

Supplementary Online Content

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eTable 1. Classification and Definition of Spin Strategy

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eAppendix. Examples of Spin

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

eTable 1. Classification and Definition of Spin Strategy

Spin Strategy	Example
Title	
Claiming treatment effectiveness	“Prevention of hepatocellular carcinoma recurrence with alpha-interferon after liver resection in HCV cirrhosis” ¹
Claiming treatment safety	“A single alcohol ingestion does not affect serum hepatitis c virus RNA in patients with chronic hepatitis C” ²
Focusing on the treatment and the disease with no statement of a comparison or randomization or no question about the effect of the treatment	“Pioglitazone as adjunctive therapy in adolescents with type 1 diabetes” ³
Results section	
Focus on statistically significant within-group comparison (ie, reporting a <i>P</i> value or use of the word “significant” for within-group comparison)	“We next compared the Δ GFR in the observation period with that in the intervention period for each group. In the AST-120 group, the mean Δ GFR (mean \pm SE) was -1.11 ± 0.13 L/min/month over the observation period and $+0.12 \pm 0.15$ mL/min/month over the intervention period, showing a significant retardation ($P < 0.001$) of GFR decline after intervention. On the other hand, in the control group, the mean Δ GFR was -1.33 ± 0.22 mL/min/month over the observation period and -0.34 ± 0.33 mL/min/month over the intervention period, showing no significant difference in mean Δ GFR before and after intervention (FIG. 4).” ⁴
Focus on statistically significant secondary outcomes	“The study aim was to assess the impact of corticosteroid withdrawal, in stable renal transplant recipients, on BMD and bone turnover. [...]one year following withdrawal of glucocorticoids there was no significant difference in creatinine. BMD increased in the withdrawal group (2.54% per year L1- L4, $P < 0.01$), there was a slight reduction in the control group. Mean OC increased from 5.3 to 12.2 ng/mL ($P < 0.05$) in the withdrawal group, but was unchanged in the controls. no change was seen in CTX.” ⁵ NOTE: The primary outcome “biopsy proven acute cellular rejection at 1 year” was not mentioned at all in the abstract Results and appeared only at the end of the Results section in the full-text article.

Spin Strategy	Example
<p>Focus on statistically significant subgroup analyses (ie, authors highlight a subgroup analyses that was not prespecified or was not adequately analyzed [no test of interaction and not analyzed on the primary outcome]).</p>	<p>“Dofequidar plus CAF significantly improved PFS in several patient subgroups, including patients who were premenopausal (P = .046; FIG 3A), patients who had not received prior therapy (P = .0007; FIG 3B), and patients who had advanced primary breast cancer (P = .017; FIG 3C). An extended follow-up showed that dofequidar plus CAF also significantly improved overall survival (P=.0034; FIG 3D) in patients who had no prior therapy.”⁶ NOTE: The authors focused on an inadequate post-hoc subgroup analyses (no test of interaction) of secondary outcomes, with several figures dedicated to significant subgroup comparison.</p>
<p>Focus on statistically significant modified population of analyses (ie, focus on per-protocol population of analyses, analyses of compliant patients only)</p>	<p>“Although the overall intent-to-treat analyses gave nonsignificant results, post hoc analyses that compared the control participants to participants who actually used the intervention found numerous significant, albeit small, differences. Intervention users received significantly more ICS dispensings and significantly fewer short-acting B-agonist dispensings during the 12 months after randomization, and were more likely to report better asthma-specific quality of life (emotional and symptom domains of the asthma quality of life questionnaire) and satisfaction with asthma care. They were also significantly more likely to have a routine visit for asthma during the follow-up period.”⁷</p>
Discussion section	
<p>Reporting of statistically nonsignificant outcome as if the trial were an equivalence trial</p>	<p>“This study shows that using carbetocin as a routine uterotonic drug administered as part of the active management of the third stage in uncomplicated labour and delivery is as effective as syntometrine but with a better adverse effect profile.”⁸</p>
<p>Focus on statistically significant secondary outcomes</p>	<p>“This study has demonstrated an important finding namely that even at maintenance doses, corticosteroids exert an important effect on bone this is measurable not only biochemically as previously described by Ton and colleagues (16) but also by assessing BMD by dxa.”⁵ NOTE: Primary outcome was biopsy-proven cellular rejection at 1 year</p>
<p>Focus on statistically significant subgroup analyses (ie, no caution in the interpretation of the subgroup analyses results)</p>	<p>“In fact, the preventive effect of ifn on recurrence was clear in the subgroup of patients with single, small HCC (<3 cm and with no vascular invasion) who had a nearly complete rate of compliance to treatment.”¹</p>

Spin Strategy	Example
Focus on statistically significant modified population of analyses	<p>“At the end of treatment, we observed a trend toward bupropion efficacy that was statistically significant after adjustment for potential confounders and in the subgroup of patients compliant with the study drug.”⁹</p> <p>Note: Primary outcome was 7-day point prevalence tobacco abstinence at 12 months.</p>
Conclusions section (focusing only on treatment effectiveness)	
Conclusion claiming equivalence for statistically nonsignificant results	<p>“SLT is equivalent to ALT in terms of IOP lowering at 1 year, and is a safe and effective procedure for patients with open-angle glaucoma.”¹⁰</p>
Conclusion claiming efficacy with no consideration of the statistically nonsignificant results for the primary outcome	<p>“Combining ODS with colposcopy provides a clinically meaningful increase in the detection of CIN 2,3 in women referred for the evaluation of mildly abnormal cytology results.”¹¹</p>
Conclusion focusing on only statistically significant results (ie, secondary outcomes, subgroup analyses, within-group comparison, modified population of analyses)	<p>“Dofequidar + CAF was well tolerated and is suggested to have efficacy in patients who had not received prior therapy.”⁶</p> <p>NOTE: Subgroup analyses</p>
Acknowledge statistically nonsignificant results for the primary outcome but with emphasis nonetheless on the beneficial treatment effect	<p>“This trial did not demonstrate significant improvement in the primary or secondary end points in the active treatment group versus the group receiving placebo. However, for FVC there was a trend toward statistical significance between the 2 groups. This suggests that treatment of pulmonary fibrosis in SSC with low-dose prednisolone and IV CYC followed by AZA stabilizes lung function in a subset of patients with the disease. Therapy was well tolerated with no increase in serious adverse events.”¹²</p>
Acknowledge statistically nonsignificant results for the primary outcome but emphasis is on other statistically significant results (secondary outcomes, subgroup analyses, within-group comparison, modified population of analyses)	<p>“In conclusion, IFN does not affect overall prevention of HCC recurrence after resection, but it may reduce late recurrence in HCV-pure patients receiving effective treatment.”¹</p> <p>NOTE: Subgroup analyses</p>

eTable 2. Level of Spin in the Conclusions Section of Articles

Level of Spin	Example	Explanation
None	“PCI [percutaneous coronary intervention] did not reduce the occurrence of death, reinfarction, or heart failure, and there was a trend toward excess reinfarction during 4 years of follow-up in stable patients with occlusion of the infarct-related artery 3 to 28 days after myocardial infarction.” ¹³	No spin: The conclusion is consistent with the results and highlights adverse events.
Low (acknowledgement of the statistically nonsignificant results for the primary outcome OR uncertainty and recommendations for further trials)	“A 50 mg of sublingual misoprostol 4 hourly for labour induction at term seems to have similar efficacy as 25 mg of vaginal misoprostol. Further studies on safety with larger numbers of women need to be conducted before routine sublingual misoprostol use in this setting.” ¹⁴	Spin: Conclusion of equivalence or similar efficacy Uncertainty in the framing: “Seems to have similar efficacy” Recommendation for further trials: “Further studies on safety with larger numbers of women need to be conducted”
Moderate (no acknowledgement of the statistically nonsignificant results for the primary outcome AND uncertainty or recommendations for further trials)	“Our data suggest that a structured nutritional intervention—physical exercise program is more efficacious than a nutritional intervention program in the reduction of global cardiovascular risk and cardiovascular risk factors, in only 16 weeks.” ¹⁵	Spin: Conclusion claims efficacy Some uncertainty in the framing: “suggest that”
High (no acknowledgement of the statistically nonsignificant results for the primary outcome AND no uncertainty AND no recommendations for further trials)	“Combining ODS with colposcopy provides a clinically meaningful increase in the detection of CIN 2,3 in women referred for the evaluation of mildly abnormal cytology results.” ¹¹	Spin: Focus only on statistically significant subgroup analyses. No consideration of the primary outcome on the whole sample. No uncertainty in the framing AND no recommendation for further trials

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eAppendix. Examples of Spin

Abbreviations: PO, primary outcome; SO, secondary outcome.

SPIN IN THE TITLE

Definition:

- Title claiming treatment effectiveness or safety
- Title focus on the treatment and the disease with no statement of a comparison or a randomisation or no question mark on the effect of the treatment

Article ID	Spin in the Title
465 (n=60 / PO=1.25-Vitamin D and Renin levels)	Effect of Angiotensin Converting Enzyme Inhibitors on 1.25-(OH) ₂ D Levels of Hypertensive Patients. Relationship with ACE Polymorphisms. <i>Note: RCT comparing quinalapril and enalapril. Title and article focus on another objective as if it was a cohort study.</i>
534 (n=127 / PO= Present of HO @ 12w)	Indometacin as prophylaxis for heterotopic ossification after the operative treatment of fractures of the acetabulum.
826 (n=46 / PO= Change in A1c)	Pioglitazone as adjunctive therapy in adolescents with type 1 diabetes
871 (n=150 / PO= Recurrent free survival)	Prevention of Hepatocellular Carcinoma Recurrence with alpha-Interferon After Liver Resection in HCV Cirrhosis
1109 (n=2166 / PO= Time to death, reinfarction, or NYHA IV HF with hospitalisation or admission for a stay in a short stay unit (adjudicated))	Coronary Intervention for Persistent Occlusion after Myocardial Infarction
1132 (n=229 / PO= Change in ADHD RS total score)	Low-Dose Atomoxetine for Maintenance Treatment of Attention-Deficit/Hyperactivity Disorder

Article ID	Spin in the Title
368 (n=2272 / PO= True positive biopsy confirmed CIN 2+ / False positive biopsy confirmed CIN 2+)	Effective cervical neoplasia detection with a novel optical detection system: A randomized trial
895 (n=2878 / PO= changes from baseline in King Health Questionnaire domain scores)	The impact of the overactive bladder syndrome on sexual function: A preliminary report from the Multicenter Assessment of Transdermal Therapy in Overactive Bladder with Oxybutynin trial <i>Note: trial comparing transdermal oxybutynin 3.9 mg plus the behavioral intervention of enhanced patient education versus transdermal oxybutynin alone. Title misleading as it focuses on another objective</i>
970 (n=16 / PO= Protein balance)	Intraoperative Infusion of Amino Acids Induces Anabolism Independent of the Type of Anesthesia <i>Note: patients randomly assigned to receive either general anesthesia with desflurane (control group) or general anesthesia combined with epidural analgesia (EDA group). All patients received amino acids infusion.</i>
1115 (n=22 / PO= HCV RNA @ 1h)	A single alcohol ingestion does not affect serum hepatitis C virus RNA in patients with chronic hepatitis C
1291 (n=60 / PO= pregnancy and implantation rate)	Triggering ovulation with gonadotropin-releasing hormone agonists does not compromise embryo implantation rates
1338 (n=92 / PO= biopsy proven cellular rejection @ one year)	Late Low-Dose Steroid Withdrawal in Renal Transplant Recipients Increases Bone Formation and Bone Mineral Density <i>Note: Title focussing on the positive secondary outcome</i>
90 (n=80 / PO= Urinary retention)	Urinary Catheterization May not be necessary in Minor Surgery under Spinal anesthesia with long-acting local anesthetics. <i>Note: title not focussing on the objective of the trial (i.e. comparing 2 anaesthetic protocols)</i>

SPIN IN THE ABSTRACT CONCLUSION

Article ID	Abstract conclusion claims equivalence for nonstatistically significant results
751 (n=46/ PO=Clinical improvement on CHOHES score)	In this randomized prospective study, physical therapy alone appeared to be as effective as hip core decompression followed by physical therapy in improving hip function and postponing the need for additional surgical intervention at a mean of three years after treatment.
450 (n=41/ PO=CG GFR @ 6m / CG GFR @ 12m)	A calcineurin inhibitor-free regimen using sirolimus produces comparable one-year transplant outcomes in living related kidney transplants compared to a calcineurin inhibitor regimen.
1239 (n=140/ PO=Vaginal delivery within 24hr)	A 50 mg of sublingual misoprostol 4 hourly for labour induction at term seems to have similar efficacy as 25 mg of vaginal misoprostol. Further studies on safety with larger numbers of women need to be conducted before routine sublingual misoprostol use in this setting.
971 (n=40 / PO= Maximal dermatomal sensory block)	As compared with previous reports in nonlaboring parturients, the block characteristics of CSE in our study were indistinguishable from those of SSS in laboring parturients for cesarean delivery.
1583 (n=176/ PO=Decrease IOP @ 12 months)	SLT is equivalent to ALT in terms of IOP lowering at 1 year, and is a safe and effective procedure for patients with open-angle glaucoma.
339 (n=329/ PO=Difference in haemoglobin drop @2days)	IM carbetocin is as effective as IM syntometrine in preventing primary postpartum haemorrhage after vaginal delivery. It is less likely to induce hypertension and has a low incidence of adverse effect. It should be considered as a good alternative to conventional uterotonic agents used in managing the third stage of labour
1029 (n=97/ PO=Operation success)	Laparoscopic colposuspension is as effective as vaginal suburethral slingplasty after two years' follow-up.
1632 (n=42/ PO=AUC VAS incidence)	Continuous thoracic paravertebral analgesia is as effective as epidural blockade in controlling post-thoracotomy pain, but is associated with less haemodynamic effects.
1736 (n=24/ PO=BCVA @ 6m)	Triamcinolone-assisted posterior vitreous removal and ICG-assisted ILM peeling have the same effect in terms of postoperative BCVA in patients with diffuse DMO.
1047 (n=85/ PO=Change in CDS total score/ Respond to treatment)	Amisulpride and olanzapine are effective in patients with schizophrenia and comorbid depression. Tolerance of both drugs was acceptable, although use of olanzapine was associated with a trend toward greater metabolic side-effects [19]. <i>Note: Not really equivalence but they are both effective</i>

Article ID	Abstract conclusion claims efficacy with no consideration of the nonstatistically significant PO
368 (n=2272 / PO= True positive biopsy confirmed CIN 2+ / False positive biopsy confirmed CIN 2+)	Combining ODS with colposcopy provides a clinically meaningful increase in the detection of CIN 2,3 in women referred for the evaluation of mildly abnormal cytology results.
290 (n=27 / PO=Change in GFR)	These results suggest that co-administration of AST-120 with conventional treatments retards decline in renal function in CKD patients with moderate decrease in renal function
734 (n=75 / PO=Change in GCVR)	Our data suggest that a structured nutritional intervention–physical exercise program is more efficacious than a nutritional intervention program in the reduction of global cardiovascular risk and cardiovascular risk factors, in only 16 weeks.
748 (n=82 / PO=HSS score @ 2y)	Both techniques provide a satisfactory quality of fracture reduction. Because percutaneous reduction and application of a circular fixator results in a shorter hospital stay, a marginally faster return of function, and similar clinical outcomes and because the number and severity of complications is much higher with open reduction and internal fixation, we believe that circular external fixation is an attractive option for these difficult-to-treat fractures. Regardless of treatment method, patients with this injury have substantial residual limb-specific and general health deficits at two years of follow-up.

