Supplemental file 2. Data extraction guide for a descriptive analysis of non-Cochrane child-relevant systematic reviews

Field	Response Options	Instructions
REVIEW CHARACTERISTICS	5	
Country (corresponding	Open text	Abbreviate United States as USA; United Kingdom as UK. Omit 'the'
author)		(e.g., just enter in 'Netherlands').
Journal type	☐General medical journal	General medical: e.g., Lancet, BMJ, JAMA, CMAJ, NEJM
	□Specialty medical journal	Specialty medical: e.g., Journal of Clinical Oncology, Circulation
	☐General pediatric journal	General pediatric: e.g., Pediatrics, Archives of Pediatrics & Adolescent
	□Specialty pediatric journal	Medicine
	□Other	Specialty pediatric: e.g., Pediatric Emergency Care, Journal of
		Pediatric Orthopedics
		Other: the journal does not fit in one of the above categories, e.g.,
		general science journals such as PLOS ONE
Clinical area: based on	1. Acute Respiratory Infections Group	What Cochrane Review Group (CRG) would this review likely fall
Cochrane Review Groups	2. Airways Group	under? Review the topics of the 53 CRGs (hyperlinked in the Response
	3. Anaesthesia, Critical and Emergency	column), and make your choice.
	Care Group	
	4. Back and Neck Group	Highlight for discussion if it is too difficult or if it seems like the review
	5. Bone, Joint and Muscle Trauma Group	could fit in more than one group, write key words in the next
	6. Breast Cancer Group	column.
	7. Childhood Cancer Group	
	8. Colorectal Cancer Group	Note: consult the help document for examples of topics in each
	9. Common Mental Disorders Group	group.
	10. Consumers and Communication Group	
	11. Cystic Fibrosis and Genetic Disorders	
	Group	
	12. Dementia and Cognitive Improvement	
	Group	
	13. Developmental, Psychosocial and	
	Learning Problems Group	
	14. Drugs and Alcohol Group	
	15. Effective Practice and Organisation of	
	Care Group	

Field	Response Options Instructions	
	16. ENT Group	
	17. Epilepsy Group	
	18. Eyes and Vision Group	
	19. Fertility Regulation Group	
	20. Gynaecological, Neuro-oncology and	
	Orphan Cancer Group	
	21. Gynaecology and Fertility Group	
	22. Haematological Malignancies Group	
	23. Heart Group	
	24. Hepato-Biliary Group	
	25. HIV/AIDS Group	
	26. <u>Hypertension Group</u>	
	27. <u>IBD Group</u>	
	28. <u>Incontinence Group</u>	
	29. <u>Infectious Diseases Group</u>	
	30. <u>Injuries Group</u>	
	31. <u>Kidney and Transplant Group</u>	
	32. <u>Lung Cancer Group</u>	
	33. Metabolic and Endocrine Disorders	
	Group	
	34. Methodology Review Group	
	35. Movement Disorders Group	
	36. Multiple Sclerosis and Rare Diseases of the CNS Group	
	37. Musculoskeletal Group	
	38. Neonatal Group	
	39. Neuromuscular Group	
	40. Oral Health Group	
	41. Pain, Palliative and Supportive Care	
	Group	
	42. Pregnancy and Childbirth Group	
	43. Public Health Group	
	44. Schizophrenia Group	

Field	Response Options	Instructions
	45. Skin Group	
	46. STI Group	
	47. Stroke Group	
	48. Tobacco Addiction Group	
	49. <u>Upper GI and Pancreatic Diseases</u>	
	Group	
	50. <u>Urology Group</u>	
	51. Vascular Group	
	52. Work Group	
	53. Wounds Group	
Key words (if clinical area unclear)	Open text	This column only needs to be used if you cannot decide on a CRG. Extract key words relating to the clinical area. Example: "Disclosure and non-disclosure of concussion and concussion symptoms in athletes: Review and application of the socio-ecological framework". Key words provided by the authors included: Policy, reporting, sports, traumatic brain injury.
		Since the purpose of extracting key words is to easier identify a CRG the review would likely fall under, here we would most likely want to extract "traumatic brain injury".
Type of a review	□Therapeutic	Therapeutic: Includes treatment and prevention (interventions would
question	□Epidemiology	typically fall in this group)
	□Diagnosis/Prognosis	Epidemiology: Includes prevalence reviews and those looking at the
	□Other	association between an exposure and an outcome (e.g., studies of etiology)
	(Based on the work of Page et al., 2016) [1]	Diagnosis/prognosis: reviews of diagnostic test accuracy (e.g., sensitivity, specificity, false +/-), clinical prediction rules
		Other: psychometric properties (e.g., reliability and validity) of tools, cost of illness, and other topics that would not fit into the other categories
Was the review an	□ Yes	Yes: the authors identify the review as an update of an existing
update?	□ No	review. Authors must have incorporated the data from the previous

