



# Editorial considerations in reviews using Risk of Bias 2

**Kerry Dwan**, Methods Support Unit Lead and Statistical Editor, Cochrane Editorial and Methods Department.

**Rebecka Hall**, Product Owner of RevMan.

**Tess Moore**, Systematic Review Methodological Editor, Cochrane Methods Support Unit.

Trusted evidence.  
Informed decisions.  
Better health.



## Outline

- 1** First published review using RoB 2
- 2** RoB 2 training resources and support relevant to authors and editors
- 3** Protocol and Review reporting requirements
- 4** Entering RoB 2 judgements in RevMan Web
- 5** Common errors for RoB 2

## Poll 1



## Poll 2



**First published review using  
RoB 2**

**Physical activity interventions  
for people with congenital heart  
disease**



# Physical activity interventions for people with congenital heart disease

Craig A Williams, Curtis Wadey, Guido Pieleas, Graham Stuart, Rod S Taylor, Linda Long Authors' declarations of interest

Version published: 28 October 2020  
<https://doi.org/10.1002/14651858.CD013400.pub2>

Collapse all Expand all

## Abstract

Available in English | Español | Français

## Background

Congenital heart disease (ConHD) affects approximately 1% of all live births. People with ConHD are living longer due to improved medical intervention and are at risk of developing non-communicable diseases. Cardiorespiratory fitness (CRF) is reduced in people with ConHD, who deteriorate faster compared to healthy people. CRF is known to be prognostic of future mortality and morbidity: it is therefore important to assess the evidence base on physical activity interventions in this population to inform decision making.

## Objectives

To assess the effectiveness and safety of all types of physical activity interventions versus standard care in individuals with congenital heart disease.

## Search methods

We undertook a systematic search on 23 September 2019 of the following databases: CENTRAL, MEDLINE, Embase, CINAHL,

- View PDF
- Cite this Review
- Request Permissions
- Comment on Review
- Read comments on this Review(0)

- Print
- Share
- Follow

Am score 29

- Abstract
- Plain language summary
- Authors' conclusions
- Summary of findings
- Background
- Objectives
- Methods
- Results
- Discussion
- Appendices
- Information
- Authors
- History
- Keywords

Translation notes

# Risk of bias

Click on one or more cells to see and compare the Support for judgement for that bias, or click on a bias header to open all bias in that column.

**Legend:** Low risk of bias High risk of bias Some concerns

## Risk of bias for analysis 1.1 Maximal cardiorespiratory fitness

Study	Bias					Overall
	Randomisation process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported results	
<b>Subgroup 1.1.1 Exercise training</b>						
Therrien 2003						
Moalla 2006						
Madhavi 2011						
Winter 2012						
Westhoff-Bleck 2013						
Duppen 2015						
Avila 2016						
Novakovic 2018						
Opotowsky 2018						
Sandberg 2018						

Kerry Dwan (kdwan@cochrane.org) is signed in and comments on this Review(0)  
[Open in table viewer](#)

- View PDF
- Cite this Review
- Request Permissions
- Comment on Review

Print Share Follow

Am score 29

- Abstract**
- Plain language summary
- Authors' conclusions
- Summary of findings
- Background
- Objectives
- Methods
- Results
- Discussion

Appendices

- Information
- Authors
- History
- Keywords

Translation notes

- References
- Characteristics of studies
- Risk of bias**
- Data and analyses

# Risk of bias

Click on one or more cells to see and compare the Support for judgement for that bias, or click on a bias header to open all bias in that column.

**Legend:** Low risk of bias High risk of bias Some concerns

## Risk of bias for analysis 1.1 Maximal cardiorespiratory fitness Open in table viewer

Study	Bias					Overall
	Randomisation process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported results	
<b>Subgroup 1.1.1 Exercise training</b>						
Therrien 2003						
No information on method of randomisation and significant baseline imbalance between groups. There is a 8 year age gap - the intervention group are younger and age of repair was younger. Right ventricular outflow tract (11 vs 22 mmhg) were half in the intervention group. Daily activity levels were less in the intervention group. This may suggest a problem with randomisation.						
Moalla 2006						
There was no information on method of randomisation, there was no baseline imbalance that would suggest a problem with randomisation.						
Madhavi 2011						
Patients were randomly divided into study and control group by simple randomization using the lottery method. However there were substantial differences in patients fitness (as measured by VO2 peak) between the intervention and control group.						
Winter 2012						
"Randomization was performed using sealed envelopes. Each participant chose an opaque envelop from a shuffled stack which contained either 'yes', which allocated him to the treatment group or 'no' which allocated him to the control group. Randomization was stratified by participating centre." There were no baseline imbalances that would suggest a problem with randomisation.						