Article ID	Abstract conclusion focuses only on statistically significant secondary outcomes
1338 (n=92 / PO= biopsy proven cellular rejection @ one year)	Corticosteroid withdrawal in renal transplant recipients results in an increase in BMD with a corresponding increase in serum OC. Note: in the article, the follow-up schedule is different according to the treatment allocated (randomisation vs first measurement). Very high level of patients excluded from the analyses
1644 (n=32 / PO=Apneic episodes / Periodic breathing / Reflux incidence / Incidence of infection / Infection incidence)	Carnitine supplementation at 20 mg/kg/day results in increased plasma and RBC total carnitine concentrations, has a positive effect on catch-up growth, and may improve periodic breathing in premature neonates. Note: The secondary outcome highlighted is not statistically significant

Article ID	Abstract conclusion focuses only on statistically significant subgroup analyses
300 (n=225 / PO=overall response rate)	Dofequidar + CAF was well tolerated and is suggested to have efficacy in patients who had not received prior therapy (i.e. subgroup analyses).

Article ID	Abstract conclusion acknowledges nonstatistically significant results for the primary outcome but emphasize the beneficial effect of treatment
46 (n=140 / PO=% ST-segment resoultion >=70% recovery @ 60mins)	In conclusion, the use of filter-based distal protection is safe and effectively retrieves debris ; however, such use does not translate into an improvement of myocardial reperfusion, left ventricular performance, or clinical outcomes.
860 (n=45 / PO=Change in % predicted FVC)	This trial did not demonstrate significant improvement in the primary or secondary end points in the active treatment group versus the group receiving placebo. However, for FVC there was a trend toward statistical significance between the 2 groups. This suggests that treatment of pulmonary fibrosis in SSc with low-dose prednisolone and IV CYC followed by AZA stabilizes lung function in a subset of patients with the disease. Therapy was well tolerated with no increase in serious adverse events.
370 (n=76 / PO=Quit rate / reduction rate)	Although the major findings of this study were not significant, the reductions in tobacco use suggest that motivational interviewing may be a clinically relevant counseling model for use in teenage smoking interventions. However, many questions remain, and the current literature lacks studies on trials with significant outcomes using motivational interviewing in smoking cessation. Additionally, more research is needed to examine the suitability of the ED for MTI-type interventions.

Article ID	Abstract conclusion acknowledge nonstatistically significant results for the primary outcome but emphasize statistically significant secondary outcomes
719 (n=254 / PO=7 day point prevalence tobacco abstinence @ 12m)	Bupropion improved short-term but not long-term smoking cessation rates over intensive counseling and appeared to be safe in hospitalized smokers with acute cardiovascular disease.
804 (n=1459 / PO=Cesarean delivery rate)	Early labor assessment and support at home versus support by telephone reduces the number of visits to hospital in latent phase labor but does not impact on cesarean delivery rates among healthy nulliparous women.

Article ID	Abstract conclusion acknowledge nonstatistically significant results for the primary outcome but emphasize statistically significant subgroup analysis
565 (n=26/ PO=Body mass / Arms lean mass / Leg lean mass / total lean mass / Total BMC / FFM / Total fat mass / Trunk fat mass / % body fat / ECW / ICW / TBW / TBW:FFM / Total body protein)	Anti-TNF therapy with etanercept is not superior to that with methotrexate for the treatment of rheumatoid cachexia over a period of 6 mo. However, TNF blockade seems to normalize the anabolic response to overfeeding and, if these findings are confirmed, may be useful in conditions characterized by anorexia and weight loss. <i>Note: Also imply some form of equivalence</i>
712 (n=275/ PO=Occurrence of restenosis > 50% @ 12m)	Treatment with 2500 IU dalteparin subcutaneously given for 3 months after femoropopliteal PTA failed to reduce restenosis/reocclusion at 12 months. However, dalteparin may be beneficial in the subgroup of patients with CLI at 12 months follow-up.
871 (n=150 / PO= Recurrent free survival)	In conclusion, IFN does not affect overall prevention of HCC recurrence after resection, but it may reduce late recurrence in HCV-pure patients receiving effective treatment.

Article ID	Abstract conclusion acknowledge nonstatistically significant results for the primary outcome but emphasize statistically significant modified population analyses
<p>667 (n=6948/ PO=ICS usage in last 4 weeks / ICS dispensing during 12 m /Inhaled short acting Beta agonist dispensings /ED care or hospitalization /Other acute asthma care /Routine visit for asthma /ATAQ control score /Asthma impact score /Asthma QOL (act)</p>	<p>This study did not find improved health outcomes in the primary analyses. The intervention was well accepted by providers, however, and the individuals who participated in the calls appeared to have benefited from them. These findings suggest that further studies of automated telephone outreach intervention seem warranted.</p>

Article ID	Other spin in the conclusion
Conclusion ruling out an adverse event on nonstatistically significant results	
<p>309 (n=126 (≈4*30) / PO=Hypothalamic-pituitary-adrenal (HPA) axis suppression)</p>	<p>Once-daily treatment with 0.1% fluocinonide cream for 2 weeks does not result in HPA axis suppression under the conditions of this study. Once daily applications provided similar or better efficacy as twice-daily applications with a lower risk of HPA axis suppression. The frequency of HPA axis suppression is no greater in younger children than in older children.</p> <p>Note: Also focus on SO.</p>
<p>1115 (n=22 / PO= HCV RNA @ 1h)</p>	<p>In patients with chronic hepatitis C, a single intake of 50 g alcohol does not affect liver biochemistry and HCV RNA concentrations. Therefore, it is a matter of further research whether sporadic drinking of light or moderate amounts of alcohol should be avoided in patients with chronic hepatitis C.</p> <p>Note: Implying that it is safe</p> <p>Note: in the article, claim baseline data are similar based on p-value while they are not</p> <p>Trial stopped for futility with important lack of power (22 included vs 5000 necessary according to the post-hoc calculation)</p>
<p>1291 (n=60 / PO= pregnancy and implantation rate)</p>	<p>In controlled ovarian stimulation IVF donor cycles, GnRH agonists trigger ovulation and induce luteolysis but do not compromise embryo implantation capacity.</p> <p>Note: Also focus on SO.</p>
Conclusion focusing on within-group assessment (both treatments are effective/the treatment administered in both arms is effective (e.g., add-on studies))	
<p>94 (n=116/ PO=Change in triglyceride in 8w)</p>	<p>Our results indicate that the American Heart Association recommended cardioprotective dose of omega-3 fatty acids can also significantly lower triglycerides in patients with CAD. There do not appear to be significant differences in triglyceride-lowering between DHA only and DHA EPA combination products when dosing is based on DHA</p> <p>Note: Add on study (ttA vs ttA+B) focusing on the beneficial effect of the treatment administered in both arms)</p> <p>Acknowledge negative outcomes</p> <p>Treating control arm as experimental</p>
<p>693 (n=118 / PO=Change in hot flash score after 4w)</p>	<p>Gabapentin seems to decrease hot flashes by approximately 50% in women with inadequate hot flash control who were using an antidepressant. This study saw no significant additional hot flash reduction from continuation of the antidepressant</p> <p>Note: Focusing on the beneficial effect of the treatment administered in both arms. Acknowledge negative outcomes</p>
<p>895 (n=2878 / PO= changes from baseline in King Health Questionnaire domain scores)</p>	<p>Overactive bladder negatively affects sexual function. Treatment with transdermal oxybutynin improved sexual function and marital relationships</p> <p>Note: Focusing on the beneficial effect of the treatment administered in both arms</p>

Article ID	Other spin in the conclusion
<p align="center">970 (n=16 / PO= Protein balance)</p>	<p>Epidural anesthesia provided no additional benefit beyond the anabolism obtained with amino acids</p> <p>Note: Focusing on the beneficial effect of the treatment administered in both arms</p>
<p align="center">1514 (n=130/ PO=Change in HAMD)</p>	<p>Despite a heterogeneous sample, a significant proportion of patients met clinical response criteria following treatment but response to 1 and 2 Hz did not differ. 2-Hz right PFC rTMS has antidepressant properties but offers no advantage over 1 Hz despite doubling pulse number.</p> <p>Note: Conclude both treatments are effective.</p> <p>Acknowledge negative outcomes</p>
<p align="center">1562 (n=42/ PO=Clinical response / HDRS score /VAS score /Patient’s subjective perception of improvement /CGI /Remission)</p>	<p>Both treatments were associated with a degree of improvement in refractory depression and therefore add to the literature that rTMS can be an effective option to ECT as it is a less costly treatment and is not associated with anaesthetic and other ECT risks.</p> <p>Note: Conclude both treatments are effective with emphasis on the beneficial effect of the exp treatment.</p>
<p>Conclusion with some recommendations to use the treatment</p>	
<p align="center">315 (n=549 / PO= Parietoabdominal complications during hospital stay / Parietoabdominal complications @ 30d post discharge)</p>	<p>When antiseptic enemas are chosen for mechanical preparation before colorectal surgery, PVI should be preferred over sodium hypochlorite because of better tolerance and avoidance of necrotic ulcerative colitis.</p>
<p align="center">697 (n=221/ PO=Total daily energy expenditure / Moderate daily energy expenditure / Hard daily energy expenditure)</p>	<p>Conclusion: A life skills–oriented physical education curriculum may need to be combined with other approaches to increase the magnitude of effects on physical activity behavior in predominantly African American high school–aged girls</p>
<p align="center">1132 (n=229 / PO= Change in ADHD RS total score)</p>	<p>For patients who experience a robust response to atomoxetine, it may be possible to retain the response during maintenance treatment with a reduced dose of atomoxetine.</p> <p>Note: Comparison of low dose to high dose.</p> <p>Conclusion implying recommendation to use the low dose</p>
<p>Focus on another objective</p>	

Article ID	Other spin in the conclusion
<p style="text-align: center;">90 (n=80 / PO= Urinary retention)</p>	<p>Our results show that, in younger surgical patients who did not receive large amount of fluid intraoperatively, the incidence of urinary retention was low, although prolonged sensory blockage by both long-acting local anesthetics was evident. Thus, urinary catheterization should not be a routine must for every patient undergoing minor surgery with long-acting spinal local anesthetics. From the viewpoint of financial expense, avoidance of complications and annoyance of urinary catheterization, careful observation of urinary bladder fullness in the form of lower abdominal distension, discomfort, bradycardia, or vomiting after surgery is superior to routine retention urinary catheterization just for ease with work in younger patients undergoing minor surgery under long acting spinal local anaesthetics.</p>
<p style="text-align: center;">465 (n=60 / PO=1.25-Vitamin D and Renin levels)</p>	<p>The ACE inhibitor in combination with the presence of the DD genotype decrease the level of 1.25-(OH)₂D. There was no difference between enalapril and quinapril treated groups. <i>Note: Not focusing on the objective. Reporting the results as if it was a cohort study.</i></p>
<p>Comparison to a placebo arm from another trial</p>	
<p style="text-align: center;">698 (n=201 / PO=Time to relapse)</p>	<p>Both C-ECT and C-Pharm were shown to be superior to a historical placebo control, but both had limited efficacy, with more than half of patients either experiencing disease relapse or dropping out of the study. Even more effective strategies for relapse prevention in mood disorders are urgently needed.</p>
<p>Nonstatistically significant subgroup results reported as beneficial</p>	
<p style="text-align: center;">1075 (n=210 / PO=Virologic response @ 48w / Virologic response @ 72w / Sustained virological response @ 72w)</p>	<p>Thus, (1) patients with genotypes 2 and 3 and severe fibrosis can be treated with low dose of Peg-IFN and ribavirin, (2) this study suggests that patients with genotypes 1, 4 and 5 and high viraemia could receive a standard dose of Peg-IFN associated with ribavirin for 48 weeks, (3) side effects limit the efficacy of the treatment with standard dose of Peg-IFN in patients with genotypes 1, 4 and 5 and low viraemia, (4) more studies are needed for patients with genotype 2 or 3 to define the optimal (...)</p>

