

Cochrane Musculoskeletal Summary of Findings (SoF) Table Guidelines

Summary of Findings (SoF) tables are mandatory for all Cochrane Musculoskeletal reviews.

A SoF table presents a summary of the results of the main seven outcomes in a review, together with an assessment of the quality/certainty of the evidence, in a standard format. SoF tables are presented by comparison [**one** comparison per table] and the main SoF should report on the comparison that is most important for decision makers and which was pre-specified in the protocol. The main SoF contains the information that will be reported in the abstract, plain language summary, and this must be reported consistently across all parts of the review.

This document has been written to provide guidance specifically for Cochrane Musculoskeletal authors. However, there are training videos and documents on creating SoF tables and GRADE that we highly recommend to authors. These are available on the Cochrane Training website: <https://training.cochrane.org/grade-approach>

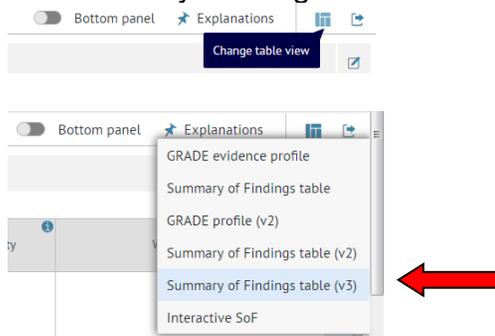
There is additional information provided by the Cochrane GRADEing Methods Group at <https://methods.cochrane.org/gradeing/grade-pro-gdt>. We recommend reviewing the '[Guidance for better SoF table explanations and judgments](#)' document prior to making your SoF table.

Important tips for authors:

- Use GRADEpro GDT (Guideline Development Tool) (<https://grade-pro.org/>) to create your SoF table(s).
- Create your SoF table **BEFORE** writing your review. Send it to the CMSG editorial base for review. The SoF table is the basis for writing the review. Ensuring it is correct will save a significant amount of time and effort in rewriting the review if changes have to be made to the SoF table.
- Ensure the 7 major outcomes, the main comparison, and the primary time point for analysis reported in the protocol match those in the SoF table. If you wish to deviate from those in the protocol, please contact the editorial base to discuss prior to creating your SoF table.
- Use consistency in the wording of footnotes explaining reasons for downgrading the evidence [e.g. Downgraded one level for imprecision; Downgraded two levels for study limitations]

Steps to create your SoF table in GRADEPro

1. Sign up and log into GRADEPro (www.gradepr.org). Note the GRADE Handbook and other resources are available on this site.
2. Create a New Project (select Type “Summary of Findings (SoF) Table)
3. Select ‘Import questions’ and choose your RevMan file (first check out your file into RevMan and then save it to your desktop)
4. Choose the comparison(s) for which you wish to create SoF table(s) *[reminder that these should be the important comparisons that you pre-specified in your protocol]*
5. Use Table view version ‘**Summary of findings (v3)**’. Click on each cell to check and fill in any missing information.



Example of SoF v3 table below

Outcome No of participants (studies)	Relative effect (95% CI)	Anticipated absolute effects (95% CI)			Certainty	What happens
		Without Subacromial decompression	With Subacromial decompression	Difference		
Pain assessed with: (VAS or NRS, 0 to 10, lower is better) follow up: mean 1 year No of participants: 284 (2 RCTs)	-	The mean pain without subacromial decompre- ssion was 2.9 points	-	MD 0.26 points lower (0.84 lower to 0.33 hig- her)	⊕⊕⊕⊕ HIGH	Subacromial decompression results in little to no dif- ference in pain at 1 year.
Global assessment of treatment success follow up: mean 1 year No of participants: 290 (2 RCTs)	RR 1.08 (0.93 to 1.27)	65.5%	70.8% (61 to 83.2)	5.2% more (4.6 fewer to 17.7 mor- e)	⊕⊕⊕○ MODERATE *	Subacromial decompression probably results in a sm- all possibly unimportant effect in global assessment of treatment success.

6. Additional data in the 'What happens' column

Cochrane Musculoskeletal requests authors to provide the following additional data in this column: the number needed to treat (NNT), absolute percent difference (for continuous outcomes), relative percent change, and a narrative statement briefly describing the results.

