

Item 27b: Results of syntheses – Results of causes of inconsistency

If applicable, present results of all investigations of possible causes of inconsistency among study results.

Title	1	Title
Abstract	2	See tip sheets for Abstracts
Summary	3	Plain language summary
Open Science	4	Registration and protocol <i>a. Registration information</i> <i>b. Accession of protocol</i> <i>c. Protocol amendments</i>
	5	Support
	6	Competing interests
	7	Availability of data and other materials
Introduction	8	Rationale
	9	Objectives
Methods	10	Followed guidelines
	11	Eligibility criteria
	12	Information sources
	13	Search strategy
	14	Selection process
	15	Data collection process
	16	Data items
	17	Study risk of bias assessment
	18	Measurement properties
	19	Synthesis methods <i>a. Eligibility processes</i> <i>b. Methods for synthesis</i> <i>c. Causes of inconsistency</i> <i>d. Sensitivity analyses</i>
	20	Certainty assessment
21	Formulating recommendations	
Results	22	Study selection <i>a. Results of search and selection</i> <i>b. Excluded reports with reasons</i>
	23	OMI characteristics <i>a. Characteristics of OMIs</i> <i>b. Interpretability aspects of OMIs</i> <i>c. Feasibility aspects of OMIs</i>
	24	Study characteristics
	25	Risk of bias in studies
	26	Results of individual studies
	27	Results of syntheses <i>a. Results of syntheses conducted</i> <i>b. Results of causes of inconsistency</i> <i>c. Results of sensitivity analyses</i>
	28	Certainty of evidence
	29	Recommendations
	Discussion	30



Tips for reporting this item:

- If investigations of possible causes of inconsistency were conducted, 1) present results of all possible causes of inconsistency, and 2) identify the studies contributing to each subgroup.
- If qualitative methods were used to investigate inconsistency, describe the results observed. For example, present a table that groups study results by study quality, subpopulations, study characteristics or contextual factors and comment on any patterns observed.
- If subgroup analysis was conducted, report for each analysis within each subgroup, the summary estimates, their precision if applicable (such as standard error or 95% confidence/credible interval) and descriptions of inconsistency. Results from subgroup analyses might usefully be presented graphically.

Examples:

“The convergent validity of the ASQOL questionnaire is weak to good. The summary r values of the association with ASQOL questionnaire and BASDAI were 0.78 (95% CI 0.74 to 0.82) and 0.54 (95% CI 0.47 to 0.61) in the Europe and regions beyond Europe. Subgroup analysis demonstrated that the ASQOL questionnaire was more validated and reliable to evaluate the QoL [quality of life] in the Europe than other regions.”

He Q et al. The validity and reliability of quality of life questionnaires in patients with ankylosing spondylitis and non-radiographic axial spondyloarthritis: a systematic review and meta-analysis. *Health Qual. Life Outcomes*, 2022;20(1):116. <https://doi.org/10.1186/s12955-022-02026-5>.

See the [E&E](#) for more examples.

From: Elsmann EBM, Mokkink LB, Terwee CB, Beaton D, Gagnier JJ, Tricco AC, et al. Guideline for reporting systematic reviews of outcome measurement instruments (OMIs): PRISMA-COSMIN for OMIs 2024. *J Clin Epidemiol*, 2024. <https://doi.org/10.1016/j.jclinepi.2024.111422>.

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