Age-treatment subgroup analyses in Cochrane intervention reviews: a meta-epidemiological study

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23794201	29078005	27925149	26455722	25344083	24142844	26333656	19160244	16235288	23450535
23771729	29077194	27918616	26424726	25338726	24129886	21678381	19160216	16235370	12519573
23771694	29064090	27906452	26421585	25321859	24108523	21678341	29265171	19821315	26141572
23744563	29058762	27883192	26419832	22786510	24085592	21678358	18843641	16235377	19160181
23744560	29041034	27875631	26415762	25310725	24085633	30091808	18843687	27467116	20614422
23740540	29036756	27820878	26397173	25300594	24065550	21563133	18843663	16235395	29578611
23740790	23235662	27734465	26387658	25288182	24030739	21563129	24760679	28114727	10796438
23740535	23235610	27727432	26384035	25274134	24027084	21563171	18843711	19821275	10796346
23737086	23235590	27797129	26368505	25254615	24022428	21563135	22972086	16034932	10796794
23728688	23235617	27756113	26361135	25247266	24006231	21491400	18677782	25829028	10796212
23728637	23235630	27783843	26343254	25234029	23999923	21412885	26058964	16034956	25602133
23728679	23152245	27696349	26310586	25229700	23996298	27552162	18646136	16034939	10796519
23728650	23152280	30095853	26308931	25198378	23996271	21328304	18646114	16034887	10796458
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23633365	29096046	27670126	26301526	25178118	23983042	28880995	19821311	30156270	10796861
23633303	23152236	27648846	26284429	25159027	23949842	21249676	18646155	15846606	11869564
23633380	23152230	27647489	26228086	25140869	23955506	21249701	18646107	24934383	10796784
23633368	23152242	27644167	26222245	25133355	23934958	21249700	18425884	27210414	23152214
23543535	23076942	27618521	26202854	25121931	23900725	21249703	24366859	15846622	23152274
23543515	23076913	27611234	26198593	25110856	23897513	21249714	18425938	15846643	22895949
23543527	23076963	27602537	26197477	25101365	23897547	21249684	18425886	25435250	22696357
23543532	23076886	27589694	26184396	25066627	23881649	21249664	18425930	27106604	22513951
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23543586	28737834	27577848	26171908	25069620	23881650	21154360	18425928	15674916	22336820
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23450534	22972150	27535773	26147896	24953826	23813336	20927755	18254085	22592695	17443568
23450578	22972115	27502170	26133923	24937099	23813425	20927748	18646161	19160232	17253491
23450580	22895933	27465317	26133313	24924489	23799857	20927747	18254089	15495123	17054134
23440799	28984368	27457661	26134172	24915581	23797676	20927774	19370610	15495067	17054252
23440818	28965364	27450741	26133124	24896368	29893410	20927758	17943920	15494987	17054130
23440810	28921500	27428009	26130018	24880031	26731032	29870574	17943795	15495128	16855984
23440784	28905362	27409709	26123284	24872328	26661390	20824876	17943806	15266530	16235301
23440794	28898400	27405706	26106870	24859467	26621223	20824844	29926476	15266472	22513913
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23440813	28854319	30113083	25994229	22696365	29063594	20556756	17636735	30039853	10908531
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23235651	28832911	27157143	25985145	22696371	24173771	20464725	17636780	14974046	26517527
23235635	28779487	27149547	25966446	22592678	23963712	20464741	17636726	14973991	20927720
26597166	28770973	27142842	25961741	24823491	22592725	20464736	17636665	14973992	24913720
23235663	28770975	27126581	25950424	30091146	22592671	20464762	17636827	27155888	18843630
23235621	28766313	27121755	25927089	24801225	22592704	20393958	17636790	14974041	23733365
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23450556	28744896	27101360	25922859	24782322	22513931	20238347	24338345	14974076	29342498
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29969521	28724193	27096438	25900537	24719028	22513901	20238341	29920656	14974022	26858174
29957861	28700811	27096578	25854213	24706397	22513964	20238338	17443530	14583927	25407135
29953167	28685503	27092951	25855461	24700291	22513963	20166059	17443505	14583945	27258214
29938790	28636204	27048768	25856365	24696265	22513932	20166067	19588449	14583969	30036453
29939406	28625021	30187450	25835053	24652601	27958643	20091625	17443627	27616189	30019767
29928755	28617932	27025289	25822346	24623260	22419339	20091599	17253577	26270620	29424930
29910691	28613416	27007217	25822171	24615288	22419289	20091665	17253467	14583967	28944453
29864216	28585288	26976671	25803542	24595586	26400848	20091498	22592707	14583926	28453187
29864793	28555461	26905373	25803793	24590623	22419320	20091546	28244064	14584019	28388808
29797578	28542712	26888026	25793972	24585221	22336858	20091505	17253544	28417451	28253424
29775501	28535332	26884379	25790326	24569952	22336798	30191554	23740669	12918001	27627458
29770432	28516471	26886473	25764172	24570033	22336866	20091540	17054141	29763508	22895947
29768662	28521070	26867004	29624206	24566946	22336792	20091659	17054175	12804463	22696347
29734473	28504837	26866512	25740785	29797697	22258983	25408622	17054261	12804441	24310847
29717488	28504325	26853855	25723574	22592719	22258943	25408623	17054137	12804462	24242360
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29669176	28440853	26839116	28658720	24524153	22161416	29509957	17054277	12535487	29205264
29641848	28406263	26837472	25701429	24515444	22161372	19821323	27471845	12535504	27055154
29552749	28402017	26827159	25695214	24510679	22161379	26938118	17054269	12535399	16437457
29543326	28378502	26801659	25691262	24504983	22161390	19821399	17054211	12535466	16235308
29537066	28379619	26798057	25654768	24477672	22161392	19821310	16856018	12519621	25356786
29518253	28368091	26777994	25629415	24474579	22071846	19821359	16856014	12519595	17943772
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29482264	28350426	26758576	25563827	24442763	22071816	19821364	16856089	12137677	21069689
29464690	28321847	26760424	25560834	24385423	22071840	19821369	16856075	28535578	11687182
29460276	28301050	26725721	25561409	24374605	26490698	19821380	16856104	29473717	

