**Example of Summary of Findings table**

Population: patients having surgery for breast cancer

Intervention: Regional block

Comparator: control (parenteral analgesia)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Outcomes | Regional block  Mean (SD)  or Median (IQR) | Control  Mean (SD)  or Median (IQR) | Mean difference or  Odds Ratio [95% Confidence Interval] | Number of participants  (studies) | Quality or certainty of the evidence (GRADE) | Comments | |
| Pain during mobilization at 24h, assessed with VAS score: 0 – 100 mm (worst) | 14 (12) | 21 (18) | -7.2 (-11.5, -2.8) | 760 (9 studies) | ⨁⨁◯◯ LOW | Five out of nine studies included at least one risk of bias domain rated as being high. High heterogeneity, with non-overlapping confidence intervals; I2 Test for  Heterogeneity 88% and P-value< 0.00001. |
| Oral Morphine equivalent consumption  0-24 h postoperatively (mg) | 39 (10.1) | 53 (15.9) | -14.4 [-21.1, -11.2] | 665 (7 studies) | ⨁⨁⨁◯ MODERATE | Moderate heterogeneity; I2 Test for  Heterogeneity 65%. |
| Opioid-related side-effects | 54/382 | 94/378 | OR 0.50 [0.28, 0.66] | 760 (9 studies | ⨁⨁⨁⨁ HIGH | Low Heterogeneity |
| Quality of recovery 15 at 24 h: (0-150. 150=best recovery | 103 [92 – 122] | 97 [76.5 – 123] | -7 (-20, 5) | 173 (2 studies) | ⨁⨁◯◯ LOW | Optimal information size of 300 not met, downgraded. |
| Brief Pain Inventory at 24 h.  Lower score= | 41 [22 - 58] | 53 [35 – 72] | 14 (0, 24) | 173 (2 studies) | ⨁⨁⨁◯ MODERATE | - |
| Serious Adverse Events | 3/295 | 4/290 | OR 0.76 [0.20, 8.05] | 585 (6 studies) | ⨁◯◯◯ VERY LOW | High heterogeneity in outcome reporting, definitions and follow-up. Underreporting likely as the proportion of SAE is substantially reduced compared to registry results. |
| Length of stay (days) | 3 [2 – 6] | 4 [3 – 6] | -1 (-2 – 0) | 173 (2 studies) | ⨁⨁◯◯ LOW | Heterogeneity in outcome reporting. |

Abbreviations: SD, standard deviation; IQR, interquartile range; VAS, visual analogue scale. GRADE (Grading of Recommendations Assessment, Development and Evaluation) Working Group grades of evidence. High certainty: We are very confident that the true effect lies close to that of the estimate of the effect. Moderate certainty: We are moderately confident in the effect estimate: The true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different. Low certainty: Our confidence in the effect estimate is limited: The true effect may be substantially different from the estimate of the effect. Very low certainty: We have very little confidence in the effect estimate: The true effect is likely to be substantially different from the estimate of effect.

Quality of Recovery-15 (0, worst recovery; 150, optimal recovery). Quality of Recovery-15 comprises five domains: pain (2 questions), physical comfort (5 questions), physical independence (2 questions), psychological support (2 questions) and emotional state (4 questions). A change in the score of 8 or more signifies a clinically important improvement or deterioration. Brief Pain Inventory evaluates pain and its interference with physical and emotional functioning. Brief Pain Inventory includes assessment of ‘worst’, ‘least’ and ‘current’ level of pain in the last 24 hours, and relief provided by pain treatments. The global score of the Brief Pain Inventory (0, optimal; 120, worst possible).