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Rapid review method series: interim guidance for the reporting of rapid reviews

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Abstract

Rapid reviews (RRs) are produced using abbreviated methods compared with standard systematic reviews (SR) to expedite the process for decision-making. This paper provides interim guidance to support the complete reporting of RRs. Recommendations emerged from a survey informed by empirical studies of RR reporting, in addition to collective experience. RR producers should use existing, robustly developed reporting guidelines as the foundation for writing RRs: notably Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 (PRISMA 2020; reporting for SRs), but also preferred reporting items for overviews of reviews (PRIOR) items (reporting for overviews of SRs) where SRs are included in the RR. In addition, a minimum set of six items were identified for RRs: three items pertaining to methods and three addressing publication ethics. Authors should be reporting what a priori-defined iterative methods were used during conduct, what distinguishes their RR from an SR, and knowledge user (eg, policymaker) involvement in the process. Explicitly reporting deviations from standard SR methods, including omitted steps, is important. The inclusion of publication ethics items reflects the predominance of non-journal published RRs: reporting an authorship byline and corresponding author, acknowledging other contributors, and reporting the use of expert peer review. As various formats may be used when packaging and presenting information to decision-makers, it is practical to think of complete reporting as across a set of explicitly linked documents made available in an open-access journal or repository that is barrier-free. We encourage feedback from the RR community of the use of these items as we look to develop a consolidated list in the development of PRISMA-RR.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Rapid review (RR) conduct stems from the systematic review process but has unique considerations. Known to be poorly reported, it is essential that readers have access to the fulsome information, transparently reported to understand scope, methods, findings, limitations, and implications.

WHAT THIS STUDY ADDS

⇒ Provides interim guidance for the reporting of RRs, including a preliminary list of items specific to RRs, in advance of the development of a consolidated checklist, Preferred Reporting Items for Systematic Reviews and Meta-Analyses for RRs (PRISMA-RR).

HOW THIS STUDY MIGHT AFFECT RESEARCH, POLICY OR PRACTICE

⇒ Better RR reporting will improve the information available for healthcare decision-making. Use and feedback on checklist items will inform the development of PRISMA-RR.

Introduction

This paper provides interim reporting guidance for rapid reviews (RRs) as part of a series from the Cochrane Rapid Reviews Methods Group.[1–4] RRs have emerged to support urgent decision-making; producers use abbreviated SR methods to generate synthesised evidence in a resource-efficient manner.[5] Although RRs have been in use for more than two decades, their prominence has increased over time, and they were an important vehicle to support health decisions during the COVID-19 pandemic.[6]

With the motivation to support decision-making comes the responsibility to transparently report research. Producers need to communicate essential information so that interested readers can understand the review's scope, how it was undertaken, the relevant evidence base and synthesised research findings, and any additional considerations or limitations. Reporting should be such that others could, in theory, replicate methods and findings. Although intuitive that all essential information should be provided, studies on SRs show a need for improvement.[7–9] Several articles have signalled reporting issues with RRs,[10–13] including two empirical studies.[14 15] With RRs, there is the added consideration of ensuring differences to full SR methods are communicated,

particularly as reports tend to be shorter and produced more quickly, and methods are not standardised.

This paper provides considerations and recommendations informed by empirical studies on the reporting of RRs of primary studies,[14 15] survey input, and the authors' collective experience. The collation of empirical studies and survey deployment reflected the initial development phase of an extension of the Preferred Reporting Items for SR and Meta-Analyses (PRISMA) checklist for RRs of primary studies, including PRISMA for Abstract items.[16] Soon following, the PRISMA 2020 team started updating PRISMA 2009; there was desire by all to integrate PRISMA 2020 into the extension for RRs. However, the timing was such that further development was halted by the COVID-19 pandemic through shifts in research activity to support COVID-19 decision-making. Therefore, the preliminary list of reporting items outlined in this paper will be considered in the development of PRISMA for RRs (PRISMA-RR), supported by funding from the Canadian Institutes of Health Research (CIHR).[17] In addition to integrating more recently developed reporting guidance, timing is opportune to not only leverage learnings from the production of RRs in the context of the COVID-19 pandemic, but to incorporate newer developments in RR methods, such as automation.[18]

Making the preliminary reporting items available now allows RR producers to implement as an interim measure and to provide feedback on their use as we look to develop PRISMA-RR. We intend for flexibility in the use of these items; for example, RR producers using PRISMA 2020 alongside, rather than PRISMA 2009, is sensible. As with PRISMA, this guidance is geared to reviews addressing intervention questions; RR producers would need to adapt reporting for other types of research questions, accordingly.

General considerations

General considerations for the reporting of RRs are detailed below, from which general recommendations for reporting are provided in box 1.

Box 1 Recommendations for reporting

⇒ Use existing, robustly developed reporting guidelines as the foundation for writing rapid reviews (RRs): notably Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 (PRISMA 2020), but consider preferred reporting items for overviews of reviews (PRIOR) items where systematic reviews (SRs) are included in the RR.
⇒ In addition, consider the items in table 1 as a minimum set of items for RRs.
⇒ Explicitly report any deviation from standard SR methods, including omitted steps.
⇒ As RRs can take various formats and packaging to facilitate decision-making, it is practical to consider complete reporting as across the documents that comprise the information package, and explicit linking among documents would be required to accomplish this. Additional, minimum essential information is provided as an appendix or in an open-access journal or repository that is barrier-free. We discourage information made available by request or posting on non-permanent websites.

Face validity of PRISMA items for RRs

As RRs are typically understood to be products that stem from SR methods, starting first with a consideration of the relevant PRISMA guidelines is logical. However, RRs cannot simply be thought of as modified SRs, where, for example, the unit of inclusion is the primary study and the report structure typically reflects the Introduction-Methods-Results-and-Discussion (IMRaD) format. Depending on what is initially scoped or uncovered during RR conduct, RRs may include a summary of existing SRs (sometimes referred to as secondary evidence), with or without a summary of more recently published primary studies, or a synthesis of primary studies alone; indeed, initial characterisation of a sample of 76 journal-published RRs showed that 40% included secondary evidence.[16] When considering PRISMA 2009, for example, we deemed that an estimated one-third of items would not have sufficient face validity when attempting to apply them to RRs that include secondary evidence. When developing the survey (described in more detail below), we focused on the reporting of RRs of primary studies as the first step in developing guidance for RRs. Although RRs that include secondary evidence would not be considered akin to an expedited version of an overview of reviews, their future reporting guidance would require the consideration of the preferred reporting items for overviews of reviews (PRIOR) checklist.[19] Until this is further developed in context of PRISMA-RR, we recommend that RR developers consider items within PRIOR if including secondary evidence. For example, PRIOR addresses not only specifying the definition of SR for including in the report, but the reporting of an assessment of SRs themselves (ie, A MeaSurement Tool to Assess systematic Reviews 2 [AMSTAR 2] or ROBIS)[20 21] in addition to the primary studies within them. Those items are relevant to RRs with secondary evidence, even if a brief statement of the risk of bias of primary studies from the SRs is provided, for example.

Reporting in relation to RR format

A second consideration in terms of using reporting guidance is RR format. To date, related checklists[19 22–24] are structured around a typical IMRaD format, the predominant format for reporting research in the biomedical community and other areas of science. Not surprisingly, an empirical study showed that 92% of RRs published in journals were formatted in that manner.[25] However, non-journal published RR reports, which greatly outnumber those published in journals, were shown to primarily take other forms, such as graded entry formats or packages (eg, 1:3:25 report graded-entry report structure).[25] These alternative formats emphasise presenting key information upfront to support decision-making, followed by more in-depth information such as methods, findings, and risk of bias or quality appraisal and not necessarily in that order.

RRs can, therefore, comprise information in one document or a series of documents of increasing detail. Given that various formats are available, it is practical to think of complete reporting as across a set of accompanying documents and not necessarily that all details need to be made available in one document, as would be expected for reports of SRs. For example, if an RR commissioner wishes to receive a document of no more than 10 pages, then the RR producer can provide access to additional documents that would facilitate complete reporting for items not in the main report. Of key importance is offering flexibility for different packaging or presentation needs while providing easy (eg, open) access to all information to uphold complete and transparent reporting. RR producers should ensure these documents are

explicitly linked. Supplemental information could be included as an appendix to the main report or in open-access journal websites or repositories, such as Open Science Framework (osf.io/). We discourage making information available by request or posting on websites that may not have permanence.

Transparent reporting of omitted methods in RRs

Explicitly declaring where methods items or steps were omitted is a third consideration that bears noting. Although this would be sensible guidance for the reporting of any health research report, there is particular consideration for RRs in understanding their methods relative to SRs. Some survey respondents had suggested modifying the wording of items in relation to relevance (eg, 'if done, 'if applicable'), such as for risk-of-bias assessments. We instead recommend reporting methods explicitly, such as when there is a deviation from or modification to SR methods, including the omission of steps, as this makes the process transparent for readers.

Preliminary reporting items for RRs

As a summary of the survey process, all items within the PRISMA 2009 and PRISMA for Abstract checklists were endorsed by 100 respondents. Nine new items achieved consensus, and four items were modified, of which some were subsequently reflected in PRISMA 2020. No additional items were proposed on the survey regarding the writing of an abstract. As informed by our survey, a handful of reporting items can be considered relevant to RRs. We provide the rationale for those items below, with a summary provided in table 1 and example for each of the methods-related items. Details of the methods, participant characteristics, survey results, and disposition to comments are comprehensively provided in data (online supplemental supplement 1).

A priori iterative methods

RR producers may need to build into their protocol the points during conduct at which decisions may need to be made in light

Table 1 Preliminary reporting items for rapid reviews in addition to Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 (PRISMA 2020) and preferred reporting items for overviews of reviews (PRIOR)

Reporting item (bannered by item type)	Considerations
Methods	
A priori-defined iterative methods. Report whether an iterative process (ideally specified in the protocol) was used, such as decision-making on methodology or inclusion during the conduct of the review to meet the timeline.	If, prior to conducting the RR, decision points and a description of what decisions could be undertaken were documented, then describe the decisions that were implemented and at what stages of conduct. Example: 'This rapid review will be guided by a protocol that includes allowances for modifications regarding scope and analysis during the conduct of the rapid review as decisions are made once the nature and volume of the evidence is known…If the evidence regarding the context of treating patients with filovirus disease is limited (which is the likely scenario), we will broaden the scope to include other infectious diseases with a similar route of transmission and infectivity…Depending on the volume of relevant literature, it may be decided post hoc to limit the review to a subset of outcomes in order to meet the timeline set. The finalization and prioritization of the list of outcomes was made in consultation with the WHO Steering Group and the WHO Guideline Development Group'.[26]
Distinguishing the RR from an SR. Indicate what aspects of the conduct or process that would differ from an SR.	Avoid generalities of how RRs differ from SRs. Explicitly describe why the product is an RR, noting the specific steps of conduct or methods that characterise the distinction from an SR. Example: '…this review deviates in several ways from standard Cochrane methodology. Our review was limited to articles in peer-reviewed journals, so we did not consider grey literature, conference abstracts and proceedings, or preprints. We also excluded articles in non-English languages, which may have resulted in the exclusion of potentially relevant articles. In addition, we took steps to reduce the time spent screening by only dually screening 25% of abstracts and full texts, and checking excluded studies. We also carried out data collection in an expedited manner by using a single review author with checks by a second review author for data extraction, 'Risk of bias' assessment and application of the GRADE approach.'[37]
Knowledge user involvement. Describe what knowledge users (eg, policymakers, patients, guideline developers, clinicians) were involved in the development of the RR, specifying the stage(s) and the nature of involvement.	Details should be provided such that readers would be able to understand who provided input, at what stages of conduct, and for what aspects. Use GRIPP2 for reporting when including patients. Example: 'This rapid review was guided by a protocol that was developed a priori by the authors and then reviewed by the guideline development group – a group of external experts who were invited by WHO to formulate recommendations regarding personal protective equipment use…outcomes were specified by the guideline development group…'[26]
Other information	
Authorship and corresponding author. List those who contributed sufficiently to meet authorship requirements. Provide contact information for the corresponding author or organisational representative.	Consider ICMJE's recommendations on the role of authors and contributors. This information can be expanded on by using the CRediT taxonomy for structuring contributions.
Acknowledgements. List those who contributed to the development and conduct the work but do not meet authorship requirements.	Consider ICMJE recommendations to distinguish non-author contributors, listing those who provided their permission to name.
Peer review. Indicate whether peer review was undertaken during the preparation of the report and by whom (eg, methodologist or content expert and whether internal or external to producing organisation).	Specify the expertise of peer reviewers, such as research methodologist, clinician, or consumer and their organisational affiliation, as applicable. Ideally, the individual will provide permission to be named in an acknowledgements section. Note any conflicts of interest.

CRediT, Contributor Roles Taxonomy; GRADE, Grading of Recommendations, Assessment, Development, and Evaluation; GRIPP2, Guidance for Reporting Involvement of Patients and the Public, Version 2; ICMJE, International Committee of Medical Journal Editors; RR, rapid review; SR, systematic review; WHO, World Health Organization.

of the emerging nature (eg, types of study designs) and volume of evidence (eg, number of studies) to meet the decision-making timeline. This is unique to RR conduct and typically reflective of a short period of time to scope and refine topics prior to conduct. For example, when developing the RR protocol on the effectiveness of personal protective equipment in the context of filovirus disease, the authors indicated that if studies on filovirus disease were limited, the scope could be broadened to include indirect evidence from other infectious diseases with a similar route of transmission and infectivity.[26] This option was instituted during conduct of the RR, indicated as an expansion of scope but not included in the protocol modification section. Similarly, outcomes of interest were listed in descending order of the importance to decision-making; in the protocol, the authors indicated that the evaluation could be limited to a subset, according to that priority list, if the volume of evidence was too large to complete the RR for the decision-making timeline. Placing emphasis on including high-quality study designs relevant to the review question is another example provided by the Cochrane Rapid Reviews Methods Group.[27] Naturally, the key concern in this process is making decisions in relation to when the findings were known. Therefore, we recommend stating at what point during conduct those decisions were made (eg, prior to data extraction). Post hoc changes made during conduct of the RR that were not outlined in the protocol would be declared as an amendment to the protocol (eg, PRISMA 2020 item 24c).

Distinguishing the RR from a systematic review

With the diversity of RR methods comes potentially differing impacts on conclusions. As such, it is important for producers to signal why they do not consider their report to be an SR; Cochrane provides an SR definition that readers could refer to.[28] The use of one person to review titles and abstracts of citation records, not including a search for grey literature, and foregoing risk-of-bias assessments (although we would discourage this) would be examples. We acknowledge that a continuum exists as to how producers may relate particular methods approaches to an SR or RR,[29] which underscores the need to make this explicit; for example, whether limiting inclusion to English language literature is viewed as SR or RR methods. We recommend authors frame this declaration as to why they deem the product to be an RR. In addition to providing transparency, those distinctions may also help inform the growing empirical base of the impacts of RR methods. Although a substantive proportion of RRs also include secondary evidence, we have kept the comparison here in relation to SRs for two reasons. First, the process for rigorously conducted SRs and overviews of SRs largely overlap in terms of steps of production. Second, RRs including SRs would not have the level of sophistication of an overview, serving more as a knowledge translation product of existing SRs.[30 31]

Knowledge user involvement

Integrated knowledge translation (iKT) involves knowledge users as co-producers of research, with the intent of increasing relevance and use in decision-making.[32] Examples of knowledge users are policymakers, guideline developers, healthcare providers and patients. Given the typically accelerated nature of producing RRs, a closely collaborative relationship between the producer and knowledge users provides important context to shaping the scope of the RR to realise a fit-for-purpose product.[3] We direct readers to another article in this series that provides a thorough discussion and considerations of knowledge user involvement in RRs.[3] The article provides evidence of inadequate reporting of knowledge user involvement, which we hope to improve through this reporting item. Other relevant reporting guidance should be considered in this context, such as the use of the second version of the Guidance for Reporting Involvement of Patients and the Public (GRIPP2) for the inclusion of patient partners.[33] At a minimum, we recommend RR producers to report who was involved, at what stages, and providing input for what items.