SPIN IN THE RESULT SECTION OF THE ARTICLE

Article ID	<p align="center">Focus on statistically significant within-group comparison</p> <p align="center">Note all reported also the between group comparison</p>
<p align="center">290 (n=27 / PO=Change in GFR)</p>	<p><i>We next compared the Δ GFR in the observation period with that in the intervention period for each group. In the AST-120 group, the mean Δ GFR (mean \pm SE) was -1.11 ± 0.13 l/min/month over the observation period and $+0.12 \pm 0.15$ ml/min/month over the intervention period, showing a significant retardation ($p < 0.001$) of GFR decline after intervention. On the other hand, in the control group, the mean Δ GFR was -1.33 ± 0.22 ml/min/month over the observation period and -0.34 ± 0.33 ml/min/month over the intervention period, showing no significant difference in mean Δ GFR before and after intervention (fig. 4).</i></p> <p><i>Subgroup analyses were conducted with the subjects stratified by dietary therapy and mean GFR at randomization (at the start of intervention). First, the subjects were stratified by prescribed dietary protein intake of <56 g/day. Even when the patients were divided into a subgroup of normal protein diet and a subgroup of low protein diet, there were no significant differences in patient background between the AST-120 and control arms in the two subgroups (data not shown).</i></p> <p><i>In the normal protein diet subgroup, decline of GFR was significantly retarded ($p = 0.016$) in the intervention period compared to the observation period in the AST-120 group (7 cases), while no significant difference was observed before and after intervention in the control group ($n = 7$) (fig. 5). In the low protein diet group also, decline of GFR was significantly inhibited ($p = 0.016$) in the intervention period compared to the observation period in the AST-120 group (7 cases), while no significant difference was observed before and after intervention in the control group ($n = 5$) (fig. 6).</i></p> <p>Particular focus on within group improvement for the experimental arm and within group improvement for subgroups analyses.</p>
<p align="center">826 (n=46 / PO= Change in A1c)</p>	<p><i>After 6 months both groups demonstrated improved metabolic control. The mean A1c in the entire group decreased from $8.9\% \pm 0.9\%$ at study start to $8.4\% \pm 1.3\%$ at study end ($P = .02$). There was no significant difference in the $\Delta A1c$ between the pioglitazone ($-0.4\% \pm 0.9\%$) and placebo ($-0.5\% \pm 1.2\%$) groups at 6 months (Table II).</i></p> <p>Note within group + within whole group</p>
<p align="center">970 (n=16 / PO= Protein balance)</p>	<p><i>Endogenous Ra of leucine decreased to a similar extent in both groups ($P < 0.05$), while protein synthesis increased, with no difference between the two groups ($P < 0.05$); thus net protein balance became positive to the same extent in both groups ($P < 0.05$). Leucine oxidation did not change in both groups ($P > 0.05$) (Tables 3 and 4).</i>¹</p>
<p align="center">1029 (n=97/ PO=Operation success)</p>	<p><i>At six months, there were highly significant improvements in both groups regarding leaks per week and VAS as compared to baseline ($P < 0.001$). There were no significant differences between the two groups: this result was again seen at two years (Table 3). At six months there were no cases of voiding difficulty in either group.</i></p> <p>Note: also linguistic spin</p>

¹ PROBABLY A MISTAKE IN THE SIGN OF THE P VALUE HOWEVER REPORTED THIS WAY IN THE TEXT.

Article ID	Focus on statistically significant within-group comparison Note all reported also the between group comparison
<p>1562 (n=42/ PO=Clinical response / HDRS score /VAS score /Patient's subjective perception of improvement /CGI /Remission)</p>	<p>There were no significant differences between the groups for baseline HDRS scores (ECT group: 32.1±5.0 ; rTMS group: 30.1±4.7 ; p=0.926). Two factor repeated-measures ANOVA (subject group and time of evaluation) showed no group effect (p=0.495) and no group*time interaction (p=0.949). However, there was a significant effect of time (p=0.001), demonstrating that scores changed similarly in both groups during the study. [...] Post-hoc analysis (i.e. comparison at different evaluation time) showed a significant difference for both groups of patients between T0 and T1 (p=0.01 for the ECT group; and p=0.003 for the rTMS group), and T0 and T2 (p=0.01 for the ECT group; and p=0.001 for the rTMS group). However, between T1 and T2, although there was a trend towards depression improvement, this difference did not reach significance (p=0.07 for the ECT group, p=0.06 for the rTMS group) Note: Reporting of the PO at the very end of the article and linguistic spin</p>
<p>1736 (n=24/ PO=BCVA @ 6m)</p>	<p>Figure 1 shows the pre- and postoperative 6 months BCVA in groups. In ILM peeling group, preoperative BCVA (1.3±0.4, mean±SD, logMAR; Snellen fraction: 0.05) improved to 0.9±0.5 (Snellen fraction: 0.125) (P=0.011). In eyes underwent triamcinolone-assisted posterior vitreous removal, baseline BCVA of 1.4±0.4 (Snellen fraction: 0.04) improved to 1.0±0.5 (Snellen fraction: 0.1) (P=0.007). There was no difference in baseline as well as postoperative 6 months BCVA results of both groups (P=0.59 and P=0.57, respectively). Note: First results reported concern the within group comparison and figures present each group separately.</p>
<p>94 (n=116/ PO=Change in triglyceride in 8w)</p>	<p>"Triglycerides decreased by an average of 21.8% (p =0.001) in the DHA group and 18.3% (p = 0.001) in the DHA + EPA group (p NS between groups) (Table 2). A greater proportion of participants in the DHA group achieved triglyceride goal (150 mg/dL) compared to the DHA + EPA group (24.6% versus 10.2%, p 0.05). There were no changes in mean LDL-C values within or between groups (p = NS); however, participants in both the DHA (p= 0.01) and DHA + EPA (p = 0.05) groups experienced decreases in mean non-HDL-C levels. Compared to the DHA + EPA group, the DHA group had a greater mean percent change in HDL-C (0.1% versus 5.5%, p 0.05)."</p>
<p>688 (n=16/ PO=Rate of muscle glycogen synthesis)</p>	<p>The high-intensity exercise and nutritional supplementation protocol led to significant increases in lactate, glucose, and insulin (Table 2). Lactate peaked immediately after exercise and remained significantly above preexercise levels for the entire 120-min postexercise period. There was a significant interaction (group * time), as reflected by a 23% higher area under the lactate curve in the Cr group. [...] A main time effect for glycogen synthase activity was observed. There was a significant increase immediately after exercise (20%) that returned to resting levels at 2 and 24 h of recovery (Fig. 4). IRS-1-associated PI 3-kinase activity was expressed as multiples of increase in activity above baseline for each person (Fig. 5). There was a main time effect for muscle PI 3-kinase. There was a significant decrease immediately after exercise, followed by a significant increase at 2 h after exercise.</p>

Article ID	Focus on statistically significant within-group comparison Note all reported also the between group comparison
<p>697 (n=221/ PO=Total daily energy expenditure / Moderate daily energy expenditure / Hard daily energy expenditure)</p>	<p><i>Intervention PE classes spent significantly more time (i.e., compliance) (46.9%) walking or active than control PE classes (30.5%) (P<.001). Most of this difference was for the walking category (28.1% vs 18.8%, respectively), with less difference for the active category (16.6% vs 13.9%, respectively).</i></p> <p><i>[...]There were no significant between-treatment group differences for mean daily energy expenditure, moderate energy expenditure, or hard to very hard energy expenditure (Table 1). The results of additional analyses' testing for possible treatment group differences for those who increased (n=92) or decreased (n=113) their physical activity also were not statistically significant. Both treatment groups significantly increased in fitness, as assessed by reduction in submaximal heart rate (Table 1).</i></p> <p><i>[...]Mean body mass index, waist-hip ratio, waist circumference, blood pressure, total cholesterol level, or lipoprotein level did not differ from baseline to follow-up by treatment status (Table 3). However, there were improvements in waist-hip ratio, blood pressure, and highdensity lipoprotein cholesterol level in both groups that either were statistically significant or approached significance.</i></p> <p>Note: Also report compliance as a treatment effect</p>
<p>1338 (n=92 / PO= biopsy proven cellular rejection @ one year)</p>	<p>Note: PO = biopsy proven acute cellular rejection at 1 year was mentioned last Linguistic spin First results reported concern Renal function and then Bone mineral density (positive results)</p> <p><i>Serum OC nearly doubled following withdrawal of steroids (6.8 11.1 gg/mL, p < 0.05, t-test) compared to controls (5.2–5.9 gg/mL, p = ns). In contrast CTx remained unchanged following steroid withdrawal, control group 4969–4682 pmol/L (p = ns), withdrawal group 5209–4767 pmol/L (p = ns) (Figure 4).</i></p>

Article ID	Focus on statistically significant subgroup analyses
<p>300 (n=225 / PO=overall response rate)</p>	<p><i>Dofequidar plus CAF significantly improved PFS in several patient subgroups, including patients who were premenopausal (P = .046; Fig 3A), patients who had not received prior therapy (P = .0007; Fig 3B), and patients who had advanced primary breast cancer (P = .017; Fig 3C). An extended follow-up showed that dofequidar plus CAF also significantly improved overall survival (P=.0034; Fig 3D) in patients who had no prior therapy.</i></p> <p>Note: particular focus on statistically significant posthoc subgroup analyses performed on the SO. No nonstatistically significant results reported for subgroup analyses. No reporting of subgroup analyses on the PO. Several figures dedicated to subgroup analyses</p>

Article ID	Focus on statistically significant subgroup analyses
<p>368 (n=2272 / PO= True positive biopsy confirmed CIN 2+ / False positive biopsy confirmed CIN 2+)</p>	<p>Among all patients enrolled in the study, a total of 218 cases of biopsy-confirmed CIN 2+ was identified among the 1096 women in the colposcopy-only arm (TP rate of 19.9%) and 238 among the 1090 women in the colposcopy plus ODS arm (TP rate of 21.8%), as seen in Table 2. This corresponds to a 9.8% gain in TP rate (p=0.143).</p> <p>In the clinically important ASC/LSIL strata, the FP rates were 61.2% in the colposcopy-only arm and 65.2% colposcopy plus ODS arm, remaining below the 8% difference statistical assumption. (false statement as the ARR (95 CI) is 0.04 (-0.01, 0.09).</p> <p>Note: Drop of one strata in the subgroup analyses. Reporting gain with no 95%CI</p>
<p>712 (n=275/ PO=Occurrence of restenosis > 50% @ 12m)</p>	<p>Subgroup analysis according to severity of PAD showed that in patients with CLI, the rate of restenosis/reocclusion was higher in the control group than in the dalteparin group (27 [73%] vs 15 [45%], P = .01), whereas no difference was seen in patients treated for claudication (35 [41%] vs 43 [43%], P= .70; Fig 2, B and C).</p> <p>...</p> <p>Post-hoc subgroup analysis according to the severity of PAD showed that in patients treated for CLI, recurrence or worsening of symptoms and drop in ABI were less frequent in the dalteparin group than in the control group: recurrence/ worsening of clinical symptoms, 11 (33%) vs. 22 (59%) (P = .02); drop in ABI = 0.1, 12 (37%) vs 23 (62%) (P = .04).</p> <p>Cox proportional hazards model. An interaction term between the treatment factors (dalteparin/control) and severity of PAD (claudication/CLI) was included into a Cox regression model and was found significant (P = .02). This meant that the effect of the treatment was significantly different for patients with claudication and CLI. Hazard ratios were therefore calculated for claudication and CLI separately. It was found that lack of treatment with dalteparin, presence of diabetes, lesion length, and renal creatinine were associated with restenosis in patients with CLI. With a hazard ratio of 3.95, diabetes was the strongest single predictor of restenosis in CLI patients. In patients with claudication, however, lesion length and lesion morphology according to TASC were the only significant predictors for the development of restenosis/reocclusion (Table IV).</p> <p>Note: Multiple cox regression on subgroup but not reporting overall effect, only p value for interaction. Perform subgroup on SO and report only statistically significant results for subgroups. Provide specific table on baseline data for subgroups not separated by treatment arm.</p>

Article ID	Focus on statistically significant subgroup analyses
<p data-bbox="346 211 388 235">871</p> <p data-bbox="199 251 535 316">(n=150 / PO= Recurrent free survival)</p>	<p data-bbox="556 203 955 227">Particular focus on subgroup analyses</p> <p data-bbox="556 259 1291 284"><u>Prespecified subgroup (Pure HVC vs mixte HVC and HVB infection)</u></p> <p data-bbox="556 292 1911 414"><i>When stratifying the analysis by viral status, favorable trends of both RFS and DSS were observed for patients receiving IFN in the HCV-pure group (Fig. 2B) but not in the HCV+HBV group (Fig. 2C). In particular, among HCV-pure patients, RFS curves tended to diverge starting from 2 years of follow-up. However, the difference between IFN and control arms (42% vs. 29.9% at 3 yr; 24.7% vs. 3% at 5 yr) failed to reach statistical significance (P = .240).[...]</i></p> <p data-bbox="556 446 1942 503"><u>Prespecified subgroup (Pure HVC vs mixte HVC and HVB infection) analysed on the compliant population (i.e., 28 patients of the 150 patients randomized) and becomes statistically significant</u></p> <p data-bbox="556 511 1942 625"><i>Whereas almost no effect on early recurrences was apparent, a favorable trend on late recurrence was observed in treated patients. Such a trend was statistically significant in HCV-pure patients' adherent to treatment (Table 2). The hazard ratio estimate of 0.30 (95% CI: 0.094-0.989; P=.048) identified a 70% reduction of HCC recurrence rate in the subgroup of HCV-pure patients effectively receiving IFN, possibly because of a lower incidence of de novo tumors.</i></p> <p data-bbox="556 657 1837 682"><u>Probable post-hoc subgroup analyses (single hepatocellular carcinoma (<3cm without vascular invasion) (Sample n = 60)</u></p> <p data-bbox="556 690 1942 901"><i>To evaluate IFN suppression on de novo carcinogenesis (after 2 years), a subgroup analysis was conducted in patients with a single HCC measuring < 3 cm in diameter without vascular infiltration, criteria that in previous reports have strongly suggested the absence of remaining tumor in the liver.⁵⁻⁷ Such HCCs at early stages were present in 60 out of 150 patients (40%): 32 in the IFN group (90% adherent to therapy), 28 in the control group. The risk of HCC recurrence was significantly lower in the IFN group with respect to the control group at both intention-to-treat and per-protocol analysis (hazard ratio 0.4, 95% CI: 0.19-0.89; P=.02). When subgroup analysis was conducted in HCV-pure versus HCV+HBV subgroups, the considered populations were too small to achieve reliable statistical results.</i></p>