Field	Response Options	Instructions
		review, not conducted a whole new review including only new
		evidence.
		No: the authors identify the review as a new review/do not mention
		that it is an update.
Was the funding source	□Yes	Yes: the authors specified the funding source, or that the review was
specified? ^b	□No	unfunded (could include personal funding).
		No: the authors make no mention of funding source.
		Note: A funding-specific statement is required; stating no conflicts of
		interest not adequate to say the review was unfunded.
Who funded the	□Government	Government: Includes Canadian Institutes of Health Research,
review? ^b	□Academic or research institute	National Institutes of Health, and other similar funding sources
	□Private	Academic or Research Institute: e.g., hospital research institutes,
	□Industry	university funding
	□No external funding	Private: when a foundation (or trust) is listed as the source of funding
	□Other (specify in Comments)	Industry: the review received industry funding (e.g., a pharmaceutical
		company)
	(Informed by Klassen et al. 2002)[2]	No external funding: the authors specify that the review was not
		funded
		Other: all UN agencies, WHO, or other funding sources that do not fit
		in other categories
		Note: Each funding type only needs to be listed once, even if the
		review was funded by multiple of the same type of funding source.
		Consult the help document for examples of which category various
		funding sources would fit in.
Who funded the review?	□Government	Indicate other sources of funding if the review was funded by more
(2,3,4) ^b	□Academic or research institute	than one source. Please choose the highest menu item first, then go
	□Private	through the menu until all funding sources are listed.
	□Industry	If there was only one source of funding, choose NA for this column.
	□No external funding	
	□Other (specify in Comments)	
	□NA	
Existence of an a-priori	□Yes	Yes: the authors indicated that a protocol was developed a priori.
protocol ^{a,b}	□No	No: the authors indicated that protocol was not developed a priori.

Field	Response Options	Instructions
	□Not mentioned	Not mentioned: the authors do not mention whether a protocol was
		developed.
		Note: If mentioned that the review was registered in PROSPERO, this
		means there is a protocol
Registration of the	□Yes	Yes: the authors indicated that a review was registered, or indicate
review ^{a,b}	□No	that the protocol was registered (which implies registration of the
	□Not mentioned	review)
		No: the authors indicated that a review was not registered.
		Not mentioned: the authors did not mention whether a review was
		registered.
CHARACTERISTICS OF INC	CLUDED STUDIES	
Study designs sought	□Only RCTs	Only RCTs: randomized controlled trials (parallel group or crossover
(part of eligibility	□Only non-RCTs	designs)
criteria ^{a,b})	□RCTS and other designs	Only non-RCTs (other designs): e.g., observational or epidemiological
	□Unclear/unreported	studies – cohort, cross sectional, before-after, case-control, time
		series
		RCTs and other designs: Searched for any study design (this should be
		stated – e.g., searched for 'all studies' on a particular topic). Also, e.g.,
		if they only excluded case control studies or reviews, you can choose
		this as they can be assumed to have included all other designs
		Unclear/unreported: there is no mention of what type of design was
		sought – e.g., searched for 'studies' with no mention of design
		Note: Do not guess or attempt to infer, choose unclear whenever the
		type of design sought (or excluded) is not clearly stated
Study designs included	□Only RCTs	As above
(part of adequate	□Other designs	Note: Do not guess or attempt to infer, choose unclear whenever the
description of included	□RCTS and other designs	type of designs obtained are not clearly stated (e.g., in results text or
studies ^{a,b})	□Unclear/unreported	tables). Do not search reference lists.
Intended type of	□Children only	Children only: Children are defined as individuals aged 0 to 18. Use
participants included in	□Children and adults	this definition, rather than what might be used in the SR.
the review? (part of	□Adults	
eligibility criteria ^{a,b})	□Pregnancy	

Field	Response Options	Instructions
		Children and adults: If population in the review included children and
		adults. If any participants are >18 years (e.g., 0-20 years), choose this
		category.
		Adults: If population included only adults, but the review question is
		relevant to children (e.g., family interventions, nurse involvement in
		pediatric care if an outcome of interest is relevant to children, etc.)
		Pregnancy: e.g. include (but are not limited to): a SR assessed
		outcomes on newborns as a consequence of exposure or intervention
		for the mothers, breastfeeding.
Number of reports of	Number	Enter the number of citations included in the review (e.g., if there
studies included in the		were 9 reports on 7 studies, enter '9'). This can typically be found in
review ^a (flow of records ^a)		the text of the methods or results, or in a PRISMA flow chart. Enter
		whole numbers ≥0.
		Note: if total number of studies is not reported, the review should
		have been excluded for not meeting the criteria for an SR (do not
		extract data, flag for exclusion)
Was the number of	□Yes	Yes: the authors explicitly report on the total number of the
participants explicitly	□No	participants included (or a summary of groups, if there was a
reported? (part of		comparison of 2+ groups such as intervention and control). This can
adequate description of		typically be found in the results, and sometimes a PRISMA chart.
included studies ^{a,b})		Please calculate ONLY IF a summary value is given (e.g., for two
		groups such as control vs. treatment).
		No: the number of the participants is not obviously reported. DO NOT
		calculate across included studies.
Total number of	Number	If a review's population members of naturally occurring groups, such
participants in the		as families or classes, enter the number of individuals not the groups
review		If a number was given as an estimate (e.g. >2 million, or
		approximately 1 million, etc.), enter the estimated lower number in
		digits using no decimals, spaces or commas (e.g. 2000000 or 1000000)
		NA: If there are no studies in the review, the authors cannot report
		on the number of participants.