Authorship and corresponding author

Listing an authorship byline in addition to identifying a corresponding author and their contact information are standard attributes of journal article publications. However, RRs that are not published in journals do not report this as frequently.[15] As there are important publication ethics principles to uphold, namely, giving appropriate attribution to intellectual content and providing accountability to the research undertaken and reported, we recommend reporting an authorship list and contact information for a corresponding author; the International Committee of Medical Journal Editors (ICMJE) information on the roles of authors and contributors is the most widely recognised framework to support reporting in this regard.[34] Further consideration could be given to listing contributors, whether authors or others, and their respective roles during conduct. The Contributor Roles Taxonomy (CRediT) is one such framework to structure contributorship; however, it is not intended to define what constitutes authorship.[35]

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Providing attribution to those who were involved in the work but did not meet the criteria for authorship would reflect ethical publishing practice. To distinguish from the item 'Knowledge user involvement', the latter is intended to assist in understanding the iKT process undertaken. However, individuals providing input from an iKT perspective should be listed here if not meeting the authorship criteria; an example would be knowledge user involvement in research question development but not reviewing and approving the final report.

Peer review

The main consideration for this item is providing an opportunity, in an urgent environment, to have one or more individuals external to the RR producer team critically review the report. This can help provide validity from a content and/or methodological perspective and correct inadvertent errors prior to submitting to the commissioner, to optimise the quality of the product. This can be attractive to RR-producing teams to obtain a particular knowledge user's input if unable to involve in an iKT process. How this compares to a journal editorial peer-review process is beyond the scope and intention of discussion here, but is worthy of consideration as many RRs are not journal-published.[15]

Other reporting items

Several other reporting items that were either endorsed through survey feedback but did not achieve consensus or were modifications to PRISMA 2009 are now reflected in the PRISMA 2020 checklist. Those include reporting methods on assessing the certainty of evidence, outlining protocol modifications and providing a statement on data sharing and supplemental information. Modifications made in the survey to PRISMA 2009 items were largely reflected in PRISMA 2020. This provides support that PRISMA 2020 can be readily integrated into developing PRISMA-RR.

Box 2 Main checklist items proposed but not achieving consensus for RR reporting.

⇒ **Timeframe of conduct.** This item would specify time parameters, such as the number of weeks from finalisation of protocol to draft report.
⇒ **Intended users.** This item was envisioned to specify the audience of interest, from which readers could understand the lens to which a discussion of the applicability and implications of the evidence were applied.
⇒ **Comprehensive assessment.** Producers could indicate whether a systematic review is warranted given the results of the rapid review.

Additional survey items not included in PRISMA 2020 and not achieving consensus will be further explored in the development of PRISMA-RR (box 2). Readers may be interested in exploring the feedback in the supplement to consider other reporting items until PRISMA-RR is available. For example, RR producers could consider providing a rationale as to why an RR rather than an SR was undertaken as part of the 'Rationale' PRISMA 2020 reporting item; we direct readers to another paper in this methods series that outlines the appropriateness of conducting an RR.[36] No items proposed for the main checklist nor the abstract achieved consensus for exclusion.

Reviewing methodological advances with respect to RRs will need to occur with the development of PRISMA-RR. To this regard, we encourage RR producers to become familiar with other articles within this series. For example, producers considering team characteristics and organisation guidance could elect to report on the SR methodological expertise within the RR team and the number of team members participating at various conduct steps.[2]

Conclusions

Reporting has shown to be poor in RRs based on tools developed for SRs. As interim guidance pending the development of PRISMA-RR, we encourage RR producers to use PRISMA 2020 as the foundation for reporting and to consider PRIOR items when including secondary evidence. We further present additional items that can be considered, endorsed through an expert survey. We encourage the RR community to provide feedback to the corresponding author on the use of those items as we look to develop a consolidated list for PRISMA-RR. To strike a balance between practicality of presenting information for decision-makers and ensuring complete reporting, consider reporting clearly linked and easily accessible materials made available in open-access journals or repositories that are barrier-free.

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References

1 **Klerings I**, Robalino S, Booth A, *et al*. Rapid reviews methods series: guidance on literature search. *BMJ Evid Based Med* 2023;28:412–7.
2 **Nussbaumer-Streit B**, Sommer I, Hamel C, *et al*. Rapid reviews methods series: guidance on team considerations, study selection, data extraction and risk of bias assessment. *BMJ Evid Based Med* 2023;28:418–23.
3 **Garritty C**, Tricco AC, Smith M, *et al*. Rapid reviews methods series: involving patient and public partners, healthcare providers and policymakers as knowledge users. *BMJ Evid Based Med* 2024;29:55–61.
4 **Gartlehner G**, Nussbaumer-Streit B, Devane D, *et al*. Rapid reviews methods series: guidance on assessing the certainty of evidence. *BMJ Evid Based Med* 2024;29:50–4.
5 **Hamel C**, Michaud A, Thuku M, *et al*. Defining rapid reviews: a systematic scoping review and thematic analysis of definitions and defining characteristics of rapid reviews. *J Clin Epidemiol* 2021;129:74–85.
6 **Tricco AC**, Straus SE, Ghaffar A, *et al*. Rapid reviews for health policy and systems decision-making: more important than ever before. *Syst Rev* 2022;11:153.
7 **Moher D**, Tetzlaff J, Tricco AC, *et al*. Epidemiology and reporting characteristics of systematic reviews. *PLoS Med* 2007;4:e78.
8 **Page MJ**, Shamseer L, Altman DG, *et al*. Epidemiology and reporting characteristics of systematic reviews of biomedical research: a cross-sectional study. *PLoS Med* 2016;13:e1002028.
9 **Page MJ**, Moher D. Evaluations of the uptake and impact of the preferred reporting items for systematic reviews and meta-analyses (PRISMA) statement and extensions: a scoping review. *Syst Rev* 2017;6:263.
10 **Harker J**, Kleijnen J. What is a rapid review? A methodological exploration of rapid reviews in health technology assessments. *Int J Evid Based Healthc* 2012;10:397–410.
11 **Ganann R**, Ciliska D, Thomas H. Expediting systematic reviews: methods and implications of rapid reviews. *Impl Sci* 2010;5:56.
12 **Abrami PC**, Borokhovski E, Bernard RM, *et al*. Issues in conducting and disseminating brief reviews of evidence. *Evid Policy* 2010;6:371–89.
13 **Tricco AC**, Antony J, Zarin W, *et al*. A scoping review of rapid review methods. *BMC Med* 2015;13:224.
14 **Kelly SE**, Moher D, Clifford TJ. Quality of conduct and reporting in rapid reviews: an exploration of compliance with PRISMA and AMSTAR guidelines. *Syst Rev* 2016;5:79.
15 **Stevens A**. Facilitating rapid dissemination of knowledge: towards the development of a rapid review reporting guideline [Doctoral dissertation]. University of Split School of Medicine, 2019 Available: https://osf.io/mfxhp/
16 **Stevens A**, Garritty C, Hersi M, *et al*. Developing PRISMA-RR, a reporting guideline for rapid reviews of primary studies (protocol). Equator Network; 2018. Available: https://www.equator-network.org/wp-content/uploads/2018/02/PRISMA-RR-protocol.pdf
17 **Veroniki A**, Hutton B, Stevens A, *et al*. Update of preferred reporting items for systematic reviews and meta-analyses (PRISMA) extensions for network meta-analyses, rapid reviews, and scoping reviews. Canadian Institutes of Health Research Funding Decisions Database; 2023. Available: https://webapps.cihr-irsc.gc.ca/decisions/p/project_details.html?applId=478557&lang=en
18 **Gates A**, Gates M, Sebastianski M, *et al*. The semi-automation of title and abstract screening: a retrospective exploration of ways to leverage Abstrackr's relevance predictions in systematic and rapid reviews. *BMC Med Res Methodol* 2020;20:139.
19 **Gates M**, Gates A, Pieper D, *et al*. Reporting guideline for overviews of reviews of healthcare interventions: development of the PRIOR statement. *BMJ* 2022;378:e070849.
20 **Shea BJ**, Reeves BC, Wells G, *et al*. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ* 2017;358:j4008.
21 **Whiting P**, Savović J, Higgins JPT, *et al*. ROBIS: a new tool to assess risk of bias in systematic reviews was developed. *J Clin Epidemiol* 2016;69:225–34.
22 **Moher D**, Liberati A, Tetzlaff J, *et al*. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *BMJ* 2009;339:b2535.
23 **Beller EM**, Glasziou PP, Altman DG, *et al*. PRISMA for abstracts: reporting systematic reviews in journal and conference abstracts. *PLOS Med* 2013;10:e1001419.
24 **Page MJ**, McKenzie JE, Bossuyt PM, *et al*. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71.
25 **Garritty C**, Hersi M, Hamel C, *et al*. Assessing the format and content of journal published and non-journal published rapid review reports: a comparative study. *PLoS One* 2020;15:e0238025.
26 **Hersi M**, Stevens A, Quach P, *et al*. Effectiveness of personal protective equipment for healthcare workers caring for patients with filovirus disease: a rapid review. *PLoS One* 2015;10:e0140290.
27 **Garritty C**, Gartlehner G, Nussbaumer-Streit B, *et al*. Cochrane rapid reviews methods group offers evidence-informed guidance to conduct rapid reviews. *J Clin Epidemiol* 2021;130:13–22.
28 **Cumpston M**, Flemyng E, Thomas J, *et al*. Chapter I: introduction. In: *Cochrane handbook for systematic reviews of interventions version 6.4*. Cochrane, 2023. Available: www.training.cochrane.org/handbook
29 **Tricco AC**, Khalil H, Holly C, *et al*. Rapid reviews and the methodological rigor of evidence synthesis: a JBI position statement. *JBI Evid Synth* 2022;20:944–9.
30 **Tricco AC**, Langlois Etienne V, Straus SE, *et al*. Rapid reviews to strengthen health policy and systems: a practical guide. World Health Organization: Geneva; 2017. Available: https://ahpsr.who.int/publications/i/item/2017-08-10-rapid-reviews-to-strengthen-health-policy-and-systems-a-practical-guide
31 **Graham ID**, Logan J, Harrison MB, *et al*. Lost in knowledge translation: time for a map. *J Contin Educ Health Prof* 2006;26:13–24.
32 Guide to knowledge translation planning at CIHR: integrated and end-of-grant approaches. 2012. Available: cihr-irsc.gc.ca/e/documents/kt_lm_ktplan-en.pdf
33 **Staniszewska S**, Brett J, Simera I, *et al*. GRIPP2 reporting checklists: tools to improve reporting of patient and public involvement in research. *BMJ* 2017;358:j3453.
34 **International Committee of Medical Journal Editors**. Defining the roles of authors and contributors. Last accessed 12 July 2024. Available: https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html
35 **National Information Standards Organization**. CRediT. Last accessed 12 July 2024. Available: https://credit.niso.org/
36 **Garritty C**, Nussbaumer-Streit B, Hamel C, *et al*. Rapid reviews methods series: assessing the appropriateness of conducting a rapid review. *BMJ Evid Based Med* 2025;30:55–60.
37 **Noone C**, McSharry J, Smalle M, *et al*. Video calls for reducing social isolation and loneliness in older people: a rapid review. *Cochrane Database Syst Rev* 2020;5:CD013632.

Data Supplement: Survey of experts on reporting items for rapid reviews of primary studies

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I. Methods

This study was guided by a protocol posted publicly on the Equator Network website (equator-network.org/). Ethics approval was obtained via delegated review by the Ottawa Health Science Network Research Ethics Board (Protocol 20180588-01H). Minor changes were made to the protocol through the ethics approval process (i.e., clarification of participant characteristics, recruitment strategies, approved survey software) prior to initiating the survey work.

Identifying survey participants

We sought methodologists with rapid review expertise, producers and commissioners of rapid reviews, end users (e.g., clinical, policy-making, guideline development, patients), knowledge and language translation specialists, and journal editors to inform our survey. A mix of purposive and snowball sampling techniques were used to identify a list of potential survey participants by making contacts through professional networks, known organizations producing rapid reviews, corresponding authors of rapid review publications, organizations supporting consumer engagement in research, and journals publishing rapid reviews. The participant consent form included the specification of characteristics for appropriately knowledgeable participants, in keeping with suggested guidance (Trevelyan and Robinson 2015).

Survey development and dissemination

We first considered existing reporting guidelines for systematic reviews (PRISMA 2009 and PRISMA for Abstracts) as the foundation of the survey. In addition to listing items from those checklists, we proposed modifications to some, informed mainly through collective experience of using the PRISMA 2009 checklist and advances in evidence synthesis methods.

Further, and as outlined in the protocol, we characterized a subset (n=76) of the rapid reviews that were gathered to form the sampling frame for a related empirical study on the completeness of reporting (Stevens 2019). About 40% of those rapid reviews included secondary evidence, such as systematic reviews. Given this would challenge the face validity of an estimated one-third of items in the PRISMA 2009 checklist, we focused the survey on the reporting of rapid reviews that solely include primary studies.

Second, we wished to develop a list of additional items that could be considered, either in relation to general methods advances or those specific to rapid reviews. One team member consulted previously conducted empirical studies on the completeness of reporting of rapid reviews (Kelly 2016, Stevens 2019), guidance for conducting rapid reviews, rapid review methodological papers; citations for those sources are listed in the protocol. We also consulted members of our core team (MH, CG, DM) for additional suggestions. Those additional reporting items were then further distilled into proposed minimum essential, optional, and excluded items.

We structured the participant response to rating checklist items using a 5-point Likert scale (1-2=not essential to report; 3=potentially essential to report; 4-5=essential to report). We provided a rationale for modified and proposed items, for context. Text boxes were provided throughout the survey to collect comments on items and to nominate reporting items; those comments are presented below, as-is, and therefore may include typographic and grammatical errors. Participants self-declared their professional and demographic characteristics at the end.

The survey was drafted (AS) and piloted (MH and CG) prior to circulation. Hosted in Canada Surveys (hostedincanadasurveys.ca/) housed our survey and data collection. Participants were contacted by email in December 2018, and the survey questions were accessible after first reviewing the participant consent form and providing implied consent. The survey was open and accessible for three weeks, and a reminder was circulated seven days before the survey was due to close. The study is closed to further participant involvement.

Rating consensus criteria and analysis

As this survey is intended to form the basis of the development of an extension of PRISMA for rapid reviews of primary studies, we defined a priori criteria for determining when consensus was reached for including and excluding items (Table 1). As was used for other reporting guidelines, at least 66% of respondents scoring within one of the three rating categories would meet the consensus criterion threshold (McInnes 2017, Cohen 2017). Analysis of quantitative responses is based on those criteria. A narrative summary of the comments and corresponding considerations is provided. Comments were redacted for anonymity, where needed.

Table 1. Decision criteria for inclusion, exclusion, and further considerations of potential items.

Scenario	**Handling of information**
Item scored 4-5 (essential) by ≥66% of participants with no suggested changes to wording or content	Consensus achieved for inclusion in PRISMA-RR. Further consideration in a subsequent Delphi round not needed.
Item scored 4-5 (essential) by ≥66% of participants with minor suggested changes to wording	Consensus achieved for inclusion. Further consideration in a subsequent Delphi round not needed. Minor modifications in wording to be addressed following consensus meeting.
Item scored 4-5 (essential) by ≥66% of participants with suggested changes to content (major changes in wording)	Include in following Delphi round.
Item scored 3 (potentially essential) by ≥66% of participants (regardless of wording or content changes)	Include in following Delphi round.
Item scored 1-2 (not essential) by ≥66% of participants	Do not include in PRISMA-RR.
Item not achieving consensus criterion.	Include in following Delphi round.

Participant-nominated items.	Include in subsequent Delphi round. Follow decision criteria scenarios above.

Change from protocol

Our original estimation of 40 minutes to complete the survey was revised to 60-75 minutes as a result of the piloting phase. This was reflected in the consent information presented to participants.

II. Results: Participant characteristics

One hundred experts participated in our survey. About two-thirds of participants self-declared as methodologists/producers (**Figure 1**). Although proportionately smaller, we were able to obtain perspectives from commissioners, various end users, consumers, journal editors, and those with expertise in knowledge and language translation. We acknowledge that many of those respondents would have declared multifaceted expertise.