Article ID	Focus on statistically significant modified population of analyses (e.g., per-protocol analyses)
<p>667 (n=6948/ PO=ICS usage in last 4 weeks / ICS dispensing during 12 m /Inhaled short acting Beta agonist dispensings /ED care or hospitalization /Other acute asthma care /Routine visit for asthma /ATAQ control score /Asthma impact score /Asthma QOL (act)</p>	<p><i>Although the overall intent-to-treat analyses gave nonsignificant results, post hoc analyses that compared the control participants to participants who actually used the intervention found numerous significant, albeit small, differences. Intervention users received significantly more ICS dispensings and significantly fewer short-acting b-agonist dispensings during the 12 months after randomization, and were more likely to report better asthma-specific quality of life (emotional and symptom domains of the Asthma Quality of Life Questionnaire) and satisfaction with asthma care. They were also significantly more likely to have a routine visit for asthma during the follow-up period.</i></p>

Article ID	Other spin only in the results section
<p>465 (n=60 / PO=1.25-Vitamin D and Renin levels)</p>	<p><i>The effects of both drugs are similar, and no differences between them were noticed. Both drugs reduced in a statistically significant manner, systolic and diastolic blood pressure and the levels of 1.25-(OH)₂D, while no modification in the rest of the analyzed parameters were observed.</i></p> <p>Note: Focus on within group comparison, and on another objective i.e., genetic factors explaining the effect. Study treated as if it was a cohort study.</p>
<p>565 (n=26/ PO=Body mass / Arms lean mass / Leg lean mass / total lean mass / Total BMC / FFM / Total fat mass / Trunk fat mass / % body fat / ECW / ICW / TBW / TBW:FFM / Total body protein)</p>	<p><i>With the exception of arm lean mass (P=0.05), no significant treatment x time interaction was observed in any of the measured body compartments (Table 1). Tukey's tests on arm lean mass showed no significant changes over time within the methotrexate group, but a significant increase at week 12 (P < 0.05) and no further significant change at week 24 was observed in the etanercept group. No significant main effects of time were observed on leg lean mass, total lean mass, total bone mineral content, total FFM, trunk fat mass, percentage body fat, ICW, extracellular water, TBW, FFM hydration, or total body protein. However, a trend was seen for an increase in total fat mass in the treatment groups combined (main effect of time: P = 0.06).</i></p> <p>[...]</p> <p><i>The secondary analysis within the subgroup of patients who gained >3% of their baseline body mass over the 6 mo follow-up period (6/treatment group) found a significant effect of treatment. Although the amount of weight gained by these subjects did not differ significantly between the methotrexate (3.3 ± 1.7 kg) and the etanercept (4.4 ± 2.4 kg) groups (P = 0.37), a significant difference was observed in the composition of the body mass gained (Figure 3): the patients in the etanercept group gained a significantly (P=0.04) greater proportion of FFM than did the patients in the methotrexate group (Figure 3).</i></p> <p>[...]</p> <p><i>No significant treatment x time interaction was observed in any of the measured functional variables. However, significant main effects of time were observed for hand-grip strength (P<0.01), arm-curl test performance (P < 0.01), walking velocity (P < 0.01), sit-to-stand test performance (P < 0.01), and HAQ (P < 0.01).</i></p> <p>(ditto for several paragraphs)</p>
<p>1384 (n=31/ PO=Change in plaque level)</p>	<p><i>There were no significant within-group or between-group differences in full mouth plaque levels at any examination point (Fig. 1). However, when scrutinizing the data separately considering buccal and lingual/palatal sites per group, plaque levels significantly decreased from baseline at lingual/palatal sites in the placebo gum group, pointing to a reduction of 0.12 at study termination (p=0.05). In the CHX gum group, however, the reduction of 0.11 at 3-month follow-up was not statistically significant (p=0.07). There were no significant differences in plaque levels at lingual/palatal sites between the groups at any time point. At buccal sites, there were neither significant within group nor between-group differences in plaque levels (Table 2).</i></p> <p>Note: also creation of another outcome according to the localization</p>

Article ID	Other spin only in the results section
<p>1644 (n=32 / PO=Apnoic episodes / Periodic breathing / Reflux incidence / Incidence of infection / Infection incidence)</p>	<p><i>Statistically significant within group differences occurred in the placebo group between baseline and week 2. Between group differences were not evident at any study point. Statistically significant differences in number of patients with RBC total carnitine concentrations at or above reference minimum between the placebo and carnitine groups occurred only at week 2 (P = 0.037).</i> [...] <i>Figure 1 Plasma total carnitine concentrations by study period. Number of patients at each assessment are as follows: baseline (13 P/16 C), week 1 (13 P/15 C), week 2 (13 P/14 C), week 4 (13 P/14 C), week 6 (9 P/12 C), and week 8 (7 P/9 C). Data are represented as median with bars denoting 25th and 75th percentile range. The two horizontal lines delineate the reference plasma total carnitine concentration (31.1–60.5 nmol/ml).²⁴ Dashed lines represent mean data. Between group statistical significance denoted by asterisk (P<0:05). Within group differences noted between carnitine group baseline and carnitine group weeks 1, 2, 4, 6, and 8 (P<0:05).</i> [...] <i>One set of multiple birth neonates (30 weeks gestation triplets) were randomized to different groups and underwent polysomnography evaluation during the study. One triplet (female, birthweight 1297 g), randomized to the carnitine group, had lower periodic breathing via polysomnography when compared to her siblings (female, birthweight 1257 g and male, birthweight 1273 g) randomized to the placebo group (3.7% compared to 29.5% and 24.1%, respectively). The carnitine group triplet went home off methylxanthine therapy while her siblings required caffeine at discharge.</i></p> <p>Note: Focus on within group comparison and highlight a positive SO. PO= Apneic episodes + Periodic breathing + Reflux incidence + Incidence of infection + Infection incidence Focus on the comparison of siblings who participated in the trial.</p>
<p>698 (n=201 / PO=Time to relapse)</p>	<p>Comparison with a placebo arm of another trial (placebo=29 patients)</p>
<p>895 (n=2878 / PO= changes from baseline in King Health Questionnaire domains scores)</p>	<p>Combined treatment arms ignoring random comparison and incorrect analyses (worse versus improved excluding the patients with no improvement)</p>

SPIN IN THE DISCUSSION SECTION OF THE ARTICLE

Article ID	Reporting of nonstatistically significant outcome as if the trial were an equivalence trial ²
<p>339 (n=329/ PO=Difference in haemoglobin drop @2days)</p>	<p><i>This study shows that using carbetocin as a routine uterotonic drug administered as part of the active management of the third stage in uncomplicated labour and delivery is as effective as syntometrine but with a better adverse effect profile.</i></p> <p>[...]</p> <p><i>Our data therefore suggest that IM carbetocin is as effective as syntometrine in preventing postpartum haemorrhage.</i></p> <p>only</p>
<p>565 (n=26/ PO=Body mass / Arms lean mass / Leg lean mass / total lean mass / Total BMC / FFM / Total fat mass / Trunk fat mass / % body fat / ECW / ICW / TBW / TBW:FFM / Total body protein)</p>	<p>We extended these findings by providing evidence that both etanercept and methotrexate are effective in improving objective measures of upper- and lower-body function. This finding is important because the measurement of global physical function was recently recommended in patients with RA (26).</p> <p>[...]</p> <p>Contrary to our expectations, however, our primary analysis did not show etanercept to be superior to methotrexate in the treatment of rheumatoid cachexia. Although a significant increase was observed in arm lean mass in the etanercept group, that increase had occurred by week 12, and no further gains were observed at week 24. In addition, this effect was isolated, and neither etanercept nor methotrexate induced significant increases in leg lean mass, total lean mass, FFM, ICW, or total body protein. Also no evidence was found for a differential effect of etanercept on joint tenderness and swelling in the arms (data not shown). Therefore, we believe that the apparent anabolic effect of etanercept in upper-limb musculature is likely to be a type I error and of no important clinical significance. Overall, if we make the reasonable assumption that untreated patients with active disease would have lost a significant amount of muscle mass over the same period (27), etanercept and methotrexate seem equally effective in stabilizing rheumatoid cachexia in the short term. Although this positive effect may simply be mediated by improvements in well-being, appetite, and physical activity secondary to reductions in systemic inflammation and symptoms, it is also possible that not only etanercept, but also methotrexate, has a direct anticatabolic effect.</p> <p>[...]</p> <p>Because both structural damage and disability are significantly associated with low muscle mass (31,35), it is plausible that etanercept is superior to methotrexate in the long-term management of rheumatoid cachexia. This hypothesis deserves further research because our study was not large or long enough to detect the slow but relentless loss of skeletal muscle that is characteristic of cachexia of chronic disease. What seems clear from our results and these cross-sectional studies is that adjunct anabolic therapies such as progressive resistance training (28, 38) or nitrogen supplementation (39) are needed to reverse rheumatoid cachexia.</p> <p>Also linguistic spin</p> <p>Note: several explanations for ns difference, but also frequent cautions in the statements</p>

² PARTICULAR FOCUS ON WITHIN GROUP ANALYSES INCLUDED IN THIS CATEGORY

Article ID	Reporting of nonstatistically significant outcome as if the trial were an equivalence trial ²
<p>1047 (n=85/ PO=Change in CDS total score/ Respond to treatment)</p>	<p><i>The main objective of this study was to evaluate and compare the therapeutic activity of amisulpride and olanzapine in subjects with a diagnosis of schizophrenia and major or minor depressive disorders according to DMS-IV criteria. The study demonstrated that the two drugs improved both depressive and psychotic symptoms in patients with comorbid psychiatric illness. Both drugs led to similar improvements in symptoms as assessed by the primary efficacy criteria. The mean change in CDS scores between inclusion and study end was not significantly different between treatment groups. Moreover, the increase in the proportion of responders on item 2 of the CGI, i.e. judged to be “much improved” or “very much improved” at the study end was not significantly different. Similarly, for all the secondary outcome measures, there was a comparable improvement in the global scores and all factors of the PANSS and BPRS in both treatment arms as well as CGI items 1 (severity) and 3 (efficacy index). Notably, both amisulpride and olanzapine acted particularly well on the anxiety– depression factor of the BPRS as compared to the other factors in this scale.</i></p> <p>[...]</p> <p><i>The current study extends these findings by showing comparable therapeutic efficacy of the two drugs in subjects with schizophrenia presenting with prominent depressive symptoms.</i></p> <p>Also linguistic</p>
<p>1562 (n=42/ PO=Clinical response / HDRS score /VAS score /Patient’s subjective perception of improvement /CGI /Remission)</p>	<p>Claim similar efficacy of both treatments</p> <p><i>The results of this study showed that the efficacy of rTMS was similar to that of ECT in the treatment of severe medication-resistant depression (40% and 50% respectively). It can be considered a low response rate for ECT but this was achieved in a population with severe depression, as characterized by the mean duration of the present episode, resistance to pharmacological treatment, number of previous depressive episodes, and baseline HDRS.</i></p>
<p>1583 (n=176/ PO=Decrease IOP @ 12 months)</p>	<p><i>In this study, we compared the IOP-lowering efficacy of ALT with SLT in a randomised clinical trial over 12 months, with a power of almost 90% for detecting a difference of 2 mm Hg between groups. We found no significant difference in mean IOP between the two groups at any time point, up to 1 year.[...]</i></p> <p><i>When success was defined as a reduction in IOP of .20% at 1 year after treatment, SLT and ALT were equally effective in attaining this goal.[...]</i></p> <p>only</p>
<p>1632 (n=42/ PO=AUC VAS incidence)</p>	<p><i>[...]The present investigation support previous reports showing that postoperative analgesia provided by continuous paravertebral block is as effective as that provided by epidural blockade, with the advantage of less marked effects on cardiovascular homeostasis [7,15,16].</i></p>

Article ID	Focus on statistically significant secondary outcomes
<p>697 (n=221/ PO=Total daily energy expenditure / Moderate daily energy expenditure / Hard daily energy expenditure)</p>	<p>PO=Total daily energy expenditure / Moderate daily energy expenditure / Hard daily energy expenditure</p> <p><i>Study results indicate that the life skills physical activity intervention, while successful in increasing physical activity in PE class, did not result in total increased physical activity. That is, there was no change in overall daily, moderate, or hard to very hard mean energy expenditure in either the intervention or the control group. The intervention did demonstrate, however, a decline in prevalence of high participation in sedentary activities, particularly school-day television viewing (i.e. only positive SO). Thus, to our knowledge, it is the first to report a reduction in sedentary activities among high school girls.</i></p> <p>[...]</p> <p><i>We found improvements in waist-hip ratio, blood pressure, and high-density lipoprotein cholesterol level in both groups, without a decline in weight, waist circumference, or body mass index or an improvement in overall physical activity. These improvements are important, given the high risk of hypertension and cardiovascular disease that African American women carry.³⁷</i></p> <p>Also linguistic spin</p> <p>Note: some focus on measure of treatment compliance</p>
<p>956 (n=104/ PO=Symptoms recurrence @ 1y)</p>	<p>PO: Symptoms recurrence @ 1y Very low level of spin> Particular focus on a positive SO. Report CONSORT but not adequately followed.</p> <p><i>Our prospective RCT, focused on acute right iliac fossa pain in young women, confirms that early laparoscopy results in a higher diagnostic rate and in a shorter hospital stay compared with active observation, while morbidity, mortality, and costs are similar. However, while at 3 months LAP group patients had a significantly lower pain recurrence rate (20% vs. 52%; P < 0.001), such a difference is consistently reduced at 12 months (16 vs. 25%; P = not significant). Early laparoscopy produced a significantly higher rate of clinical diagnosis compared with active observation: 79.2% versus 45.1% (P< 0.001).</i></p> <p>Only</p>
<p>1338 (n=92 / PO= biopsy proven cellular rejection @ one year)</p>	<p>Focus on SO Other spin: claim applicability / highlight a misleading objective PO=biopsy proven acute cellular rejection at 1 year. (comparison of low dose steroid withdrawals in renal transplant. PO is the incidence of biopsy proven acute cellular rejection 1 year following steroid withdrawal)</p> <p><i>This study has demonstrated an important finding namely that even at maintenance doses, corticosteroids exert an important effect on bone this is measurable not only biochemically as previously described by Ton and colleagues (16) but also by assessing BMD by DEXA.</i></p> <p>Also other spin and linguistic</p>