[View PDF](#)
  
[Cite this Review](#)
  
[Request Permissions](#)
  
[Comment on Review](#)
  
 Read comments on this Review(0)

[Print](#)
  
[Share](#)
  
[Follow](#)

score 29

[Abstract](#)
  
[Plain language summary](#)
  
[Authors' conclusions](#)
  
[Summary of findings](#)
  
[Background](#)
  
[Objectives](#)
  
[Methods](#)
  
[Results](#)
  
[Discussion](#)

[Appendices](#)

[Information](#)
  
[Authors](#)
  
[History](#)
  
[Keywords](#)

**Translation notes**

[References](#)
  
[Characteristics of studies](#)
  
**[Risk of bias](#)**
  
[Data and analyses](#)



## Risk of bias

Click on one or more cells to see and compare the Support for judgement for that bias, or click on a bias header to open all bias in that column.

**Legend:** Low risk of bias High risk of bias Some concerns

**Risk of bias for analysis 1.1 Maximal cardiorespiratory fitness** Open in table viewer

Study	Bias					Overall
	Randomisation process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported results	
<b>Subgroup 1.1.1 Exercise training</b>						
Therrien 2003						
Lack of information on randomisation, baseline imbalances and blinding of outcome assessors and no pre-registered protocol and statistical plan.						
Moalla 2006						
Madhavi 2011						
Winter 2012						
Westhoff-Bleck 2013						
Duppen 2015						
Avila 2016						
Novakovic 2018						
Opotowsky 2018						

- View PDF
- Cite this Review
- Request Permissions
- Comment on Review
- Read comments on this Review(0)

---

Print Share Follow

---

Am score 29

- Abstract**
- Plain language summary
- Authors' conclusions
- Summary of findings
- Background
- Objectives
- Methods
- Results
- Discussion

---

Appendices

---

- Information
- Authors
- History
- Keywords

---

- Translation notes

---

- References
- Characteristics of studies
- Risk of bias**
- Data and analyses



Trusted evidence.  
Informed decisions.  
Better health.

## Risk of Bias 2 Assessment Tool: Heart publishes its first review with RoB 2

We are excited to announce that the first Cochrane Review to publish using **RoB 2** through the Cochrane pilot, using RoB 2 functionality built into RevMan Web and the Cochrane Library has now been published: **Physical activity interventions for people with congenital heart disease**.



Authors Craig Williams and Curtis Wadey



Just prior to the publication of the review, we talked with the authors Craig Williams and Curtis Wadey from the Children's Health and Exercise Research Centre at the University of Exeter, UK, about the tool and their experience of using it. Marianna Kaye, Assistant Managing Editor with Cochrane Heart, is asking four questions which are presented as individual podcasts below.

**Firstly, can you give us an overview of what your review was looking at and what the main findings were?**

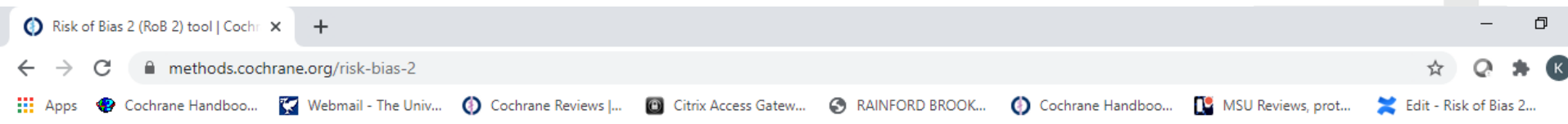


**Your review was the first we have published using the new risk of bias 2 tool. What was your experience?**

## RoB 2 training resources and support relevant to authors and editors



# Support and training resources for authors/ editors



Cochrane Library | Cochrane.org | Admin



Trusted evidence.  
Informed decisions.  
Better health.

Search...



About

Resources and training

Methods in Cochrane

Join Cochrane

Methods Groups



## Risk of Bias 2 (RoB 2) tool

- ◆ Process for proposing changes to methods or tools used in Cochrane
- ◆ Clinical study reports and other regulatory documents
- ◆ Data-based predictive distributions for between-study heterogeneity
- ◆ Repeated meta-analyses
- ◆ Risk of Bias 2 (RoB 2) tool
- ◆ ROBINS-I tool

The Risk of Bias 2 (RoB 2) tool is an update to the original risk of bias tool that launched in 2008. The relevant chapter in the *Cochrane Handbook for Systematic Reviews of Interventions* Chapter 8, titled '**Assessing risk of bias in a randomized trial**'. The Methodological Expectations for Cochrane Intervention Reviews (MECIR) Manual includes standards for assessing risk of bias in included studies; **C52-60**. Up-to-date information from the developers on RoB 2 is available via the Risk of Bias tools website: <https://www.riskofbias.info/>. Key Cochrane resources for using RoB 2 in Cochrane Reviews are:

[An Introduction to Risk of Bias 2](#)

*The Introduction to RoB 2 is a one-page leaflet with links to short videos that should be watched at different stages of your review, 1) before you start, 2) when writing your Cochrane Review protocol, 3) managing your RoB 2*



How to propose changes to methods or tools used in Cochrane

[CLICK HERE](#)

**Implementation statement**

## Risk of Bias 2 (RoB 2) tool

- ◆ Process for proposing changes to methods or tools used in Cochrane
- ◆ Clinical study reports and other regulatory documents
- ◆ Data-based predictive distributions for between-study heterogeneity
- ◆ Repeated meta-analyses
- ◆ Risk of Bias 2 (RoB 2) tool
- ◆ ROBINS-I tool

### Implementation statement

CSC members are not responsible for managing implementation of these recommendations which will require an implementation plan to ensure co-ordination for a smooth introduction. This will include launch, timescales and roll out strategy. Therefore, these statements do not signify immediate implementation.