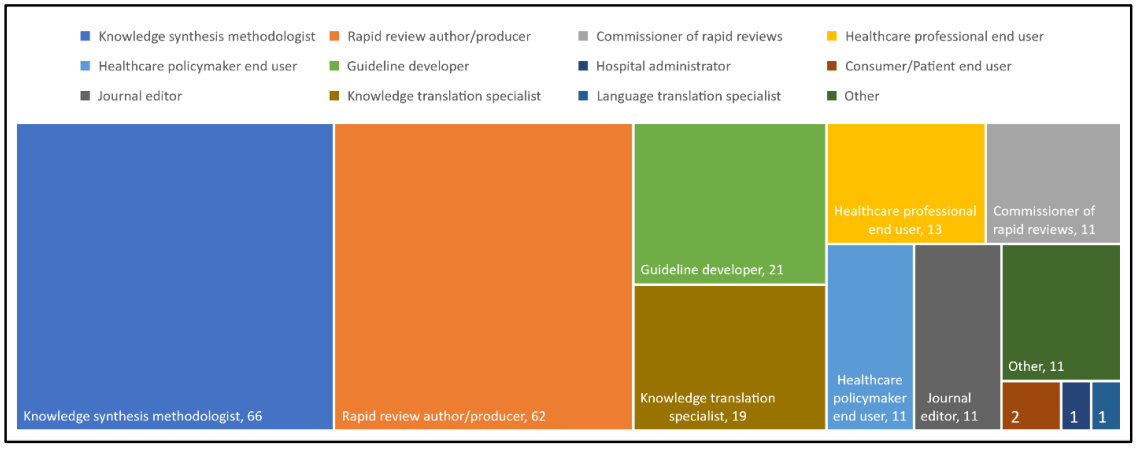

Figure 1. Participant background and expertise characteristics (n=100). Responses for 'Other' category: information specialist (2); researcher (3); living meta-analyses (1); systematic review author/producer (1); meta-researcher (1); facilitator of use of rapid reviews (1); manager of rapid reviews group (1); knowledge broker.

Most had five or more years of experience with systematic reviews and a range of duration of experience with rapid reviews (Figure 2). The majority of participants were from Europe or North America (Figure 3).

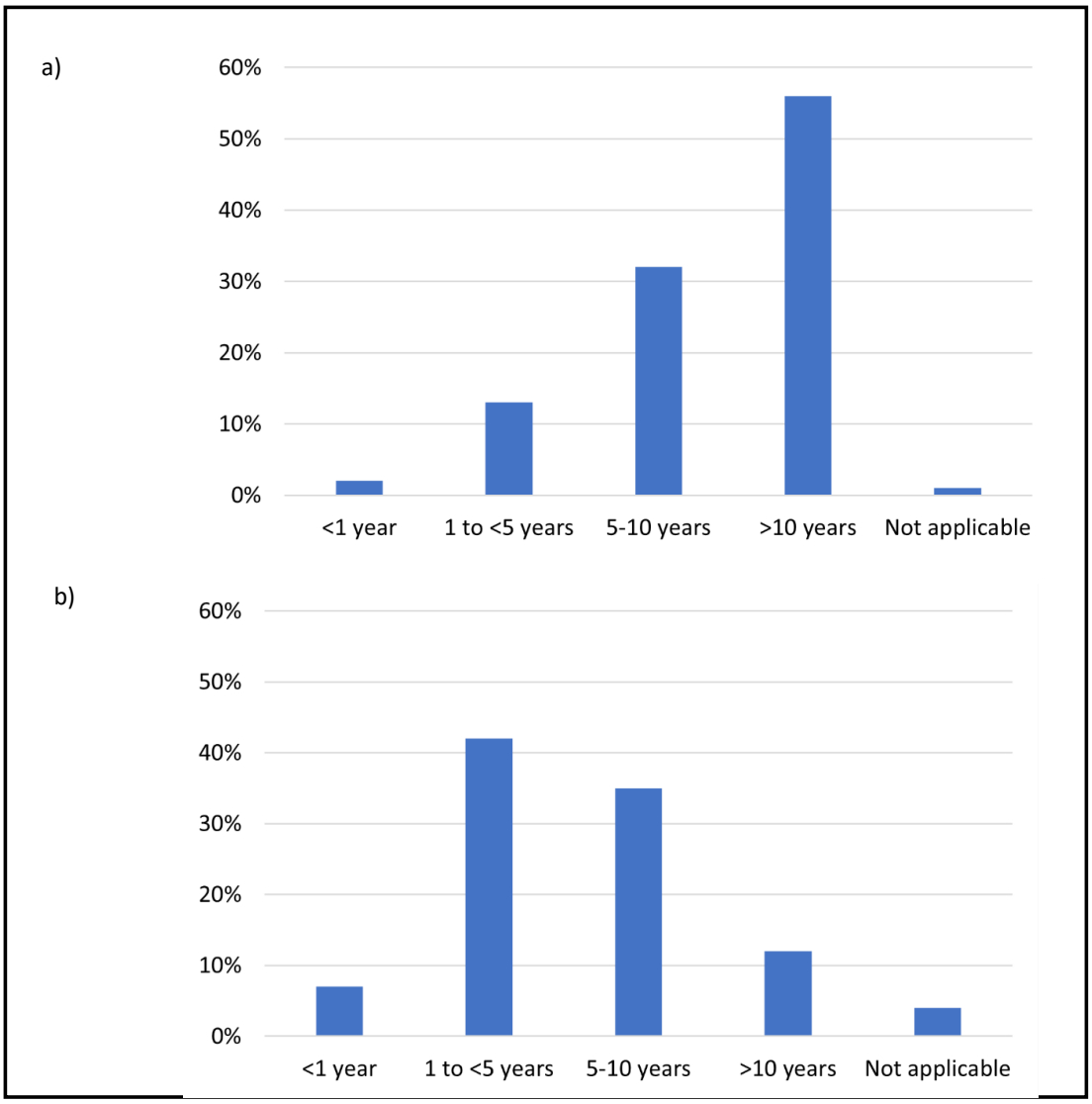

Figure 2. Participants' self-declared years of experience with a) systematic and b) rapid reviews (n=100).

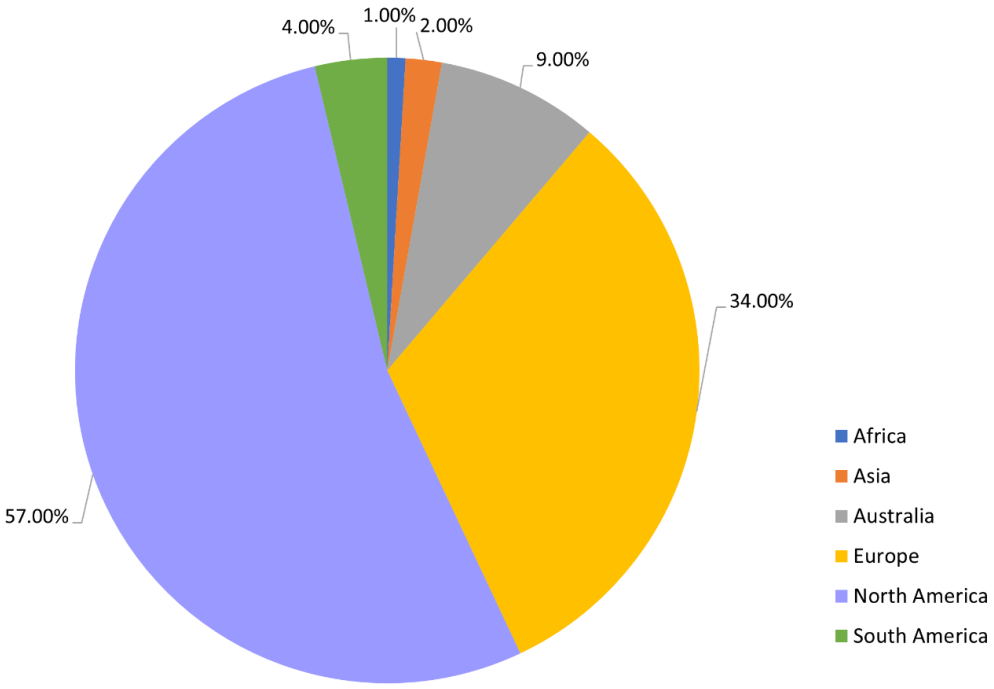

Figure 3. Participants' self-declared geographic location (n=100).

III. Results: Summary of survey responses

We have aggregated quantitative data, collated and anonymized collected comments (preserving text formatting to the extent possible), and provided a summary and disposition to comments in grey text boxes throughout this section. A colour blind friendly coding scheme (below) was used for quick visual representation of quantitative findings.

Include in reporting guidance	Proceed to future survey or discussion due to lack of consensus	Exclude from reporting guidance

All items within the PRISMA 2009 and PRISMA for Abstracts checklists were endorsed by the 100 individuals who completed the survey. Nine new items achieved consensus. No additional items were proposed on the survey regarding the writing of an abstract. Four PRISMA 2009 items were modified.

Table 2. Survey response data for proposed essential main checklist items.

Item		Distribution of Scores (Whether Item Essential)			Consensus
	n	No (1-2)	Perhaps (3)	Yes (4-5)	
TITLE					
Title. Identify the report as a rapid review. (No change to PRISMA 2009 Item 1)	99	4.04%	2.02%	93.94%	Yes
INTRODUCTION					
Rationale. Describe the rationale for the review in the context of what is already known. (No change to PRISMA 2009 Item 3)	100	2.00%	13.00%	85.00%	Yes
Objectives. Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS). (No change to PRISMA 2009 Item 4)	100	0.00%	4.00%	96.00%	Yes
METHODS					
Rapid review definition. Provide a rapid review definition, indicating what aspects of the conduct or process would distinguish it as a rapid review and how the review differs from a systematic review. (New item)	100	9.00%	15.00%	76.00%	Yes
State timeframe of conduct, specifying time parameters. (New item)	99	20.20%	31.31%	48.48%	No
Involvement of commissioners and end-users during development. (New item)	100	10.00%	22.00%	68.00%	Yes
Intended users. (New item)	100	15.00%	26.00%	59.00%	No
Protocol and registration. Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number. (No change to PRISMA 2009 Item 5)	100	7.00%	14.00%	79.00%	Yes
Eligibility criteria. Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale where applicable. (Modification to PRISMA 2009 Item 6)	100	3.00%	5.00%	92.00%	Yes

Item		Distribution of Scores (Whether Item Essential)			Consensus
	n	No (1-2)	Perhaps (3)	Yes (4-5)	
Information sources. Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched. (No change to PRISMA 2009 Item 7)	100	0.00%	1.00%	99.00%	Yes
Search. Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. (No change to PRISMA 2009 Item 8)	100	4.00%	8.00%	88.00%	Yes
Study selection. State the process for selecting studies (i.e., screening, eligibility, included in rapid review, and, if applicable, included in the meta-analysis). (No change to PRISMA 2009 Item 9)	100	2.00%	1.00%	97.00%	Yes
Data collection process. Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators. (No change to PRISMA 2009 Item 10)	100	8.00%	8.00%	84.00%	Yes
Data items. List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made. (No change to PRISMA 2009 Item 11)	99	7.07%	7.07%	85.86%	Yes
Risk of bias in individual studies. Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis. (No change to PRISMA 2009 Item 12)	100	6.00%	9.00%	85.00%	Yes
Summary measures. State the principal summary measures (e.g., risk ratio, difference in means). (No change to PRISMA 2009 Item 13)	100	4.00%	21.00%	75.00%	Yes
Synthesis of Results. Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I2) for each meta-analysis. (No change to PRISMA 2009 Item 14)	100	5.00%	8.00%	87.00%	Yes
Risk of bias across studies. Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias,	99	5.05%	11.11%	83.84%	Yes

Item	n	Distribution of Scores (Whether Item Essential) No (1-2)	Perhaps (3)	Yes (4-5)	Consensus
selective reporting within studies). (No change to PRISMA 2009 Item 15)					
Additional analyses. Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified. (No change to PRISMA 2009 Item 16)	99	8.08%	9.09%	82.83%	Yes
Interpretation. Describe methods used for interpreting the strength of the evidence (e.g., use of the GRADE framework). (New item)	100	10.00%	19.00%	71.00%	Yes
A priori iterative methods. Report whether an iterative process (ideally specified in the protocol) was used, such as decision-making on methodology or inclusion during the conduct of the review to meet the timeline. (New item)	100	6.00%	21.00%	73.00%	Yes
Changes from protocol. Specify any changes from the protocol, as applicable. (New item)	99	8.08%	9.09%	82.83%	Yes
RESULTS					
Study selection. Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram. (No change to PRISMA 2009 Item 17)	100	6.00%	3.00%	91.00%	Yes
Study characteristics. For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations. (No change to PRISMA 2009 Item 18)	100	3.00%	5.00%	92.00%	Yes
Risk of bias within studies. Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12). (No change to PRISMA 2009 Item 19)	100	7.00%	13.00%	80.00%	Yes
Results of individual studies. For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot. (No change to PRISMA 2009 Item 20)	99	7.07%	19.19%	73.74%	Yes
Synthesis of results. Present results of each meta-analysis done, including confidence intervals and measures of consistency. (No change to PRISMA 2009 Item 21)	99	2.02%	15.15%	82.83%	Yes

Item		Distribution of Scores (Whether Item Essential)			Consensus
	n	No (1-2)	Perhaps (3)	Yes (4-5)	
Risk of bias across studies. Present results of any assessment of risk of bias across studies (see Item 15). (No change to PRISMA 2009 Item 22)	99	3.03%	22.22%	74.75%	Yes
Additional analysis. Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]). (No change to PRISMA 2009 Item 23)	99	5.05%	19.19%	75.76%	Yes
Data sharing. Authors indicate whether the complete set of data and any accompanying coding and related materials can be located, ideally barrier-free (e.g., open accessible repository, unrestricted website, or appendix of rapid review). (New item)	98	13.27%	22.45%	64.29%	No. In PRISMA 2020
DISCUSSION					
Summary of evidence. Summarize the main findings including the strength of evidence for each main outcome; consider their relevance and implications to key groups (e.g., healthcare providers, users, and policy makers). (Modified PRISMA 2009 Item 24)	99	5.05%	11.11%	83.84%	Yes
Limitations. Discuss limitations at study and outcome level (e.g., risk of bias) and at review-level (e.g., incomplete retrieval of identified research, reporting bias). (No change to PRISMA 2009 Item 25)	98	1.02%	3.06%	95.92%	Yes
Comprehensive assessment. Indicate whether a systematic review may be warranted or suggested given the results of the rapid review. (New item)	98	17.35%	21.43%	61.22%	No
Conclusions. Provide a general interpretation of the results in the context of other evidence, and implications for future research. (No change to PRISMA 2009 Item 26)	98	4.08%	10.20%	85.71%	Yes
FUNDING					
Funding and other potential conflicts of interest. Describe sources of funding for the rapid review, other support (e.g., supply of data), and non-financial conflicts of interest; role of funders for the rapid review. (Modification to PRISMA 2009 Item 27)	99	3.03%	3.03%	93.94%	Yes
OTHER INFORMATION					

Item		Distribution of Scores (Whether Item Essential)			Consensus
	n	No (1-2)	Perhaps (3)	Yes (4-5)	
Authorship and Corresponding Author. List those who contributed sufficiently to meet authorship requirements. Indicate the corresponding author or organizational contact. (New item)	99	7.07%	6.06%	86.87%	Yes
Acknowledgements. List those who contributed to the development and conduct of the work but do not meet authorship requirements. (New item)	100	12.00%	15.00%	73.00%	Yes
Peer review undertaken during the preparation of the report. (New item)	100	18.00%	15.00%	67.00%	Yes
Supplemental information/documents. To ensure complete reporting or to provide supplemental information, rapid review producers should provide the location of additional information, preferably as a direct link to such information. (New item)	96	13.54%	28.13%	58.33%	No. In PRISMA 2020

Table 3. Survey response data for proposed optional reporting items (main checklist).

