

PaPaS Abstract Guidance: Checklist for Editors

1. Is the background succinct with rationale for the review outlined?
2. Do the objectives match the title?
3. Is the PICO fully outlined?
4. Is the search date stated accurately, and is it less than 12 months ago?
5. Are the study characteristics summarised, thus allowing the reader to gauge how ‘applicable’ this evidence is?
6. Are the findings of the Risk of Bias and GRADE assessments summarised?
7. If there is more than one type/class of intervention, are they separated in the results section (can they use subheadings)?
8. **Outcomes:** Are these clearly outlined in the methods and reported in the results? Primary and secondary outcomes should be clearly labelled.
9. Are adverse events reported, even if no data? This could be done with a separate paragraph or positioning them early on.
10. Are results for all key primary and secondary outcomes presented, even if that means saying that there were no results available? All outcomes that are included in the SOF tables should be reported in the abstract.

Note that authors normally need to give a statistical outcome with comparison (X intervention and intensity compared with placebo) (RR or RD, for instance, with 95% Confidence Intervals), some measure of magnitude (NNT or equivalent, with 95% Confidence Intervals), the number of studies and participants, **GRADE and reasons for grading.**

11. **Statistics:** Standardised mean differences (SMD) are difficult to interpret because they are essentially unit-less. Consider if it is possible to estimate what that SMD might mean on a relevant scale (for guidance see the [Cochrane handbook section 12.6](#)).
12. Do SMDs have units reported, preferably with an explanation (which direction is better, what is the clinically important difference)?
13. Do the authors refer to statistical significance? If so remove it! Instead the focus should be on the magnitude and precision of the estimated effect and its likely clinical importance (this is true of all sections of the review).
14. Are the authors clear about the **direction of benefit?** (e.g., *X drug was beneficial at reducing pain intensity in people with Y condition*).
15. **GRADE:** Is the quality of the evidence/level of uncertainty (GRADE) reported for each individual outcome?

16. Do the authors report the number of participants? The number of studies can also be reported, but the proportion of participants is more important than the proportion of studies contributing to outcomes.
17. **Interpreting findings:** Authors need to be careful when there are no data. Statements that interventions are ineffective are incorrect in this circumstance. Absence of evidence **is not** evidence of absence, so usually it is more accurate to state that they did not find evidence regarding whether there is benefit of the intervention.

Abstract Conclusions

18. Are the conclusions a balanced summary of the evidence, and do they refer to evidence regarding effectiveness and potential harm?
19. Do the conclusions in the abstract match those in the main text of the review? If there is low quality evidence, cautious language (e.g., ‘may’) should be used (see **Table 1** below).
20. Authors should not introduce any new concepts or interpretations in the abstract.
21. Authors should avoid making direct recommendations in their conclusions.
22. Cross-check that the presented data match those found in the SOF tables and in the Effects of interventions section.

Table 1: How to decide on standard statements to describe the results

Level (quality) of evidence	Important benefit or harm	Less important benefit or harm	No important benefit/harm or null effect
High	improves*	improves slightly	little or no difference in [outcome]
Moderate	probably improves	probably improves slightly	probably little or no difference in [outcome]
Low	may improve	may improve slightly	may have little or no difference in [outcome]**
Very low	We are uncertain whether [intervention] improves [outcome]***		
No events or rare events	Use comments in SoF table in a plainer language or summarise the results		
No studies	No studies were found that looked at [outcome]		

* Substitute the appropriate verb for ‘improves’ throughout the table, depending on the results: for example, ‘increases’, ‘reduces’, ‘leads to’, ‘prevents’

** This can also be worded as ‘may lead to similar [outcome]’

*** There is a debate about whether results which are rated as ‘very low quality’ should present numbers or not. Both approaches are currently used.

From the [Cochrane Consumers and Communication guidance](#)