The Risk of Bias 2 (RoB 2) tool is an update to the original risk of bias tool that launched in 2008. The relevant chapter in the *Cochrane Handbook for Systematic Reviews of Interventions* Chapter 8, titled '**Assessing risk of bias in a randomized trial**'. The Methodological Expectations for Cochrane Intervention Reviews (MECIR) Manual includes standards for assessing risk of bias in included studies; **C52-60**. Up-to-date information from the developers on RoB 2 is available via the Risk of Bias tools website: <https://www.riskofbias.info/>. Key Cochrane resources for using RoB 2 in Cochrane Reviews are:

**An Introduction to Risk of Bias 2**

*The Introduction to RoB 2 is a one-page leaflet with links to short videos that should be watched at different stages of your review, 1) before you start, 2) when writing your Cochrane Review protocol, 3) managing your RoB 2 assessments, and 4) when writing your full Cochrane Review.*

**Risk of Bias 2 Cochrane Review Starter Pack**

*The Starter Pack includes all the key resources you'll need, including guidance, training, tools, RoB 2 protocol considerations, RoB 2 considerations for reporting the full review, and support.*

**Risk of Bias 2 FAQs**

*Frequently Asked Questions from authors and editors.*

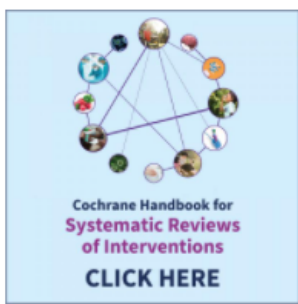
**Risk of Bias 2 Webinars**

*The RoB 2 webinar series covers an introduction of RoB 2, detailed sessions on the five RoB 2 domains, reaching overall RoB judgements, RoB 2 bias in other types of studies (crossover and cluster trials) and editorial considerations.*

**Editorial checklists for RoB 2**



**How to propose changes to methods or tools used in Cochrane**  
**CLICK HERE**



**Cochrane Handbook for Systematic Reviews of Interventions**  
**CLICK HERE**



**Methodological Expectations of Cochrane Intervention Reviews**

From your perspective as authors, please liaise with your Managing Editor as usual.

**Please ensure you familiarise yourself with the [RoB 2 Pilot Starter Pack](#)**

## Before you start:

**[Watch this six-minute video on RoB 2 guidance, training and tools](#)**

All resources are available in the [Starter Pack](#)

## When writing your Cochrane Review protocol:

The RoB 2 assessment of bias is specific to a single trial result (and is therefore outcome based). This, together with other key differences, distinguish it from the original risk of bias tool. For these reasons there are some key considerations that must be prespecified in the protocol otherwise you will be at risk of using the tool incorrectly. Your Managing Editor will check the RoB 2 considerations as part of the peer review process. Please ensure you address these comments and ask questions if anything is unclear.

**[Watch this five-minute video on RoB 2 considerations for protocol development](#)**

The full checklist is available in the [Starter Pack](#)

## Managing your RoB 2 assessments

We recommend authors use the RoB 2 Excel tool to manage your assessments available [here](#).

**[Watch the RoB 2 Excel tool demo videos for managing your assessments](#)**

**[Watch this four-minute video on inputting RoB 2 data into RevMan Web](#)**

RoB 2 functionality has only been built into RevMan Web (not the desktop version) - key points to know include:

- RoB 2 must be switched on manually for your review when you are ready to input your RoB 2 data (this switch breaks compatibility with the desktop RevMan 5 version; if you are using Covidence, you must ensure that you import all data in RevMan 5 (desktop) before you ask for the RoB 2 function to be switched on).
- We advise data is input and analysed in RevMan in this order: 1) input main results data -> 2) input RoB 2 data -> 3) duplicate inputted results and RoB 2 data for sensitivity and/or subgroup analyses.
- Check the [RevMan Web Knowledge Base](#) if you have any questions.