Optional items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
Indicate whether (and name, if applicable) a reporting guideline was used to report the rapid review.	78	22	Optional – 5 Mandatory – 9, including one that suggested including the RR definition Disagree with its use altogether – 1 Unclear/no specific preference – 1	Agreed with optional: 83% 9% of participants thought it should be mandatory.
State any recommendations for use in decision-making	84	16	Optional – 9 Mandatory – 3 Disagreed with use altogether – 1 Unclear/no specific preference – 1	Agreed with optional: 93%
Disclaimer statement	79	21	Optional – 6 Mandatory – 1 Not as own item/unsure, but connection with another item that is minimum essential - 7 Disagreed with use altogether – 4 Unclear/no specific preference - 0	Agreed with optional: 85% Several made the connection with other sections of the RR, most notably with the limitations section or when contextualizing results with the RR methods used.
Analytical framework/logic model	83	17	Optional – 5 Mandatory – 1 Disagreed with use altogether – 5 Unclear/no specific preference but supports its use or cautions on feasibility to do so – 4	Agreed with optional: 88% Mixed opinions as to whether it is useful, but feasibility in the RR development context was noted.

Optional items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
				As with PRISMA 2020, consider presenting as part of the rationale section.
Citing other rapid review methodology	82	18	Optional / Agrees with its positioning as part of RR definition/methods – 9 Mandatory – 1 Disagreed with use altogether – 4 Unclear/no specific preference but supports it use – 1	Agreed with optional: 91% Support provided that should be positioned as part of RR definition or methods section.
Copyright information	87	13	Optional - 6 Mandatory - 2 Disagreed with use altogether - 1 Unclear/no specific preference but provides support - 1	Agreed with optional: 93% Two respondents providing support for its mandatory use raise the aspect of communicating copyright licensing requirements, and for which one connects it with the Data Sharing item.
Key messages section	57	43	Optional – 22 Mandatory – 12 Disagreed with use altogether – 1 Unclear/no specific preference, but supports use – 5	Agreed with optional: 79% This item was specifically called out for participant feedback. 12% of participants indicated that it should be mandatory, of

Optional items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
				which a few preferred this format over that of a traditional abstract.
Context of a rapid review program	85	15	Optional – 6 Mandatory – 3 Disagree with its use – 0 Unclear – 5	Agreed with optional: 91% A few respondents were uncertain of the context of this item. It relates to the one comment suggesting its inclusion under the item "Intended Users". For example, rapid reviews conducted by Health Quality Ontario fulfill its mandate as the advisor on optimal patient care to a Canadian provincial healthcare system.
Risks associated with truthfulness of findings; biases introduced by methods; gaps in the evidence; potential for missing information given the methodology undertaken	77	23	Optional – 2 Mandatory – 4 Disagree with its use – 0 Unclear – 2 Include in Limitations or Disclaimer item (otherwise not specified) – 8 Include in Disclaimer (otherwise not specified) - 2 Other – 1	Agreed with optional: 79% Agreed with including in Limitations section: 87% Consider as supporting guidance for the Limitations item, as planned.

Optional items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
Findings may be subject to change with systematic review	82	18	Optional – 3 Mandatory – 1 Disagree/Not supportive– 3 Unclear/preference not specified but views as Limitations item – 2 Unclear/preference not specific but views as Disclaimer item – 3 Unclear/preference not specified but encourages use - 2 Unclear/preference not specified (other comments provided) – 2	Agreed with optional use – 85% Among comments was a general support of use and a few indicated it could also be considered under the Limitations or Disclaimer items. If Comprehensive Assessment item is considered, can consider this item in explanatory text.
How outcomes were selected	83	17	Optional – 4 Mandatory – 6 Disagrees with its use – 2 Unclear/no preference specified but supports use - 1	Agreed with optional: 87% Could be considered as under the 'Eligibility criteria' item, as planned. Readers can refer to the Cochrane Handbook's guidance on prioritization, selection, and designation of the important of outcomes for decision-making.
Whether modified GRADE was used	83	17	Optional – 8 Mandatory – 4	Agreed with optional: 91%

Optional items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
			Disagreed with its use – 0 Unclear/preference not specified - 3	Several comments missed that reporting of certainty or strength of evidence was included in modified PRISMA item 24. Modifications can be reported there.
Specific information in relation to the context of the request, political situations or issues of relevance, partnerships/practice/stakeholders affected, comparisons with other jurisdictions	84	16	Optional – 7 Mandatory – 5 Disagreed with its use – 0 Unclear/preference not specified but supports use - 3	Agreed with optional – 91% Comments were proposed as to where to place this item in relation to minimum essential items: Introduction, Involvement of commissioners and end users, Rationale. Concerns raised by a couple that the ability to do this or what extent the totality of information listed could be reported may depend on commissioner sensitivity.

Table 4. Survey response data for proposed excluded items (main checklist).

Excluded items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
Additional information available upon request	87	13	Exclude: 4 Include, optional: 1 Include, mandatory: 0 Favours its use but preference not specified: 2	Agreed to exclude: 91% Comments that support its use: time and resource barriers in providing or posting information. PRISMA 2020 addresses in their item "Availability of data, code, and other materials".
Ethics approval	96	4	Exclude: 2 Favours use if IPD: 1	Agreed to exclude: 98% IPD analyses not likely within a RR context. PRISMA-IPD does not include this item.
Take expert opinions into account	94	6	Exclude: 0 Other: 5	Agree to exclude: 94% Comments mainly provided support for an integrated knowledge translation process. The intent of excluding this item was in relation to avoiding expert opinion as evidence. This item could have been better explained in the survey to avoid confusion.
Interrater agreement for study selection, calculation of effects, coding of study features	97	3	Exclude: 1 Include, but otherwise not specified: 1	98% agreed to exclude. Aligning with Cochrane Handbook guidance, interrater agreement is unlikely to convey the impact of disagreements.

				Further, would not embark upon this in the context of RRs simply due to time (or resource) constraints.

Table 5. Survey response data for proposed essential abstract reporting items.

Item		Distribution of Scores (Whether Item Essential)			Consensus
	n	No (1-2)	Perhaps (3)	Yes (4-5)	
Title. Identify the report as a rapid review. (No change to PRISMA for Abstracts Item 1)	99	4.04%	2.02%	93.94%	Yes
Objectives. The research question including components such as participants, interventions, comparators, and outcomes. (No change to PRISMA for Abstracts Item 2)	97	0.00%	0.00%	100.00%	Yes
Methods: Eligibility criteria. Study and report characteristics used as criteria for inclusion. (No change to PRISMA for Abstracts Item 3)	98	1.02%	10.20%	88.78%	Yes
Methods: Information sources. Key databases searched and search dates. (No change to PRISMA for Abstracts Item 4)	98	7.14%	6.12%	86.73%	Yes
Methods: Risk of bias. Methods of assessing risk of bias. (No change to PRISMA for Abstracts Item 5)	97	6.19%	22.68%	71.13%	Yes
Results: Included studies. Number and type of included studies and participants, and relevant characteristics of the studies, including risk of bias. (Modified PRISMA for Abstracts Item 6)	96	5.21%	17.71%	77.08%	Yes
Results: Synthesis of results. Results for the main outcomes (benefits and harms), preferably indicating the number of studies and participants for each. If meta-analysis was done, include summary measures and confidence intervals. (No change to PRISMA for Abstracts Item 7)	98	1.02%	4.08%	94.90%	Yes
Results: Description of the effect. Direction of the effect (i.e. which group is favoured) and the size of the effect reported in terms meaningful to clinicians and patients. (No change to PRISMA for Abstracts Item 8)	97	1.03%	9.28%	89.69%	Yes
Strengths and Limitations of evidence. Brief summary of strengths and limitations of evidence (e.g., inconsistency, imprecision, indirectness, or risk of bias, other supporting or conflicting evidence). (No change to PRISMA for Abstracts Item 9)	98	3.06%	10.20%	86.73%	Yes
Interpretation. General interpretation of the results and important implications. (No change to PRISMA for Abstracts Item 10)	96	3.13%	4.17%	92.71%	Yes
Funding. Primary source of funding for the review reported. (No change to PRISMA for Abstracts Item 11)	98	9.18%	14.29%	76.53%	Yes

Item		Distribution of Scores (Whether Item Essential)			Consensus
	n	No (1-2)	Perhaps (3)	Yes (4-5)	
Registration. Registration number and registry name. (No change to PRISMA for Abstracts Item 12)	97	16.49%	12.37%	71.13%	Yes

Table 6. Survey response data for proposed optional abstract reporting items.

Optional items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
Use of rapid review term or citing rapid review methodology	85	15	Optional – 0 Mandatory – 5 Disagree – 3 Unclear/no specific preference – 4	Agreed with optional: 85% 5% of participants thought it should be mandatory and some missed that it would be minimum essential to report in the title
State any recommendations for use in decision-making.	87	13	Optional – 4 Mandatory – 1 Disagree – 3 Did not address request – 2	Agreed with optional: 91%
Limitations of rapid review methodology	88	12	Optional – 0 Mandatory – 3 Disagree – 3 Did not address request/unclear/no preference – 4	Agreed with optional: 88%
Keywords	93	7	Optional – 2 Mandatory – 0 Disagree – 0	Agreed with optional: 95%

Optional items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
			Did not address request/unclear/no preference – 3	
Box summarizing key messages	89	11	Optional – 0 Mandatory – 2 Disagree – 3 Did not address request/unclear/no preference – 5	Agreed with optional: 89%
Context	93	7	Optional – 0 Mandatory – 1 Disagree – 2 Did not address request/unclear/no preference – 4	Agreed with optional: 93%

Table 7. Survey response data for proposed excluded abstract reporting items.

Excluded items	No response = agree with what is proposed	Provided comments	Responses among comments	Summary
Originality/value of the paper	98	2 (checked item)	Not reported	Not applicable
Paper type	98	2 (checked item)	Not reported	Not applicable

Table 8. Additional items proposed by respondents

Comment	Disposition to comments
• An item about any deviations from systematic review methodological which have defined this review as rapid (any methodological short cuts make) - this should be added to the limitations sections as well.	• Shortcuts covered under 'defining rapid reviews'. Already added to limitations section
• Additional items/considerations have been provided in the comments throughout.	• n/a
• Nope. the lsit is already rather long	• n/a
• See previous comments about context/rationale. Given the decision-making context is crucial in shaping the question I would want to see this made a requirement for the abstract.	• In abstracts data section below
• I can't think of any.	• n/a
• Many rapid reviews include other types of information beyond evaluation of published evidence (i.e. guideline positions, ongoing trials, regulatory information, other). I wasn't sure how this would be addressed but maybe that's outside the scope of this work on rapid reviews. Often payers and providers consider this type of information to be "evidence" - of course, I don't agree but they may not find RRs to be helpful if this data is excluded or not noted to be accounted for elsewhere. Hope that makes sense.	• Other information may be helpful for requestors to understand context, but encouraged to ensure that conclusions are made based on evidence and according to epidemiological principles
• I would recommend a Patient and Public Involvement statement as being mandatory.	• Included later under 'end users'
• I strongly disagree with the notion of creating "PRISMA RR", and I urge you to abandon it. We cannot have different reporting standards for different reviews, especially when the distinction is so arbitrary. There is not, and will never be, a clear distinction between systematic reviews and "rapid reviews".	• n/a

All systematic reviews are performed within resource constraints. I see NOTHING in this survey to indicate a need for an additional reporting guideline (the proliferation of these things is ridiculous and a shameful waste of resources). The survey seems to be very badly timed, given the PRISMA is being re-thought. There are ideas in here that need to be in the main PRISMA checklist, and my support for them here must not be interpreted as support for "PRIMSA RR".	
• It would be helpful to have your final paper have your definition/expectations of a RR methodology. A lot of this survey depends on people simply reporting what is conducted which at first glance could be seen as similar to any SR method. An outline of expectations, or examples for RRs and how it would different from SRs would be helpful.	• Conduct would be a separate consideration.
• I don't see any additional item. You've done an AMAZING job putting in advance essential items. My comment, and if I would participate in the face-to-face meeting is that the rationale for all of the steps are a crucial part of the RR and this should be addressed in the E&E paper. I wonder that some items won't be modified in terms of a checklist, but I think that the explanation should be different - that is my key message. Authors will need to provide a rationale for everything, regardless of time constraints. It is only about writing and sometimes one or two sentences. There are other ways to disclaim this, like in the protocol (if feasible to publish). Finally, please emphasize discussion and conclusions in light of the limited methods.	• n/a

• My main comment (articulated in context earlier) is that the criteria do not reflect diversity of methods and evidence employed to meet decision-makers' needs. You are only including syntheses that look like SRs, but done more quickly, eliminating some steps, etc. There are other types of rapid reviews that are of equal value but that these criteria would not capture or essentially evaluate as credible.	• Based approach on PRISMA: anchored relative to intervention reviews and acknowledge that adjustments would be employed by producers in relation to other research questions.
• This is important as it will enable readers to consider the usefulness of the RR.	• n/a
• No	• n/a
• Is the rapid review still aiming to be systematic or has that aim been dropped? Most rapid reviews that are not systematic will have very limited use for people other than the commissioners.	• Still aiming to be systematic.

• I have chosen to not prioritise items throughout, because some of the premises of the survey seem still unclear to me, making it difficult to assess and prioritise: I. WHY SHOULD RAPID REVIEWS HAVE DIFFERENT (LESS TRANSPARENT) REPORTING STANDARDS THAN REGULAR REVIEWS? To me, 'rapid' means the review methods are less comprehensive, therefore more 'rapid' to carry out. That doesn't mean that the reporting should be abbreviated and thereby less transparent. A rapid review should contain the same items as a systematic review, plus a clear indication of what the limitations are compared to a full review. II. IS THE INTENTION OF THIS WORK TO CREATE GUIDANCE FOR PRODUCING SUMMARIES/SHORT SYNTHESES OF RAPID REVIEWS (THAT ARE 'RAPID' TO READ) OR GUIDANCE FOR REPORTING A FULL RAPID REVIEW? This is related to the question above. A summary is a very different product than a review. In order to have a summary of something, you need the full report, or all the relevant details of what was done. They should be available to the reader who wants to dig for more detail. Authors of rapid reviews might have used rapid methods, but those methods (or reporting of what standard SR methods were NOT used) need to be accessible in some form in full detail - as an appendix, a web supplement, or a separate document. Possibly there could be a standardised form, with checkboxes to indicate what standard SR methods were used/not used, and author's reflection of what this likely means for decision makers.	Transparency is encouraged, just as with systematic reviews. This is intended for reporting of a full report, even if a different packaging format (e.g. graded entry) is used. Production here is mentioned, but the intent of this work is reporting. Format is important to consider, and empirical evidence shows that format is different whether published in journals vs other means (PLoS ONE 2020 15(8): e0238025).

III. WHO IS THE RAPID REVIEW TARGET AUDIENCE? ARE WE CREATING GUIDANCE FOR COMMISSIONED REPORTS FOR A SPECIFIC CONTEXT, PLACE, TIME, DECISION-MAKING SETTING, OR FOR SCIENTIFIC PUBLICATIONS THAT ARE PUBLISHED IN JOURNALS AND BROADLY AVAILABLE FOR ANYBODY (TO READ, USE, MISUSE...)? These are two very different challenges that might result in different reporting checklists. For instance, in the former, the search strategy details would likely be of zero interest, while in the latter they should be included, at minimum as an appendix or web supplement, for replicability. 4) IN AN UPDATE PROTOCOL FOR PRISMA SYSTEMATIC REVIEW (https://osf.io/2v7mk/), THERE WAS A LIST OF CRITERIA THAT DELPHI PARTICIPANTS SHOULD CONSIDER WITH REVIEWING NEW AND EXISTING ITEMS; SHOULD THIS SURVEY HAVE BEEN ACCOMPANIED BY SOMETHING SIMILAR? The criteria in that protocol are: ""We plan to ask participants to consider the following guiding principles when reviewing existing, new or modified items for inclusion: 1) reporting of the item should facilitate reproducibility of the SR or meta-analyses (i.e. users should be able to recreate the findings based on the information reported); 2) reporting of the item facilitates assessment of risk of bias in and applicability of the SR findings; 3) item is likely relevant to nearly all SRs of interventions; 4) the set of items represent the minimum that should be reported in all SRs of interventions (items are not too detailed for a 'minimum reporting guideline')"" I would have added that such criteria should also include 'items that are likely to facilitate	

the use of the evidence in decision-making'. For instance, including detailed descriptions of the intervention, with the rationale of supporting implementation. Also, wouldn't it be a good idea to wait for an updated PRISMA SR, before embarking on a PRISMA RR? 5) AFTER READING THROUGH THIS WHOLE SURVEY, AND THINKING ABOUT IT A BIT, I'M NOT SURE IT MAKES SENSE TO HAVE A CHECKLIST FOR REPORTING RAPID REVIEWS OF SINGLE STUDIES - SUCH A PRODUCT SEEMS MERELY LIKE AN INFERIOR SYSTEMATIC REVIEW, WITH SHORT CUTS. (If there was a good way of doing such a review, why aren't all systematic reviews produced like that?) Creating a checklist for reporting 'Summaries of existing systematic reviews (or syntheses of reviews) for decision makers' seems like it might be a better use of our collective energies?"	
• Can't think of others -- those included in the survey cover the most important items.	• n/a

• "I have no additional comments except as noted that the items lean heavily towards quantitative synthesis when, in my experience, most often this is not possible. If these items could be separated in some way, so the checklist does not appear to be impractical or irrelevant, I think more people would use it. The demographic items on the next page were not working. Here are my responses: Rapid review producer and health care clinician >10 experience evaluating systematic reviews and doing a few >10 experience doing rapid reviews"	• As per response above.
• In our main report we include a section called gaps in the evidence and this is considered in the analysis and conclusions. We also include a section on the applicability of the findings in the given policy context - I believe you covered this earlier.	• Gaps would be addressed in Limitations section; applicability would form part of elaboration guidance.

