

Previewing at Level 1

d	
	Reviewer Comments (Add a Comment)

Refid: 2161, P. Efthimiou, A. Kontzias, C. M. Ward and N. S. Ogden, Adult-onset Still's disease: can recent advances in our understanding of its pathogenesis lead to targeted therapy?, *Nat Clin Pract Rheumatol*, 3(6), 2007, p. 328-35 State: Excluded, Level: 1

Keywords:	Save to hnish later Submit Data	
Adrenal Cortex Hormones/therapen to use Increase Font Size Decrease Font Size	O rightal research (no reulew articles, editorials, letters to the editor) problemed in English after 1990 in admit patients with the um atold or psortatic articritis AND is not a case report or case series?	
	⊕ Yes	
\	⊕ No	
Adult-onset Stills disease is a rare system ic inflam matory	O Cannot de te milie	
disease of this hown etiology, characterized by daily high,	○ No,bitartick will be ised for background	
spiking feuers, euanescent ash, and arthritts. There is no single diagnostic fest for advition set Stiffs disease; rather, the	Clear Selection	
diagnosis is based on clinical or the ristand necessitates the exclusion of intections, neoplastic, and other autoimmune	2. Study high describe or more of the following pharmaceutical interpretations (check all that apply):	
diseases. Proinflammatory cytokines such as interienkin (L)-1,	☐ Corticos te roids	
IL-6, and IL-18, Interferor-gamma, timor necrosis factor, and macrophage colony-sitm dating factor are elegated in patients.	☐ O rai DMARDs including methotrexate, lethnomide,	
with advition set Still's disease and are thought to have a	s u Masa laz hie , cyclos po rine , hydroxych loroguine	
major role in the pathogenesis of the disease. Treatment consists of hous teroidal and inhirithm majory drugs,	☐ 8 blogb DMARDs including anakhra, etanercept,	
conflicostero lds , imm uno suppressants (methote xate , gold, azath loprine, leffunom de , cyclosporin, and	In this im ab, adailm im ab, abatacept, certolizi im ab, go lim im ab, toollizi im ab, ritix im ab	
oyclophosphamide), hitraue nous imm uno gbb ullin, and oytokine gumor nec posis tactor, IL-1 and IL-6, in hibitors.	Can not determine	
Recentaduances in basic imminology haue enhanced our	Comparison is not of interest	
ability to kinder the pathogenic medianisms associated with	3.Stridy compares-	
advitousetStills disease and have led to a paradigm shift where targeted treatments have an increasingly important	○ Two of the Included drugs	
Dk.	○ 8 b logical DMARD (TIM) ue is «s placebo	
(Increase Font Size) (Decrease Font Size)	O he of the high ded dirings were used bacebo but is of interest because of specific outcome such as adue as eyen to	
	○ Nothing of hite restand article should not be included	
	⊕ Cannotdete im line	
	Clear Selection	
	4. Addresses one or more of the following key questions (check all that apply):	
	NO.1 For patients with rhenmatold arthritts or psortational thin this, do drug the rapies of the rin their ability to reduce patient-reported symptoms, to slow or limit progression of radiographic joint damage, or to maintain remission (reduce the incidence flare-ups)?	
	☐ KQ2-Forpatients with risenmatold arthints orpsoriatio	
	artimble, do drug tieraples differ in tielrability to improue functional capacity or quality of life?	
	□ K023 For patients with rivenmatoblantintts or psortationartintts, do drug the rapies differ in harms, to brability, adherence, or aduerse effects?	
	□ KQ 4 W hat are the comparative be neffts and harms of drug	
	the rap less for rive (maio blant) ritts and psortatio antilifts in subgroups of patients based on stage of disease, history of prior the rapy, demographics, concomitant the rap les, or comorbid ities?	
	☐ Can not determ he by the title or abstract	
	□ None of the aboue	
	5. Strictly design is one of the following:	
	PCT 3 most for or base r	

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Previewing at Level 2

Reviewer Comments (<u>Add a Comment</u>)	
Refid: 2161, P. Efficial loui, A. Kontzias, C. M. Ward and N. S. Ogde understanding of its pathogenesis lead to targeted the rapy?, <i>Nat C</i> State: Excluded, Level: 1	
Save to hnish later Submit Data	
1. Should the article be excluded for any of the following reason	ni?
Stricky reported only in abstract	
☐ Wirong ontcome (Le. plasmak he tic or line mied tate ontcomes)	
☐ Wrong drug (hot one of the following: conflowing in ids, me tho tree suitasa bizhe, oyok sporhe, hydroxych broquine, anak inra, etane ise ada im um ab, abatacept, ce ito lizum ab, golim um ab, ibo likum ab, ritu:	ept, lufik mab.
☐ Wrong pop (bitto) (For example ped batric strides)	
⊡ W rong p vb lication type é.g. Etter or ed Norta ji	
□ W rong design (i.e., non—systematic meta-analysis or no compa	irk balam)
☐ RCT (1<100)	
Other? (Please explain!)	G-
☐ Background article	100
☐ None of the aboute-should be included!	
ੀ the article ha∎ been escluded in the above que ∎tion, the nest	two que ition i do not need to be an invered.
2. Which of the following key questions are addressed by the ar	rticle
☐ KQ1-For patients with rise (matoid arthritts or psortatic arthritts, reported symptoms, to slow or limit progression of radiographic join flare-ups)?	do drug the capies differ in the Irab lifty to reduce patient-
☐ KQ2-For pattents with rise (mails) dianteritts or psortatic artistits, capacity or quality of life?	dodnig the capies differ in the Irab lifty to improve functional
☐ KQ3-For patients with rise (matold arthritis or psortatic arthritis), address eitherts?	do drug the capies differ in harm s, to le rability, adherence, or
□ KQ4-What are the comparative benefits and harms of drug the	raples for rheum a to blanthritts and psortatic arthritts. In
subgroups of patients based on stage of disease, history of prior the comodoldties?	erapγ,dem o graphics,co ico milita ittlie raples,o r
☐ Note of the aboue	
3. What is the study design?	
○ RCT > orequal to 100	
Observational > or equal to 100	
Metaphakak or notematic bulber de Cockrate Reuber)	

○ None of the aboue, but its hould be abstracted-please note why in the box!	0
O None of the above, so exclide.	1
Clear Selection	
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Previewing at Level 3 Reviewer Comments (<u>Add a Comment</u>)	
reviewer commercis (<u>Add a comment</u>)	
Refld: 2161, P. Effi in lot, A. Kontzias, C. M. Ward and N. S. Ogden, Advitons et Still State: Excluded, Level: 1	s dise ase; can recent aduances in our understa
Save to hnish later Submit Data	
1. Author, Year, Study name if applicable (i.e. BeST):	
Entarge Shrink	
2. Country and setting:	
If more than a couple of countries are included just call it multinational. Set	tions include primary care, bospitals upi
will de than a couple or countries are included just carrie in titinational, set	unga monde primary care, nospitala, um
3. Source of funding	
☐ Piammacevitical company or other commercial source-please list name.	9
Governmentornon-profit organization - please list name.	⊕
□ Not reported	
4. Condition being treated:	
Rivermatold artifits	
Psortatic arthritis	
Other? Pease explain	
s. STUDY DESIGN	
○ Cos tro lled Trials	
Observational	
Clear Selectible 6.	
What is being compared?	
10 BIDMARD us 10 BIDMARD	
10 BIDMARD us 1 BIOLOGIC	
☐ 1 O BI D MARD us 1 Conticoste rold	
1 BIOLOGIC US 1 BIOLOGIC	
1 BIOLOGIC us 1 Corticosteroid	

1 BIOLOGIC vs Plac	ebo			
Combination therapy vs Combination therapy				
SINGLE DRUG vs Combination therapy				
Strategy (Describe th	ne strategy in detail for each arm ir	n the 'Other' text box for numbers 8-12)		
7. How many comparis	son arms does this study have	e?		
O 2 ARMS				
O 3 ARMS				
O 4 ARMS				
O 5 ARMS				
8. Check off the drug(s	s) studied for ARM 1 and put	dosage and frequency in the adjacent box		
☐ Methylprednisolone		₿-		
Prednisone		B		
Prednisolone		B		
Methotrexate		B		
Leflunomide		₽ ·		
Sulfasalazine		₿ P		
Hydroxychlorquine		₽ ·		
Etanercept		₽ ·		
Infliximab		₽ ·		
Adalimumab		₽ ·		
Anakinra		₽ ·		
Abatacept		₽ ·		
Rituximab		₽ ·		
Certolizumab		₽ ·		
Golimumab		B		
☐ Tocilizumab		₽ ·		
☐ Placebo		B		
Other (describe)		₽ ·		
9. Check off the drug(s	s) studied for ARM 2 and put	dosage and frequency in the adjacent box		
☐ Methylprednisolone		₽		
Prednisone		B		
Prednisolone		B		

Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Solfmumab Other (describe) Prednisolone Prednisolone Prednisolone Hydroxychlorquine Sulfasalazine Hydroxychlorquine Sulfasalazine Hydroxychlorquine Stanercept Sulfasalazine Hydroxychlorquine Stanercept Sulfasalazine Hydroxychlorquine Stanercept Sulfasalazine Hydroxychlorquine Sulfasalazine Sulfasala	☐ Methotrexate	B
Hydroxychlorquine Etanercept Galaimumab Galaimuma	Leflunomide	B
Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab Certolizumab Golimumab Placebo Other (describe) Check off the drug(s) studied for ARM 3 and put dosage and frequency in the adjacent box Methylprednisolone Prednisone Prednisone Prednisone Hydroxychlorquine Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab Golimumab Go	Sulfasalazine	B
Infliximab Adalimumab Anakinra Abatacept Rituximab Certolizumab Golimumab Tocilizumab Placebo Other (describe) Other (describe) Check off the drug(s) studied for ARM 3 and put dosage and frequency in the adjacent box Methylprednisolone Prednisone Prednisolone Hordinaria Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab B	Hydroxychlorquine	₽
Adalimumab Anakinra Abatacept Rituximab Certolizumab Golimumab Colizumab Placebo Other (describe) Check off the drug(s) studied for ARM 3 and put dosage and frequency in the adjacent box Methylprednisolone Prednisone Prednisolone Methotrexate Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Adalimumab Anakinra Abatacept Rituximab Golimumab Golim	☐ Etanercept	B
Ahakinra Abatacept Rituximab Certolizumab Golimumab Golimumab Placebo Other (describe) Check off the drug(s) studied for ARM 3 and put dosage and frequency in the adjacent box Methylprednisolone Prednisone Prednisolone Methotrexate Leflunomide Sulfasalazine Hydroxychlorquine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab Grequency In the adjacent box Grequency In th	☐ Infliximab	B
Abatacept Rituximab Certolizumab Golimumab Golimumab Placebo Other (describe) Certolizumab Golimumab Placebo Golimumab Golimum	Adalimumab	B
Rituximab Certolizumab Coliminab Col	Anakinra	B
Certolizumab Golimumab Todilizumab Placebo Other (describe) Check off the drug(s) studied for ARM 3 and put dosage and frequency in the adjacent box Methylprednisolone Prednisone Prednisolone Methotrexate Leftunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Adalimumab Anakinra Rituximab Rituximab	Abatacept	B
Golimumab Tocilizumab Placebo Other (describe)	Rituximab	B
Todilizumab Placebo Other (describe) Other (des	Certolizumab	B
Placebo Other (describe) 10. Check off the drug(s) studied for ARM 3 and put dosage and frequency in the adjacent box Methylprednisolone Prednisone Prednisolone Methotrexate Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab	Golimumab	B
Other (describe) 10. Check off the drug(s) studied for ARM 3 and put dosage and frequency in the adjacent box Methylprednisolone Prednisone Prednisolone Methotrexate Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Anakinra Abatacept Rituximab	☐ Tocilizumab	B
10. Check off the drug(s) studied for ARM 3 and put dosage and frequency in the adjacent box Methylprednisolone	Placebo	B
Methylprednisolone Prednisone Prednisolone Methotrexate Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Rituximab Rituximab	Other (describe)	B
Prednisone Prednisolone Methotrexate Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab	10. Check off the drug(s) studied for ARM 3 and put	dosage and frequency in the adjacent box
Prednisolone	Methylprednisolone	₽
Methotrexate Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab	☐ Prednisone	₽
Leflunomide Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab	Prednisolone	B
Sulfasalazine Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab	☐ Methotrexate	₽
Hydroxychlorquine Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab	Leflunomide	₽ ·
Etanercept Infliximab Adalimumab Anakinra Abatacept Rituximab	Sulfasalazine	B
Infliximab Adalimumab Anakinra Abatacept Rituximab	Hydroxychlorquine	B
Adalimumab Anakinra Abatacept Rituximab	☐ Etanercept	B
Anakinra Abatacept Rituximab	☐ Infliximab	B
□ Abatacept □ Rituximab □	☐ Adalimumab	B
Rituximab	Anakinra	B
	☐ Abatacept	B
☐ Certolizumab	Rituximab	B
	☐ Certolizumab	B

Golimumab		B
Tocilizumab		B
Placebo		₽
Other (describe)		₽
11. Check off the drug	(s) studied for ARM 4 and put	dosage and frequency in the adjacent box
		₿.
Prednisone		B
Prednisolone		B
Methotrexate		B
Leflunomide		₿.
Sulfasalazine		B
Hydroxychlorquine		B
☐ Etanercept		B
Infliximab		B
Adalimumab		B
☐ Anakinra		B
Abatacept		B
Rituximab		B
Certolizumab		₿
Golimumab		₿.
Tocilizumab		₿-
☐ Placebo		B
Other (describe)		₽
12. Check off the drug	(s) studied for ARM 5 and put	dosage and frequency in the adjacent box
Methylprednisolone		₽
Prednisone		₽
Prednisolone		B
☐ Methotrexate		₽ ·
Leflunomide		₿-
Sulfasalazine		B

Hydroxychlorquine	B
☐ Etanercept	B
☐ Infliximab	□
Adalimumab	B
Anakinra	B
Abatacept	B
Rituximab	B
Certolizumab	B
Golimumab	B
Tocilizumab	B
Placebo	G
Other (describe)	G
13. Research objective (Please be b	rief and concise):
Enlarge Shrink 14. Overall study n = Enlarge Shrink 15. Duration of study: Enlarge Shrink MTX Naive Early RA	apply and list additional criteria in the text box)
-	0.
☐ Treatment resistant	
Additional inclusion criteria	G-
17.	
Exclusion criteria	
Enlarge Shrink	

POPULATION CHARACTERISTICS

	ARM 1	ARM 2
18. Intervention/Treatment	B	3
19. # in group (n):	B	B
20. Age (mean):	B	B
21. Sex, female (%):	B	B
22. Race, white (%):	B	B
23. Race, black (%):	B	B
24. Ethnicity, Latino (%):	0	B
25. Disease duration (mean & SD):	0	B
26. DMARD use (%):	B	B
27. Corticosteroid use (%):	B	B
28. MTX naive (%):	B	B
29. Treatment resistant (%):	B	B
30. Patients with early RA, three years or less, (%):	B	B
31. Baseline DAS score:	B	B
32. Tender joint count:	B	B
33. Swollen joint count:	B	B
34. Required treatment for latent TB:	B	B
35. Other population characteristics?	B	B

RESULTS: Outcome Measures and Health Outcomes (Enter results for all time points and please specify units for all results)

	ARM 1	ARM 2
36. ACR 20, %, (CI/SD/P value):	B	₽
37. ACR 50, %, (CI/SD/P value):	B	₽
38. ACR 70, %, (CI/SD/P value):	B	B
39. PASI 20, %, (CI/SD/P value):	B	B