## When writing your full Cochrane Review

**[Watch this seven-minute video on RoB 2 considerations for full review reporting](#)**

## Support and training resources for authors/ editors

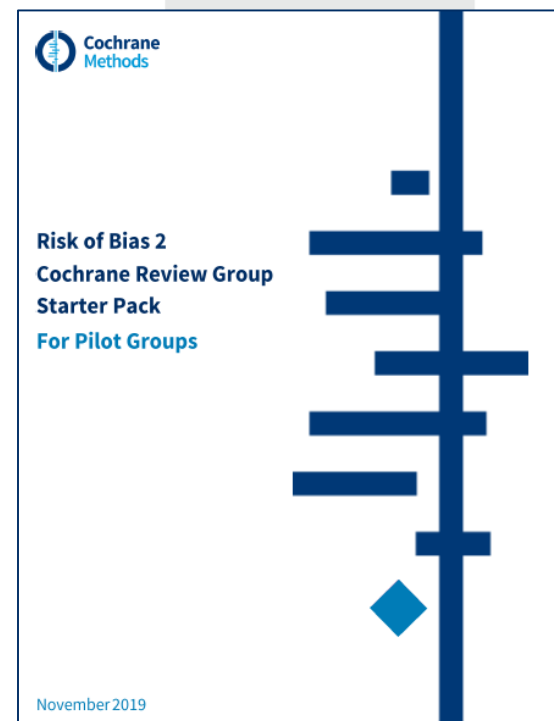
### ➤ **Support**

- Methods Support Unit
  - Monthly webinar clinics
- RoB 2 FAQs
- Cochrane standards and guidance (MECIR and Handbook)

### ➤ **Training**

- Interactive learning module
- Standard author training materials
- RoB 2 webinar series

<https://training.cochrane.org/rob-2-learning-live-webinar-series>





## Risk of bias tools

### ^ Welcome

▼ RoB 2 tool

▼ ROBINS-I tool

ROB-ME tool

robvis (visualization tool)

# riskofbias.info

Welcome to our pages for risk of bias tools for use in systematic reviews.

- [RoB 2 tool \(revised tool for Risk of Bias in randomized trials\)](#)
- **NEW!** [ROB ME \(Risk Of Bias due to Missing Evidence in a synthesis\)](#)
- [ROBINS-I tool \(Risk Of Bias in Non-randomized Studies - of Interventions\)](#)
- [robvis \(visualization tool for risk of bias assessments in a systematic review\)](#)

Feedback is welcome to [risk-of-bias@bristol.ac.uk](mailto:risk-of-bias@bristol.ac.uk)







# Risk of bias tools

- Welcome
- RoB 2 tool

Current version of RoB 2

RoB 2 for cluster-randomized trials

RoB 2 for crossover trials

Archive: RoB 2.0 (2016)

Archive: RoB 2.0 cluster-randomized trials (2016)

Archive: RoB 2.0 cross-over trials (2016)

## ROBINS-I tool

ROB-ME tool

robvis (visualization tool)



## A revised tool to assess risk of bias in randomized trials (RoB 2)

Welcome to the website for the RoB 2 tool.

The [current version](#) (22 August 2019), suitable for individually-randomized, parallel-group trials.

NEW! A test version for [cluster-randomized trials](#) is now available (10 November 2020).

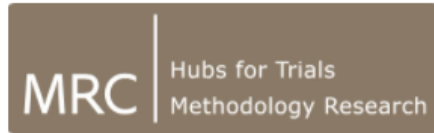
NEW! A test version for [crossover trials](#) is now available (8 December 2020).

We are also maintaining an archive of the previous version, which had variants for three different trial designs (see below).

### Citing the tool

The revised tool may be cited as:

Sterne JAC, Savović J, Page MJ, Elbers RG, Blencowe NS, Boutron I, Cates CJ, Cheng H-Y, Corbett MS, Eldridge SM, Hernán MA, Hopewell S, Hróbjartsson A, Junqueira DR, Jüni P, Kirkham JJ, Lasserson T, Li T, McAleenan A, Reeves BC, Sheppard S, Shrier I, Stewart LA, Tilling K, White IR, Whiting DE, Higgins JPT



This work was supported by the MRC Network of Hubs for Trials Methodology Research (MR/L004933/1- N61). Infrastructure support was provided by the Medical Research Council ConDuCT-II Hub (Collaboration and innovation for Difficult and Complex randomized controlled Trials In Invasive procedures - MR/K025643/1).



## Risk of bias tools

^ Welcome

^ RoB 2 tool

### Current version of RoB 2

RoB 2 for cluster-randomized trials

RoB 2 for crossover trials

Archive: RoB 2.0 (2016)

Archive: RoB 2.0 cluster-randomized trials (2016)

Archive: RoB 2.0 cross-over trials (2016)

▾ ROBINS-I tool

ROB-ME tool

robvis (visualization tool)



## Current version

Download the 22 August 2019 version:

- The [full guidance document](#).
- The [cribsheet summarizing the tool](#).
- A [template for completing the assessment](#).
- An [Excel tool to implement RoB 2](#) (contains macros; download to your computer before using; some text is slightly out of date).