29446825	28290161	26711838	25549989	24362925	21975744	19821381	16856032	25739040	
29393511	28295158	26694853	25547090	24353997	21975780	19821362	16856102	12076408	
29363105	28295159	26690844	25536183	24347088	21975766	19821374	16625649	12076440	
29355908	28281295	26676202	25528992	24338106	21901707	19588359	16625563	12076483	
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29341071	28245343	26645724	25500895	24323843	21901734	25770311	16625528	11687074	
29320603	28245347	26646017	25493418	24307518	21901722	19588442	16625617	11687174	
29315455	28225198	26637264	25490118	24297506	21901694	22696319	16625644	11687148	
29304272	28178363	26630545	25486075	24277681	21901729	19588423	16625645	11686988	
29298459	28178770	26630252	25478936	24277645	21901715	19588413	16625607	11687147	
29297205	28155990	26606533	25431843	24265169	21901732	26436959	16625609	18254017	
29284075	28157274	26590358	25427719	24249541	21901675	19370667	16625543	11686955	
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29261853	28084646	26564018	25416857	24226506	21833969	19370584	16437442	11406054	
29238948	28066156	26558494	25410644	24222383	21833989	19370663	16437436	11279690	
29199769	28052316	26561745	25397904	24213953	21833960	25267894	16437473	11034691	
29192424	28002636	26558329	25372407	29534303	21833956	19160282	16437462	16437445	
29164603	27996087	26545176	25358850	24166676	21735405	19160300	16437523	11034672	
29130474	27995607	26523368	25352443	24163828	21735438	19160343	20556762	11034769	
29117629	27977844	26505729	25348770	24156097	21735413	19160339	21901693	11034754	
29099149	27933615	26457821	22895916	24151011	21735392	19160194	16235338	11034690	

text 1. Search terms for evaluating evidence of statistically significant results included in clinical management guidelines for 7 age-treatment subgroup analyses.

For the review by Rowe et al (Mar 2017):

- Google search terms: "Botulinum toxin for treating strabismus guideline recommendation"
- UpToDate:
 - https://www.uptodate.com/contents/evaluation-and-management-of-strabismus-in-children?topicRef=6255&source=see_link (last updated Sept 13, 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/overview-ofdiplopia?search=strabismus&source=search_result&selectedTitle=3~150&usage_type=default&display_rank=3 (last updated Jan 16, 2019; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/third-cranial-nerve-oculomotor-nerve-palsy-inadults?search=strabismus&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2 (last updated Jun 19, 2017; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/amblyopia-in-children-classification-screening-and-evaluation#H3058888 (last updated Sept 18, 2018; literature review current through Jun 2019)
- Cochrane Clinical Answers:
 - https://www.cochranelibrary.com/cca/doi/10.1002/cca.1687/full (published Jul 25, 2017)
- BMJ Best Practice:
 - o https://bestpractice.bmj.com/topics/en-us/689 (last updated Nov 2017; last reviewed Jun 2019)

For the review by Kaner et al (Sep 2017):

- Google search terms: "Digital mobile interventions for reducing alcohol consumption guideline recommendation"
- UpToDate:
 - https://www.uptodate.com/contents/brief-intervention-for-unhealthy-alcohol-and-other-drug-use-efficacy-adverse-effects-andadministration#H2495523184 (last updated Jun 3, 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/psychosocial-treatment-of-alcohol-usedisorder?search=alcohol%20consumption%20intervention&source=search_result&selectedTitle=2~150&usage_type=default& display_rank=2 (last updated Sep 6, 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/approach-to-treating-alcohol-usedisorder?search=alcohol%20consumption%20intervention&source=search_result&selectedTitle=4~150&usage_type=default& display_rank=4 (last updated Nov 16, 2018; literature review current through Jun 2019)
- Cochrane Clinical Answers:
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.2086/full (published Jul 25, 2018)
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.1449/full (published Dec 28, 2016)
- BMJ Best Practice:

o https://bestpractice.bmj.com/topics/en-us/198 (last updated Jun 2018; last reviewed Jun 2019)

For the review by Mhaskar et al (Oct 2014):

- Google search terms: "Colony-stimulating factors for chemotherapy-induced neutropenia guideline recommendation"
- UpToDate:
 - https://www.uptodate.com/contents/use-of-granulocyte-colony-stimulating-factors-in-adult-patients-with-chemotherapyinduced-neutropenia-and-conditions-other-than-acute-leukemia-myelodysplastic-syndrome-and-hematopoietic-celltransplantation (last updated Nov 26, 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/fever-in-children-with-chemotherapy-induced-neutropenia/print (last updated Jul 3, 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/overview-of-neutropenic-fever-syndromes?topicRef=6051&source=see_link (last updated Nov 30, 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/diagnostic-approach-to-the-adult-cancer-patient-with-neutropenicfever?topicRef=6051&source=see_link (last updated Dec 21, 2018; literature review current through Jun 2019)
- Cochrane Clinical Answers:
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.535/full (published Nov 25, 2014)
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.889/full (published Oct 6, 2015)
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.1743/full (published Aug 4, 2017)
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.1433/full (published Oct 12, 2016)
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.973/full (published Jul 11, 2016)
 - https://www.cochrane.org/CD003039/GYNAECA_does-administering-colony-stimulating-factors-plus-antibiotics-peoplefever-and-low-white-cell-count (published Oct 30, 2014)
- BMJ Best Practice:
 - o https://bestpractice.bmj.com/topics/en-us/950 (last updated Oct 2018; last reviewed Jun 2019)