40. PASI 50, %, (CI/SD/P value):	S	}	3
41. PASI 70, %, (CI/SD/P value):	•	+	B
42. HAQ, mean difference/absolute difference (CI/SD/P Value):		>	B
43. DAS, mean difference/absolute difference (CI/SD/P Value):		>	B
44. SF-36, mean difference/absolute difference (CI/SD/P Value):		>	B
45. PsARC, mean difference/absolute difference (CI/SD/P Value):	S	>	B
46. Radiographic measures, mean difference/absolute difference (CI/SD/P Value):	S	b .	B
47. Quality of life scales (please name), mean difference/absolute difference (CI/SD/P Value):		>	B
48. Others, (please name); mean difference/absolute difference (CI/SD/P Value):	<u> </u>	}	
ATTRITION AND ADHERENCE			
40 Owner II atteition (with drawn)	ARM 1	ARM 2	
49. Overall attrition/withdrawal (n):	3	ł .	B
50. Withdrawals due to adverse			_
events (n):		k	3
51. Withdrawals due to lack of	E	L	B
efficacy (n):			
52. Adherent/compliant (n):		N.	n.
Adherent compilant (ii).			3
53. Other attrition related comments Enlarge Shrink	?		

RESULTS: Adverse Events, n

ARM 1 ARM 2

54. Overall adverse events reported (n):	B	B
55. Death (n):	B	B
56. Lymphoma or leukemia (n):	B	B
57. Skin cancer (basal cell or squamous cell) (n):	B	₽ P
58. Other cancer (specify) (n):	B	B
59. Cardiovascular events (specify) (n):	B	B
60. Hepatotoxicity/elevated liver enzymes (n):	G	B
61. Tuberculosis (n):	B	B
62. Pneumonia (n):	B	B
63. Upper respiratory infection (n):	B	B
64. Urinary tract infection (n):	B	B
65. Other infections (specify) (n):	B	₽
66. Fractures (n):	B	B
67. Infusion/injection site reactions (n):	B	B
68. Skin rash (n):	B	₽
69. Demyelenation or multiple sclerosis (n):	B	B
70. Progressive multifocal leukoencephalopathy (n):	G	B
71. Headache (n):	₽	B
72. Dizziness (n):	B	B
73. Nausea or vomiting (n):	B	B
74. Abdominal pain (n):	B	B
75. GI bleed or ulcer (n):	B	B
76. Bowel obstruction (n):	B	B
77. Other GI symptoms (specify) (n):	G-	B
78. Other AEs 1 (n):	B	B
79. Other AEs 2 (n):	B	B
80. Other AEs 3 (n):	B	B

81. Other AEs 4 (n):	B	B
82. Any other AEs:		
Enlarge Shrink	ddress (check all that apply)?	
☐ KQ1- For patients with rheumatoid arthritis or p	soriatic arthritis, do drug therapies differ in the	eir ability to reduce disease activity, to
☐ KQ2- For patients with rheumatoid arthritis or p	soriatic arthritis, do drug therapies differ in the	eir ability to improve functional capac
KQ3- For patients with rheumatoid arthritis or p	soriatic arthritis, do drug therapies differ in ha	rms, tolerability, adherence, or adver
KQ4- What are the comparative benefits and ha	arms of drug therapies for rheumatoid arthritis	s and psoriatic arthritis in subgroups
Quality Review for Controlled	Trials	
84. Randomization adequate?		
O Yes		
○ No		
Not randomized		
Method not reported		
Clear Selection 85. Allocation concealment adequate?		
O Yes		
O No		
O Not randomized		
Method not reported		
Clear Selection		
86. Groups similar at baseline?		
O Yes		
No (what are the differences)	B	
O Not reported		
◯ Not applicable	B	
Clear Selection 87. Outcome assessors blinded?		
O Yes		
O No		

O Yes, but method not described

O Yes, but method not described

88. Care provider blinded?

Not reported
Clear Selection

O Not reported

O Yes O No

Clear Selection 89. Patient blinded?
O Yes
O No
O Yes, but method not described
O Not reported
Clear Selection 90. Overall attrition high (\geq 20%)?
◯ Yes (please state how high)
O No
Clear Selection 91. Differential attrition high (≥ 15%)?
○ Yes (please state difference)
O No
Clear Selection 92. Were the outcome measures valid and reliable?
O Yes
O No
O Not reported
Clear Selection 93. Were the outcome measures equally applied?
O Yes
○ No
O Not reported
Clear Selection 94. Was the statistical analysis based on intention-to-treat (ITT)?
O Yes
O No
O Cannot tell
Not applicable
Clear Selection
95. Were there any post-randomization exclusions?
O Yes (how many?)
○ No
O Cannot tell
Clear Selection 96. Quality rating for efficacy/effectiveness
Good
☐ Fair
Poor
If poor, why?