We have also made available a version of [RoB 2 for cluster-randomized trials](#), and a version of [RoB 2 for crossover trials](#).



Assessment ID  Assessor  21/1/7 14.30

Study ID  Ref. or label

Experimental  Comparator

Specify which outcome  Specify the numerical result

Is the review team's aim for this result to assess...?  Weight for analysis

If the aim is to assess the effect of adhering to intervention...(select one at least)

- 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)

- Journal article(s)
- Trial protocol
- Statistical analysis plan (SAP)
- 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, Research Councils UK Gateway to R...)
- Personal communication with trialist

Domain 1 | Domain 2 | Domain 3 | Domain 4 | Domain 5 | Overall bias

### Randomisation process

Signalling questions	Response	Description
1.1 Was the allocation sequence random?	<input type="text"/>	
1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?	<input type="text"/>	
1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?	<input type="text"/>	

### Risk of bias judgement

Algorithm result:  Assessor's judgement:

Algorithm  Double click on this column to create the support for judgement for this risk of bias domain from descriptions

Optional: What is the predicted direction of bias arising from the randomization process?

Guidance (Internet access)  CLOSE  SAVE

Kerry Dwan KD

Share Comments

Sort & Filter Find & Select

Editing Ideas Sensitivity

O	P	Q
1.2	Note for 1.1&1.2	1.3

80%

## Protocol and Review reporting requirements



### Risk of Bias 2 (RoB 2) Editorial Checklists

December 2020

## How to tag the Review as approved for using RoB 2

The Cochrane Review Group can add a note to the review properties in Archie (as seen below). This will be helpful for Community Support, the Methods Support Unit, and copy editors checking the Methods section and Handbook references.

Database copied on 26 October 2020.

Organizer Resources Search Publisher Monitor Admin

File View Tools Favourites Help

Resources

20th Anniversary Taskforce

- People
- Topics List
- Files

Abdomen and Endocrine Network

- Acute and
- Acute Resp
- Adverse Ef
- Airways Gr
- Amsterdam
- Anaesthesi
- People
- Reviews
- Full
- Prot
- Reg
- Vac
- Topics L
- Files
- Workflo
- Arabic tran
- Australian S
- Australian S
- Australian S
- Australian S
- Australian S
- Australian S
- Author Pan
- Back and N
- Bias Metho
- Bone, Joint
- Breast Can
- Campbell E
- Campbell C
- Campbell C
- Campbell D
- Campbell E

In development - new | 6

- Benzodiazepine ketamine co-administration testing ag
- Cannabis-based medicines for prevention of postoper
- Erector spinae plane block for postoperative pain
- Perioperative combined lifestyle interventions for post

Mirfazaelian, Hadi C

Stojanova, Jana C

Schnabel, Alexand C

Tanasee, Hanna C

CARG1003 Erector spinae plane block for postoperative pain - Google Chrome

training-archie.cochrane.org/sections/documents/documentProperties.jsp?key=z19110514223952...

General People | 14 Topics | 1 History | 7 Advanced Funding Workflows | 1 Notes | 1

Title	Type	Author	Created
RoB 2 agreed	General	Ursula Gonther	18/12/2020 08:09

New Open Delete

## Assessment of risk of bias in included studies

For all users of RoB 2:

1

State RoB 2 will be used and provide a reference to it

2

State effect of interest



3

State which results will be assessed



4

State plans for design variants (cluster, crossover) if needed

5

Detail assessors (how many? who? independently? consensus?)

6

List the domains in the tool (these can't be modified)

7

List the judgement options : High, Low, Some concerns; overall RoB

8

Tools to manage assessments

9

Primary analysis: all studies or low risk?

Subgroup analyses/ Sensitivity analyses

10

GRADE: state how RoB2 will be used

Storage

## RoB 2 considerations for protocol development

There are ten key items to consider when using the RoB 2 tool:

*A list of these items in a format that is easy to copy and paste to send to authors is at the end of this document.*

*When assessing these points in Cochrane Protocols, some Cochrane Review Group have added a third column to note whether the point has been completed or what is missing.*

