### Project/Topic of your Clinical Question:

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<th>Reviewer:</th>
<th>Today’s Date:</th>
<th>Final Evidence Level:</th>
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<tr>
<th>Article Title:</th>
<th>Year:</th>
<th>First Author:</th>
<th>Journal:</th>
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**Do the study aim/purpose/objectives and inclusion/exclusion criteria assist in answering your clinical question?**

- **Study Aim/Purpose/Objectives:**
  - Yes
  - No
  - Unknown

- **Inclusion Criteria:**
  - Yes
  - No
  - Unknown

- **Exclusion Criteria:**
  - Yes
  - No
  - Unknown

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**validity:** Are the results of the systematic review / meta-analysis valid or credible?

1. **Did the overview address a focused clinical question?**
   - Yes
   - No
   - Unknown
   
   **Comments:**

2. **Was the search for relevant studies detailed and exhaustive?**
   - Yes
   - No
   - Unknown
   
   - Was it *unlikely* that important, relevant studies were missed?
   
   **Comments:**

3. **Did the systematic review use RCTs?**
   - Yes
   - No
   - Unknown
   
   - Were the criteria used to select articles for inclusion appropriate?
   
   **Comments:**

4. **Were the included studies appraised and assigned a high level of quality?**
   - Yes
   - No
   - Unknown
   
   **Comments:**

5. **Were the methods consistent from study to study?**
   - Yes
   - No
   - Unknown
   
   - Were populations among the included studies comparable and appropriate?
   - Were the outcomes, interventions, and exposures measured in the same way in the groups being compared?

   **Comments:**

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When reading the bolded questions, consider the bulleted questions to help answer the main question.

If you are uncertain of your skills in evidence evaluation, please consult a local evidence expert for assistance:

- CCHMC Evidence Experts: [http://groups/ce/NewEBC/EBDMHelp.htm](http://groups/ce/NewEBC/EBDMHelp.htm)

Unfamiliar terms can be found in the LEGEND Glossary: [http://groups/ce/NewEBC/EBCFiles/GLOSSARY-EBDM.pdf](http://groups/ce/NewEBC/EBCFiles/GLOSSARY-EBDM.pdf)
6. Was there freedom from conflict of interest?
   - Sponsor/Funding Agency or Investigators
   Comments:

   ☐ Yes ☐ No ☐ Unknown

**RELIABILITY: ARE THESE VALID STUDY RESULTS IMPORTANT?**

7. What were the main results of the systematic review/meta-analysis? (e.g., Helpful data: Page #, Table #, Figures, Graphs)
   - What was the effect size? *(How large was the treatment effect?)*
   Comments:

8. Were the results statistically significant?
   Comments:

   ☐ Yes ☐ No ☐ Unknown

9. Were the results clinically significant?
   - If potential confounders were identified, were they discussed in relationship to the results?
   Comments:

   ☐ Yes ☐ No ☐ Unknown

10. Were adverse events discussed?
    Comments:

    ☐ Yes ☐ No ☐ Unknown

**APPLICABILITY: CAN I APPLY THESE VALID, IMPORTANT STUDY RESULTS TO TREATING MY PATIENTS?**

11. Can the results be applied to my population of interest?
    - Is the treatment feasible in my care setting?
    - Do the patient outcomes apply to my population or question of interest?
    - Are the likely benefits worth the potential harm and costs?
    - Are the patients in this study similar to my population of interest?
    Comments:

    ☐ Yes ☐ No ☐ Unknown

12. Are my patient’s and family’s values and preferences satisfied by the treatment and its consequences?
    Comments:

    ☐ Yes ☐ No ☐ Unknown
13. Would you include this study/article in development of a care recommendation?  

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Comments:

ADDITIONAL COMMENTS OR CONCLUSIONS (“TAKE-HOME POINTS”):

• Consider each “No” answer and the degree to which this limitation is a threat to the validity of the results, then check the appropriate box to assign the level of quality for this study/article.

• Consider an “Unknown” answer to one or more questions as a similar limitation to answering “No,” if the information is not available in the article.

THE EVIDENCE LEVEL IS:

- Good Quality Systematic Review [1a]
- Lesser Quality Systematic Review [1b]
- Not Valid, Reliable, or Applicable

Table of Evidence Levels

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Development for this appraisal form is based on: