.”

Methods
In order to evaluate the reporting of core outcomes in orthopedic surgery, we searched PubMed, SPORTDiscus and the Cochrane Central Register of Controlled Trials. We selected journals that examined core outcomes for total shoulder arthroplasty, reverse shoulder arthroplasty, hemiarthroplasty, and glenoid resurfacing arthroplasty procedures.

Verification
Authors verified each other's work, comparing coding to the standardized approach.

Consensus
Any discrepancies between coders were discussed and settled by consensus as a group.

Results
In our database search, we narrowed the results to publications since 2005, and our search identified 2932 studies from this time period. Reasons for exclusion are outlined in the PRISMA diagram. Our final sample size of eligible studies was 144 articles.

In our analysis, most of the outcomes were stated as being unharful (n=640), while outcomes reported as Harmful/Side Effect (n=210) were the second most common. 28 Outcomes were unclear or did not specify.