Supplementary Online Content


eTable. Examples of Subgroup Analyses Subsequently Shown to Be False

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eTable. Examples of Subgroup Analyses Subsequently Shown to be False*

<table>
<thead>
<tr>
<th>Observation (Citation)</th>
<th>Refutation Citation</th>
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<tr>
<td>Pre-operative radiotherapy improves survival in patients with Dukes’ stage C rectal cancer(^1,2)</td>
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<td>β-Blockers are ineffective after acute myocardial infarction in elderly people(^4) and in patients with inferior myocardial infarction(^5)</td>
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<td>Thrombolysis is ineffective &gt; 6 hours after acute myocardial infarction(^7)</td>
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<td>Thrombolysis for acute MI is ineffective or harmful in patients with a previous myocardial infarction(^7)</td>
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<td>Aspirin is ineffective in secondary prevention of stroke in women(^10,11)</td>
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<td>Benefit from carotid endarterectomy for symptomatic stenosis is reduced in patients taking only low-dose aspirin because of an increased operative risk(^16)</td>
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<td>Angiotensin converter enzyme inhibitors do not reduce mortality and hospital admission in patients with heart failure who are also taking aspirin(^18)</td>
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<td>Tamoxifen citrate is ineffective in women who have breast cancer and are aged &lt; 50 years(^20)</td>
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<td>Lamifiban lowers 6-month mortality and nonfatal myocardial infarction in patients whose plasma concentrations are between 18 and 42 ng/mL but not in patients whose plasma concentrations are outside of this range(^22,23)</td>
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<td>Mammography screening reduces mortality, but not for women less than 50 years old(^25)</td>
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<td>Amlodipine reduces mortality in patients with chronic heart failure caused by nonischemic cardiomyopathy but not in patients with ischemic cardiomyopathy(^27)</td>
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<td>Ticlopidine is superior to aspirin for preventing recurrent stroke, myocardial infarction, or vascular death in blacks but not in whites(^29)</td>
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<td>Platelet-activating factor receptor antagonist reduces mortality in patients with gram-negative sepsis but not in other patients with sepsis(^31)</td>
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<td>Antihypertensive treatment is ineffective or harmful in elderly people(^33)</td>
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<td>Interferon reduces overall mortality in patients with idiopathic pulmonary fibrosis, but only among patients with mild to moderate disease(^35,36)</td>
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<td>The impact of implantable cardioverter defibrillator therapy for primary prevention appears to be smaller in women(^38)</td>
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<td>Recombinant tissue factor pathway inhibitor does not reduce mortality in patients with severe sepsis, except in patients with community acquired pneumonia(^40,41)</td>
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<td>Angiotensin-receptor blockers increase mortality in patients with New York Heart Association functional class II-IV heart failure who also take both Angiotensin converter enzyme inhibitors and β-blockers but lower mortality in patients not already taking drugs in both of these classes(^43)</td>
<td>44</td>
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</table>

* Examples are ordered chronologically based on the publication year of refuting citation. A number of examples originally appeared in Rothwell’s et. al. \(^45\)

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References


37. InterMune. InterMune announces phase III data demonstrating survival benefit of Actimmune in IPF. Brisbane, CA: InterMune; 28 August 2002.