Field	Response Options	Instructions
METHODOLOGICAL APPRO	DACHES	
Objective stated ^{a,b}	□Yes □No	Yes: the authors provide one or more objectives/purpose for the review, even if this is only mentioned in the abstract. Ideally would be based on PICO but this is not a requirement for this project.
		No: no objectives specified anywhere in the paper (before results)
Primary outcome	□Yes	Yes: There is a specific statement e.g., "the primary outcome
specified	□No	is/was" – must explicitly state what the primary outcome is (could
		also call this a dependent variable or something similar) (note: for SRs
		there can be several primary outcomes, so long as they are
		identified); just mentioning 'outcomes' is not enough.
		No: There is no explicit statement about the primary outcome (even if
		there is only 1)
Outcomes of interest	□Yes	Yes: a-priori outcomes (at least one) of interest are listed or can be
listed or can be	□No	inferred from statements in the introduction, objectives, hypotheses
inferred ^{a,b}	□NA	or methods (e.g., inclusion/exclusion, data extraction)
		No: Cannot tell the intended outcomes from the introduction,
		objectives, hypotheses or methods (or intended outcomes are not
		discrete and instead are only vague categories e.g., 'behavioural
		outcomes', so you cannot tell what exactly they are looking for)
		NA: If a primary outcome is stated, then this item is not applicable
Was the quality of	□Yes	Yes: a tool was used to appraise quality of included studies (e.g.,
included studies formally	□No	Cochrane risk of bias tool, Newcastle-Ottawa scale, or one developed
assessed? ^{a,b}	□NA	by the authors for use in the SR)
		No: there was no formal quality appraisal
		NA : no studies were found, thus the quality could not be assessed
Was the quality of	□Yes	This question pertains to the <i>quality of evidence</i> usually assessed by
evidence assessed using	□No	GRADE, and not <i>quality of the included studies</i> (above).
GRADE? ^a	□Other method	Yes: used the Grades of Recommendation, Assessment, Development
	□NA	and Evaluation (GRADE) assessment to grade the quality of the
		evidence.
		No: the GRADE tool was not used
		Other tool: some tool/method other than GRADE was used to assess
		the quality of the evidence (specify in comments)

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		NA: no studies were found, thus the quality could not be assessed
How was the evidence synthesized?	□Narratively only □Statistically	Narratively only: results were narratively summarized the findings of multiple studies are explained. Some authors call this a 'qualitative synthesis'. There is no statistical analysis. Statistically: results were analyzed using a statistical approach (e.g. meta-analysis or network meta-analysis).
If the evidence was synthesized statistically, what method was used?	□Meta-analysis□Network meta-analysis□Individual patient data meta-analysis□NA	Indicate method used from the 3 choices. Mixed: multiple methods were used in the review (list in comments) NA: the results were not synthesized statistically

^a The item is a PRISMA reporting item [3, 4]

References

- [1] Page MJ, Shamseer L, Altman DG, et al. Epidemiology and reporting characteristics of systematic reviews of biomedical research: a cross-sectional study. PLoS Med. 2016;13(5):e1002028. doi: 10.1371/journal.pmed.1002028.
- [2] Klassen TP, Wiebe N, Russell K, et al. Abstracts of randomized controlled trials presented at the society for pediatric research meeting: An example of publication bias. Arch Pediatr Adolesc Med. 2002;156(5):474-9.
- [3] Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. PLoS Med. 2009;6(7):e1000100. https://doi.org/10.1371/journal.pmed.1000100
- [4] Moher D, Tetzlaff J, Tricco AC, Sampson M, Altman DG. Epidemiology and reporting characteristics of systematic reviews. PLoS Med. 2007;4(3):e78.13. https://doi.org/10.1371/journal.pmed.0040078
- [5] Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, et al. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ. 2017;358:j4008.

^b The item may be used to appraise systematic review quality using AMSTAR 2 [5]