What to report	Further details
<b>Methods section - 'Assessment of risk of bias in included studies'</b>	
1. State that RoB 2 tool will be used and reference it	Reference <a href="#">Sterne et al 2019 BMJ paper</a> and / or <a href="#">Cochrane Handbook (version 6) Chapter 8</a> . <b>Guidance:</b> <a href="#">MECIR PR27</a>
2. State your effect of interest - effect of assignment or effect of adherence	<b>Guidance:</b> <a href="#">Section 1.3 Detailed guidance</a> (Riskofbias.info); <a href="#">Section 8.2.2</a> Cochrane Handbook.
3. List or refer to the results that will be assessed using RoB 2, inc. outcome(s), outcome measure(s) and timepoint(s)	<b>Guidance:</b> <a href="#">Section 1.3 Detailed guidance</a> (Riskofbias.info); <a href="#">Section 7.3.2</a> , <a href="#">Section 8.2.1</a> and <a href="#">Section 8.7</a> Cochrane Handbook.
4. (if applicable) State how you will handle crossover RCTs and cluster RCTs	Reference the RoB variant for crossover trials and/ or the RoB 2 variant for cluster trials. <b>Guidance:</b> <a href="#">RoB for for crossover trials via riskofbias.info</a> and <a href="#">RoB 2 for cluster trials via riskofbias.info</a> <b>NB:</b> Please note, as of December 2020, the cluster and cross trial variants for RoB 2 have not been developed in RevMan Web yet so there is interim guidance on how to display these results. <b>NB:</b> Please note, if you have intended from the OUTSET to ONLY use data from the first period of the crossover, then you can use the standard version of RoB 2 as it is. However, please be alert to the potential impact of selective reporting of first period of data only when carry over is detected by trialists. Omission of trials which do not report first period data may lead to bias at the meta-analysis level. For details are in <a href="#">Section 23.2</a> Cochrane Handbook.
5. State who will assess RoB2 (Initials), how many and whether independently and duplicate	<b>Guidance:</b> <a href="#">MECIR C53</a> ; <a href="#">Section 7.3.2</a> Cochrane Handbook.
6. List the domains of the tool	<b>Guidance:</b> <a href="#">Section 1.3 Detailed guidance</a> (Riskofbias.info); <a href="#">Section 8.2.3</a> Cochrane Handbook.
7. List the judgment options (High, Some Concerns, Low) and how overall risk of bias is reached, e.g. using the signalling questions/tool algorithms	<b>Guidance:</b> <a href="#">Section 1.1</a> , <a href="#">Section 1.2.1</a> and <a href="#">Section 1.2.3 Detailed guidance</a> (Riskofbias.info); <a href="#">Section 8.2.3</a> and <a href="#">Section 8.2.4</a> Cochrane Handbook.
8. State if you plan to use any tools to manage the assessment of bias using RoB 2	For example, the RoB2 Excel tool to implement RoB 2 (available on the <a href="#">riskofbiasinfo.org</a> website) <b>Guidance:</b> <a href="#">MECIR C54</a> ; <a href="#">Section 7.3.2</a> Cochrane Handbook.
<b>Methods section - 'Data synthesis'</b>	
9. State whether the primary analysis will include all eligible studies or only those which have low risk of bias, or low risk and some concerns	This may depend on the number of studies with each risk of bias rating as you'll need sufficient numbers for the analyses. It could also be appropriate to pool data from studies at high risk of bias and use a sensitivity analysis to assess the effects of restricting the analysis to RCTs overall 'low' or 'low/some concerns'. <b>Guidance:</b> <a href="#">MECIR C21</a> , <a href="#">Section 7.6.2 Cochrane Handbook</a> .
<b>Methods section - 'Subgroup analysis and investigation of heterogeneity'</b>	
(if applicable) Specify if subgroup analysis is planned based on risk of bias	Consider whether overall risk of bias should be used as the basis for any subgroup analysis. <b>Guidance:</b> <a href="#">MECIR C22</a> ; <a href="#">Section 10.11.2</a> and <a href="#">Section 7.6.2</a> Cochrane Handbook.
<b>Methods section - 'Sensitivity analysis'</b>	

# Review reporting requirements

## Methods

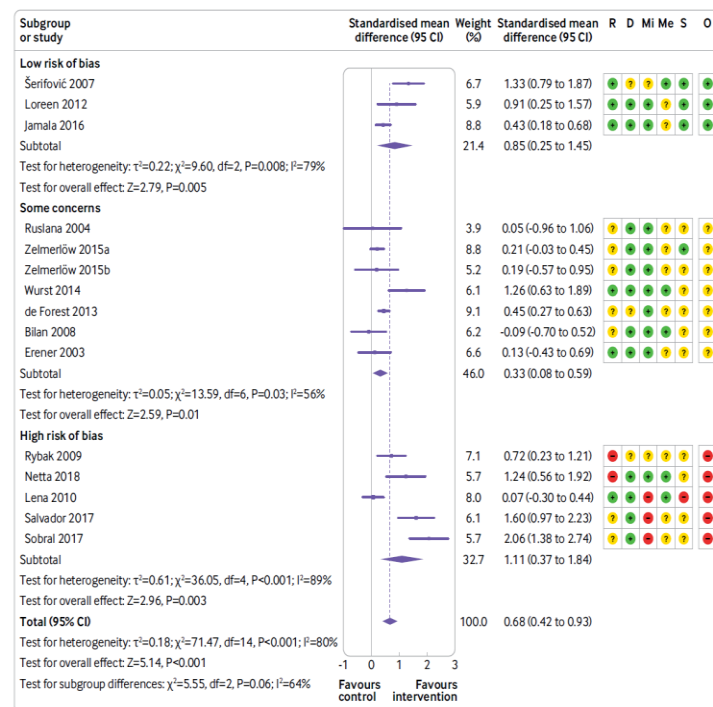
1. Include all the RoB 2 considerations from the Protocol. (If applicable). State if there were any deviations from the Protocol.
2. State the version of the RoB 2 tool that was used.