For the review by Hemmingsen et al (Dec 2017):

- Google search terms: "Diet physical activity for incidence of type 2 diabetes guideline recommendation" & "Diet physical activity for two hour plasma glucose guideline recommendation"
- UpToDate:
 - https://www.uptodate.com/contents/epidemiology-presentation-and-diagnosis-of-type-2-diabetes-mellitus-in-children-andadolescents (last updated Mar 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/risk-factors-for-type-2-diabetes-mellitus (last updated Oct 2, 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/prevention-of-type-2-diabetes-mellitus (last updated Jul 3, 2019; literature review current through Jun 2019)

- https://www.uptodate.com/contents/pathogenesis-of-type-2-diabetes-mellitus (last updated Nov 5, 2018; literature review current through Jun 2019)
- Cochrane Clinical Answers:
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.1859/full (published Nov 15, 2017)
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.1860/full (published Nov 15, 2017)
- BMJ Best Practice:
 - o https://bestpractice.bmj.com/topics/en-gb/24 (last updated May 2019; last reviewed Jun 2019)

For the review by Sguassero et al (Jun 2012):

- Google search terms: "Supplementary feeding for weight gain children low middle income country guideline recommendation"
- UpToDate:
 - https://www.uptodate.com/contents/management-of-moderate-acute-malnutrition-in-children-in-resource-limited-countries (last updated Oct 19, 2018; literature review current through Jun 2019)
- Cochrane Clinical Answers:
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.2207/full (published Oct 10, 2018)
- BMJ Best Practice:
 - o https://bestpractice.bmj.com/topics/en-us/1307 (last updated Mar, 2019; last reviewed Jun 2019)
 - https://bestpractice.bmj.com/topics/en-us/747 (last updated Jan 2018; last reviewed Jun 2019)

For the review by Adams et al (Oct 2007):

- Google search terms: "Fluticasone beclomethasone budesonide forced expiratory volume guideline recommendation"
- UpToDate:
 - https://www.uptodate.com/contents/asthma-treatment-in-adolescents-and-adults-beyond-the-basics (last updated Jan 8, 2019; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/treatment-of-severe-asthma-in-adolescents-and-adults (last updated Mar 28, 2018; literature review current through Jun 2019)
 - https://www.uptodate.com/contents/asthma-in-children-younger-than-12-years-treatment-of-persistent-asthma-with-controllermedications (last updated Jan 8, 2018; literature review current through Jun 2019)
- Cochrane Clinical Answers:
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.349/full (published May 28, 2014)
 - o https://www.cochranelibrary.com/cca/doi/10.1002/cca.350/full (published May 28, 2014)
- BMJ Best Practice:
 - o https://bestpractice.bmj.com/topics/en-us/782 (last updated Jul 2018; last reviewed Jun 2019)
 - o https://bestpractice.bmj.com/topics/en-us/44 (last updated Jun 2018; last reviewed Jun 2019)

table S2: Reasons for not performing age-treatment	subgroup analyses among 162 Cochrane intervention reviews.
Reason	No. of Articles (%)
No eligible studies found using inclusion criteria;	16 (9.9)
therefore, subgroup analyses not possible	
Eligible studies found but no meta-analyses	22 (13.6)
conducted	
Insufficient data identified for subgroup analyses	71 (43.6)
Identified studies were not able to be pooled in a	8 (4.9)
way that allowed for subgroup analyses	
Pre-specified some criteria for heterogeneity level	5 (3.1)
required to perform analyses, and that threshold	
was not met	
Stated that age would be a factor considered for	13 (8.0)
exploration if heterogeneity was identified	
No statement given, and the reason was not clearly	20 (12.4)
inferable from the text	
Age-treatment analyses appeared to be performed	2 (1.2)
in the text but not reported in forest plots	
Stated only one age-treatment subgroup level to	3 (1.9)
identify without explicitly stating the comparison	
group	
Other reason	2 (1.2)

table S3: C	table S3: Characteristics of 97 age-treatment subgroup analyses from 25 CDSR reviews.											
PubMed Identifier (Year)	Indication	Population Characteristics	Comparison	Outcome	Subgroup Levels	No. of Unique Trials Included	Reported P value?					
11279769 (2001)	Respiratory	Children (>2 years) and adults with a clinical diagnosis of asthma, only including participants with both chronic obstructive pulmonary disease and asthma if data for asthma were reported separately	Beclomethasone dipropionate vs beclomethasone	Change in Morning peak expiratory flow rate (liters/min) compared to baseline (2.4)	Children; Adults	2	Y					
			design, no oral steroids, 400 mcg/d v 800 mcg/d	Change in Evening peak expiratory flow rate (liters/min) compared to baseline (2.5)	Children; Adults	2	Y					
			Beclomethasone dipropionate vs beclomethasone dipropionate: Crossover design, no oral steroids, 400 mcg/d v 800 mcg/d	Forced expiratory volume 1 (liters) (5.1)	Children; Adults	2	Y					
				Morning peak expiratory flow rate (liters/min) (5.3)	Children; Adults	2	Y					
				Evening peak expiratory flow rate (liters/min) (5.4)	Children; Adults	2	Y					
11687182 (2001)	Respiratory	iratory Children (>2 years) and adults with chronic asthma, only including participants with both chronic obstructive pulmonary disease and asthma if data for asthma were reported separately	Budesonide vs budesonide: Parallel design, not on oral steroids: 400 v 800 mcg/d	Withdrawal due to asthma exacerbation (No. of patients) (3.12)	Children; Adults	2	N					
			Budesonide vs budesonide: Parallel design, not on oral steroids: 200 v 800 mcg/d	Withdrawal due to asthma exacerbation (No. of patients) (5.9)	Children; Adults	4	N					
			Budesonide vs budesonide: Parallel	Withdrawal due to asthma exacerbation	Children; Adults	2	Ν					

