Revised Cochrane risk-of-bias tool for randomized trials (RoB 2) TEMPLATE FOR COMPLETION

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Study details					
Reference	McGregor AH et al. ISSLS Prize Winner: Function After Spinal Treatment, Exercise, and Rehabilitation (FASTER) - A Factorial eference Randomized Trial to Determine Whether the Functional Outcome of Spinal Surgery Can Be Improved. SPINE Volume 36, Number 21, pp 1711–1720				
Study design					
X Indivi	dually-randomized parallel-group trial				
🗆 Cluste	er-randomized parallel-group trial				
🗆 Indivi	dually randomized cross-over (or other matched) trial				
For the purpos	ses of this assessment, the interventions being compared are defined as : (1) 6wk formal rehabilitation (2) Comparator: booklet-only (3) 6wk formal rehabilitation + booklet				
Specify which	n outcome is being assessed for risk of bias VAS, ODI				
Specify the numerical result being assessed. In case of multiple alternative analyses being presented, specify the numeric result (e.g. RR = 1.52 (95% CI 0.83 to 2.77) and/or a reference (e.g. to a table, figure or paragraph) that uniquely defines the result being assessed. MEAN (SD)					
Is the review t X to ass □ to ass	eam's aim for this result? ess the effect of <i>assignment to intervention</i> (the 'intention-to-treat' effect) ess the effect of <i>adhering to intervention</i> (the 'per-protocol' effect)				

 occurrence of non-protocol interventions failures in implementing the intervention that could have affected the outcome non-adherence to their assigned intervention by trial participants Which of the following sources were obtained to help inform the risk-of-bias assessment? (tick as many as apply) X Journal article(s) with results of the trial X Trial protocol: McGregor AH et al. Function after spinal treatment, exercise and rehabilitation (FASTER): improving the functional outcome of spinal surgery. BMC Musculoskeletal Disorders 2010, 11:17 X Statistical analysis plan (SAP)
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Musculoskeletal Disorders 2010, 11:17
Non-commercial trial registry record (e.g. ClinicalTrials.gov record)
Company-owned trial registry record (e.g. GSK Clinical Study Register record)
Grey literature" (e.g. unpublished thesis)
Conference abstract(s) about the trial
Regulatory document (e.g. Clinical Study Report, Drug Approval Package)
□ Research ethics application
Grant database summary (e.g. NIH RePORTER or Research Councils UK Gateway to Research)
Personal communication with trialist
Personal communication with the sponsor

Risk of bias assessment

Responses <u>underlined in green</u> are potential markers for low risk of bias, and responses in red are potential markers for a risk of bias. Where questions relate only to sign posts to other questions, no formatting is used.

Signalling questions	Comments	Response options
1.1 Was the allocation sequence random?	1.1 Y	<u>Y / PY</u> / PN / N / NI
	Quote: "Allocation to a study group was by central telephone randomization stratified by surgeon and surgical procedure using random permuted blocks	
1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?	to ensure that each participating surgeon and each surgical procedure had approximately equal numbers of patients allocated to each group" (p. 1712).	<u>Y / PY</u> / PN / N / NI
	1.2 Y	
	Quote: "Treatment allocation was concealed prior to surgery to avoid selection bias during recruitment" (p. 1712).	
1.3 Did baseline differences between	1.3 N	Y / PY / <u>PN / N</u> / NI
intervention groups suggest a problem with	Quote: "The four groups were similar at baseline".	
the randomization process?	Quote: " a descriptive comparison of the trial groups before surgery was done to confirm that randomization had produced balanced groups with respect to known predictors of outcome such as age, sex, type of surgery, ethnic background, marital status, body mass index, occupation type, work status, and smoking status" (p. 1713).	
	Comment: The baseline characteristics are summarized in Table 1.	
Risk-of-bias judgement	Low	Low / High / Some concerns

Domain 1: Risk of bias arising from the randomization process

Optional: What is the predicted direction of	NA / Favours experimental /
bias arising from the randomization process?	Favours comparator / Towards
	null /Away from null /
	Unpredictable