6.1 Number needed to treat (NNT) [note the NNT is only presented for clinically important results]

Dichotomous data

Number needed to benefit (NNTB) OR Number needed to harm (NNTH) –

We recommend using the Visual Rx NNT calculator, available at Dr Chris Cates EBM website: <http://www.nntonline.net/> [Visual Rx is on the **left** menu]

Note there is also a help file <http://www.nntonline.net/visualrx/help/>

Continuous data

Please contact the Cochrane Musculoskeletal editorial base for the Wells NNT calculator.

6.2 Absolute percent difference

Dichotomous data

This is automatically calculated and displayed in the 'Anticipated absolute effects: Difference' column. There is no need to duplicate this information in the 'What happens' column.

Continuous data

Calculate by dividing the mean difference by the scale of the measure and express as a percentage.

6.3 Relative percent change

Dichotomous data

Calculate as the Risk Ratio - 1 and express as a percentage.

Continuous data

Calculate as the absolute benefit (mean difference) divided by the baseline mean of the control group, and express as a percentage.

6.4 Narrative statement

Add a brief statement to describe the results based on the magnitude of the effect size and the certainty of the evidence. GRADEPro has an option to add an automatic narrative explanation of 'What happens' when you click on that cell. Choose the size of the effect and then based on that effect size and the certainty of the evidence, you can select and insert a narrative statement.



Automatic narrative

Size of effect **Narrative statements**

None None Insert

None

Large effect

Moderate effect

Small effect (important)

Small effect (not important)

No effect

500 left

Automatic narrative

Size of effect **Narrative statements**

Moderate effect None Insert

None

Tramadol may reduce patients experiencing any adverse events .

Tramadol appears to reduce patients experiencing any adverse events .

The evidence suggests that tramadol results in a large reduction in patients experiencing any adverse events .

What happens

The narrative statements are based on this table of standardised wording:

	Important benefit/harm	Less important benefit/harm	No important benefit/harm or null effect
High Quality evidence	improves	improves slightly	little or no difference in [outcome]
Moderate quality evidence	probably improves	probably improves slightly	probably little or no difference in [outcome]

Low quality evidence	may improve	may improve slightly	may have little or no difference in [outcome]
Very low quality evidence	We are uncertain whether [intervention] improves [outcome]		
No events or rare events	Use comments in SoF in a plainer language or summarise results		
No studies	No studies were found that looked at [outcome]		

The standardised statements above are based on the following paper:

Glenton C., Santesso N., Rosenbaum S., Stromme Nilsen E., Radar T., Ciapponi A., Dilkes H, (2010). Presenting the results of Cochrane systematic reviews to a consumer audience: a qualitative study. Med Decision Making DOI: 10.1177/0272989X10375853

7. Export the Table to RevMan

7.1 Select the Export table icon on the top right

Should Subacromial decompression vs. placebo for rotator cuff disease be used for rotator cuff disease? Bottom panel [Explanations](#)   

Subacromial decompression compared to placebo for rotator cuff disease for rotator cuff disease **Export table.**

Outcome No of participants (studies)	Relative effect (95% CI)	Anticipated absolute effects (95% CI)			Certainty	What happens
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Pain assessed with: (VAS or NRS, 0 to 10, lower is better) follow up: mean 1 years No of participants: 284 (2 RCTs)	-	The mean pain without subacromial decompression was 2.9 points	-	MD 0.26 points lower (0.84 lower to 0.33 higher)	⊕⊕⊕⊕ HIGH	Subacromial decompression results in little to no difference in pain at 1 year.

7.2 Select the file format “.sof (for import to RevMan)”

Export Summary of Findings table (v3)

Choose up to 7 outcomes

Select all

Pain

Global assessment of treatment success

Global assessment of treatment success - 2 years

Choose file format

.sof (for import to RevMan) 

MS Word

HTML (for non MS Office users)

PDF

Choose orientation of the table:

Landscape 

Portrait 

7.3 Download the .sof file. Note it will save in your 'Downloads' folder. Or you can select 'Open folder' and save it somewhere else.

7.4 Open RevMan, select File > Import > Summary of Findings tab > select the “.sof” file

7.5 Edit the table as necessary in RevMan