Article ID	Focus on statistically significant subgroup analyses
<p>300 (n=225 / PO=overall response rate)</p>	<p>Focus on subgroup/ minimize safety <i>A higher value was observed in the dofequidar treatment group for all secondary end points compared with placebo, though these results were not statistically significant (data not reported except figure 2) . Among them, Figure 2 shows a trend for prolonged PFS (median, 241 days for CAF plus placebo v 366 days for dofequidar plus CAF; P=.145).</i></p> <p><i>Dofequidar plus CAF significantly improved PFS in several patient subgroups, including patients who were premenopausal (P = .046; Fig 3A), patients who had not received prior therapy (P = .0007; Fig 3B), and patients who had advanced primary breast cancer (P = .017; Fig 3C). An extended follow-up showed that dofequidar plus CAF also significantly improved overall survival (P=.0034; Fig 3D) in patients who had no prior therapy. (particular focus on statistically significant posthoc subgroup analyses performed on the SO. No nonstatistically significant results reported for subgroup analyses. No reporting of subgroup analyses on the PO. Several figures dedicated to subgroup analyses)</i> <i>Safety data reported in appendix. No numerical data in the text except p-value</i></p> <p><i>Dofequidar plus CAF was well tolerated throughout the study. No statistically significant excess of grade 3/4 AEs, except for neutropenia (P=.006) (effect size not reported ARR= 0.13 (0.04-0.23) / RR R= 0.17 (0.5- 32)) and leukopenia (P=.005), effect size not reported ARR= 0.15 (0.05-0.26) / RR R= 0.21 (0.6- 39) was found in the dofequidar group compared with placebo (Table A1, online only). Importantly, there was no marked difference in the incidence of neutropenia-related morbidity, such as febrile neutropenia or infection, between the two treatment groups. No significant differences in the incidence of cardiac AEs were found between the two treatment groups. In addition, dose intensities of chemotherapeutic agents were similar in both treatment arms. No significant difference in the incidence of serious AEs (SAEs) was observed between either group. However, there was a trend for a higher incidence of SAEs from leukopenia in the dofequidar group than in the placebo group (P_.060; Fisher's exact test); five leukopenia cases were reported for dofequidar, whereas no such case was reported for placebo.</i> Also linguistic</p>
<p>368 (n=2272 / PO= True positive biopsy confirmed CIN 2+ / False positive biopsy confirmed CIN 2+)</p>	<p>Focus on subgroup analyses <i>Although the increase in TP is of marginal statistical significance (p=0.035, one sided), the 26.5% increase in detection of CIN 2+ has clinical significance (reporting of RRR with no CI, ARR=3.0%). Moreover, the increase occurred with only a modest 4% increase in FP (reporting of ARR for adverse event, RRR = 6.5% increase) rate and joint hypothesis testing that takes into account both the TP rate and the FP rate indicates that colposcopy plus ODS provides a benefit compared to colposcopy alone among women with ASC or LSIL (subgroup).</i></p> <p><i>The results of the current study clearly demonstrate that the use of ODS in conjunction with colposcopy will allow aconsiderable proportion of cases of CIN 2,3 that are missed by colposcopy alone to be detected in women with ASC and LSIL referral cytology. The gain in detection of biopsy-confirmed CIN 2+ in the ASC/LSIL population came at the expense of an average of 0.3 additional biopsies per patient.(comparison with the rate of biopsies instead of the rate of false positive)</i> Also linguistic</p>

Article ID	Focus on statistically significant subgroup analyses
<p>712 (n=275/ PO=Occurrence of restenosis > 50% @ 12m)</p>	<p><i>Our study demonstrates that a regimen of 2500 IU of dalteparin administered subcutaneously daily for 3 months in addition to standard therapy with aspirin at 100 mg/d, compared with aspirin alone, offers no significant benefit for the entire cohort of patients with symptomatic PAD treated with femoropopliteal PTA. In a subgroup analysis, however, we observed a significant effect in reducing the rate of restenosis/reocclusion in patients with CLI at 12 months follow-up. In this subgroup, lack of treatment with dalteparin and the presence of diabetes were the most powerful predictors of restenosis/reocclusion, whereas in patients with claudication only, lesion morphology (according to TASC classification and lesion length) remained significant in the multivariate analysis. Therefore, patients with claudication did not seem to have an additional benefit from administration of LMWH compared with standard therapy alone.</i></p> <p>Only</p> <p>Note also highlight negative outcomes</p>

Article ID	Focus on statistically significant subgroup analyses
<p>871 (n=150 / PO= Recurrent free survival)</p>	<ol style="list-style-type: none"> 1. Particular focus on subgroup analyses <ol style="list-style-type: none"> a. Prespecified consideration of early and late recurrency but the population of analyses of late recurrences is unclear b. Prespecified subgroup (Pure HVC vs mixte HVC and HVB infection) with stratification when randomized but <ol style="list-style-type: none"> i. Use of within group test instead of interaction test ii. Not statistically significant differences on the ITT population so reported with linguistic spin iii. Also analysed on the compliant population (i.e., 28 patients of the 150 patients randomized) and becomes statistically significant c. Probable post-hoc subgroup analyses (single hepatocellular carcinoma (<3cm without vascular invasion) using within group test instead of interaction test <ol style="list-style-type: none"> i. No stratification ii. Use of within group test instead of interaction test iii. Sample n = 60 (of the 150 randomised) iv. Statistically significant in both ITT and perprotocol population <p><u>Synthesis of the results of the beneficial effect of the treatment</u> <i>The present study, which was conducted in Caucasian patients, confirmed the original observations from Japan, describing a double-peaked incidence of recurrence after HCC resection,⁷ and demonstrated the efficacy of IFN only on the late peaks occurring more than 2 years after tumor resection.</i></p> <p><u>Statement of the beneficial effect of surgery not supported by the data as all patients had surgery</u> <i>Despite an expected 5-year survival not exceeding 40%,^{5,6} the benefit of surgical resection in cirrhotic patients with HCC was confirmed in this study (Fig. 2), which tested the chemopreventive potentials of IFN through the choice of RFS rather than patient survival as primary end point, because all patients already had HCC.</i></p> <p><u>Focus on subgroup analyses statistically significant</u> <i>Indeed, this investigation on secondary prevention of HCC revealed the negative/positive nature of the RCT: negative for the overall prevention of tumor recurrence after resection but positive for a significant effect of IFN-α in reducing late recurrences in HCV-pure patients effectively receiving treatment.</i> <i>Whether or not HCV patients had previous contact with HBV (anti-HBc status), adjuvant IFN-α did not affect recurrence rate or survival, although a trend was observed in favor of HCV-pure infections that became significant in the subgroup of patients adherent to therapy (Figs. 2-4). In this particular subgroup, allocation to treatment emerged as the only significant factor reducing the late recurrence rate (Table 2); such a result could provide the basis for specific trials focused on HCV-related late recurring HCC.[...] In fact, the preventive effect of IFN on recurrence <u>was clear in the subgroup of patients with single, small HCC (<3 cm and with no vascular invasion) who had a nearly complete rate of compliance to treatment.</u></i> <u>Also other spin and linguistic</u></p>

Article ID	Focus on statistically significant modified population of analyses
<p>719 (n=254 / PO=7 day point prevalence tobacco abstinence @ 12m)</p>	<p>Low level of spin The PO is abstinence at 1 year. Abstinence at 3 months was with a p-value at 0.08 (non adjusted=ARR=-0.10 [-0.22;0.01], and then became statistically significant after adjustment on baseline data and on the analyses performed on compliant participants. Adjustment was not clearly reported as prespecified. Particular focus on SO (short term outcome less relevant) in the conclusion of the abstract and article Statement of safety in the conclusion of the abstract while lack of power.</p> <p><i>In this randomized trial of smokers hospitalized with acute cardiovascular disease, bupropion did not increase long term cessation rates over a “best-practice” smoking counseling program, but it did have a short-term benefit. At the end of treatment, we observed a trend toward bupropion efficacy that was statistically significant after adjustment for potential confounders and in the subgroup of patients compliant with the study drug. Given the overall evidence supporting the efficacy of bupropion for smoking cessation, we believe that the drug is effective in hospitalized patients with acute cardiovascular disease but that its efficacy is smaller in magnitude and shorter in duration than in outpatients with cardiovascular disease.^{15, 34} There was no excess of cardiac events during drug treatment, suggesting that bupropion is safe for this population of smokers.</i></p> <p><i>Bupropion may have been less efficacious in this trial than in other trials for several reasons.</i></p> <p><i>Note: acknowledgement of the low power in the discussion section and in the conclusion.</i></p>

Article ID	Focus on overall within-group improvement
<p>94 (n=116/ PO=Change in triglyceride in 8w)</p>	<p>"In the present study, we compared a DHA only product, derived from marine-algae, to a DHA + EPA product derived from fish oil. This study demonstrated a triglyceride reduction of approximately 20% with 1000 mg of DHA among patients with CAD and hypertriglyceridemia, the majority of who were already on statin therapy. The combination of DHA + EPA did not offer additional triglyceride-lowering."</p> <p>[...]</p> <p>"Omega-3-fatty acids appear to be an effective option for lowering triglycerides in patients with CAD receiving statins without increasing the risk of serious adverse events, but the optimal dose remains unknown. The results of our study demonstrate that the recommended daily dose of 2000 mg to 4000 mg of omega-3 fatty acids for triglyceride reduction may not be necessary when dosing is based on DHA."</p> <p>Also linguistic</p>
<p>450 (n=41/ PO=CG GFR @ 6m / CG GFR @ 12m)</p>	<p><i>Our study contributes to demonstrate that excellent transplant outcomes and low acute rejection rates can be achieved in kidney transplant recipients by complete avoidance of CNI</i></p>
<p>465 (n=60 / PO=1.25-Vitamin D and Renin levels)</p>	<p>Our results demonstrate that the treatment with ACEIs (quinapril or enalapril) produces a statistically significant decrease in plasmatic concentration of 1.25(OH)₂ D, especially in the homozygotes, which, according to published data, present increased activity of the angiotensin converting enzyme. The effect was not observed in the Ins/Ins homozygotes</p> <p>Note: also report the trial as if it was a cohort study trying to identify prognostic factors</p> <p>Also linguistic spin</p>
<p>693 (n=118 / PO=Change in hot flash score after 4w)</p>	<p><i>The data from this trial failed to demonstrate any suggestion that the combination of an antidepressant and gabapentin is more efficacious than gabapentin alone in patients who have inadequate control of hot flashes on an antidepressant. [...]</i></p> <p><i>The results from this trial, although not a placebo-controlled evaluation of gabapentin in patients with inadequate control of hot flashes on an antidepressant, do support that gabapentin decreases hot flashes by approximately 50%. This is in concert with the results seen in two placebo-controlled trials evaluating gabapentin^{11,12} and is more than the 20% to 30% reduction commonly observed with a placebo.¹⁵It is interesting that the reduction of hot flashes with gabapentin seems to be independent of whether the patient is currently receiving an antidepressant.¹³</i></p>
<p>871 (n=150 / PO= Recurrent free survival)</p>	<p>Despite an expected 5-year survival not exceeding 40%,^{5,6} the benefit of surgical resection in cirrhotic patients with HCC was confirmed in this study (Fig. 2), which tested the chemopreventive potentials of IFN through the choice of RFS rather than patient survival as primary end point, because all patients already had HCC.</p> <p>Statement of the beneficial effect of surgery not supported by the data as all patients had surgery</p> <p>Also subgroup and linguistic</p>

Article ID	Focus on overall within-group improvement
<p>895 (n=2878 / PO= changes from baseline in King Health Questionnaire domains scores)</p>	<p><i>In this trial we found that OAB (overactive bladder) had a profound effect on sexual function and marital or conjugal relationships. Like Yip et al,⁴ we found that about one third of participants said that OAB affected their relationships with their partners (622 versus the 1044 who responded that it had no effect). [...]</i></p> <p><i>Temml et al² found that 25.1% of the incontinent women in their study had some form of sexual impairment, which was similar to our finding that OAB affected the sex lives of 586 of the 2534 responding subjects (23.1%). These sexual function symptoms, as well as the effect of OAB on relationships with partners, significantly improved in patients who were treated for up to 6 months with transdermal oxybutynin in this study. Like Temml et al,² we believe that the most significant factor in this improvement in the sexual quality of life comes from the reduction of coital incontinence, but it also may be affected by the improvements in bladder pain and infection that we saw with treatment of up to 6 months with transdermal oxybutynin in this trial. [...]</i></p> <p><i>Similarly, in the MATRIX trial, recurrent urinary tract infections and bladder pain were reported by a substantial number of subjects at baseline. These improved significantly by the end of the study. Improvement in urinary tract infections would decrease bladder pain and would likely account for some of the improvement found in sexual function. Over 23% of participants treated with transdermal oxybutynin in the MATRIX study noted improved interest in sex compared to 12% who had decreased interest.</i></p> <p>Focus on within whole group comparison highlighting the effect of the drug administered to all patients. Focus on another objective In fact trial comparing education + drug (transdermal oxybutynin) vs drug only (transdermal oxybutynin)</p>
<p>970 (n=16 / PO= Protein balance)</p>	<p><i>The results of this study indicate that patients receiving amino acids infusion during surgery maintained a positive protein balance, with no difference between epidural and general anesthesia.</i></p> <p>Interpretation of the results focusing on the effect of amino-acid administered to both arms while the design used aimed at comparing 2 anesthetic protocols.</p> <p>Also linguistic</p>
<p>1384 (n=31/ PO=Change in plaque level)</p>	<p>Conclusion focus on the effectiveness of the gum provided in both arms. Particular focus and different components of the primary outcome while use of generic statement to report the PO. Several physiopathological explanations for the efficacy of the gum. No discussion of the small sample size.</p> <p><i>To our knowledge, this is the first efficacy and safety analysis of a CHX chewing gum used by teenagers in fixed orthodontic therapy as an adjunct to existing oral hygiene measures. The results indicate no impact of using a chewing gum on full-mouth plaque levels in a 3-month period, which seems to contrast earlier findings on the use of polyol gums in orthodontic patients (Isotupa et al. 1995). However, when lingual/palatal and buccal sites were separately analysed, significant plaque reduction was observed at the former in patients using a placebo gum. In the CHX gum group, a similar, yet non significant trend was observed. The lack of statistical consolidation in the latter is possibly related to variation in tooth cleaning efficacy. That is, a slight deterioration in tooth cleaning efficacy may affect plaque levels, possibly masking a plaque-reducing effect of a chewing gum. At buccal sites, plaque levels remained unaffected at all times in both groups. These observations suggest that a chewing gum induces a mechanical cleansing effect at lingual/palatal sites.</i></p>