			design, oral steroid treated: 200 v 400 mcg/d	(No. of patients) (11.1)			
			Budesonide vs budesonide: Parallel design, oral steroid treated: 400 v 800 mcg/d	Withdrawal due to asthma exacerbation (No. of patients) (12.1)	Children; Adults	2	N
			Budesonide vs budesonide: Parallel design, oral steroid treated: 200 v 800 mcg/d	Withdrawal due to asthma exacerbation (No. of patients) (13.1)	Children; Adults	2	N
				Time to no new lesions (1.1)	Ages 2 - 12 years; 5 - 16 years; 13 - 18 years	3	Ν
16225208		s Healthy children 0 - 18 years of age with chickenpox	Acyclovir versus placebo	Maximum number of new lesions (1.2)	Ages 2 - 12 years; 5 - 16 years; 13 - 18 years	3	N
				Time to no fever (1.3)	Ages 2 - 12 years; 5 - 16 years; 13 - 18 years	3	Ν
(2005)	Infectious			Time to no itching (1.4)	Ages 2 - 12 years; 5 - 16 years	2	Ν
				Skin complications (1.5)	Ages 2 - 12 years; 5 - 16 years; 13 - 18 years	3	Ν
				Central nervous system complications (1.6)	Ages 2 - 12 years; 5 - 16 years	2	Ν
				Respiratory complications (1.7)	Ages 2 - 12 years; 5 - 16 years	2	Ν
16437457 (2006)	Infectious	Children (<15 years) who are affected with HIV, or less than 18 months with HIV-infected mothers	Cotrimoxazole versus control	Death by age (1.4)	Ages < 2 years; > 2 years	1	N
17943772 _	Degninatory	Children (>2 years) and adults	Fluticasone propionate versus	Forced expiratory volume 1 (5.1)	Children; Adults	17	Y
(2007)	Respiratory	including participants with both	beclomethasone dipropionate or	Change in Forced expiratory volume 1	Children; Adults	12	Y

COPD and asthma asthma were report	if data for ted separately	budesonide, parallel group studies: dose	compared to baseline (5.2)			
		ratio 1:2	Forced expiratory volume 1 predicted (5.3)	Children; Adults	7	Y
			Change in forced expiratory volume 1 predicted (5.4)	Children; Adults	6	Y
			Forced vital capacity (5.5)	Children; Adults	9	Y
			Mean morning peak expiratory flow rate (5.7)	Children; Adults	12	Y
			Mean change in morning peak expiratory flow rate (5.8)	Children; Adults	17	Y
			Mean evening peak expiratory flow rate (5.9)	Children; Adults	10	Y
			Change in evening peak expiratory flow rate compared to baseline (5.10)	Children; Adults	10	Y
			Clinic peak expiratory flow (5.11)	Children; Adults	12	Y
			Change in Clinic peak expiratory flow rate (5.12)	Children; Adults	6	Y
		Fluticasone propionate versus	Forced expiratory volume 1 (6.1)	Children; Adults	10	Y
		beclomethasone dipropionate or budesonide, parallel	Change in forced expiratory volume 1 (6.2)	Children; Adults	5	Y

			group studies: dose ratio 1:1	Forced expiratory volume 1 predicted (6.3)	Children; Adults	4	Y
				Forced vital capacity (6.4)	Children; Adults	6	Y
				Morning peak expiratory flow rate (6.5)	Children; Adults; Unclear	11	Y
				Change in morning peak expiratory flow rate compared to baseline (6.6)	Children; Adults	5	Y
				Morning peak expiratory flow rate predicted (6.7)	Children; Adults	3	Y
				Evening peak expiratory flow rate (6.8)	Children; Adults; Unclear	10	Y
				Change in evening peak expiratory flow compared to baseline (6.9)	Children; Adults	4	Y
				Clinic peak expiratory flow rate (6.11)	Children; Adults	9	Y
				Clinic peak expiratory predicted (6.12)	Children; Adults	4	Y
18843705 (2008)	Dermatology	Individuals of any age or gender with eczema diagnosed by a doctor, excluding other specific	Probiotic versus placebo	Participant/parent- rated global change in symptoms of eczema at the end of treatment (1.15)	Ages < 2 years; 2 - 12 years; Not categorized	12	N
		eczema		Participant/parent- rated symptoms of eczema (Scoring of	Ages < 2 years; 2 - 12 years; Not categorized; Adults only	3	N

		_			_	-	
				atopic dermatitis part C) at the end of treatment (1.16)			
				Global eczema severity score (Total Scoring of atopic dermatitis) at the end of treatment (1.17)	Ages < 2 years; 2 - 12 years; Not categorized; Adults only	24	N
20303043		Children (>2 years),	Long-acting beta2- agonist + inhaled	No. of patients with exacerbations requiring oral steroids (2.1)	Children; Adults	25	Ν
20393943 (2010)	Respiratory	adolescents, and adults with recurrent or chronic asthma	corticosteroids versus higher dose inhaled corticosteroids	No. of patients with exacerbations requiring hospitalization (2.12)	Children; Adults; Children and adults	33	Ν
		Children and adults diagnosed with chronic constipation (Rome III criteria) or fecal impaction treated with lactulose or polyethylene glycol	Stool frequency per week	Stool frequency per week (1.3 & 1.4)	Children; Adults	5	Ν
20(144(2			Form of stool	Form of stool (2.3 & 2.4)	Children; Adults	2	Ν
(2010)	nal		Relief of abdominal pain	Relief of abdominal pain (3.2 & 3.3)	Children; Adults	3	N
			Did not require additional products	Did not require additional products (4.2 & 4.3)	Children; Adults	3	N
		Men with confirmed prostate		Overall mortality - SPCG-4 Trial (1.2)	Ages < 65 years; \geq 65 years	1	Ν
21069689 (2010)	Neoplastic	cancer (verified by cytological or histological examination), which is believed to be still	Radical prostatectomy (RP) versus watchful waiting (WW)	Mortality due to prostate cancer - 12 year follow up (1.4)	Ages < 65 years; \geq 65 years	1	N
		confined to the prostate gland		Distant metastases (1.5)	Ages < 65 years; ≥ 65 years	1	N