## Results

1. Refer to the results-level RoB 2 tables.
2. State how to access detailed risk of bias assessments data (with consensus responses to the signalling questions).
3. Provide a brief overview of the risk of bias assessments.
4. Refer to visual representations of the risk of bias assessments in relation to each result.
5. (If applicable) Discuss any subgroup analysis/ sensitivity analysis conducted that relates to the risk of bias judgments.

## Discussion

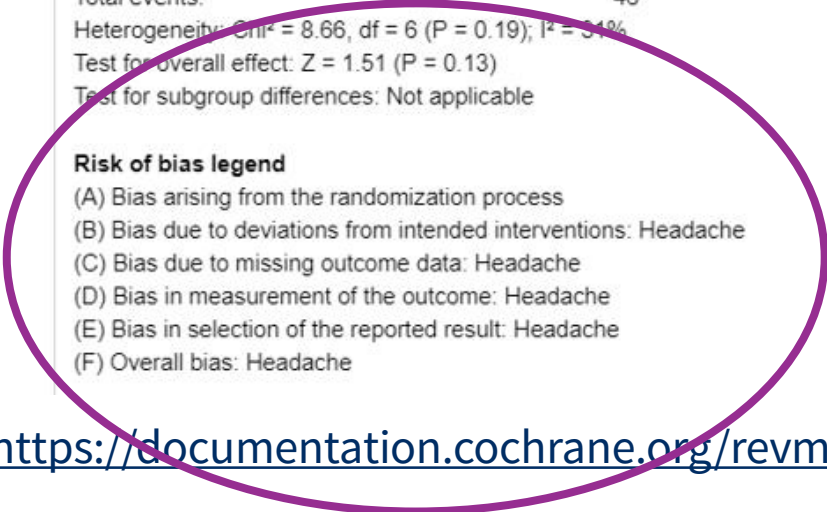
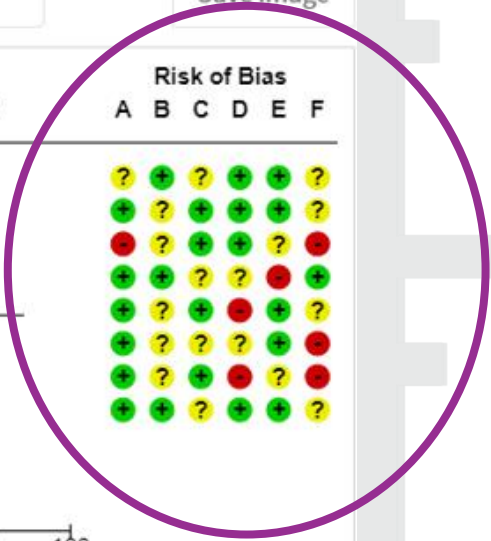
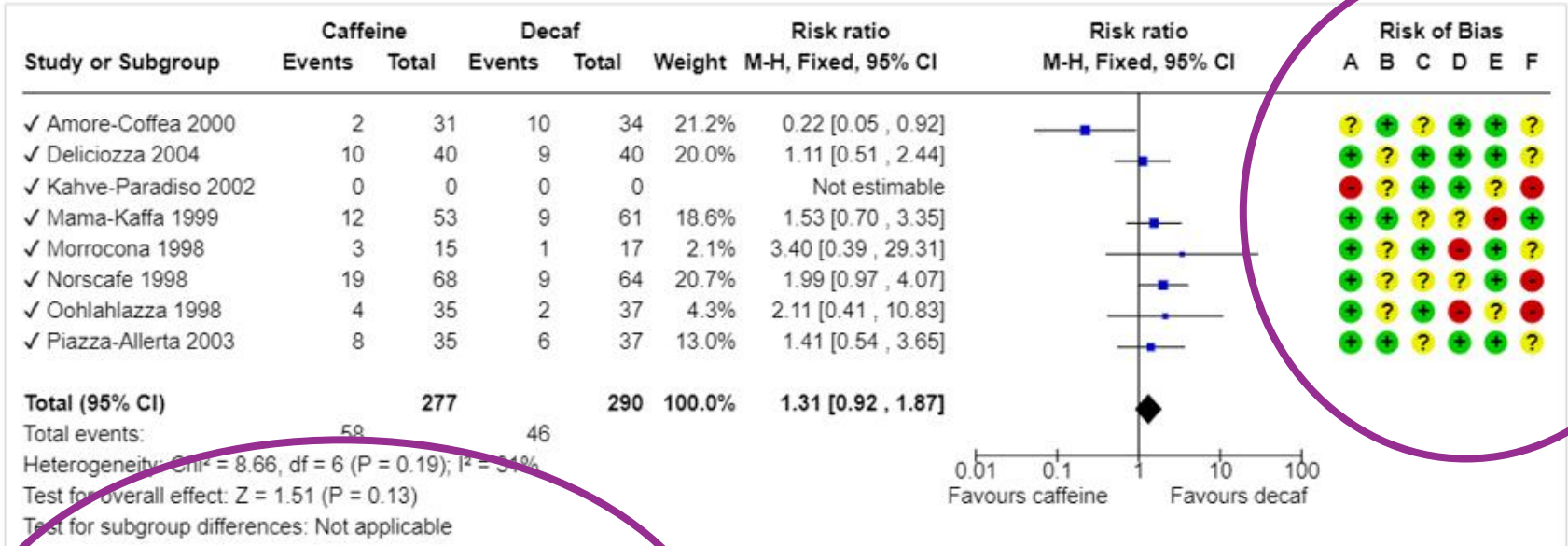
1. Discuss any risk of bias judgements that affect the certainty of the evidence along with all other GRADE considerations.