Article ID	Focus on overall within-group improvement
<p data-bbox="212 207 478 316">1514 (n=130/ PO=Change in HAMD)</p>	<p data-bbox="516 207 1944 443"><i>The main finding of this study was that ≈50% of patients achieved clinical response criteria and there appeared to be no difference in response rates between 1- and 2-Hz right PFC rTMS. This response rate was achieved in a relatively heterogeneous and substantial cohort of patients with TRD suggesting that low frequency right-sided rTMS has significant clinical utility. The low dropout rate during the initial 2-wk period of treatment implies that treatment was generally well tolerated and acceptable for patients. In addition, we found that a proportion of patients did respond to left-sided treatment despite failure to respond to right-sided rTMS in the initial phase but there was no significant difference in response between 5- and 10-Hz rTMS. There are several implications of the results of the study. First, and perhaps most importantly, right sided rTMS appeared overall to have a reasonable degree of effectiveness in this group of patients.</i></p> <p data-bbox="516 451 558 475">[...]</p> <p data-bbox="516 483 1923 597"><i>As rTMS is very well tolerated (no safety data reported) and appears quite acceptable to patients (Walter et al., 2001), this degree of response is probably of sufficient size to make the treatment a viable option for many patients with TRD. In addition, there are still modifications of the application of rTMS (e.g. Fitzgerald et al., 2006), that may enhance overall effectiveness increasing the clinical utility of the technique.</i></p> <p data-bbox="516 605 558 630">[...]</p> <p data-bbox="516 638 1934 751"><i>Our study did suggest that there was little difference in response to 5- or 10-Hz left-sided stimulation. However, given the small numbers this may have just been an issue of study power, especially as there is a suggestion in the data of a possible advantage in the 10-Hz group in regards to response rates. However, considering left treatment as a whole, it is of potential clinical significance that a group of patients who failed to respond to right-sided low-frequency rTMS responded to left-sided high-frequency rTMS.</i></p> <p data-bbox="516 760 558 784">[...]</p> <p data-bbox="516 792 1839 816"><i>The current data argues that a trial of left-sided treatment is justified after failed right-sided treatment in a clinical setting.</i></p> <p data-bbox="516 833 758 857">Note particular design:</p> <p data-bbox="516 865 1850 914">Patients (n= 130) randomised to 1- or 2-Hz rTMS over the right prefrontal cortex (PFC) for 2 wk with a possible further 2 wk extension. Non- responders (n= 30) were randomized to either 5- or 10-Hz left PFC rTMS.</p> <p data-bbox="516 922 1020 946">Low drop out rate interpreted as good tolerance</p>

Article ID	Ruling out adverse event
<p data-bbox="212 1047 478 1218">309 (n=126 (≈4*30) / PO=Hypothalamic-pituitary-adrenal (HPA) axis suppression)</p>	<p data-bbox="516 1047 1329 1071"><i>Interpretation of ns difference for the PO as safety despite small sample size.</i></p> <p data-bbox="516 1079 1818 1128"><i>The analyses of 4 age cohort of about 30 patients was not combined to evaluate the safety primary outcome i.e., HPA axis suppression (calculated ARR = 0.05 [-0.01;0.11] in favor the comparator</i></p> <p data-bbox="516 1136 1934 1185"><i>The results of this trial were surprising and thus provide several important lessons for the safe use of superhigh-potency products in children. [...]</i></p> <p data-bbox="516 1209 1881 1258"><i>This study provides evidence that younger patients may not have an increased risk of HPA axis suppression when treated with potent topical corticosteroids as previously thought</i></p>

Article ID	Ruling out adverse event
1115 (n=22 / PO= HCV RNA @ 1h)	<p>Interpretation of ns difference for the PO as safety of alcohol intake Misleading explanation for the small sample size (n= 22) Our results have clearly shown that a single intake of 50 g alcohol does not affect serum HCV RNA concentrations and liver biochemistry in patients with chronic hepatitis C.</p> <p>[...] The present study has also assessed prospectively the biochemical markers of necrosis and inflammatory activity in both groups of studied patients. In contrast to regular heavy drinking, a single intake of a moderate amount of alcohol did not seem to be followed by a greater hepatocellular necrosis. Therefore, both biochemical and virological data support the hypothesis that a single intake of 50 g alcohol does not increase liver necroinflammation or viral replication and may not aggravate hepatic injury in patients with chronic hepatitis C.</p> <p>[...] It might be argued that our study included an insufficient number of patients and the possibility of a type II error could not be ruled out. However, according to the results of the <u>interim analysis</u>, we decided to discontinue our study because of <u>the large number of patients required to achieve a significant difference in favour of the treatment groups</u>. Furthermore, the fact that we determined serum HCV RNA concentrations and biochemical markers at five different timepoints after alcohol intake and the examination of more than 200 serum samples with an acceptable reproducibility limits the possible bias.</p>
1291 (n=60 / PO= pregnancy and implantation rate)	Ruling out adverse event

Article ID	Other spin in the synthesis of the results
90 (n=80 / PO= Urinary retention)	Focus on another objective that cannot be answered in this trial: focus on use of urinary catheterization while not the objective
698 (n=201 / PO=Time to relapse)	<p>Compare to an historical control, i.e. the placebo arm of another study</p> <p><i>This study is the first randomized controlled clinical trial, to our knowledge, to assess the efficacy and tolerability of C-ECT as a relapse prevention strategy in unipolar major depression. We found no statistical evidence to suggest that one treatment arm had greater efficacy in relapse prevention than the other. Our C-Pharm results are comparable to those of Sackeim et al,¹³ who have shown a nearly identical relapse rate in a cohort of similar patients given the identical pharmacotherapy regimen in a study comparing post-ECT relapse rates among placebo, nortriptyline alone, and nortriptyline and lithium in combination. The relapse rates in the C-ECT and C-Pharm arms are also markedly superior to the relapse rates with either placebo or monotherapy with nortriptyline reported by Sackeim et al.¹³ Although both C-ECT and C-Pharm were shown to be modestly effective in preventing depressive relapse, an important interpretation of these data is that relapse or treatment discontinuation rates after successful ECT remain unacceptably high with standard treatment regimens.</i></p>

Article ID	Other spin in the synthesis of the results
<p>1075</p> <p>(n=210 / PO=Virologic response @ 48w / Virologic response @ 72w / Sustained virological response @ 72w)</p>	<p>Focus on ns genotype subgroup analyses</p> <p>Sustained virological response in patients from our study with genotypes 1, 4 and 5 and a low viraemia was not statistically different between the two groups (27.3% in group A vs 25.8% in group B). In patients with viraemia \geq 800 000 IU/mL, SVR was higher in group A patients (24%) than group B patients (9%) (NS) (Fig. 1). These results suggest that patients with genotypes 1, 4 and 5, severe fibrosis and high viraemia could be treated with the standard dose of Peg-IFN for 48 weeks. In patients treated with low viraemia, the benefit of a standard dose of Peg-IFN is probably very small. The side effects prevent the prescriber from keeping the right dose of Peg-IFN. To improve these results, treatment of cytopoenia with growth factors (i.e. erythropoietin, GM-CSF) and prevention of depression could be useful [15]. Indeed, SVR could reach 46.7% in adherent patients with low viraemia treated with the standard dose when compared with 33.3% in patients treated with a low dose of Peg-IFN.</p>
<p>290</p> <p>(n=27 / PO=Change in GFR)</p>	<p>Specific structure of the discussion 1) treatment is useful, 2) long paragraph on the population included, 3) acknowledgement of ns PO, 4) explanations of the ns differences, 5) focus on within group improvement for the experimental treatment 6) focus on within group improvement for subgroup analyses, 7) physiopathological explanation to highlight treatment effect, 8) citation of animal studies and uncontrolled studies highlighting the treatment effect.</p> <p><i>“Discussion: We studied whether additional add-on oral AST-120 therapy to conventional treatments is effective in inhibiting progression of CKD at the stage of moderate decrease in renal function, and found that this therapy is useful to retard the progression of renal failure, irrespective of the concurrent conventional treatment. [...] Our results suggest that AST-120 add-on therapy is effective regardless of whether low protein dietary therapy is being implemented. [...] Both clinical and animal studies have demonstrated that AST-120 inhibits the progression of renal failure without affecting the renin-angiotensin system or protein intake [28–31].”</i></p>

Article ID	Other spin in the synthesis of the results
<p>826 (n=46 / PO= Change in A1c)</p>	<p>Contradictory reporting Focus on the within group improvement for the whole group (with both arms) attributed to the overall management of patients (comparator is a placebo) Some linguistic spin Definite conclusion against the efficacy of the treatment despite the low sample size in the abstract Spin to minimize methodological flaw</p> <ul style="list-style-type: none"> - statement of low drop out = 17% (20% excluded drop out+withdrawals) - statement of generalizability of the results (one center, 36 patients) - report an ITT analyses but drop out and withdrawals excluded <p><i>Both treatment and control groups demonstrated a similar modest but significant improvement in A1c during the 6-month study period. However, there were no differences between groups with regard to $\Delta A1c$ or insulin dose. The improved A1c in both groups without a change in mean total insulin dose may relate to better compliance with diet or insulin therapy or redistribution of insulin through the day or frequent contact with the study team.¹⁹ Both groups had some weight gain during the study. This was anticipated given the intensification of physician/patient contact and attempts to optimize the insulin dose in all subjects.²⁰ However, the pioglitazone group had a slight but significantly greater increase in BMI SDS, without an increase in insulin dose, suggesting a potential direct effect attributable to pioglitazone. Previously published studies of monotherapy with pioglitazone in adults with T2D show a mean weight gain of 1.5 to 4.1 kg over 26 weeks and potentiation of weight gain when combined with insulin.^{10,17}</i></p> <p>[...]</p> <p><i>The number of subjects recruited to the study was sufficiently large to detect a statistically different $\Delta A1c$ of 1%. The almost identical change in A1c in both the pioglitazone and placebo-treated groups (-0.4 and -0.5%, respectively) underlines the ineffectiveness of pioglitazone treatment in this group, and the unlikelihood of finding a positive outcome even with a much larger cohort of eligible subjects.</i></p>
<p>1338 (n=92 / PO= biopsy proven cellular rejection @ one year)</p>	<p><i>This study suggests that even low-dose steroids exert an adverse effect on bone density, though a much larger study would be needed to demonstrate a beneficial effect on fracture risk or clinically important bone disease. However, these data suggest that even low-dose corticosteroids have a significant pathological effect. This study focused on the impact of late, low-dose steroid withdrawal on BMD and bone turnover.[...]</i></p> <p><i>This study has demonstrated an important finding namely that even at maintenance doses, corticosteroids exert an important effect on bone this is measurable not only biochemically as previously described by Ton and colleagues (16) but also by assessing BMD by DEXA.</i></p> <p>[...]</p> <p><i>It is difficult to know how applicable these results are to the general population however it seems likely particularly given the biochemical evidence in the nontransplant population that low-dose steroids will have a measurable effect in all populations.</i></p> <p>Wrong claim of applicability. Of note they also add some cautions. Also focus on SO</p>

Article ID	Other spin in the synthesis of the results
<p data-bbox="210 211 483 438">1644 (n=32 / PO=Apnoic episodes / Periodic breathing / Reflux incidence / Incidence of infection / Infection incidence)</p>	<p data-bbox="514 203 1774 324">PO=50% reduction in respiratory parameters (apnoic episodes and periodic breathing) and incidence of reflux) Focus on positive SO. Focus on correlation to highlight the link between the positive SO and favorable clinical events Focus on the comparison of siblings who participated in the trial. Report the limits for the negative trials and provide several physiopathological explanations</p> <p data-bbox="514 349 1942 479"><i>This study is the first to document both plasma and RBC total carnitine concentrations in a group of premature neonates over an extended period of supplementation. Neonates receiving 20 mg/kg/ day carnitine greatly exceeded the plasma reference range during the study. Neonates in the placebo group did not reach plasma reference range until week 4, when neonates were taking in approximately 80% of nonprotein calories enterally. [...](statistically significant)</i></p> <p data-bbox="514 503 1879 600"><i>The data suggest that carnitine supplementation may be important early in infancy and that once adequate enteral feedings are established, the amount of carnitine provided in enteral nutrition (approximately 2 mg/kg/day at week 4) is sufficient to achieve reference plasma carnitine status. [...]</i></p> <p data-bbox="514 625 1942 779"><i>The majority of the neonates in this study regained their birthweight over the first 3 weeks of life. Neonates who received carnitine supplementation regained their birthweight more rapidly than did placebo neonates (approximately 5 days earlier) (only statistically significant clinical SO) and this effect occurred during the period when differences between plasma and RBC total carnitine concentrations were evident. Time to regain birthweight (and other indicators of fluid status) has been related to the prevalence of necrotizing enterocolitis in a longitudinal study of very low birthweight infants.³⁰ [...]</i></p> <p data-bbox="514 803 1942 901"><i>The successful achievement of catch-up growth in premature infants has been related to greater neurodevelopmental outcomes.^{31,32} More recently, rapid early weight gain has been associated with markers of later cardiovascular disease (abnormal lipid profile, insulin and leptin resistance, increased blood pressure).³³ [...]</i></p> <p data-bbox="514 925 1942 1088"><i>Iafolla et al. reported a significant decrease in the incidence of apnea and greater wean from ventilatory support in carnitine supplemented premature neonates.³⁴ A systematic review of carnitine supplementation in apnea of prematurity later excluded this study after learning from one of its authors that the results were flawed.³⁵ The same investigators have also reported resolution of apnea and periodic breathing following carnitine supplementation in young siblings of an infant who died of sudden infant death syndrome.²¹ [...]</i></p> <p data-bbox="514 1112 1942 1185"><i>In addition, the rather large difference in periodic breathing during polysomnography between the carnitine supplemented triplet and her placebo group siblings lends further support to an effect of carnitine on respiratory morbidity. [...]</i></p> <p data-bbox="514 1193 577 1226">Only</p>