Signalling questions	Comments	Response options
2.1. Were participants aware of their	2.1. Y	<mark>Y / PY / <u>PN / N</u> / NI</mark>
assigned intervention during the trial?	Quote: "Patients were notified of their randomization after their surgery and	
2.2. Were carers and people delivering the	those patients allocated to either the booklet-only group or the rehabilitation-	<mark>Y / PY / <u>PN / N</u> / NI</mark>
interventions aware of participants'	plusbooklet group received the booklet entitled "Your Back operation" on	
assigned intervention during the trial?	discharge" (p. 1712).	
	2.2. Y	
	Comment: It is not possible to blind the patients or the carers for the	
	intervention.	
2.3. If Y/PY/NI to 2.1 or 2.2: Were there	2.3. PN	NA / <mark>Y / PY</mark> / <u>PN / N</u> / NI
deviations from the intended intervention	Comment: The intervention in the four groups appears to be well separated	
that arose because of the trial context?		
2.4 If Y/PY to 2.3: Were these deviations		NA / <mark>Y / PY</mark> / <u>PN / N</u> / NI
likely to have affected the outcome?		
2.5. If Y/PY/NI to 2.4: Were these		NA / <u>Y / PY</u> / PN / N / NI
deviations from intended intervention		
balanced between groups?		
2.6 Was an appropriate analysis used to	2.6. Y	<u>Y / PY</u> / PN / N / NI
estimate the effect of assignment to	Quote: "Baseline characteristics are summarized across the four groups as	
intervention?	number (%) for categorical variables or mean (SD) for continuous variables.	
	Baseline values of outcome scores, including ODI, average back pain, average leg	
	pain, FABQ, HADS, and VAS health summary, were summarized as mean (SD) if	
	approximately normal. The primary outcome was the between-group difference	
	in score on the ODI at 1-year follow-up, based on intention-to treat. Secondary	
	outcomes included average back and leg pain, FABQ, HADS anxiety and	
	depression scores and VAS for overall health (all measured at one-year follow-	
	up). Groups were compared using analysis of covariance adjusting for baseline	
	value of outcome and stratifying factors: surgery type as a fixed effect and	
	surgeons as random effects, to increase effi ciency in estimating the effect of	

Domain 2: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention)

	intervention. Analyses were performed for booklet versus no-booklet and rehabilitation versus no rehabilitation, simultaneously. Comparisons were followed by a test for interaction of the two interventions" (p. 1713). Comment: Information on software used for data analysis is missing.	
2.7 If N/PN/NI to 2.6: Was there potential for a substantial impact (on the result) of the failure to analyse participants in the group to which they were randomized?		NA / <mark>Y / PY</mark> / <u>PN / N</u> / NI
Risk-of-bias judgement	Some concerns	Low / High / Some concerns
Optional: What is the predicted direction of bias due to deviations from intended interventions?		NA / Favours experimental / Favours comparator / Towards null /Away from null / Unpredictable

Signalling questions Response options Comments 2.1. Were participants aware of their Y/PY/PN/N/NI assigned intervention during the trial? 2.2. Were carers and people delivering the Y/PY/PN/N/NI interventions aware of participants' assigned intervention during the trial? 2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: NA/Y/PY/PN/N/NI Were important non-protocol interventions balanced across intervention groups? 2.4. [If applicable:] Were there failures in NA/Y/PY/PN/N/NIimplementing the intervention that could have affected the outcome? 2.5. [If applicable:] Was there non-NA/Y/PY/PN/N/NI adherence to the assigned intervention regimen that could have affected participants' outcomes? 2.6. If N/PN/NI to 2.3. or Y/PY/NI to 2.4 or NA/Y/PY/PN/N/NI 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention? Low / High / Some concerns **Risk-of-bias judgement** Optional: What is the predicted direction of NA / Favours experimental / bias due to deviations from intended Favours comparator / Towards null /Away from interventions? null / Unpredictable

Domain 2: Risk of bias due to deviations from the intended interventions (effect of adhering to intervention)

Domain 3: Missing outcome data

Signalling questions	Comments	Response options
3.1 Were data for this outcome available for all, or nearly all, participants randomized?	3.1 PY Comment: Nearly all – data was available for 93,4 % of the participants randomized.	<u>Y / PY</u> / PN / N / NI
3.2 If N/PN/NI to 3.1: Is there evidence that the result was not biased by missing outcome data?		NA / <u>Y / PY</u> / PN / N
3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?		NA / <mark>Y / PY</mark> / <u>PN / N</u> / NI
3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?		NA / <mark>Y / PY</mark> / <u>PN / N</u> / NI
Risk-of-bias judgement	Low	Low / High / Some concerns
Optional: What is the predicted direction of bias due to missing outcome data?		NA / Favours experimental / Favours comparator / Towards null /Away from null / Unpredictable

