Cochrane Risk-of-bias training event 2019

Bristol, July 2019

Example assessment of Engerbretsen trial

Signalling questions	Response	Rationale		
Bias arising from the randomization process				
1.1 Was the allocation sequence random?	PY	"A statistician not involved in data collection or analysis randomly allocated patients to treatment groups in blocks of four to six. Randomisation was stratified by sex. A person not involved in the treatments opened the sealed envelopes and assigned appointments according to treatment group."		
1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?	PY			
1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?	N	"The groups were similar at baseline with regard to age, education, dominant arm affected, duration of pain, sick leave, shoulder pain and disability index score, and secondary outcome variables Seventeen (33%) patients in the radial extracorporeal shockwave group and 12 (23%) in the supervised exercise group were on sick leave because of shoulder pain."		
Risk of bias judgement	Low	Allocation sequence was adequately generated and concealed, and baseline imbalances appear to be compatible with chance.		
Bias due to deviations from intend	ded interve	ntions (effect of assignment to intervention)		
2.1. Were participants aware of their assigned intervention during the trial?	Y	Patients knew which interventions they could be assigned to: "The patients were referred to the investigator (KE, a physiotherapist), received oral and written information about the two treatments, and gave their informed consent before the baseline evaluation."		
2.2. Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?	Y			
2.3. If Y/PY/NI to 2.1 or 2.2: Were there deviations from the intended intervention that arose because of the experimental context?	PN	"All the patients were asked not to have any additional treatment except analgesics (including anti-inflammatory drugs) between the start of treatment and the 18 week follow-up." "Thirteen patients in the radial extracorporeal shockwave group and three patients in the supervised exercise group received additional treatment (cortisone injections, chiropractic treatment, physical therapy/supervised exercises) between 12 and 18 weeks (odds ratio 5.5, 95% confidence interval 1.3 to 26.4; P=0.014)."		

2.4. If Y/PY to 2.3: Were these deviations from intended intervention balanced between groups?	NA			
2.5 If N/PN/NI to 2.4: Were these deviations likely to have affected the outcome?	NA			
2.6 Was an appropriate analysis used to estimate the effect of assignment to intervention?	Υ	"One patient crossed over to the supervised exercise group after one treatment with radial extracorporeal shockwaves". However, authors stated that "We analysed data according to the intention to treat principle, in which the study groups are compared in terms of the treatment to which they were randomly allocated."		
2.7 If N/PN/NI to 2.6: Was there potential for a substantial impact (on the result) of the failure to analyse participants in the group to which they were randomized?	NA			
Risk of bias judgement	Low	More patients in the radial extracorporeal shockwave group sought unintended co-interventions (13 vs 3), but this could be considered reflective of usual practice.		
Bias due to missing outcome data				
3.1 Were data for this outcome available for all, or nearly all, participants randomized?	Y	"Two patients [of 52] randomised to supervised exercises did not attend followup at 12 and 18 weeks, and two patients [of 52] in the radial extracorporeal shockwave group did not attend the 18 week follow-up".		
3.2 If N/PN/NI to 3.1: Is there evidence that the result was not biased by missing outcome data?	NA			
3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?	NA			
3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?	NA			
Risk of bias judgement	Low	Data were available for 96% of participants.		
Bias in measurement of the outcome				
4.1 Was the method of measuring the outcome inappropriate?	N	"The participants completed a questionnaire including questions on demographics, education, duration of pain, sick leave, emotional distress, and the outcome measures. The main outcome measure was the shoulder pain and disability index (SPADI), a self report questionnaire for patients with shoulder pain."		

4.2 Could measurement or	PN	This seems unlikely. It seems like all participants completed			
ascertainment of the outcome	FIN	the same questionnaires.			
have differed between		·			
intervention groups?					
4.3 If N/PN/NI to 4.1 and 4.2: Were	Y	"A blinded physiotherapist made the baseline and follow-up			
outcome assessors aware of the		measurements. The patients were instructed not to discuss			
intervention received by study		their treatment with the blinded physiotherapist." However,			
participants?		pain/disability is self-reported by the participants, who were aware of their intervention.			
4.4 If Y/PY/NI to 4.3: Could	Y	Participants beliefs about the superiority/inferiority of either			
assessment of the outcome have		intervention could have influenced their assessment of			
been influenced by knowledge of intervention received?		pain/disability.			
		We have no reason to believe that patients would have a			
4.5 If Y/PY/NI to 4.4: Is it likely that	PN	strong preference			
assessment of the outcome was influenced by knowledge of		[though it is possible that they would]			
intervention received?					
	C	Dain/disphility.use self-uses set-al-level setting.			
Risk of bias judgement	Some concerns	Pain/disability was self-reported by participants who were aware of their assigned intervention, and participants beliefs			
	Concerns	about the superiority/inferiority of either intervention could			
		have influenced their assessment of the outcome, but there is			
		no evidence that this was likely			
Bias in selection of the reported re	Bias in selection of the reported result				
5.1 Were the data that produced	NI	No statistical analysis plan available to us			
this result analysed in accordance					
with a pre-specified analysis plan					
that was finalized before					
unblinded outcome data were available for analysis?					
-					
Is the numerical result being assessed likely to have been					
selected, on the basis of the					
results, from					
5.2 multiple eligible outcome	PN	The reported scale (SPADI) and time point (18 weeks) were			
measurements (e.g. scales,		pre-specified in ClinicalTrials.gov.			
definitions, time points) within the					
outcome domain?					
5.3 multiple eligible analyses of	NI	It is unclear if the reported approach to analysing this			
the data?		outcome was pre-specified or influenced by the results.			
Risk of bias judgement	Some	Unclear if the reported analysis approach was pre-specified or			
	concerns	influenced by the results.			
Overall risk of bias	Some				
	concerns				