IV. Open text comments in relation to checklist items

Main checklist items

Item: Title

Title. Identify the report as a rapid review**.** (No change to PRISMA 2009 Item 1)

Deemed essential by 94% of respondents.

Several comments were made to support the use of a term in the title, including the importance of clear identification and signalling to end users that the review may not be comprehensive or as rigorous as a systematic review. Some respondents raised the issue of varied terminology used across different rapid reviews and developers. A few respondents gave advanced consideration (to the remainder of the checklist) to the importance of understanding what methods were employed.

Some respondents provided cautionary comments, such as concern that the terminology may not mean much to the end user, may not be helpful (no additional context provided), or might be judged negatively by editors and reviewers. Further, mention of a current lack of a definition for rapid reviews (at the time of survey) and difficulty in describing shortcuts to distinguish from systematic reviews were presumably raised to highlight the concern of using terminology in the title. Finally, a couple of respondents raised providing information near to the front of the report in relation to deeming the product a 'rapid review' and what this means.

SUMMARY AND CONSIDERATIONS: Deemed essential by 94% of respondents. For the purposes of the checklist, we will use 'rapid review' terminology as this is commonplace and is consistent with what we have been using for this work. Regarding the difficulty in describing shortcuts, we suggest that producers are transparent with what was or not conducted to help the reader in understanding. As for describing what a rapid review means, please refer to information provided for 'Rationale' and 'Definition' below.

- Helps to prevent or limit reviewer comments on what is missing.
- The cutoff for what constitutes rapid is il defined and identifying the report as a rapid review doesn't mean much to the end user. The details in the methods are much more important. Also the rapidity says nothing of the quality or credibility.
- This is important for several reasons. 1) for the field to advance we need to be able to identify eligible reports, 2) one of the common concerns of review authors is concern that end-users might assume a review is a comprehensive review rather than rapid. There are inherent risks that come with streamlining. It is important to do everything possible to be very clear on what this is.
- Clear identification as a Rapid Review is essential. Whether this needs to be in the title or some other method (e.g. clear product branding for reviews not published as journal articles) is something to consider.

- Users and policy makers generally want to know what is the level of rigour they are basing their decisions on. I think this would be important as well if the report is being published for reasons of transparency.
- The title should be clear to identify the review as a rapid review, to differentiate from a systematic and a narrative review. A reader must be aware that the review was not conducted with the same methodology as a systematic review, but they may be happy to use a rapid review in place of that (but they would not use a pragmatic/targeted or narrative review)
- Due to there is no a "standard" definition for Rapid Review yet, this item would not being enough to consider a review as "rapid"
- Clearly identifying the publication as a rapid review in the title allows for easy identification when searching for studies across various databases and in non-bibliographic sources.
- Consistent inclusion of the term "rapid review" in journal article (or assessment report) titles will increase the ability to identify rapid reviews.
- This seems to be very important, as readers will know up-front that this is not intended to be a systematic review (or some sort of other review). They will be aware of the potential limitations of the review (i.e., that some sort of accelerated methods were used) and know right away that if they want something more in-depth, maybe this is not the report that they are looking for.
- one has to consider the risk of the review being judged negatively by reviewers and editors due to being a 'rapid review'
- The term "rapid review" is not very helpful.
- I agree with Rathbone that a RR is "form of knowledge synthesis where some components of the systematic review process are simplified or omitted." However, using the search strategy as an example, I do not think we have identified the ideal strategy for a full review now that new tactics such as cited reference searches and updating existing reviews are available. This make describing short cuts in a rapid review difficult. I wonder if a RR is the natural evolution of a full review as we find more efficient tactics. I recognize this is an outlier opinion.
- essential to report, but also may require flexibility in labelling due to differences in terminology (e.g. rapid review, rapid evidence synthesis, etc.)
- Clarity on the method used to synthesise the evidence is hugely important.
- Crucial.
- If the review is branded as a well known or recognised product perhaps it need not be in title but it does need to be identified near the start of the report
- Until there are indexing terms, this is a critical item.
- It may be dealt with in later PRISMA-RR criteria, but in addition to including a definition of a RR, I would include reporting of specific aspects of the methods used, how it qualifies as an RR, etc.
- Identifying the report as "rapid": There should be very clear information close to the front about what "rapid" reviewing means for the reader, including what is NOT covered by the document.
- The term 'rapid review' is not used by all groups that produce expedited evidence summaries. Having said that, the title should reflect the term used by that group. It would be expected that the actual report has a more descriptive definition and/ or a link to where the definition of the methods used can be found.
- The terms used to differentiate between types of rapid review are not standardised. A point of differentiation appears to be whether or not it includes a synthesis as well as a summary; I

support this view. However our experience has been that each rapid review responds to a particular set of needs and therefore the final review product is not uniform. Rapid review therefore captures a range of products.

- Essential to differentiate rapid from full systematic review, ideally explaining why the former is necessary and what "shortcuts" have been taken.
- Agree this is very important, although terminology and use of the specific term 'rapid review' is less important than stating that the 'best practice' methods for SR were tailored in some way...
- The time spend making sure the PRISMA diagram is correct could be better spent on more important parts of the rapid review
- Transparency of conduct and reporting has been consistently highlighted in the literature about rapid reviews. A clear statement early on could help address this. One concern or obstacle may relate to variations in naming. At the [redacted] we call our rapid reviews 'evidence summaries'. This was adopted as [redacted] and [redacted], our nearest neighbours, had developed the term.
- It is expected standard to include the type of the study in the title

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Items: Rationale and Objectives

Rationale. Describe the rationale for the review in the context of what is already known. (No change to PRISMA 2009 Item 3)

Objectives. Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS). (No change to PRISMA 2009 Item 4)

Support for these items was affirmed in the comments and include the need for rapid reviews to be as clearly and transparently reported as systematic reviews. Several participants indicated that the 'Rationale' item should be further specified to note why a rapid review was chosen over a systematic review or why a rapid review approach is appropriate. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 85% and 96% of respondents, respectively. For future consideration is whether the 'Rationale' or 'Rapid review definition' item should be expanded to include why a RR was undertaken as opposed to SR.

Several comments raised the concern with specifying the 'PICOS' framework (Objective) when rapid reviews may address research questions other than that of interventions or whether adaptations of the 'PICOS' framework were possible. **CONSIDERATIONS**: As indicated early in the survey, this reporting guidance will follow the intent of PRISMA, such that although the checklist is written for intervention-style questions, it can be reasonably adapted to other types of questions. The appropriate additional framework should be explicitly outlined by producers.

A couple of reviewers suggested dropping the 'S" part of PICOS. **CONSIDERATIONS**: Since this is reflected in PRISMA 2020, we anticipate it will be reflected forthcoming in PRISMA-RR. At the very least, producers should be outlining their study design in the eligibility criteria section.

One reviewer suggested these two items should be combined. **CONSIDERATIONS**: We will keep separate. Looking at PRISMA 2020, they have kept those items separate.

- I think that these 2 could/should be combined to reduce the text and differentiate from full systematic reviews.
- What if the research question is not focused on interventions?
- The rationale for the review and context of what is already known are important, though in some cases the review may be conducted to understand what is already known (for example, as a prescursor to a full systematic review or as a scoping exercise). An additional item to consider here is a rationale for conducting a rapid review (as opposed to a systematic review)
- If it is a rapid scoping review, perhaps PCC suffices?
- If the field is determined that PICOS use should not be different in a rapid compared with a systematic review, the reporting should be as clear for a rapid as for a systematic review
- Relating PRISMA item 4, would be desirable to include a Table with all this information (for a quick consultation)?
- Guidance from the original PRISMA statement applies.
- I think that both of the above are important. Also, for the rational I think that it would be of value to indicate how a rapid review fits/why a rapid approach should be used given the current context.
- The 'Objectives' item is confused (in PRISMA too). The 'S' in PICOS has nothing to do with the question being asked - it's about how you are answering the question.
- PICOS does not fit all (most) primary studies (e.g. non-empirical, or empirical but observational, or association-based). Use a more general formulation (e.g. who, what, where, when, how).
- For rationale - note that lots of commissioners will be using review like this specifically for decision making, not necessarily to contribute explicitly to the evidence base.
- Objectives: I wonder if it would be useful to add something like "and if applicable, the context or setting". I wonder if this would remove the need for a separate item on Intended user (next page)?
- PICO and its adaptations (including PICO-S) are only one type of frameworks used for rapid reviews. It would be good to include broader wording, for instance: "with reference to the relevant framework, e.g. PICOS"
- I think that even stated in the first PRISMA, those questions need to be modified for the PRISMA-RR. PICOS are often shortened for feasibility, and the rationale to conduct an RR rather than an SR is a blockbuster. Readers should know why an RR was conducted rather an SR, even if they have a definition - we need to keep in mind the consumers are not only researchers.
- Part of the rationale for doing the rapid review may be to find out what is already known, and therefore may not be possible to describe rationale in this context in advance
- Having background information about the rationale for the report would be helpful and may help to understand the context for the review.
- Essential item. Can't evaluate rest of paper without knowing the aim.
- Remove S from PICOS because study design should not be a component of the review question

- If the RR is addressing a qualitative question use the SPICE (Setting, Population or Perspective, Intervention, Comparison, Evaluation) format or another qualitative format that is relevant.
- I feel context is even more important here.
- Are we focussing only on questions concerning interventions? If not alternatives for PICOs should be used as appropriate.
- RR should adhere to the same principles of transparency and reporting as SR
- Rationale is less important since the end-users have already requested this information; irrespective of what is already know. It is often to support or refute a political or administrative decision and 'what is known' does not particularly relate to traditional evidence (e.g. could be related to cost or availability, policy, etc.). These often can't be stated explicitly. As for the traditional PICOS, it is often not the right acronym here because the review is not an interventional review. Other acronyms should be used accordingly.
- The rationale is necessary since the parameters of rapid reviews are aligned with the needs of the end user who may or may not want certain information included in it. The rationale therefore assists in understanding why certain parameters have been chosen.
- I think the details here for Item 3 should explain a more specific rationale for why an RR....
- Again these could help address the general issue of transparency in rapid reviews.
  The [redacted] uses rapid reviews (evidence summaries) to update the evidence on previous recommendations made by the committee. They have three functions:
  •to gauge whether there have been significant developments in the evidence base on key questions identified in previous reviews on the same topic
  •to establish whether a current recommendation can be reaffirmed
  •to establish whether a topic is likely to benefit from further assessment through the development of different types of evidence product, for example systematic reviews, cost effectiveness studies, disease modelling exercises, primary research
  The focus is on literature produced since the previous review, a fairly truncated timeframe although this can vary between evidence summaries. It is important that the review can stand on its own so positioning the evidence summary in relation to what came before and what it seeks to explore is essential.
- Under "rationale" it may make sense to additionally provide a rationale for conducting a rapid review, versus a full review.

Items: Rapid review definition, Timeframe of conduct, End-user involvement, Intended users, and Protocol and registration

Rapid review definition. Provide a rapid review definition, indicating what aspects of the conduct or process would distinguish it as a rapid review and how the review differs from a systematic review. (New item)

State timeframe of conduct, specifying time parameters. (New item)

Involvement of commissioners and end-users during development. (New item)

Intended users. (New item)

Protocol and registration. Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number. (No change to PRISMA 2009 Item 5)

'Definition', 'Ends user involvement in conduct', and 'Protocol/Registration' items achieved consensus for inclusion. 'Timeframe' and 'intended users' did not achieve consensus and would need further consideration.

Definition. Several respondents were supportive of focusing the item on reporting what was and was not done to understand how the rapid review methods and process differ from a systematic review but suggested a change in the wording of the item label. A couple of respondents noted that a rationale for why a rapid review approach was undertaken and why it was requested should be provided. One respondent indicated that the consequences, cautions, and limitations should also be stipulated. A few specified that an actual definition would not be as helpful and the item, as worded, might lead to this. Two people cautioned on a comparative with a systematic review as a distinction may not be clear-cut. **SUMMARY AND CONSIDERATIONS:** Deemed essential by 76% of respondents. We take the point raised about unintended focus on definition rather than defining or distinguishing features relative to a systematic review. We have revised the label and adjusted the description for this item in response to this feedback. This aspect, in addition to the rationale for why a RR (as opposed to SR) was undertaken could be considered in the next stages of developing PRISMA-RR. Consequences, cautions, and limitations align with 'Discussion' section reporting, although can appear where sensible in the report if not structured in a standard IMRaD format.

Timeframe. Among comments from respondents were that timeframe (a) is highly variable, may be difficult to report, and may need instruction to report, for consistency; (b) may be connected with and should potentially be encompassed in the 'definition' item; (c) may need to be coupled with reporting the number of reviewers or full-time equivalent of personnel support to be informative; and (d) may not be as essential to end users as the date of the report. **SUMMARY AND CONSIDERATIONS**: With 48% of participants scoring this item as essential, it did not meet consensus for its inclusion or exclusion. This could be further explored when developing the consolidated PRISMA-RR checklist.

Commissioners/End users. A few comments related to respondents understanding whether inclusion in the reporting guideline would mean that it is essential for conduct. One respondent indicated that the intensity of engagement and reporting of the engagement approach/process is important. Other comments include whether it should be a lower priority if journal space restriction, reporting only if deviates from the 'norm', whether 'end users' also refers to the patients/public, and reframing the item to report on whether the rapid review is for commissioners/end users and to specify what target audience and not just for policymakers. One person suggested that the involvement of others outside of the rapid review team should, instead, be included in the conflicts of interest section. One respondent cautioned that agencies may wish their involvement and that of the end users not be disclosed. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 68% of participants. We have adjusted the wording of the item label and the description to incorporate the feedback provided. This item could be further refined in the next stages of PRISMA-RR development. We would encourage the reporting of conflicts of interest of end users as part of the PRISMA 2020's "Competing Interests" reporting item. More formal integration of this aspect can be considered in the development of PRISMA-RR.

Intended users. One respondent commented that the scope of this item would help decision-makers understand if the review is applicable to them. Some respondents were uncertain about this item, and remarks included feeling uncomfortable limiting the readership and not knowing who the end user might be. One of those respondents wondered if restriction of review scope or context could be included in the structured PICOS framework. Another respondent suggested including information about any context sensitivity in relation to the rapid review topic. Reporting intended users as it relates to understanding whether restrictions in context or applicability were applied, one respondent did not think that this item related to generalizability, while another suggested that generalizability be addressed in a 'Discussion' section. Finally, one respondent wondered if this item should be combined with the previous one.
SUMMARY AND CONSIDERATIONS: With 59% of participants scoring this item as essential, we did not achieve consensus either for its inclusion or exclusion. The intent of this item is to indicate whether a specific user group was considered or intended when developing the rapid review, not to limit readership nor to address generalizability of the evidence. Addressing generalizability in a 'Discussion' section aligns with PRISMA guidance. The point on generalizability was about signaling that not all contexts may have been taken in consideration, unlike systematic reviews that are generally intended to be written to apply globally, such as for Cochrane reviews. Thus, rapid reviews produced for a specific commissioner or user may focus their lens of applicability to a specific user context. A rapid review producer may not be aware of specific end users but may at least be able to state what context was being considered. This item could be further considered in the development of PRISMA-RR.