SPIN IN THE CONCLUSION OF THE ARTICLE

Article ID	Conclusion claims equivalence for nonstatistically significant results
<p align="center">1047 (n=85/ PO=Change in CDS total score/ Respond to treatment)</p>	<p>This study shows that both amisulpride and olanzapine are effective in the treatment of patients with schizophrenia with significant comorbid depression. Although the tolerance of both drugs was acceptable, use of olanzapine is associated with a trend toward greater weight gain, hyperglycaemia and hypertriglyceridaemia.</p> <p>only</p>
<p align="center">1583 (n=176/ PO=Decrease IOP @ 12 months)</p>	<p>In summary, SLT is equivalent to ALT in terms of IOP lowering at 1 year, and is a safe and effective procedure for patients with OAG. Future studies with SLT will need to shed light on other important questions such as whether it is repeatable, whether it can be used effectively as a preferred treatment (instead of a drug), the optimum amount of angle to treat and whether it is as effective as ALT in pigmentary and PXG-related glaucomas.</p> <p>+ Wrong statement of safety</p> <p>only</p> <p>Note: add some cautions</p>
<p align="center">1632 (n=42/ PO=AUC VAS incidence)</p>	<p>In conclusion, results of this prospective, randomized study confirmed that continuous thoracic paravertebral analgesia is as effective as epidural blockade in controlling post-thoracotomy pain, but is associated with less haemodynamic effects due to the more selective and less extended sympathetic blockade.</p> <p>These results, together with earlier findings of reduced morbidity reported with paravertebral block and avoidance of risks of spinal haematoma in anticoagulated patients [17], suggest that paravertebral block is a competitive alternative to epidural analgesia to manage post-thoracotomy pain.</p> <p>+ linguistic spin</p>
<p align="center">339 (n=329/ PO=Difference in haemoglobin drop @2days)</p>	<p>IM carbetocin is as effective as IM syntometrine in preventing postpartum haemorrhage after vaginal delivery in the low-risk obstetric population. Carbetocin is less likely to induce hypertension than syntometrine. Although it is more costly, it has a low incidence of adverse effect. Carbetocin should be considered as a good alternative to conventional uterotonic agents used in managing the third stage of labour. Further studies on the use of carbetocin in women suspected or diagnosed to have hypertensive disorder or pre-eclampsia is needed to see if it could become the drug of choice for this subgroup of pregnant women</p>

Article ID	Conclusion claims equivalence for nonstatistically significant results
1736 (n=24/ PO=BCVA @ 6m)	<p>This study showed that, triamcinolone-assisted posterior vitreous removal and ICG-assisted ILM peeling have the same effect on BCVA in DMO, but further studies with large number of cases and longer follow-up time may better clarify the efficacy of these techniques for functional outcome.</p> <p>Only</p> <p>Note: add some cautions</p>
971 (n=40 / PO= Maximal dermatomal sensory block)	<p>In conclusion, spinal block from a CSE technique results in a similar spread of LA into the subarachnoid space and a similar level of block as the SSS technique when administered to laboring parturients for LSCS delivery. Administering IT 10 mg bupivacaine via the CSE and SSS techniques is equally effective for LSCS delivery, and a dose adjustment is not necessary.</p> <p>only</p>

Article ID	Conclusion claims efficacy with no consideration of the nonstatistically significant PO
290 (n=27 / PO=Change in GFR)	<p>Claim renoprotection with no evidence but use of uncertainty in the statement and acknowledgment of limited sample size</p> <p>Our results suggest that the spherical adsorptive carbon AST-120 retards progressive decline of renal function and may also provide renoprotection. In addition, AST-120 possesses a mechanism of action different from those of conventional therapeutic agents, and is expected to be a very important modality in the treatment strategy for CKD. However, the number of cases in this study was limited (especially if there were less than 10 cases each in subgroup study) and further comparative study with a larger number of cases is required to validate the present results.”</p> <p>Only</p>
734 (n=75 / PO=Change in GCVR)	<p>In the short term, an NPEP provided significantly greater benefits than an NIP in Colombian adults.</p> <p>only</p>
748 (n=82 / PO=HSS score @ 2y)	<p>In conclusion, both techniques provided a reasonable quality of fracture reduction. Closed reduction and application of a circular fixator resulted in a shorter hospital stay, fewer and less severe complications, marginally faster return of function, and similar or superior clinical outcomes compared with conventional open reduction and internal fixation with plates. These benefits are obtained (in the majority of patients) without compromising the quality of fracture reduction. Regardless of treatment method, patients with this injury have significant residual limb-specific and general-health deficits at two years of follow-up.</p> <p>Linguistic</p> <p>PO=HSS score @ 2y</p>

Article ID	Conclusion claims efficacy with no consideration of the nonstatistically significant PO
<p>751 (n=46/ PO=Clinical improvement on CHOHES score)</p>	<p>In conclusion, to our knowledge this is the first prospective randomized trial of hip core decompression and physical therapy for the treatment of early osteonecrosis of the femoral head in patients with sickle cell disease. These results confirm other pilot data regarding the safety and efficacy of hip core decompression in patients with sickle cell disease⁵⁷. We believe that this is also the first study to evaluate physical therapy and home exercises in addition to limited weight-bearing for the treatment of osteonecrosis of the femoral head in patients with sickle cell disease. We think that the mean improvement of the CHOHES scores (18.1 points in the group treated with hip core decompression and physical therapy and 15.7 points in the physical therapy group) was clinically relevant in both treatment groups. Our data suggest that physical therapy alone is reasonable as a first treatment modality for early stages of osteonecrosis of the femoral head in patients with sickle cell disease, especially those who are at high risk for perioperative complications. We caution that both interventions require close follow-up with daily telephone calls to encourage compliance with the therapy regimen. We believe that the CHOHES is a valuable tool for the evaluation of pain, function, and physical disability in patients with sickle cell disease who have osteonecrosis of the femoral head and that it can be effectively used in the ongoing assessment of this population.</p> <p>+ Wrong statement of safety +other spin with focus on overall within group Note: Surgery vs physical therapy. Recommendation to use comparator</p>

Article ID	Conclusion focuses only on statistically significant secondary outcomes
<p>1338 (n=92 / PO= biopsy proven cellular rejection @ one year)</p>	<p>Focus on SO no mention of the PO Withdrawal of low-dose corticosteroids late following renal transplantation is associated with an increase in BMD, particularly in the lumbar spine. This change in BMD is associated with a significant increase in serum OC. There was no significant difference in serum creatinine, calculated GFR, calcium or PTH between the two groups. These results suggest that long-term corticosteroids even at maintenance dose exert an adverse effect on bone metabolism in renal transplant recipients. only</p>
<p>1644 (n=32 / PO=Apnoic episodes / Periodic breathing / Reflux incidence / Incidence of infection / Infection incidence)</p>	<p>In summary, we found that long-term supplementation of carnitine at 20 mg/kg/day resulted in increased plasma and RBC total carnitine concentrations. Early carnitine supplementation in premature neonates has a positive result on time to regain birthweight and may improve periodic breathing in premature neonates. The results of the current study may be generalized to premature neonates initially receiving PN support. Whether there is any additional benefit of continued carnitine supplementation once neonates are primarily fed by the enteral route is uncertain at this time. Future studies evaluating the effect of carnitine supplementation on neonatal morbidity parameters should include an assessment of different dosing regimens and the effect of supplementation after enteral feedings have commenced. PO = Apnoic episodes / Periodic breathing / Reflux incidence / Incidence of infection / Infection incidence Conclusion focus on positive SO and claim a negative SO as highlighting effectiveness Claim generalisability Use of linguistic spin</p>

Article ID	Conclusion focuses only on statistically significant subgroup analyses
<p>300 (n=225 / PO=overall response rate)</p>	<p>In conclusion, this study suggests that treatment with dofequidar resulted in possible clinical benefit for patients who had not received prior therapy, who were premenopausal, or who were stage IV at diagnosis with an intact primary tumor. Dofequidar was also well tolerated in the clinical setting and had no impact on doxorubicin pharmacokinetics. Further studies are merited to assess the effect of dofequidar in specific patient populations with breast cancer +safety</p>

Article ID	Conclusion focuses only on statistically significant subgroup analyses
<p>368 (n=2272 / PO= True positive biopsy confirmed CIN 2+ / False positive biopsy confirmed CIN 2+)</p>	<p>Increasing the performance of colposcopy through the routine use of an ODS system could have important clinical benefits. With current practice guidelines, approximately 2 to 2.5 million women with ASC or LSIL require a colposcopic evaluation each year in the United States [38]. The ALTS clinical trial found that approximately 27% of these women, or about 600,000 women, have CIN 2,3 and that a single colposcopic examination would identify only approximately two-thirds of these cases [38]. Based on the results of the current study, the widespread adoption of ODS as an adjunct to colposcopy would identify 26.5% more cases of CIN 2,3 than colposcopy alone. This would result in the identification of over 100,000 cases of CIN 2,3 that would have not been detected at their initial colposcopic examination.</p> <p>Conclude on treatment benefice with an extrapolation of the results considering only efficacy and not safety of a subgroup analyses. + linguistic</p>
Article ID	Conclusion acknowledges nonstatistically significant results for the primary outcome but emphasize the beneficial effect of treatment
<p>860 (n=45 / PO=Change in % predicted FVC)</p>	<p>In summary, we have described an RCT examining the effect of low-dose prednisolone and IV CYC followed by oral AZA in pulmonary fibrosis in SSc. The treatment effect approached, but did not achieve, conventional statistical significance, and the treatment was associated with good drug tolerance and compliance. [...] In isolation, our study does not provide unequivocal evidence that this regimen is the ideal treatment plan at this time; however, it is one option for treatment. For the first time, prospective, randomized, placebo-controlled studies have helped to clarify the role of immunosuppression in the treatment of diffuse lung disease occurring in the context of a connective tissue disease.</p> <p>only</p>
Article ID	Conclusion acknowledge nonstatistically significant results for the primary outcome but emphasize statistically significant secondary outcomes
<p>697 (n=221/ PO=Total daily energy expenditure / Moderate daily energy expenditure / Hard daily energy expenditure)</p>	<p>In conclusion, a physical activity intervention conducted in PE class targeting ninth-grade girls increased in-class physical activity and reduced high prevalence of school-day television viewing, but did not result in an increase in overall daily energy expenditure. Given the alarming decline in physical activity during adolescence and the associated increase in prevalence of adolescent obesity, future work should continue to identify potentially effective intervention strategies.</p> <p>PO = Total daily energy expenditure / Moderate daily energy expenditure / Hard daily energy expenditure</p>
<p>968 (n=60/ PO=Onset time to complete sensory time)</p>	<p>In conclusion, double nerve stimulation of the sciatic nerve at 10 cm from the popliteal crease resulted in similar complete onset time, overall success rate, and more paresthesias when compared with single nerve stimulation. However, the onset time of the superficial peroneal was shorter and the success rate of the deep peroneal was increased with double stimulation. We recommend that a double stimulation technique be used when surgery involves the peroneal innervated regions.</p> <p>PO = Onset time to complete sensory time</p> <p>only</p>

Article ID	Conclusion acknowledge nonstatistically significant results for the primary outcome but emphasize statistically significant subgroup analysis
<p align="center">871 (n=150 / PO= Recurrent free survival)</p>	<p>In conclusion, the results of this RCT suggest that interferon is not recommended as a single chemopreventive agent after resection in patients with HCV-related HCC. However, IFN could be indicated in the subgroup of patients with HCV-pure infection in whom late recurrences can be significantly reduced. Further exploration on chemoprevention with more potent antiviral combinations, such as pegylated IFN and ribavirin, should be pursued in larger cohorts of this subgroup of individuals.</p> <p>only</p>

Article ID	Conclusion acknowledge nonstatistically significant results for the primary outcome but emphasize statistically significant within group analyses
<p align="center">587 (n=60/ PO=Change in MRI appearance)</p>	<p>The purpose of this study was to compare the effects on subchondral bone and the early clinical effectiveness of mechanical shaving versus mechanical shaving plus MRF on grade III femoral chondral lesions. On the post-treatment MRI study obtained 12 months after surgery, there was no evidence of heat related subchondral damage such as AVN. The mean 19-month clinical data did not show any effect from the addition of MRF to the treatment of grade III chondral lesions. Both treatment with the mechanical shaver alone and treatment with the mechanical shaver plus MRF resulted in significant improvements in pain and function as measured by IKDC, Lysholm, Cincinnati, Tegner, and VAS scores in the treatment of type III femoral chondral lesions.</p> <p>only</p>

