Appendix 3 (as supplied by the authors): Search approach for RCTs

Databases and stepwise approach:

We searched systematic reviews or meta-analyses of pertinent RCTs in MEDLINE (via PubMed), the Cochrane Database of Systematic Reviews (CDSR) and Database of Abstracts of Reviews of Effects (DARE). We searched MEDLINE and the Cochrane Central Register of Controlled Trials (CENTRAL) for matching RCTs published after the time period covered by the newest pertinent evidence synthesis (without time restrictions when no synthesis was identified). For RCD-studies published >= 2008 we directly searched RCTs in MEDLINE (we found no additional matching RCT in any CENTRAL search). When we identified more than 3 potentially pertinent RCTs during abstract screening, we switched to the approach as for older RCD-studies to allow consideration of existing evidence syntheses.

Search terms:

Search terms for the intervention, comparator, and condition were combined. For identification of RCTs and for systematic reviews on topics with diagnostic interventions, we added terms for mortality (which were the same as used in the search strategy of the RCD-studies) to focus on studies reporting clinical outcomes and to increase specificity. We ensured that the terms of each individual search strategy would identify the respective RCD-study (in PubMed/MEDLINE) before we applied additional filters.

Filters:

We used PubMed's systematic review filter (the clinical queries subset "systematic[sb]") or when there were more than 50 hits, we used PubMed's more specific standard filter for meta-analyses. For RCTs, PubMed's standard RCT filter was used. No such filters were necessary for CENTRAL or CDSR/DARE. The English language filter was applied in PubMed.

Other:

We used the same search terms for CDSR and DARE or CENTRAL, respectively. Searches for related topics were conducted together. When we searched explicitly for effects in specific subpopulations, we perused the full texts of RCTs only when title or abstract indicated analyses for such subgroup.