Protocol and registration. A few comments were provided for this item in relation to the ability to register rapid reviews on PROSPERO and separating the item into two to delineate between the protocol and registration. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 79% of participants. At the time of survey, PROSPERO did take rapid review protocols but had not explicitly listed as an accepted evidence synthesis type in their eligibility. However, in the COVID-19 pandemic, PROSPERO was an incredibly important resource, housing registrations for over 10,000 reviews. A simple keyword search for "rapid review" performed on July 31, 2023 led to 999 PROSPERO registrations; therefore, it would be expected that at least a few hundred of those would have been on COVID-19 alone. This PRISMA 2009 item has indeed been split in PRISMA 2020, to address review registration and protocol separately.

New item proposals in this section:

- Clarifying whether the intent is still to be systematic or not. **CONSIDERATIONS**: A systematic intent is inherent within rapid review conduct. This is how reporting becomes important: understanding scope and methods that were determined a priori and what may have differed brings clarity to the process. Just as with a self-declared systematic review that is not well reported, it may not be clear to what extent it was systematic.
- Number of individuals working on each aspect of the RR. **CONSIDERATIONS**: The pool of people participating at each step (e.g., five team members participated in data extraction) is an aspect that could be brought forward in the development of PRISMA-RR.

- **Providing a definition** is probably necessary at this time, but in future a citation to methods c=documents might be acceptable instead. The requirement of **describing the involvement of end-users** is great, but I have already seen published RR's where there may not have been an actually group involved. Are we requiring this aspect to be considered a "real" RR? Maybe yes,

but should be thought about. **Registration** is plus/minus for me in this case because it is such a quick process, and the registration fields in PROSPERO are not specific to RRs.

- 1. Given the wide range of **timeframes** for rapid reviews, I don't believe timeframe would add much insight to the methodological decisions. I think this is a question that can be answered in surveys of rapid reviewers, and not in a reporting tool. 2. While I think that **declaration of the involvement of persons outside that of the rapid review team** is important, I think this should be housed under the 'conflict of interest item' perhaps as a sub-item. 3. I don't think the **intended user** of the review is associated with generalizability. The PICO of the included studies will give information about the generalizability to the greater population (or specific populations of interest). 4. **Protocol and registration**. I think protocol and registration are two separate issues. a full written protocol will hopefully contain enough information to be able to assess important biases in the full published report (e.g. outcome selection bias). Registry entries, while important to reduce research waste, contain minimal information. I suggest this item be split into two more clear items.
- **Reporting the timeframe** alone might be too little information. It would also be necessary to know how much ressources were available (team size). Because 20 people can do a lot more in 4 weeks than 2. So maybe instead of asking for a time frame, ask for FTE working time? **Commissioners** and **intended users** would be interesting to know
- My concern with some of this is the terms 'rapid' and 'systematic' are relative. I've seen RRs that take 60 days - so not rapid by my definition. Most SRs ignore unpublished studies - so they're hardly systematic. Within all that, there is no cliff-edge between a review being rapid and systematic.
- Once published, a review can meet more than one purpose, and some that were not initially anticipated, and be adequate for more than one audience/population. Hence my rating of 3 on the "**intended users**". At the same time, it might be important to clearly state the intended audience.
- I believe **registration** is critical. It keeps you accountable to a process and offers transparency. The first item is particularly important for rapid reviews because you need to make judgments about what corners to cut to save time. The registration keeps you accountable and less likely to make risky compromises. The latter is important because transparency from the beginning adds to the credibility of the process.
- A **definition of rapid review**, while potentially helping future methodological work, seems less important than a clear description of the actual shortcuts taken to understand how it differs from a systematic review. Similarly the **timeframe** in which a review was produced seem less important and less informative than the methods used. (For example, timeframe could be influenced by whether a project was "side of desk" or main focus without affecting rigour, or a product with a short synthesis but lengthy publishing period could take longer - and seem more rigorous - than one with a focus on synthesis and little to no copy-editing/formatting/publishing steps)
- Would be helpful if PROSPERO would **register** rapid review protocols meeting these criteria
- If the rapid review is to be published in an academic journal, space may be limited, in which case, the inclusion of information on **end user** may need to be deprioritised. A review without such information being reported would not be of lower methodological quality and should not be considered as such due to not reporting details that are less relevant. It may be similar with

including the **timeframe** and the **involvement of stakeholders** - where space is limited, perhaps these details should only need to be reported when they deviate from the "norm", i.e. there was a restricted timeframe or stakeholders were actively involved in the review.

- Regarding **definition**, at least it would be mandatory to provide information about what streamlined methods were used
- Including this information (as new items) is well justified and relevant to the new guideline.
  Minor comment: "**Rapid review definition**" and "State **timeframe of conduct**, specifying time parameters.", are they part of the same item, or separate items?
  "**Protocol and registration**". In my opinion, guidance from the original PRISMA statement should apply.
- Could provide (in just a few words) places where these may be **posted or registered** (e.g., PROSPERO, Open Science Framework).
- I do think that it is important that others not necessarily provide a **definition**, but clearly outline the adjustments that they've made to the systematic review process, so readers can be aware of what 'shortcuts' have been made and make their own judgments about how the findings might apply to them. I also think it would be important to provide some rationale as to why the abbreviated methods were used and for what purpose, so readers can know if the findings are generalizable for their own purposes. The **timeframe** might be important, and would probably come into the definition, since most rapid reviews are abbreviated due to time constraints. **Involvement of commissioners** is of interest but likely not essential to report.
- I find the "**Involvement of commissioners and end-users during development**" a bit vague. Could this also incorporate patient and public involvement? I'm sure it will be clearer with the E&E document, but it would be ideal if the checklist could work as a stand along document too.
- I think **timeframe** is unnecessary if detailed information about the process is provided. Timeframe is also highly variable depending on the resources allotted to the project (some researchers juggle multiple projects, so even a basic rapid review may take quite some time).
- If people use the **term "rapid review**" then of course they need to define what they mean. It would be better for people just to state what they have done, and to avoid ambiguous terms like "rapid review".
  There is value in explaining why simplifactions/modifications/omissions etc were made to the review methodology. This is ALL that is needed to supplement PRISMA. We don't need to know all the other things. They will be interesting and/or relevant some of the time, but do not belong in a reporting guideline.
- For "**Involvement of commissioners and end-users during development**" I am not clear if we are asked whether this must be done or whether we must document whether it was done. However, I do not see either as essential.
- I would challenge the **term "Rapid review definition**" as the item label. Rather than providing a definition of a rapid review it is more important to fully describe the methods utilised and identify the potential limitations. The rationale explains this quite nicely, but I think the heading "rapid review definition" may lead researchers to pick a definition and fit their question(s) to it, rather than fitting fitting appropriate methodology to their question(s). Perhaps a better term would be something along the lines of "modifications to the systematic review methodology".

- I would not include "**intended users**" as an item thinking this is covered by the previous item - Involvement of commissioners and end-users during development. I think"**protocol" and "registration**" should be disentangled. They are separate concepts.
- **Timeframe** sounds useful but guidelines for how to report it would be needed and it might prove difficult for teams to do this. For stakeholders, are they always ok to be acknowledged/mentioned? I think so but it would be useful to look for edge cases.
- **RER definition** - from a commissioners viewpoint not necessary - we would know why the RER was requested.
- The answer is that i agree if a **protocol** exists it should be reported - however for a RR a protocol may not be necessary.
- **Rapid review definition**: I'm not sure I would ask the reviewer to "provide a rapid review definition" as this is a difficult task and rapid reviews do vary in their methods. However I agree it is important to know in what sense a particular rapid review is "rapid". I would perhaps rephrase this as something along the lines of: "Summarise how the rapid review differs from a standard systematic review".

  Timeframe of conduct: I'm unsure whether this is essential, although I can see it would be useful for future methods work! It might be difficult to answer if the review is undertaken alongside other work or by multiple reviewers, which is often the case.

  Involvement of commissioners and end-users: I'm on the fence with this one! I agree this is a very important relationship in the planning and conduct of a rapid review (and indeed any systematic review). Including an item on this might highlight its important and encourage people to do this. However I think a lot of this discussion takes place in the early protocol development stages, so unsure whether it needs to be spelled out in the report (and with a mind to keeping the checklist to essential items only).

  Intended users: I think this might be difficult for review authors to specify - sometimes a review is commissioned and we are asked for a particular topic/focus but not told who the end user will be. We generally assume the end user will be clinicians/practitioners in that field but I might feel uncomfortable formally limiting the readership! I wonder if any restriction of the review's scope or context could be included in the Objectives (PICOS) item.

- **Rapid review definition**: Those elements should be encompassed within the description of the methods, but as phrased, this may just elicit a citation or description of what a rapid review is generally, rather than what specific methods were followed for this review.

  Protocol and registration: Agree this is good practice; may be difficult while forums for registration (/knowledge of researchers) of rapid reviews catch up. Things like being explicit in the instructions on the PROSPERO website that rapid review registrations are accepted could be done in tandem and be helpful.

- **Involvement of commissioners and end-users during development**: beyond and above the nature of the relationship, it would be good to report the intensity of the end-users' engagement, as this is likely to influence some of the streamlined choices. We might also consider prompting reviewers to report the engagement approaches/processes.

Intended users: We should also include wording here about context-sensitivity

- I think the item of **commissioners** should be added together with the others, but the formatting should be: "is this RR targeted for commissioners and decision-makers?". Immediately below, we talk about intended consumers - so, authors can provide to the audience what is the target and why it is not only for agencies and decision makers, which anecdotally have been spread. As for the **time frame**, we need to know the final date as it can support authors why they needed to conduct an RR rather than an ordinary SR.
- I think the **rapid review definition** and time frame would be of real interest to other methodologists and ideally should be there, but I'm not sure that decision makers would want this detail in a report.

  Given rapid nature of many rapid reviews, maybe unrealistic to expect a **protocol** and therefore just extra words by reporting that there isn't one.

- I'm not sure about the **timeframe** item. I think there are many variables that enter into time requirements, so time itself doesn't necessarily reflect amount of effort. I could see that it may be reported inconsistently, or would require very detailed instructions on how to report so that it has the intended utility for future methodological work.
- Some of the new items are asking about conduct as well, not just reporting.
- Would be good to have an item that clarifies whether the intent is still to be systematic or not.
- **Rapid review definition**: This should be near the front of the report. Should be framed in a way that makes it clear to a reader what rapid means vs. full SR, and what the assumed consequences/cautions/limitations are. Possibly spelling out what is NOT included or what has been missed through use of a 'rapid' method.

  Timeframe: reporting the timeframe is likely of interest to researchers. But the main information regarding time for decision makers is more likely the date that the report was prepared, so they can understand how new the evidence is that is included.

  Intended users: included in this rationale could be 'helping decision makers understand if the review is applicable to them'.

  Protocol: Providing a link to a well-written protocol could potentially be a key part of a strategy to shorten the methodology section, if one aims to limit the length of the report.

- It would request another item to be added and that is number of individuals working on each aspect of the RR. You can have an RR with standard methods that uses a large number of reviewers to accomplish the tasks in a shorter timeframe. You can also use a single reviewer in an RR with no independent review by a second reviewer.
- I am not aware of the rules (e.g., PROSPERO) regarding **registration** of rapid reviews. It would help to know them.
- A **definition** would be helpful and should be included. To date, our commissioned rapid reviews include detailed methods, so that these are transparent and comparison with systematic review methods can be made; but we do not explicitly make this comparison. For example, the methods will say that quality assessment was undertaken by one author, and the reader is left to infer the limitation of this approach. I agree that transparent reporting of the ways in which

methods have been shortened would further methodological work. I am less certain of the value of explicit comparative statements.

The **involvement of the commissioners** in defining the questions and scope of the review is clearly critical and is the defining aspect of commissioned rapid reviews; however some policy agencies request that their involvement and the intended users not be stated.

- It's likely that multiple **definitions** exist for rapid reviews because there are multiple aims and methodologies to reach those aims - it would be helpful to just encourage transparency and provide guidance about what to report, I don't think a specific and standardized definition would be possible.
- For the statement of the **timeframe** - this is especially important to differentiate from the publication timeframe.
- Re **definition** question. Perhaps it is more important to state issues relating to conduct rather than a definition. For example describing the timeframe of the literature search if truncated, the number of reviewers, approach to synthesis etc.
- I'm questioning the need to provide a **definition**, perhaps in favour of explicitly describing in a methods section what "short cuts" were taken as compared to a full review. I think all authors should declare that they are using a rapid review design, then transparently report all methods. Further and as in a prior comment, a rationale for using a rapid design seems essential.

  Does the concept of describing **intended users** overlap with the involvement of commissioners and end-users during development? Perhaps the two can be combined? Generalizability implications may be discussed in a limitations section.

Items: Eligibility criteria, Information sources, Search, Study selection

Eligibility criteria. Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale where applicable. (Modification to PRISMA 2009 Item 6)

Information sources. Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched. (No change to PRISMA 2009 Item 7)

Search. Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. (No change to PRISMA 2009 Item 8)

Study selection. State the process for selecting studies (i.e., screening, eligibility, included in rapid review, and, if applicable, included in the meta-analysis). (No change to PRISMA 2009 Item 9)

All of the items in this section have achieved consensus for inclusion.

Eligibility criteria. A few comments within disagreed with not providing rationale for all aspects of eligibility. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 92%. The wording of this item was also

changed from PRISMA 2009 to PRISMA 2020 in relation to rationale for eligibility, although the change was not highlighted in the published paper. PRISMA 2020 provides greater specificity to this item, directing authors of systematic reviews to consider providing rationales for any notable restrictions in eligibility. The PRISMA 2020 revision would align with the intent for the modification made for this item.

Information sources. One respondent suggested denoting where existing systematic reviews were used as a starting point. A couple of comments mentioned where sources were not searched. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 99%. As it relates to when SRs are used as a starting point, this would not be unique to RRs as this would also relate to updated systematic reviews.

Search. Respondents had mixed opinions on this item, from requiring all search strategies to be reported in an appendix to not including any strategy but making it available to readers (e.g., upon request). One respondent commented on the importance of ensuring grey literature sources are reported. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 88%. The requirement for all database strategies to be reported was a change from PRISMA 2009 to PRISMA 2020. Readers are encouraged to report all database strategies. We would advocate for full disclosure of information, even to commissioners in supplementary files who may not use it; the comment provided about the potential need to even update a RR more quickly relative to a systematic review (COVID being a notable example to this regard) would further underscore the need for this transparency.

Study selection. A few respondents noted the importance of declaring shortcuts and constraints in this aspect of the process. One suggestion made in relation to the rewording of the item to relate to stating deviations from a typical systematic review process. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 97%. Reporting exactly what occurred (e.g., whether and to what extent a second person was used) is what is intended. The item "Distinguishing the rapid review from a systematic review" is intended for RR producers to declare what aspects of their process would differ from a systematic review. Therefore, between reporting what was done in this item and declaring what distinguishes the RR from a systematic review in another item, the reader can better understand the product.

A few respondents provided support of the use of existing PRISMA guidance in relation to some of the items and transparency in what was done, not done, or explicit deviations from standard SR methodology should be transparently declared. **CONSIDERATIONS**: Pointing readers to PRISMA 2020 E&E to support this guidance, in general approach, is intended. Deviations from SR methodology is covered under "Distinguishing the rapid review from a systematic review".

- 1. This item: Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for **eligibility**, giving rationale where applicable. should not include study characteristics as this item related to eligibility criteria. So perhaps framing the item: ""Specify eligibility criteria in terms of PICO elements, and other limitations applied to the selection of studies""

  2. **Search**. Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. (No change to PRISMA Item 8) I think all searches in rapid reviews should be reported in supplementary files. We are aiming for full reproducibility and transparency, and searches cannot be replicated without being reported in full. In a rapid review

process, reporting the search strategies will not take any extra time. Suggest rewording: ""Present full electronic search strategies for all databases, including any limits used, such that it could be repeated (may be reported in supplementary files).""