		Children from low and middle income countries born at term $(\geq 37 \text{ completed weeks of}$ gestation), from birth to five years old, excluding children with malnutrition not resulting from insufficient dietary intake		Weight (kg) gain during the intervention (12.3)	Children younger than 24 months; older than 24 months	5	Y
22696347 (2012)	Dietary		Supplementary feeding	Length/height (cm) gain during the intervention (12.4)	Children younger than 24 months; older than 24 months	5	Y
22696347 (2012) I 22895947 (2012) N 24242360 (2013) H				Weight-for- length/height z-score at the end of the intervention (12.7)	Children younger than 24 months; other age range (6 months to 6 years)	3	Y
22895947 (2012)	Neoplastic	Women with advanced epithelial ovarian cancer (stage III/IV, as defined by the Federation of International Gynecologists and Obstetricians)	Neoadjuvant chemotherapy versus primary debulking surgery	Overall survival (1.2)	Ages < 50 years; 50 - 70 years; > 70 years	1	Y
24242360 (2013)	Psychiatric	Any individual with schizophrenia or similar serious, non-affective psychosis diagnosed by any criteria, and any trial where the majority of participants suffered from serious functional psychotic illness, such as schizophrenia	Haloperidol versus placebo	Global state: Overall improvement: No marked global improvement, > 6- 24 weeks (clinician rated) (1.19)	Ages < 18 years; 18 - 65 years	8	Y
		Children (<16 years) or adults (>16 years), excluding participants with periodontitis at baseline, patients selected due to a pre-existing health condition,		Caries increment at 30 to 36 months (DFT) (4.1)	Children (1100 ppm F, 0.243% NaF); Adults (1100 ppm F, 0.243% NaF); Adults (1500 ppm F, 0.331% NaF)	3	Y
24310847 (2013)	Dental	and studies where the majority of participants had orthodontic appliances, and those taking another prophylactic regimen for plaque/gingivitis unless separate data for triclosan/copolymer/fluoride	Caries	Caries increment at 24 to 36 months (DFS) (4.2)	Children (1100 ppm F, 0.243% NaF); Adults (1100 ppm F, 0.243% NaF); Adults (1500 ppm F, 0.331% NaF)	4	Y

	and fluoride arms were reported separately					
Infectious	Individuals undergoing chemotherapy for cancer who experienced neutropenia (absolute neutrophil count < $1 \times 10^{9}/L$ (1000/mm ³)) and fever (body temperature higher than	Colony-stimulating factor plus antibiotics versus antibiotics alone	Patients with hospitalizations for greater than 10 days (2.1)	Children; Adults	7	Y
			Time to neutrophil recovery (2.2)	Children; Adults	5	Y
	38.5 degrees Celsius on one occasion or higher than 38		Duration of grade IV neutropenia (2.3)	Children; Adults	10	Y
	degrees Celsius on two or more occasions)		Time to recovering from fever (2.4)	Children; Adults; Children and adults	10	Y
	Children and adults with defined cystic fibrosis diagnosed clinically and by quantitative sweat chloride testing or genetic testing or both, including people with cystic fibrosis at all stages of lung disease	Oral nonsteroidal anti- inflammatory drug versus placebo	Annual rate of change in % predicted forced expiratory volume 1 (1.2)	Ages < 13 years at randomization; \geq 13 years at randomization	2	Y
Respiratory			Annual rate of change in % predicted forced vital capacity (1.4)	Ages < 13 years at randomization; \geq 13 years at randomization	2	Y
			Annual rate of change in % predicted forced expiratory flow 25- 75% (1.6)	Ages < 13 years at randomization; \geq 13 years at randomization	2	Y
			Annual rate of change in % ideal body weight (1.11)	Ages < 13 years at randomization; \geq 13 years at randomization	1	Y
			Chest X-ray score (1.13)	Ages < 13 years at randomization; \geq 13 years at randomization	1	Y
Cardiovascul ar	Individuals (>40 years), including patients with implantable pacemakers or defibrillators or a previous	Screening versus routine practice	Detection of new cases of atrial fibrillation (systematic) (1.4)	Ages 65-74 years; > 74 years	1	Y
	Infectious Respiratory Cardiovascul ar	Individuals (>40 years), including patients with implantable pacemakers or defibrillators or a previousIndividuals (>40 years), including patients with implantable pacemakers or defibrillators or a previous	and fluoride arms were reported separatelyIndividuals undergoing chemotherapy for cancer who experienced neutropenia (absolute neutrophil count < lx10%/L (1000/mm³)) and fever (body temperature higher than 38.5 degrees Celsius on one occasion or higher than 38 degrees Celsius on two or more occasions)Colony-stimulating factor plus antibiotics versus antibiotics aloneRespiratoryChildren and adults with defined cystic fibrosis diagnosed clinically and by quantitative sweat chloride testing or genetic testing or both, including people with cystic fibrosis at all stages of lung diseaseOral nonsteroidal anti- inflammatory drug versus placeboCardiovascul arIndividuals (>40 years), including patients with implantable pacemakers or defibrillators or a previousScreening versus routine practice	and fluoride arms were reported separatelyPatients with hospitalizations for greater than 10 days (2.1)InfectiousIndividuals undergoing chemotherapy for cancer who experienced neutrophil count < tody/L (1000/mm³) and fever (body temperature higher than 38.5 degrees Celsius on one occasion or higher than 38 degrees Celsius on two or more occasions)Colony-stimulating factor plus antibiotics aloneTime to neutrophil recovery (2.2) Duration of greater IV Duration of greater IV neutropenia (2.3)RespiratoryChildren and adults with defined cystic fibrosis diagnosed clinically and by quantitative sweat chloride testing or goeneit testing or both, including people with cystic fibrosis at all stages of lung diseaseOral nonsteroidal anti- inflammatory drug versus placeboAnnual rate of change in % predicted forced expiratory flow 25- 75% (1.6)Cardiovascul arIndividuals (>40 years), including patients with implantable pacemakers or defibrillators or a previousScreening versus routine practiceDetection of new cases of atrial fibrillation (systematic) (1.4)	and fluoride arms were reported separatelyand fluoride arms were reported separatelyPatients with hospitalizations for greater than 10 days (2.1)InfectiousIndividuals undergoing chemotherapy for cancer who experienced neutrophiciount < lx10°/L (1000/mm ³)) and fever (body temperature higher than 38 degrees Celsius on one occasion or higher than 38 degrees Celsius on two or more occasions)Colony-stimulating factor plus antibiotics versus antibiotics alonePatients with hospitalizations for greater than 10 days (2.1)Children; AdultsRespiratoryChildren and adults with defined cystic fibrosis diagnosed clinically and by quantitative sweat chloride testing or genetic testing or both, including people with cystic fibrosis at all stages of lung diseaseNanual rate of change in % predicted forced versus placeboAges < 13 years at randomization; ≥ 13 years at randomization trait and omization; ≥ 13 years at randomization; ≥ 13 years at randomization	and fluoride arms were reported separatelyand fluoride arms were reported separatelyPatients with hospitalizations for greater than 10 daysChildren; Adults7InfectiousInfividuals undergoing chemotherapy for cancer who experienced neutrophil (absolute neutrophi locunt tody temperature higher than 38.5 degrees Celsius on one occasion or higher than 38 degrees Celsius on two or more occasions?Colony-stimulating factor plus antibiotics versus autioities alonePatients with hospitalizations for greater than 10 daysChildren; Adults5Duration of grade IV neutroppini a(2.3)Children; Adults1010Time to neutrophil occasions?Children and adults with defined cystic fibrosis diagnosed clinically and by quantitative sweat children testing or genetic testing or both, including people with cystic fibrosis at all stages of lung diseaseOral nonsteroidal anti- inflarmatory drug versus placeboAges < 13 years at randomization, ≥ 13 years at randomization2Cardiovascul arIndividuals (>40 ycars), including patients with implantable pacemakers or defibrillations or a previousScreening versus routine practiceAges of atrial randomization1Cardiovascul arIndividuals (>40 ycars), including patients with implantable pacemakers or odefibrillations or a previousScreening versus routine practiceScreening versus routine practiceAges 6-74 years; > 74Cardiovascul arIndividuals (>40 ycars), including patients with implantable pacemakers or odefibrillations or a previousScreening versus routine practiceScree