Article ID	Other spin in the article conclusion
Conclusion ruling out an adverse event on nonstatistically significant results	
<p>309 (n=126 (≈4*30) / PO=Hypothalamic-pituitary-adrenal (HPA) axis suppression)</p>	<p>In conclusion, 0.1% fluocinonide cream, a class I potency product, used once daily for 2 weeks does not result in suppression of the HPA axis in patients 3 months old to younger than 18 years under the conditions of this study. Once-daily treatment provided similar or better efficacy to twice-daily applications with a lower risk of HPA axis suppression. There was no increase in risk observed for younger children and infants compared with adolescents for HPA axis suppression by this super high potency product under the conditions of this study.</p> <p>PO= safety. Conclude on safety despite small sample size of four cohorts of about 30 patients with no pooling of the 4 stratas. Claim efficacy of a SO on within group assessment</p>
<p>1115 (n=22 / PO= HCV RNA @ 1h)</p>	<p>Conclusion of the abstract and article not consistent with the results</p> <p>In conclusion, our results clearly suggest that a single consumption of 50 g alcohol does not affect serum markers of hepatocellular necrosis or viral replication and possibly may not aggravate liver injury in patients with chronic hepatitis C. Although it seems premature to change our clinical practice against drinking, our data raise the question of whether it is reasonable to recommend that nonalcoholic patients with HCV infection refrain from sporadic social drinking. In the era of high response rates of antiviral treatment, our study stimulates future clinical research in order to identify a safe alcohol intake in chronic hepatitis C infection.</p> <p>+ linguistic</p>
<p>1291 (n=60 / PO= pregnancy and implantation rate)</p>	<p>In conclusion, we have demonstrated (for the first time) that in embryos derived from oocytes matured with GnRH agonist, embryo implantation is unaltered and the reported decrease in pregnancy rates seems to be associated with luteolysis. From our view point, this was important to clarify because when GnRH agonist is used to prevent OHSS, whether in GnRH antagonist/IVF-donor cycles or GnRH antagonist/IVF-ET cycles (in which most of the embryos will be cryo-preserved and transferred in a subsequent cycle), pregnancy and implantation rates will rely on embryo integrity; our results support that integrity</p> <p>+linguistic</p>
Conclusion focusing on within-group assessment (both treatments are effective/the treatment administered in both arms is effective (e.g., add-on studies)	
<p>94 (n=116/ PO=Change in triglyceride in 8w)</p>	<p>This study demonstrated significant triglyceride-lowering using a lower dose of omega-3 fatty acids than previously reported in the literature.</p> <p>Focus on the within group improvement concluding that both treatments are effective or that the treatment administered in both arms is effective</p> <p>linguistic</p>
<p>450 (n=41/ PO=CG GFR @ 6m / CG GFR @ 12m)</p>	<p>In conclusion, this study grows the body of evidence that excellent results in kidney transplant patients can be achieved without CNI drugs. The long-term impact of total avoidance of CNI in our study remains unclear and awaits further follow up.</p> <p>Synthesis of the results focus on the overall improvement of both groups.</p> <p>+ linguistic</p>

Article ID	Other spin in the article conclusion
<p>465 (n=60 / PO=1.25-Vitamin D and Renin levels)</p>	<p>Focus on within group comparison and on another objective + subgroup</p> <p>ACE inhibitor in combination with the presence of the DD genotype decrease the level of 1.25-(OH)₂D. The clinical significance is unknown but it could be a mechanism of control of the calcitriol by renine.</p>
<p>693 (n=118 / PO=Change in hot flash score after 4w)</p>	<p>With regards to the use of gabapentin in patients with inadequate control of hot flashes on an antidepressant in clinical practice, the data from this trial do support initiation of gabapentin in this situation. It could be argued that it would be reasonable to continue the patient on the antidepressant for another week or two after initiation of gabapentin and then discontinue it at that time, assuming that the antidepressant was being used for control of hot flashes and not for depression or mood changes. This delayed withdrawal of the antidepressant might be beneficial in that symptoms that might be attributable to antidepressant withdrawal might not be blamed on starting a new medication.</p> <p>Focus on overall within group</p> <p>Add on study (Gabapentin Alone or in Conjunction With an Antidepressant in the Management of Hot Flashes in Women Who Have Inadequate Control With an Antidepressant Alone) concluding on the efficacy of the treatment administered in both arms</p>
<p>698 (n=201 / PO=Time to relapse)</p>	<p>In summary, our data demonstrate moderate protection against depressive relapse by both C-Pharm and CECT and provide no statistical evidence to suggest that one treatment arm had greater efficacy in relapse prevention than the other. Physicians and patients need to select 1 of the 2 treatment options based on judgments about tolerability for the individual patient and patient preference. Further research is needed to explore individual patient characteristics (either historical or potential biomarkers) that can be used to predict which patients will do best with which treatment. Most important, our study begs the question of how much better relapse prevention strategies might be with combined modalities, that is, concurrent use of continuation or maintenance ECT and multidrug pharmacotherapy regimens.</p> <p>Such studies will allow optimized therapy algorithms for depressed patients in whom medication and psychotherapy treatments have failed. There is an urgent need for treatments that will further decrease the unacceptably high relapse rates after recovery from an episode of major depression.</p> <p>Focus on overall within improvement to conclude on the efficacy of both treatments</p> <p>+ linguistic</p>

Article ID	Other spin in the article conclusion
<p>751 (n=46/ PO=Clinical improvement on CHOHEs score)</p>	<p><i>In conclusion, to our knowledge this is the first prospective randomized trial of hip core decompression and physical therapy for the treatment of early osteonecrosis of the femoral head in patients with sickle cell disease. These results confirm other pilot data regarding the safety and efficacy of hip core decompression in patients with sickle cell disease⁵⁷. We believe that this is also the first study to evaluate physical therapy and home exercises in addition to limited weight-bearing for the treatment of osteonecrosis of the femoral head in patients with sickle cell disease. We think that the mean improvement of the CHOHEs scores (18.1 points in the group treated with hip core decompression and physical therapy and 15.7 points in the physical therapy group) was clinically relevant in both treatment groups. Our data suggest that physical therapy alone is reasonable as a first treatment modality for early stages of osteonecrosis of the femoral head in patients with sickle cell disease, especially those who are at high risk for perioperative complications. We caution that both interventions require close follow-up with daily telephone calls to encourage compliance with the therapy regimen. We believe that the CHOHEs is a valuable tool for the evaluation of pain, function, and physical disability in patients with sickle cell disease who have osteonecrosis of the femoral head and that it can be effectively used in the ongoing assessment of this population.</i></p> <p>focus on overall within group to claim efficacy of physical therapy administered in both groups. Recommendation to use comparator Note: Surgery vs physical therapy. +claim efficacy on the experimental treatment +claim safety</p>
<p>970 (n=16 / PO= Protein balance)</p>	<p>In conclusion, intraoperative infusion of amino acids induces a positive protein balance, independent of the anesthetic technique. In addition, amino acids supplementation did not influence gluconeogenesis, while whole-body glucose uptake decreased in both groups.</p> <p>Acknowledge negative PO Focus on overall within for treatment administered in both arms</p>
<p>1384 (n=31/ PO=Change in plaque level)</p>	<p>In conclusion, the results of the present study indicate that frequent use of a chewing gum as an adjunct to existing oral hygiene measures may reduce plaque levels and gingival bleeding tendency predominantly at lingual/palatal sites in youngsters undergoing fixed orthodontic therapy. However, these clinical parameters do not seem to be additionally reduced when CHX is incorporated as an active agent. What is more, CHX increases tooth staining by nearly a factor 5. Hence, there seems to be no indication for a CHX chewing gum in teenage orthodontic patients when used as an adjunct to normal oral hygiene practices.</p> <p>Focus on overall within group</p>
<p>1514 (n=130/ PO=Change in HAMD)</p>	<p>In conclusion, low-frequency right-sided rTMS produced a clinically relevant response rate in a large representative sample of patients with TRD. There was no difference in response between 1- and 2-Hz stimulation. Finally, a moderate but significant percentage of patients who failed to respond subsequently responded to high-frequency left-sided rTMS at either 5 or 10 Hz.</p> <p>Only Within overall group</p>

Article ID	Other spin in the article conclusion
Conclusion with some recommendations to use the treatment	
<p>368 (n=2272 / PO= True positive biopsy confirmed CIN 2+ / False positive biopsy confirmed CIN 2+)</p>	<p>Increasing the performance of colposcopy through the routine use of an ODS system could have important clinical benefits. With current practice guidelines, approximately 2 to 2.5 million women with ASC or LSIL require a colposcopic evaluation each year in the United States [38]. The ALTS clinical trial found that approximately 27% of these women, or about 600,000 women, have CIN 2,3 and that a single colposcopic examination would identify only approximately two-thirds of these cases [38]. Based on the results of the current study, the widespread adoption of ODS as an adjunct to colposcopy would identify 26.5% more cases of CIN 2,3 than colposcopy alone. This would result in the identification of over 100,000 cases of CIN 2,3 that would have not been detected at their initial colposcopic examination.</p>
<p>693 (n=118 / PO=Change in hot flash score after 4w)</p>	<p>With regards to the use of gabapentin in patients with inadequate control of hot flashes on an antidepressant in clinical practice, the data from this trial do support initiation of gabapentin in this situation. It could be argued that it would be reasonable to continue the patient on the antidepressant for another week or two after initiation of gabapentin and then discontinue it at that time, assuming that the antidepressant was being used for control of hot flashes and not for depression or mood changes. This delayed withdrawal of the antidepressant might be beneficial in that symptoms that might be attributable to antidepressant withdrawal might not be blamed on starting a new medication.</p> <p>Focus on overall within group</p> <p>Add on study (Gabapentin Alone or in Conjunction With an Antidepressant in the Management of Hot Flashes in Women Who Have Inadequate Control With an Antidepressant Alone) concluding on the efficacy of the treatment administered in both arms</p>
<p>968 (n=60/ PO=Onset time to complete sensory time)</p>	<p>In conclusion, double nerve stimulation of the sciatic nerve at 10 cm from the popliteal crease resulted in similar complete onset time, overall success rate, and more paresthesias when compared with single nerve stimulation. However, the onset time of the superficial peroneal was shorter and the success rate of the deep peroneal was increased with double stimulation. We recommend that a double stimulation technique be used when surgery involves the peroneal innervated regions.</p> <p>PO = Onset time to complete sensory time only</p>
Focus on another objective	
<p>90 (n=80 / PO= Urinary retention)</p>	<p>Focus on another objective that cannot be answered in this trial</p> <p>Only</p>
<p>895 (n=2878 / PO= changes from baseline in King Health Questionnaire domains scores)</p>	<p>Clinicians should address OAB-related anxiety about sexual activity and the impact of this concern on sexual intimacy and marital relationships when caring for patients with OAB.</p> <p>Conclusion not focusing on the trial objective only</p>

Article ID	Other spin in the article conclusion
<p>315 (n=549 / PO= Parietoabdominal complications during hospital stay / Parietoabdominal complications @ 30d post discharge)</p>	<p>Conclusion to use the treatment not supported by the data. Do not focus on trial objective</p> <p>Based on the results of our study and other studies^{1,3-7} on colonic preparation, we conclude the following: (1) Antibiotic prophylaxis with ceftriaxone and imidazoles has been shown to be effective.⁷ (2) If oral laxatives are chosen, senna should be used rather than polyethylene glycol.¹ (3) If mechanical preparation by enema is chosen, antiseptic enemas are preferred because they are associated with fewer septic complications than water or saline enemas.^{4,7} (4) If antiseptic enemas are used, PVI is better than sodium hypochlorite because of better tolerance, especially in the case of stenosis. (5) In the case of preoperative tight stenosis or intraoperative poor cleanliness, colonic lavage could be used.²¹</p> <p>Only</p>
<p>Nonstatistically significant subgroup results reported as beneficial</p>	
<p>1075 (n=210 / PO=Virologic response @ 48w / Virologic response @ 72w / Sustained virological response @ 72w)</p>	<p>In conclusion, our results suggest that (1) very good results (SVR $\frac{1}{4}$ 73%) can be observed in patients with genotype 2 or 3 treated with a low dose of Peg-IFN and ribavirin 800 mg/day for 48 weeks; (2) patients with genotypes 1, 4 and 5 and viraemia \ddagger 800 000 IU/mL should be treated with a standard dose of Peg-IFN and a weight-based dose of ribavirin; (3) the benefit of a standard dose of Peg-IFN (1.5 lg/kg/week) in patients with genotypes 1, 4 and 5 and low viraemia is probably low when compared with patients treated with a low dose of Peg-IFN (0.75 lg/kg/week); (4) to achieve a higher SVR in patients with genotype 1, treatment (e.g. growth factors) or prevention (e.g. depression) of the side effects should be evaluated; (5) more studies are needed in patients with genotype 2 or 3 to define the optimal duration (24 or 48 weeks) in patients with severe fibrosis.</p> <p>Conclusion focusing only on ns subgroup Subgroup are post-hoc the interim analyses, no test of interaction, obvious lack of power. Further trial stopped early and subgroup were data driven.</p> <p>Only</p>
<p>Other</p>	
<p>1562 (n=42/ PO=Clinical response / HDRS score /VAS score /Patient's subjective perception of improvement /CGI /Remission)</p>	<p>Focus on safety + similar</p> <p>The present results show a similar response rate between ECT and rTMS, enlarging the body of literature supporting rTMS as an important tool in the treatment of unipolar depression. This result gives additional evidence to support the use of rTMS as an alternative treatment in severe cases of MD, with the advantage of avoiding general anaesthesia and other ECT-related complications (e.g. cardiovascular and pulmonary), as well as being more cost-effective than ECT. New strategies, such as the combined use of 674 M. A. Rosa et al. rTMS with antidepressants might further augment the antidepressant efficacy of rTMS as recently suggested by Rumi et al. (2005).</p> <p>Only</p>
<p>144 (n=211/ PO=Inpatient rebleeding rate / Surgery requirement)</p>	<p>Claim high external validity with no evidence + equivalence</p>

Article ID	Other spin in the article conclusion
<p>536 (n=51/ PO='Migtation @ 24m (x translation)'/Migtation @ 24m (y translation)'/Migtation @ 24m (z translation))</p>	<p>Insist on lower cost</p>

Article ID	Reference
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