3. State the process for **selecting studies** (i.e., screening, eligibility, included in rapid review, and, if applicable, included in the meta-analysis). The selection process for a systematic rapid review might contain short cuts to speed up the process, or save on resources. however, to avoid missing relevant studies, independent duplicated study selection with consensus is important. This item should be reworded to ""State any deviations from the process of independent duplicate study selection including consensus, and a rationale"""

- are you planning to use the **updated PRISMA**? because many of these components have been reworked (for a good reason)
- I think it is critical to be transparent about decisions and processes but I don't feel strongly that the full detailed electronic **search** with all the detailed hits needs to be in report. Search terms, databases and dates absolutely. constraints placed upon inclusion absolutely. PRISMA flow diagram for overall hits and rationale absolutely
- Presentation of a full **search strategy** in a published report isn't essential, but strategies should be archived and made available upon request.
- "An unhappy to change this one:i see no justification to add' where applicable' **Eligibility criteria**. Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale where applicable"
- Regarding **Eligibility Criteria** - I'm not clear about the need for the modification to the question, nor the stated rationale for the modification, i.e. not all eligibility criteria aspects would need a rationale. Perhaps an example would help here.
- **Study selection** and **eligibility** may be of crucial importance here as these are likely to be different due to the rapid nature of the review, e.g. there may be language, publication type or date limits imposed or the studies may have only been screened by one reviewer.
- Complete electronic **search strategies** should be placed in the appendix of the review. Replicability is critical for these types of reviews, as they can be expected to need updating (or more indepth analyses) within a shorter time frame than a traditional/full systematic review.
- "Information sources and **search**. Worth mentioning to explicit whether authors used previous review(s) as a starting point, giving rationale where applicable (modification to PRISMA item 7)?

  Justification: 92% of rapid reviews methods used previous reviews as starting point (Tricco et al. JCE. 2016;70:61-67)

  Study **selection**. Guidance from the original PRISMA statement applies."

- What's the reason for the "where applicable" addition to the **eligibility** criteria question? I fail to see why you would want this for "rapid reviews" but not for full systematic reviews
- Can you give an example of where **rationale** would NOT be applicable?
- We know that all of those items are sources of bias and RRs should be interpreted in light of this. However, there is a rationale to not cover grey literature, for example; or to not conduct some process in duplicates. And I don't think that an author's definition of what is an RR at the

beginning of the text is sufficient. So, differently for the PRISMA, **rationale here** needs to be crystal clear and then I think that items could be slightly modified.

- I think the **search strategy** should be available for readers if they want it, but may be far too lengthy to include in the report.
- adding 'where applicable' to **eligibility criteria** is a bad. This will result in lazy people not providing rationales because it requires an ounce of effort and/or because they think the rationale is trivially obvious. Please provide examples of eligibility criteria that do not need a rationale.
- Rapid reviews are very useful in writing complex policies and providing directions for professional practice for emerging issues.
- Just noting that the wording of many of these items will change in **PRISMA 2019** so worth ensuring they are consistent
- For search, I wouldn't limit the **strategy** to one database. Given that RRs often include credible grey literature, I would want to have a fairly good sense of the strategy used for each database searched. This is particularly important for grey literature to allow the reader to weigh the value of such evidence in relation to evidence from more traditional academic publications.
- These are all element useful not only to understand the rapid review but also to update it or adapt to a different scenario
- "RR should adhere to the same principles of transparency and reporting as SR.

  If **any of these items** have not been carried out, that should be made transparent through reporting.

  All methods detail should be accessible, but could be made available through a link to a protocol or appendices, as a strategy to shorten the publication format (graded-entry approach).

- Could be specific **in these reporting items** where methods deviate from typical full systematic review methods

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Items: Data collection process, Data items, Risk of bias in individual studies, Summary measures

Data collection process. Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators. (No change to PRISMA 2009 Item 10)

Data items. List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made. (No change to PRISMA 2009 Item 11)

Risk of bias in individual studies. Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis. (No change to PRISMA 2009 Item 12)

Summary measures. State the principal summary measures (e.g., risk ratio, difference in means). (No change to PRISMA 2009 Item 13)

All the above items achieved consensus for inclusion.

Data collection. One respondent proposed edits to this item, including specifying a rationale as to why deviations were taken. Another respondent indicated that extraction might not be done, according to RR report type. One respondent reasoned that 'any processes for obtaining and confirming data from investigators' may not be applicable given what we know about RR conduct; conversely, another respondent noted that details on who was contacted and for what information should be provided. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 84%. Comments have reflected changes that may occur at this step, such as not involving two people as independent extractors or where investigators were not contacted; all of these items further underscore the impetus for reporting what was or was not undertaken rather than changing the item or making aspects of it optional. As to whether authors should be providing a rationale at each step for methods concessions made could be considered in the next steps for finalizing PRISMA-RR.

Data items. One respondent proposed edits to this item (addition of effect estimates to the list). Another respondent noted that, regardless if RR or SR, that they would not list the data items in the Methods section. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 86%. It would be difficult to support less reporting relative to PRISMA. One suggestion that can be offered to help with efficiency is brief phrasing to indicate that all variables shown in tables and figures constituted the totality of data extraction items.

Risk of bias (RoB) in individual studies. Several comments were provided in relation to pointing out that RoB may not be conducted in all circumstances or with using a truncated assessment. One person suggested specifying that validated tools be used. Another person had indicated that existing reviews used in the RR would have undertaken RoB already. A couple of respondents asked about modifying the language to 'if done/applicable'. Finally, one respondent indicated that the language should more generally reflect 'critical appraisal', for example, in consideration of the use of GRADE and not RoB specifically. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 85%. As with other items, if stages or steps of conduct were not undertaken, explicitly declare. This is more transparent than making the item optional, and therefore reporting only when undertaken. The choice of tools can be left to authors, and other, complementary resources can aid in methods for conduct. Similarly, if RR producers are using RoB assessments from existing reviews, state this.

Summary measures. Several respondents indicated that summary measures may not always be applicable, such as use in narrative synthesis or due to time. One respondent indicated that authors should present effect estimates in a table, even if results are summarized narratively. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 75%. Syntheses without meta-analysis can still use effect measures by reporting a range of effects, for example. If omission is because of time constraints, this should be reported. RR producers could certainly report effect estimates in a table.

General comments. One respondent indicated that all methods should be accessible but could be made available through a link to a protocol or appendices as a strategy to shorten the report. Another respondent indicated that RRs should adhere to the same principles of transparency as SRs. **CONSIDERATIONS**: Information packaging that would allow complete reporting, such as direct access to additional documents beyond that of the RR report, provides flexibility for producers. Use platforms such

as Open Science Framework to host information, with corresponding link-outs. Making information available by request is discouraged.

- Edit: ""State any deviations from the process of **independent duplicate data extraction** including consensus, and a rationale for why deviation to this process was made""

  Edit: ""**List and define all variables** for which data were sought (e.g., PICOs, effect estimates, funding sources) and any assumptions and simplifications made""

  Edit: Describe methods used for assessing **risk of bias of individual studies** (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.I think you could use this opportunity to recommend the use of validated risk of bias tools for primary studies (e.g. Cochrane RoB tool for RCTs) - add an e.g. in the item with specific validated tools listed

  Edit: ""State the principal summary data (eg, number of events/number participants for intervention and control groups) and **summary measures** (e.g., risk ratio, difference in means).""

- I think even if results are summarized narratively they should present **effect estimates** in a table - I think this is often missing in RR
- "**RoB** is very appropriate for RCTs but in the case of other types of research studies, it might just not be appropriate. Developing an individual criteria for quality/rigour of intended studies/published articles is more desired. "
- **ROB** is fantastic and a goal but sometimes not feasible for super short timelines at study level. Sometimes you have robust reviews that have done ROB in those cases i don't think you need to redo it if the tool is acceptable.
- I believe that in regards to the methods used and transparency in reporting of the methods used in the review the PRISMA tool also applies to rapid reviews.
- **Principal summary measures** if applicable?
- A formal **PICOs** table would be desirable in the Methods section. Regarding **summary measures**, perhaps the narrative option could be included (due to several rapid reviews are not performing numerical synthesis)"
- Guidance from the original PRISMA statement should apply.
- For **risk of bias in individual studies** is it possible to straight out say in an RR that the risk of bias in individual studies was NOT assessed? A note on why this was not assessed could also be required.
- The item around **risk of bias** may do well to be stated as more general as critical appraisal in the context of RRs. For instance in an RR where a methodological features is to perform GRADE assessment and not a separate ROB, this item would not be applicable but the review is not without an assessment that includes ROB.
- Not all rapid reviews will utilise **summary measures** such as risk ratio, difference in means. Wording should be adapted to reflect this, eg. If relevant etc

- **Data extraction** MIGHT not be done in a rapid review if it is a search only. How could this be adapted for? **Risk of bias assessment** MIGHT not be done in a rapid review. How could this be adapted for?"
- **Risk of bias in individual studies** is usually not done in RR and **Summary measures** are seldom used.
- Transparency is key regardless of what approach you take to a review (or any scientific endeavour). It may be that **risk of bias** is a step that is omitted in some rapid reviews but if it is not then it should be clearly reported that it was not done along with other key steps not performed along with a supporting justification. Where steps like risk of bias are performed then they should still be clearly reported.
- **Data items**: This comment applies both to PRISMA-RR and to the standard systematic review PRISMA! When I'm undertaking a review (rapid or full) I wouldn't normally list the data items separately in the Methods section. I would just specify the relevant outcomes when defining PICOS. Other items such as study/patient characteristics would normally just be included in the Results section. Risk of bias in individual studies: I wonder whether ""if applicable"" should be added here, as some rapid reviews may not include risk of bias assessment."
- **Data collection process**.: do we need to keep this wording: "and any processes for obtaining and confirming data from investigators" - rapid reviews will most likely not embark in this process...
- Same as before. As for a comment: even a single choice of **summary measure** can impact the speed of the process. We know that the synthesis of categorical outcomes is easier to conduct (prepare the data, to deal with inconsistency and so on) rather than continuous (for example, WMD), which often implies in a lot of transformations and imputations. So, the items should be modified from the PRISMA not on their relevance or presence, but on their description and rationale.
- All essential if rapid review is going to be considered robust and transparent even though rapid
- For **Data collection process**: Please ask for documentation of who was contacted and what information was sought/provided. It's hard to update (or replicate) a review if you don't know where the SR/RR author got the information from.
- These criteria are all fine for RRs that aspire to look at questions and evidence that could also generate a systematic review. In reality, many (if not most) RRs combine the approach assumed here with other types of information to help inform decision-makers -- e.g. environmental scans of policies or programs already in place, relevant quantitative and qualitative data from sources other than published papers, etc. The criteria needed to evaluate those types of RRs need to broader than what is included here.
- **Risk of bias** is often cited but not well described.
- RR should adhere to the same principles of transparency and reporting as SR. If any of these items have not been carried out, that should be made transparent through reporting. All methods detail should be accessible, but could be made available through a link to a protocol or appendices, as a strategy to shorten the publication format (graded-entry approach)."
- **Risk of bias/ quality assessment**, statistically summarizing the pooled **effect estimates** and **GRADEing the quality of the evidence** are usually optional in RRs and not done by all organizations. Having said that, simplified methods or inferences are often used like study design (RCT = high quality; observational study = low quality) or vote counting methods are used

to make sense of the data. It would be nice to see all RRs perform steps more rigorously, but that's often not the case.

- Would **RoB** assessment conceivably be one of the items streamlined in the RR? Would then recommend adding the proviso "if done" or something like that.
- **Summary measures** may not be applicable and this should be stated somewhere.
- **Risk of bias**: whilst methods used should still be described, perhaps an acknowledgement that it is less likely that a full assessment of bias for individual studies will be undertaken for rapid review.
- As in a prior comment, it may make sense to identify specifically where chosen methods deviate from typical full systematic review methods. For ""**summary measures**"", it occurred to me that in a rapid context a statistical analysis might not be possible, and instead a narrative synthesis may be planned and conducted. It may help to add ""where appropriate"" as a clause."

Items: Synthesis of results, Risk of bias across studies, Additional analyses, Interpretation, A priori iterative methods, Changes from protocol

Synthesis of Results. Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis. (No change to PRISMA 2009 Item 14)

Risk of bias across studies. Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies). (No change to PRISMA 2009 Item 15)

Additional analyses. Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified. (No change to PRISMA 2009 Item 16)

Interpretation. Describe methods used for interpreting the strength of the evidence (e.g., use of the GRADE framework). (New item)

A priori iterative methods. Report whether an iterative process (ideally specified in the protocol) was used, such as decision-making on methodology or inclusion during the conduct of the review to meet the timeline. (New item)

Changes from protocol. Specify any changes from the protocol, as applicable. (New item)

All the above items achieved consensus for inclusion.

Synthesis of results. A few comments were provided in relation to the focus the item places on the statistical combining of studies and whether changes are needed in wording to reflect the use of narrative synthesis. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 83%. PRISMA 2009 Explanation and Elaboration document (BMJ 2009;339:b2700) addresses the aspect of use of synthesis without meta-analysis as meta-analysis is not always appropriate or possible. Extensive elaboration on this item was undertaken in PRISMA 2020.

Risk of bias (RoB) across studies. A couple of comments were provided for this item: merging it with the individual study RoB item; stating it should be specified per outcome; and reporting it only if done. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 84%. As with other items, we support the explicit reporting of any step not undertaken to facilitate complete reporting; one sentence in a rapid review report could conceivably cover off any such methods items and not contribute appreciably to report length. This item is referring to bias occurring at the level of the body of evidence, namely reporting biases. It is therefore sensible to keep this item of bias separate from the individual study assessment; this separation is maintained in PRISMA 2020.

Additional analyses. Deemed essential by 83%. No comments were provided.

Interpretation. Some comments were provided to change the wording of the item: 'certainty' instead of 'strength'; to elaborate wording in relation to 'identifying assessment variables used to evaluated strength'; and to add 'where applicable'. In relation to applicability, some respondents were uncertain that GRADE would be used. One respondent highlighted that 'modified' GRADE terminology is sometimes used and that authors should specify what they did and why judgements were made. One person asked that authors specify whether findings interpreted for a select setting or context. One asked for clarification on the terminology use of 'main outcomes', while another suggested this item be included in the PRISMA update. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 71%. We are aware that a few terms are used to describe whether the findings are reflective of true effects: confidence, strength, and certainty. Although "strength of evidence" was a carry-over from PRISMA 2009 Item 24. PRISMA 2020 has used "Certainty Assessment". It is logical that a method would have been used for interpreting whether findings are close to that of true effects, so this would be applicable in all cases; to this, authors would need to report what was done. Reporting the context of interpretation is actually reflective of the "Intended Users" item; this can be given further consideration for PRISMA-RR. In relation to the 'main outcomes' item, this was also carry-over language and not intended to suggest that only a subset of the evidence be interpreted. However, judgement would be applied in what outcomes are key to decision-making as, for example, in the GRADE process where outcomes are determined to be critical, important, or not important.

A priori iterative methods. A handful of respondents indicated they had difficulty understanding the item, did not understand the distinction with 'changes from protocol', thought this item should be merged with 'changes from protocol', or suggested a clearer description. A few provided support for the addition for the item, and one indicated this item would be beneficial for the main PRISMA reporting guideline. One respondent indicated that it could be used if applicable. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 73% of participants. This item was written to apply specifically to an *a priori* circumstance. For example, rapid reviewers could indicate in their protocol that they may restrict to higher levels of evidence depending on the volume of evidence that is located (even prior to the data extraction phase). Although the decision is made after the protocol (or research plan) was set, the nature of the decision and how it would be handled was identified in advance of conduct. Therefore, if it was a planned iterative process or juncture for decision-making, it would not be considered a change from the protocol if that process is outlined in the protocol. If, however, a decision was made to broaden the scope of the patient population during the conduct of the review and this was not specified in advance, then this would be reported under a "Changes from protocol" section. This is how the two differ, and they have been kept as separate items. In contrast, time

constraints are not typically a factor in systematic review development, both for scoping the topic and for conduct, thus not requiring adjustments in the process.

