Supplementary Online Content


**eAppendix.** Medline search strategy run via OVID  
**eMethods.** Details of trial selection and data analysis

This supplementary material has been provided by the authors to give readers additional information about their work.

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1. reassur$.ti,ab.
2. anxi$.ti,ab.
3. (quality adj2 life).ti,ab.
4. satisfaction.ti,ab.
5. 1 or 2 or 3 or 4
6. sympto$.ti,ab.
7. featur$.ti,ab.
8. complaint$.ti,ab.
9. 6 or 7 or 8
10. investigat$.ti,ab.
11. test$.ti,ab.
12. imag$.ti,ab.
13. endoscopy.ti,ab.
14. colonoscopy.ti,ab.
15. scan.ti,ab.
16. 10 or 11 or 12 or 13 or 14 or 15
17. negativ$.ti,ab.
18. normal.ti,ab.
19. benign.ti,ab.
20. ((less or without or absence) adj5 serious).ti,ab.
21. 17 or 18 or 19 or 20
22. 5 and 9 and 16 and 21
24. controlled clinical trial.pt.
25. random*.tw.
26. placebo*.tw.
27. trial.tw.
28. clinical trial.pt.
29. evaluation trials.pt.
30. research design/
31. follow up trials/
32. prospective trials/
33. cross over trials/
34. comparative study.pt.
35. (experiment* or intervention*).tw.
36. (pre test or pretest or post test or posttest).tw.
37. (preintervention or postintervention).tw.
38. time series.tw.
39. (cross over or crossover or factorial* or latin square).tw.
40. (assign* or allocat* or volunteer*).tw.
41. (control* or compar* or prospective*).tw.
42. (impact* or effect? or change* or evaluate*).tw.
43. or/23-42
44. 22 and 43
45. exp animals/ not humans.sh.
46. 44 not 45
eMethods

Trial selection

After removal of duplicates, one author (A.R.) reviewed all titles and identified potentially eligible publications from the title and, where necessary, the abstract. Both reviewers independently reviewed all potentially eligible abstracts and retrieved full reports of trials that met the review eligibility criteria. Data were extracted independently onto a data extraction form and any disagreements were resolved by consensus. Data included study design and location, characteristics of patients and interventions, comparators and all outcomes.

Trials meeting the criteria were assessed for quality using the Cochrane Collaboration risk of bias tool. The trials were rated by the authors for risk of bias due to sequence generation, allocation concealment, blinding, selective outcome reporting, and incomplete data. Any discrepancies were corrected by referring to original trials and resolved by consensus.

Data analysis

For all trials, data for each outcome was extracted and effect sizes were expressed as either standardized mean difference (for continuous data) or odds ratio (for dichotomous data). Because the number of trials was relatively small, we combined continuous and dichotomous effect measures in a single pooled analysis by converting standardized mean differences to odds ratio using the method specified in the Cochrane Handbook. For trials that reported both continuous and dichotomous data for the same outcome, we used only the dichotomous measure. Where trials reported median rather than mean values, we used the median and estimated the standard deviation from the interquartile range. We carefully considered whether to conduct meta-analysis given the diversity of investigations and contexts: we chose to undertake quantitative data synthesis only in the absence of statistical heterogeneity ($I^2 < $}
50%). Individual effect sizes were plotted on a forest plot to provide a visual representation of the trials, and the level of heterogeneity but without summary estimates of effect. Meta-analysis was conducted using RevMan5 with trials weighted using the generic inverse variance method and a random effects model because of the differences in diagnostic tests and context between trials. Finally, health care use was estimated as the number needed to investigate (NNI), which we calculated using the same approach as for number needed to treat.