Quality Review for Observational Studies

97. Were both groups selected from the same source population?
O Yes
○ No
Yes, but method not described
O Not reported
Clear Selection 98. Did both groups have the same risk of having the outcome of interest at baseline?
O Yes
○ No
O Not reported
Clear Selection 99. Were subjects in both groups recruited over the same time period?
O Yes
○ No
O Yes, but method not described
O Not reported
Clear Selection
100. Were measurement methods adequate and equally applied to both groups?
O Yes
○ No
O Not reported
Clear Selection 101. Was an attempt made to blind the outcome assessors?
Yes
O No
O Yes, but method not described
Not reported
Clear Selection
102. Was the time of follow-up equal in both groups?
O Yes
O No
O Not reported
Clear Selection
103. Overall attrition high (\geq 20%)?
O Yes (please state how high)
O No
Clear Selection 104. Differential attrition high (≥ 15%)?
O Yes (please state difference)
O No

Clear Selection
105. Was confounding accounted for either through study design or statistical analysis?
O Yes
○ No
O Yes, but method not described
O Not reported
Clear Selection 106. Did the statistical analysis adjust for different lengths of follow-up?
○ Yes
○ No
Yes, but method not described
O Not reported
Clear Selection
107. Was the length of follow-up adequate to assess the outcome of interest?
O Yes
O No
○ Not reported
Clear Selection 108. Quality rating for observational studies
Good
Fair
□ Poor
Why?
Why? 109. Any other quality related comments?
109. Any other quality related comments? Enlarge Shrink
109. Any other quality related comments?
109. Any other quality related comments? Enlarge Shrink Quality Review for Adverse Events
109. Any other quality related comments? Enlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment
109. Any other quality related comments? Enlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported
Enlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits
Enlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits Lab evaluations
Enlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits Lab evaluations Standardized scale (e.g. WHO, UKU-SES)
Enlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits Lab evaluations Standardized scale (e.g. WHO, UKU-SES) other (please specify)
Enlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits Lab evaluations Standardized scale (e.g. WHO, UKU-SES) other (please specify) 111. Adverse events pre-specified and defined?
Inlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits Lab evaluations Standardized scale (e.g. WHO, UKU-SES) other (please specify) 111. Adverse events pre-specified and defined? Yes No Clear Selection
Inlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits Lab evaluations Standardized scale (e.g. WHO, UKU-SES) other (please specify) 111. Adverse events pre-specified and defined? Yes No Clear Selection 112.
Enlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits Lab evaluations Standardized scale (e.g. WHO, UKU-SES) other (please specify) 111. Adverse events pre-specified and defined? Yes No Clear Selection 112. Measurement techniques non-biased and adequately described?
Inlarge Shrink Quality Review for Adverse Events 110. Methods of adverse effects assessment Patient reported Physical exam at study visits Lab evaluations Standardized scale (e.g. WHO, UKU-SES) other (please specify) 111. Adverse events pre-specified and defined? Yes No Clear Selection 112.

113. Quality rating adverse events assessment:	
○ Good	
○ Fair	
⊙ Poor	
Clear Selection	
114. First abstraction done by:	
○ Karea Crotty	
O Katha Donahie	
O Rick Hansen	
○ Dan Jonas	
O Linda Lux	
□ Robe rt Ro «beγ	
⊕ Raciae i Scie limai	
Other oplease write your name in the adjacent box):	B-
Clear Selection 115. Second labstraction done by:	
○ Kare∎ C to thy	
O katina Donahie	
☐ Rick Hansen	
O Dan Jonas	
○ Lhda Lix	
○ Robe rt Rollbey	
Rachael Schehman	
Other (please write your name in the adjacent box):	₽·
Ckar Selector 116. Study is already included in systematic review/meta-analys	is and does not need to be put in an evidence table
○ Yes	
○ No	
Clear Selection	
Save to hnish later Submit Data	

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