		diagnosis of atrial fibrillation as long as these patients were excluded		Detection of new cases of atrial fibrillation (opportunistic) (1.6)	Ages 65-74 years; > 74 years	1	Y
			Systematic versus opportunistic screening	Age subgroups (2.3)	Ages 65-74 years; > 74 years	1	Y
27627458 (2016)	Procedural	Infants and adolescents (>1 month, <18 years) undergoing arterial line placement, excluding neonates	Ultrasound-guided arterial cannulation versus other techniques (palpation/Doppler)	Successful cannulation at the first attempt (1.2)	Infants and small children; Older children	4	Y
28253424 (2017)	Ophthalmolo gical	Children and adults with strabismus suitable for treatment with botulinum toxin to align the angle of deviation	Botulinum toxin versus surgery	Primary outcome - improved ocular alignment ≤ 10 prism dioptres (1.1)	Children; Adults	3	Y
28388808 (2017)	Procedural	All participants who have undergone lumbar puncture for medical reasons	Larger gauge traumatic needles versus smaller gauge traumatic needles	Post-dural puncture headache (2.3)	No distinctions about age; children; ages > 60 years	10	N
28453187 (2017)	Cardiovascul	Adults (>18 years) with or without a prior history of cardiovascular disease,	Proprotein convertase subtillisin/kexin type 9 inhibitors versus placebo	Mean percentage change in low density lipoprotein cholesterol (9)	Ages < 65 years; \geq 65 years	1	Y
	ar	including participants with normal lipid levels or hypercholesterolemia	Proprotein convertase subtillisin/kexin type 9 inhibitors versus ezetimibe	Mean percentage change in low density lipoprotein cholesterol (10)	Ages < 65 years; \geq 65 years	1	Y
28944453 (2017)	Behavioral	Only people in the community whose alcohol consumption had been screened as hazardous or harmful and were directed toward any digital intervention	Digital intervention versus no or minimal intervention	Quantity of drinking (grams/week), based on longest follow-up (1.3)	Adolescents/young adults; Adults	42	Y
29205264 (2017)	Endocrinal	Individuals diagnosed with intermediate hyperglycemia or		All-cause mortality (2.4)	Ages < 50 years; ≥ 50 years	10	Y