# Investigate sensitivity - 1.1 Headache

Odds ratio
**Risk ratio**
Risk difference
**Fixed effect**
Random effects
Scale 100
Save image



### Risk of bias legend

- (A) Bias arising from the randomization process
- (B) Bias due to deviations from intended interventions: Headache
- (C) Bias due to missing outcome data: Headache
- (D) Bias in measurement of the outcome: Headache
- (E) Bias in selection of the reported result: Headache
- (F) Overall bias: Headache

<https://documentation.cochrane.org/revman-kb/assessing-risk-of-bias/how-to-use-risk-of-bias-2-0-rob-2-0-tool-in-revman-web>

# Support available for Cochrane Reviews using RoB 2

## Key resources

[methods.cochrane.org/risk-bias-2](https://methods.cochrane.org/risk-bias-2)

FAQs

Introductory leaflet

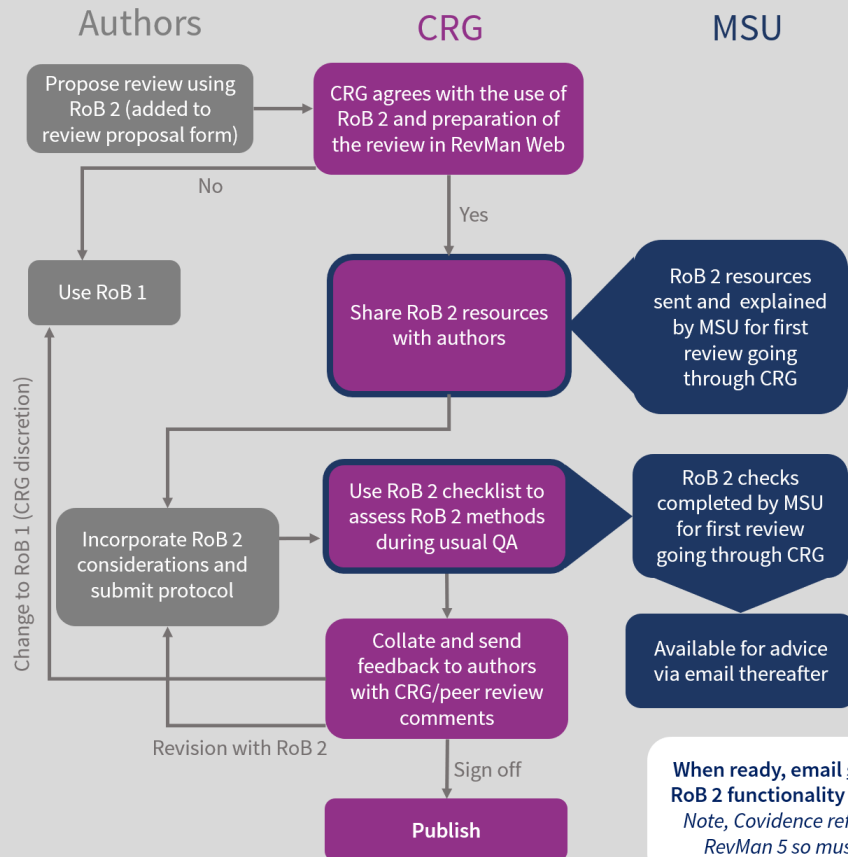
With pre-recorded videos

### RoB 2 Starter Pack

- Online training
- Tools for using RoB 2
- Protocol checklist
- Tips and timesavers
- Example reviews
- Review checklist

\*MSU Web Clinic webform: [methods.cochrane.org/methods-support-unit-web-clinic](https://methods.cochrane.org/methods-support-unit-web-clinic)

## Protocol development



When ready, email [support@cochrane.org](mailto:support@cochrane.org) to ask for RoB 2 functionality to be switched on in RevMan Web  
 Note, Covidence references can only be imported into RevMan 5 so must be imported before the switch

## Review development