Domain 4: Risk of	i bias in	measurement	of the outcome
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Signalling questions	Comments	Response options
4.1 Was the method of measuring the outcome inappropriate?	4.1 N AIM	Y / PY / <u>PN / N</u> / NI
	Quote: "The objective of this factorial randomized controlled trial function after spinal treatment, exercise, and rehabilitation (FASTER) was to evaluate the benefi ts of a rehabilitation program and an education booklet for the postoperative management of patients undergoing discectomy or lateral nerve root decompression, each compared with "usual care." Our hypothesis is that a program of postoperative rehabilitation that combines professional support and advice with graded exercise will improve the long-term outcome of surgery, and that appropriate educational information will also improve outcome but to a lesser degree than rehabilitation. We assume that the effect of the combination of the two interventions will be additive; that is, there will be no interaction " p. 1712.	
	Quote: "The Oswestry Disability Index was the primary outcome measure Secondary outcome measures included 10-cm visual analog scales (VAS), which recorded average back and leg pain the hospital anxiety and depression (HADS) questionnaire recorded anxiety and depression Fear Avoidance Beliefs Questionnaire (FABQ) was used to assess pain behaviors the EQ–5D was used to determine health-related quality-of-life and return to work" p. 1712-1713.	
4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?	4.2. PN Comment: Comparable methods of outcome measurement and time points.	Y / PY / <u>PN / N</u> / NI
4.3 If N/PN/NI to 4.1 and 4.2: Were outcome assessors aware of the	4.3 Y Comment: The outcome assessor is the study participant.	NA / <mark>Y / PY</mark> / <u>PN / N</u> / NI

intervention received by study participants?	Quote: "It was not possible to assess outcome measures blind to the randomized intervention since all outcome measures are patient assessments" p. 1713.	
 4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received? 4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received? 	 4.4. PY Comment: Knowledge of the assignment could influence participant-reported outcomes. 4.5 PN Comment: There is no reason to believe that knowledge of the intervention status could have influenced outcome. 	NA / Y / PY / <u>PN / N</u> / NI NA / Y / PY / <u>PN / N</u> / NI
Risk-of-bias judgement	Some concerns	Low / High / Some concerns
Optional: What is the predicted direction of bias in measurement of the outcome?		NA / Favours experimental / Favours comparator / Towards null /Away from null / Unpredictable

Domain 5:	Risk	of bias	in se	election	of the	reported	result
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Signalling questions	Comments	Response options
5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?	 5.1 Y Quote: "This was performed according to our protocol*" p. 1713. *McGregor AH, Doré CJ, Morris TP, Morris S, Jamrozik K. Function after spinal treatment, exercise and rehabilitation (FASTER): improving the functional outcome of spinal surgery. BMC Musculoskelet Disord. 2010 Jan 26;11:17. doi: 10.1186/1471-2474-11-17. PMID: 20102625; PMCID: PMC2823667. 	<u>Y / PY</u> / PN / N / NI
Is the numerical result being assessed likely to have been selected, on the basis of the results, from		
5.2 multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?	5.2 N Comment: All eligible reported results for the outcome domain correspond to all intended outcome measurements.	Y / PY / <u>PN / N</u> / NI
5.3 multiple eligible analyses of the data?	5.3 N Comment: All eligible reported results for the outcome domain correspond to all intended outcome measurements.	Y / PY / <u>PN / N</u> / NI
Risk-of-bias judgement	Low	Low / High / Some concerns
Optional: What is the predicted direction of bias due to selection of the reported result?		NA / Favours experimental / Favours comparator / Towards null /Away from null / Unpredictable

Overall risk of bias

Risk-of-bias judgement	Low / High / Some
	concerns
Optional: What is the overall predicted	NA / Favours
direction of bias for this outcome?	experimental / Favours
	comparator / Towards
	null /Away from null /
	Unpredictable



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