	prediabetes at increased risk of developing type II diabetes mellitus	Diet plus physical activity versus	Incidence of type 2 diabetes (2.11)	Ages < 50 years; ≥ 50 years	11	Y
			Fasting plasma glucose (2.21)	Ages < 50 years; ≥ 50 years	10	Y
		comparator	2 hour plasma glucose (2.26)	Ages < 50 years; \geq 50 years	9	Y
Respiratory	Children (<18 years) or adults (>18 years) with cystic fibrosis diagnosed clinically and by sweat or genetic testing)	Mannitol versus control - cross-over studies of individuals with cystic fibrosis	Forced expiratory volume 1 % predicted (absolute change from baseline) (2.2)	Ages 6 - 11 years; 12 - 17 years	1	Y
	Adults (>18 years), excluding participants who were pregnant or acutely ill (with current cancer and undergoing heart or renal transplantation, with HIV or AIDS, on hemodialysis, with immunoglobulin A glomerulonephritis, or another renal problem except diabetic nephropathy) and trials with less that 90% of participants aged > 18 years or where adult data could not be separated from non-adult data	Higher polyunsaturated fatty acids (PUFA) versus lower PUFA intake - primary outcomes Higher polyunsaturated fatty acids (PUFA) versus lower PUFA intake - dichotomous secondary outcomes	All-cause mortality (1.10)	Mean age < 50 years; 50 to < 65 years; 65+ years	24	Y
Adults partici or acu cancer renal t or AII immur ar glome renal p nephro that 90 18 yea could non-ac			Coronary heart disease events (1.22)	Mean age < 50 years; 50 to < 65 years; 65+ years; Unclear	15	Y
			Stroke (1.34)	Mean age < 50 years; 50 to < 65 years; 65+ years; Unclear	11	Y
			Major adverse cardiac & cerebrovascular events (1.48)	Mean age < 50 years; 50 to < 65 years; 65+ years	2	Y
			Cardiovascular mortality (2.10)	Mean age < 50 years; 50 to < 65 years; 65+ years; Unclear	16	Y
			Cardiovascular disease events (2.22)	Mean age < 50 years; 50 to < 65 years; 65+ years; Unclear	21	Y
			Coronary heart disease mortality (2.34)	Mean age < 50 years; 50 to < 65 years; 65+ years	10	Y
			Atrial fibrillation (2.48)	Mean age < 50 years; 50 to < 65 years; 65+ years; Unclear	10	Y
	Respiratory Cardiovascul ar	prediabetes at increased risk of developing type II diabetes mellitusRespiratoryChildren (<18 years) or adults (>18 years) with cystic fibrosis diagnosed clinically and by sweat or genetic testing)Adults (>18 years), excluding participants who were pregnant or acutely ill (with current cancer and undergoing heart or renal transplantation, with HIV or AIDS, on hemodialysis, with immunoglobulin A glomerulonephritis, or another renal problem except diabetic nephropathy) and trials with less that 90% of participants aged > 18 years or where adult data could not be separated from non-adult data	prediabetes at increased risk of developing type II diabetes mellitusDiet plus physical activity versus comparatorRespiratoryChildren (<18 years) or adults (>18 years) with cystic fibrosis diagnosed clinically and by sweat or genetic testing)Mannitol versus control - cross-over studies of individuals with cystic fibrosisAdults (>18 years), excluding participants who were pregnant or acutely ill (with current cancer and undergoing heart or renal transplantation, with HIV or AIDS, on hemodialysis, with immunoglobulin A glomerulonephritis, or another renal problem except diabetic nephropathy) and trials with less that 90% of participants aged > 18 years or where adult data could not be separated from non-adult dataHigher polyunsaturated fatty acids (PUFA) versus lower PUFA intake - polyunsaturated fatty acids (PUFA) versus lower PUFA intake - polyunsaturated fatty acids (PUFA) versus lower PUFA intake - dichotomous secondary outcomes	prediabetes at increased risk of developing type II diabetes mellitusDiet plus physical activity versus comparatorIncidence of type 2 diabetes (2.11)RespiratoryChildren (<18 years) or adults (>18 years) with cystic fibrosis diagnosed clinically and by sweat or genetic testing)Mannitol versus control - cross-over studies of individuals with cystic fibrosisMannitol versus control - cross-over studies of individuals with cystic fibrosisForced expiratory volume 1 % predicted (absolute change from baseline) (2.2)Adults (>18 years), excluding participants who were pregnant or acutely ill (with current cancer and undergoing heart or renal transplantation, with HIV or AIDS, on hemodialysis, with immunoglobulin A glomerulonephritis, or another renal problem except diabetic nephropathy) and trials with less that 90% of participants aged > 18 years or where adult data could not be separated from non-adult dataHigher polyunsaturated fatty acids (PUFA) versus lower PUFA intake - dichotomous secondary outcomesCardiovascular disease events (1.22)Cardiovascular (2.34)Cardiovascular disease events (2.22)Coronary heart disease events (2.22)Coronary heart disease events (2.22)Coronary heart disease events (2.22)Coronary heart disease events (2.24)Atrial fibrillation (2.34)	Cardiovascul ar Adults (>18 years), excluding participants who were pregnant or acutely ill (with current cancer and undergoing heart or renal transplantation, with HIV or AIDS, on hemodiallysis, with immunoglobulin A glomerulonephritis, or another renal problem except fidabetic rephropathy) and trials with less that 90% of participants aged > 18 years or where adult data could not be separated from non-adult data Main tol versus contary outcomes Cordiovascular cerebrovascular cerebrovascular cerebrovascular covers (1.48) Maan age < 50 years; 50 ye	Prediabctes at increased risk of developing type II diabetes mellitusDiet plus physical activity versus comparatorIncidence of type 2 diabetes (2.11)Ages < 50 years; ≥ 50 years11RespiratoryChildren (<18 years) or adults (218 years) with cystic fibrosis sweat or genetic testing)Mannitol versus control - cross-over studies or individuals with cystic fibrosisMannitol versus control - cross-over studies or individuals with cystic fibrosisMannitol versus control - cross-over studies or individuals with cystic fibrosisForced expiratory verseAges < 50 years; ≥ 50 years10Adults (>18 years), excluding participants who were pregnati or acutely iII (with current cancer and undergoing heart or renal transplantation, with HIV or AlDS, on hemodialysis, with glomerulonephritis, or another renal problem except diabetic nephropathy) and trials with less that 0.9% of participants aged > 18 years or where adult dataHigher polyunsaturated fatty acids (PUFA) versus lower PUFA intake- primary outcomesMean age < 50 years; 50 to < 65 years; 65+ years; to < 65 years; 50 to < 65 yea

				Body weight, kg (3.10)	Mean age < 50 years; 50 to < 65 years; 65+ years	15	Y
	Higher polyunsaturated fatty acids (PUFA) versus lower PUFA intake - continuous secondary		BMI, kg/m ² (3.22)	Mean age < 50 years; 50 to < 65 years; 65+ years	11	Y	
		Total cholesterol, mmoL/L (3.37)	Mean age < 50 years; 50 to < 65 years; 65+ years; Unclear	29	Y		
		lower PUFA intake - continuous secondary	Total glycerides, mmoL/L (3.49) Mean age < 50 years to < 65 years; 65+ years Unclear		22	Y	
			outcomes	High density lipoprotein, mmoL/L (3.61)	Mean age < 50 years; 50 to < 65 years; 65+ years; Unclear	20	Y
				Low density lipoprotein, mmoL/L (3.73)	Mean age < 50 years; 50 to < 65 years; 65+ years; Unclear	17	Y
30036453 (2018)	Neoplastic	Participants with locally advanced or metastatic urothelial carcinoma of the bladder as determined by imaging or biopsy, whose disease progressed during or following platinum-containing chemotherapy, excluding participants receiving pembrolizumab as first-line therapy	Pembrolizumab versus chemotherapy (post- hoc)	Overall survival based on age (3.1)	Ages < 65 years; ≥ 65 years	1	Y

table S4: Meta-analytical methods used by authors in their age-treatment interactions.							
Method Used	Subgroup analyses with non-overlapping subgroup levels	Subgroup analyses with overlapping subgroup levels					
All age-treatment analyses	65	32					
Effect Measure							
Mean Difference	40	17					
Risk Ratio	15	13					
Statistical Method							
Inverse Variance	46	19					
Mantel-Haenszel	18	13					
Analysis Model							
Fixed	52	6					
Random	13	26					

table S5. Summary results for proportion of statistically significant age-treatment										
interactions based on di	fferent ch	naracteristi	ics and crite	eria amor	ıg subgrou	p analyses v	with non-	overlappin	g	
subgroup levels.	1									
		No (%) of statistically significant age-treatment interactions								
	P va	alue for inte	eraction	P valu	ue for intera	action not		Total		
	repo	orted in fore	st plots	report	ed in the fo	prest plots				
		<i>P</i> < 0.05	P < 0.005		<i>P</i> < 0.05	<i>P</i> < 0.005		P < 0.05	P < 0.005	
All age-treatment analyses										
Using analytical methods reported in forest plots ^a	n = 51	7 (13.7)	2 (3.9)	n = 14	4 (28.6)	1 (7.1)	n = 65	11 (16.9)	3 (4.6)	
Standardized using a fixed effects model ^b	n = 49	8 (16.3)	2 (4.1)	n = 14	5 (35.7)	2 (14.3)	n = 63	13 (20.6)	4 (6.3)	
Standardized using a random effects model ^b	n = 49	7 (14.3)	2 (4.1)	n = 14	4 (28.6)	1 (7.1)	n = 63	11 (17.5)	3 (4.8)	
One age-treatment analysis per treatment comparison ^c										
Using analytical methods reported in forest plots ^a	n = 25	5 (20.0)	1 (4.0)	n = 13	4 (30.8)	1 (7.7)	n = 38	9 (23.7)	2 (5.3)	
Standardized using a fixed effects model ^b	n = 23	6 (26.1)	1 (4.3)	n = 13	5 (38.5)	2 (15.4)	n = 36	11 (30.6)	3 (8.3)	
Standardized using a random effects model ^b	n = 23	5 (21.7)	1 (4.3)	n = 13	4 (30.8)	1 (7.7)	n = 36	9 (25.0)	2 (5.6)	
One age-treatment analysis per review ^c										
Using analytical methods reported in forest plots ^a	n = 15	4 (26.7)	2 (13.3)	n = 5	2 (40.0)	0 (0.0)	n = 20	6 (30.0)	2 (10.0)	
Standardized using a fixed effects model ^b	n = 14	5 (35.7)	1 (7.1)	n = 5	2 (40.0)	1 (20.0)	n = 19	7 (36.8)	2 (10.5)	
Standardized using a random effects model ^b	n = 14	4 (28.6)	1 (7.1)	n = 5	2 (40.0)	0 (0.0)	n = 19	6 (31.6)	1 (5.3)	

^a We recreated the forest plots using the same methods outlined in the original Cochrane review (i.e., if the authors applied the Dersimonian & Laird random effects model to summarize risk ratios, we use the same effect measure and model). ^b When standardizing using fixed and random effects models, we excluded two subgroup analyses from one Cochrane review that did not provide information on which studies were included in the subgroup analyses or the methodology for the subgroup analyses that they conducted.

^c Using the primary outcome described in the text, if available, and otherwise using the outcome with the most data included (number of trials, or, in the event of a tie, the smallest variance in the summary effect).

text 2. Standardization using only fixed and only random effects models.

After excluding two subgroup analyses that did not provide information on which studies were included in the subgroup analyses and standardizing the calculations using only fixed and only random effects (Dersimonian and Laird) models with standard effect measures (risk ratio or mean difference), eight (8 of 49, 16.3%) and seven (7 of 49, 14.3%) of the 49 analyses were statistically significant, respectively. Among the 14 analyses that did not report a P value from an interaction test, four (28.6%) were statistically significant using the authors' outlined methods and a random effects model, and five using a fixed effects model.

In both sensitivity analyses, after excluding the two subgroup analyses that did not provide information regarding the individual studies included in the analyses, standardization using the random effects model did not change the number of analyses with statistically significant age-treatment interactions (9 of 36, 25.0%; 6 of 19, 31.6%) (Additional file 1: Supplementary Table 5). Standardization using a fixed effects model resulted in 11 (11 of 36, 30.6%) and seven (7 of 19, 36.8%) analyses with a statistically significant *P* value from an interaction test when selecting one analysis per treatment comparison and one analysis per Cochrane review, respectively (Additional file 1: Supplementary Table 5).