Changes from protocol. The majority of those providing comments suggest housing this item under the 'Methods section' of the checklist.

- Methods section = 30
- Methods section but note in Results section which changes these apply to: 3
- Methods or Discussion, depending on what changes are: 1
- Results section = 3
- Results or Discussion section: 1

A couple of comments noted that this item may not be applicable if no protocol was used. One respondent indicated that the changes from the protocol should be reported in the methods section but also identified as a post hoc decision. One comment reflected that this item should exist within PRISMA.

SUMMARY AND CONSIDERATIONS: Deemed essential by 83%. As to whether this item was applicable was reflected in the item description. Feedback from respondents supports reporting this in a Methods section. This item applies to post protocol changes.

Single comments. Justification for changes should be reported. One person commented that all methods details should be accessible, but through a link to a protocol or appendices, reflective of a graded-entry format. **RESPONSE**: Justification for changes is an important discussion point and could be considered in the next phase of developing PRISMA-RR. As it relates to format, we agree that producers can use an approach to make all information available, ideally as an appendix or otherwise as a link to additional information that users can download for their records.

- Results [in reference to **changes to protocol** item]
- For **synthesis methods**, I assume that a narrative/qualitative synthesis can be stated and would be deemed acceptable.
- 1. Edit: "Describe the methods of handling data and **combining results of studies**, if done, including confidence intervals and measures of consistency (e.g., I2) for each meta-analysis"

  2. "Specify any assessment of **risk of bias that may affect the cumulative evidence** (e.g., publication bias, selective reporting within studies)" should include risk of bias assessments for each study. In a rapid review, corners could be cut byt not reporting risk of bias assessments; however a systematic rapid review would include risk of bias assessments, and this information could be reported in full for each item by study in an appendix without taking too much time. So the original PRISMA item should be kept with the following edit "Present data on risk of bias of each study and, if available, any outcome level assessment, including how that assessment may have affected the cumulative evidence (e.g., publication bias, selective reporting within studies)"
  3. **Interpretation**. Describe methods used for interpreting the strength of the evidence (e.g., use of the GRADE framework). (New item)
  Strength of the evidence should be changed to certainty of the evidence for consistency with GRADE terminology
  Here you provide an example of a validated tool for assessing the certainty of the evidence (GRADE). I think should also be done for the items related to risk of bias assessments
  4. Report whether an **iterative process** (ideally specified in the protocol) was used, such as decision-

making on methodology or inclusion during the conduct of the review to meet the timeline
I have a heard time understanding this item as it is. I think it would be clearer to say "state decisions made after examining the data in the included studies" or something to this effect

- I vote for **changes to protocol** in the results or even discussion
- IMO [in my opinion], **changes from the protocol** should be reported in the method, as they pertain to methodology, but should appear under a separate sub-section marked as such (e.g., clearly identified as post hoc decisions).
- I am not completely sure the distinction between the last two since they both discuss **changes to protocol.** I definitely think it is important to present changes that are made for time and is a major reason why i think registration is so critical. There has to be transparency about the compromises that are made for speed in addition to credibility we can learn about patterns if we document them
- I think "**changes from protocol"** should appear in the Methods section.
- **Changes from the protocol** assumes that a protocol has been prepared and is available, but this may not be the case. There is an item for reporting whether there was a protocol but not a requirement to have one. Not all RR products will have a formal protocol, and part of what makes them fit for purpose (and rapid) is iterative methods based on volume or what is being seen in the literature to manage scope so these two items may end up being inconsistent in their application (i.e. they would apply to a review with a formal protocol, but a review that doesn't formalize a protocol but follows similar iterative steps or makes revisions wouldn't report this). This is where the variability in approaches and definitions of RR makes it a bit tricky for standardized reporting. With that in mind, I think that reporting changes from the protocol (where available) is essential. Planned iterative methods should be reported in the protocol, in which case I see this as changes from the protocol as well (or at least reporting outcomes from any decision tree applied). In both cases, I think this should appear in methods, not results.
- the 2 new items above should go n to main PRISMA!
- In most instances this should be in the methods as it is not a result of the review in itself but it could affect the results obtained. Justification for these changes is a major consideration and I think is often missing from reviews. So much so that I would reword this as 'State and justify any **changes from the protocol**, as applicable'.
- **Interpretation** (New item) - given the nature of rapid reviews it is likely to be rare that a grading of the overall strength of evidence is used. I suggest that the question is included but with a modification to include: where applicable.
  A priori iterative methods (New item) - I like this addition.
  Changes from protocol (New item) - I think this should appear in the Methods section.
- This should be included in the Methods section [in reference to **changes to protocol** item]
- I think I would favour including unplanned **changes from protocol** under results
- For the "**A priori iterative methods**" item: if review authors did not anticipate a large volume of evidence, and were therefore more inclusive, would it not be prudent for them to nevertheless implement a "risk management" strategy to remove lower-quality evidence where sufficient higher quality evidence is available, in order to meet required timelines? This may not necessarily result in a lower quality review, but may appear as such if a posteriori changes are viewed as negative. Perhaps a statement at the protocol stage that authors do not anticipate to make changes may be better?
  "**Changes from the protocol**" item: the item should appear ideally in the methods section - this is where someone interested in the methods would first look and changes to the protocol should be outlined there.

- I am not sure if publication bias can be fully assessed in the context of a Rapid review...[in reference to **Risk of bias across studies** item]
  Regarding **interpretation**, beyond GRADE it would be interesting to know if the findings were interpreted for a selected setting, or a specific health system, etc..
  "**A priori iterative methods**" item: I don't understand quite well the rationality of this item
  "**Changes from protocol**" item: I don't believe that this item could be critical for RR development
- Whether **changes to the protocol** should be discussed in the methods section or the discussion section may largely hinge on what the changes were.
- **Changes from protocol**. I would report this item in the Methods section (e.g. final paragraph of the section, with cross-reference to webappendix of rapid review)
- I'm not sure we'd really be using GRADE framework or not. I'm not sure "methods" is the right term for "**Interpretation**" (above). Perhaps the standard could say something like, "Identifies what assessment variables were included in an evaluation of the strength of evidence." and whether or not this occurred BY outcome or generally across the studies and/or outcomes.
  I think some sort of description of what, if any framework was used is important. However, I'm concerned about getting caught up in the limitations of individual studies, especially when a rapid review is being done to summarize a body of not-so-great evidence with a near standard set of limitations.
- For the proposed item, "**Interpretation**", I think more accurate would be to describe the methods to interpret the certainty of evidence (rather than quality, if GRADE is to be used).
- I think **changes from the protocol** often is related to results but would best be elaborated in the methods, right after specifying that an a-priori protocol was (or was not) used.
- **A priori iterative methods**: would benefit from a clearer description
- Consider circumstances where there is no **protocol** developed as part an RR process/method. Good idea to think about how this could be captured and how will subsequent questions about deviations and statement of **a priori methods** be addressed.
- I think **changes from the protocol** should be in the Methods
- The meaning of the "**A priori iterative methods**" item is not clear after 1 or 2 readings. Could we simplify this somehow?
  I think the **Changes from the protocol** should primarily be part of the Methods section, although perhaps it could repeat in the Results (so the Results are clear on whether they come from Methods in the protocol or from changes?).
- I support the items "**Interpretation**" and "**Changes from protocol**" because it should be added to PRISMA, not because it's something needed for "PRISMA RR".
  A question about **iterative** processes is just as relevant to systematic reviews and is not specific to "rapid reviews". For example, we might decide whether to include non-randomized studies on the basis of whether we identify randomized trials, or might decide which outcomes to address in network meta-analyses according to how the identified trials 'fit' together in a network. Systematic reviews are almost always done with resource restrictions so there are no differences between the review "types" other than the level of resources.

- "Specify any **changes from the protocol**, as applicable" seems tricky if we allow, which I think we should, "**A priori iterative methods**"
- The "**synthesis of results**" item wording could be improved by splitting into two sentences, so mention of meta-analysis is separated out from combining results. (i.e Describe the methods of handling data and combining results of studies. If meta-analysis is undertaken include measure of consistency (e.g. I-squared) for each analysis.) Most of the rapid reviews I have been involved in

have not utilised meta-analysis, but narrative synthesis of the findings is still key. When meta-analysis is not feasible, there may be a temptation to simply state the individual results rather than combining the findings.
Any **changes from the protocol** should appear in the Methods section. Where results are reported that have been influenced by the protocol changes, this should also be noted in the relevant Results section.

- For many of these items, for example, "**Risk of bias across studies**" I would want to include "if done" in the context of a RR. Given that a RR will involve some 'compromise' of a traditional systematic review I think "if done" becomes more important when reporting.
- Two thoughts on **changes from protocol** -- in some views, 'methods' should be ONLY what is available at the time of design so this would go in 'results'. In others, 'methods' are methods. Consider specifying that a subsection of Methods is given, with a specified label, e.g. "Changes from protocol" to make this easier to spot.
- Re **changes from protocol** - I would put this in the methods section.
- I would put this is methods. It is what you did as opposed to what you found. "while we planned to x, we ultimately needed to y" [in reference to **changes to protocol** item]
- Methods [in reference to **changes to protocol** item]
- **Interpretation** (eg GRADE): I'm not sure how essential this is. If keeping this item, I wonder whether "if applicable" should be added, as not all rapid reviews will include this.
  A priori iterative methods: I think I agree with including this, though it could be said that an element of this occurs during all systematic reviews! (ie the synthesis depends on the data available, etc). Again I think "if applicable" may be useful here.
  Changes from protocol: I wonder if this could be combined with the item on Iterative Methods? Again I'm unsure how essential this is (could be said to be relevant to full as well as rapid reviews). If included, I'd suggest in the Methods (though I see that it may need some reference to what was found)

- **Iterative** methods and **changes from protocol** could be combined into one item, appearing the the Methods section.
- **Changes from protocol** is more relevant for the methods sections
- Again, all of those items are sensible and may be modified by the nature of the methods. So, they should be addressed and also explained differently from the full PRISMA Statement.
- In my view, this item should appear in the methods section. [in reference to **changes to protocol** item]
- Suggest **changes from protocol** would sit best under 'results'.
- Describing how the **strength of the evidence** has been assessed will be straightforward if a tool like GRADE has been used, but more complex if this has been done less formally.
  If a **protocol** has been produced, changes from it should definitely be specified. I'm not sure however that will always be appropriate and/or necessary to produce a protocol.
- **Changes from protocol**: The changes could occur during the RR at almost any stage of the review (e.g. before results are even obtained) so the question is where to place this for the reader since a typical academic RR paper flows linearly from intro-method-results-discussion. For a user of RR/SRs I don't need to see the changes from protocol in the results (it's a methods issue) so I would put it at the end of methods section.
  Risk of Bias across studies: Shouldn't this be specified for each outcome assessed?
  A priori iterative methods. IT IS NOT A PRIORI IF IT IS NOT SPECIFIED IN THE PROTOCOL. No wiggle

room here. It would be nice if protocols indicated this a priori especially for sensitivity analysis which in theory ought to be iterative.

- Any potential of bias should be described in the methods section to assist the reader/ user appreciate any limitations of the findings/ results. [in reference to **changes to protocol** item]
- Methods section would be my preference. [in reference to **changes to protocol** item]
- Methods section [in reference to **changes to protocol** item]
- Methods section [in reference to **changes to protocol** item]
- **Changes from protocol** should appear in the Methods section.
- This item should be reported under methods. [in reference to **changes to protocol** item]
- My comments under the previous set of criteria apply here as well. These criteria do not reflect the broad set of methods used in what are called rapid reviews.
- Inclusion in the methodology section would be appropriate. [in reference to **changes to protocol** item]
- **Changes to the protocol** should be noted somewhere, but not necessarily in the report/manuscript. If in the report/manuscript, then it could be in the methods section, or alternatively in the protocol itself as an amendment.
- I would clarify what you mean by main outcomes under **interpretation**.
- RR should adhere to the same principles of transparency and reporting as SR.
  If any of these items have not been carried out, that should be made transparent through reporting. All methods detail should be accessible, but could be made available through a link to a protocol or appendices, as a strategy to shorten the publication format (graded-entry approach).
- could be touched on in both - mention changes in methods and discuss how this may affect results in that section [in reference to **changes to protocol** item]
- Regarding use of **GRADE**, many authors use what they describe as a "modified GRADE framework." It would be helpful for authors to specify whether they used GRADE "as is" or modified it in some way. Also, GRADE requires making subjective judgments and it would also be helpful if authors specified what they did and why.
- Would **SOE** be an area streamlined in a RR? If so would similarly include "if done" on the wording. **Protocol changes** should be in the methods.
- I would avoid using the term "**a priori**" in reference to decisions made during the conduct of the review (after protocol approval), unless you mean that the protocol would specify that certain decisions would be made during the review process, based on e.g., the volume of the literature.
- Methods [in reference to **changes to protocol** item]
- In my experience:
  Pre-specified subgroup analysis is less likely for rapid review due to time constraints.
  De novo **meta-analysis** is less likely for rapid review due to time constraints.
  Full **GRADE** analysis for all studies may not be possible or practical depending on time constraints.
  Changes from protocol should be covered in the methods section.
- yes, yes, yes, to all of the new items!
- **Changes to protocol** should be reported in methods section.
  On the other items suggested here, the [redacted] evidence summaries are intended to be distinct from systematic reviews. One of the ways we demarcate to the two products is the sophistication of the synthesis. For example our evidence summaries do not attempt meta analysis. If the evidence summary suggests this level of synthesis is necessary a systematic review would be commissioned. The evidence summaries are intended to function as a filter in this respect.
- For **synthesis of results**, some wording changes to account for non-statistical analyses (i.e. narrative synthesis, or simply tabulating and summarizing primary study results) may be helpful.

The items "**interpretation**" and "**changes from protocol**" seem to apply as well to the full PRISMA statement, and may be better placed there (if an update is planned, which I thought it was?). I gave a low rating for that reason. GRADE may not be possible in a rapid context and so perhaps adding "if appropriate" is warranted.
I would be in favour of reporting any **changes from the protocol** in the Methods section.

RESULTS

Items: Study selection, Study characteristics, Risk of bias within studies

Study selection. Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram. (No change to PRISMA Item 17)

Study characteristics. For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations. (No change to PRISMA Item 18)

Risk of bias within studies. Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12). (No change to PRISMA Item 19)

All items in section met the consensus criterion for inclusion.

All items. Although there was support among comments for full transparency of reporting, others indicated that not all steps or methods may be undertaken and items should be revised to add "if done/applicable". **CONSIDERATIONS**: Although true that if a Methods step was not undertaken that it would not be reported on in a Results section, there is probably no need to specify this in the Results section. In such situations, it can be considered not applicable, and individuals completing a PRISMA checklist for publication, for example, can simply denote this.

Study selection. A few respondents shared that reporting reasons for exclusion for title/abstract screening should not be done. Other comments: counting reasons for exclusion are unhelpful, reporting all is difficult, flow diagram can be optional, and one suggestion to re-label this item. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 91%. PRISMA 2020 does not directly address changing the requirement of reporting the reasons for exclusion at each stage in their publications, although it is clear from the revised flow diagrams that the reasons for exclusion need only to be reported for full-text eligibility evaluation.

Study characteristics. A few comments were provided: allow/expect fewer characteristics than SR; develop standardized minimum requirements; include as an appendix. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 92%. Where information should be reported has a logical relation to what format was used, and it is sensible for the RR producer (and commissioner, where applicable) to determine where information should be placed, including the use of appendices or other accompanying documents. Regarding what and how much information is extracted should be left to the producer, in collaboration with the commissioner. As the trade-off of breadth versus depth of information that is collected can vary

across RRs, and in consideration of both the topic and type of research question, defining a minimum, standardized variable set may not be helpful.

Risk of bias within studies. Comments that outcome-level assessments may not always be relevant or possible or could be reported only if done were provided by a couple of respondents. A few respondents indicated that a formal risk of bias may not be undertaken but something less robust, such as a general description of limitations. One respondent indicated that GRADE reporting isn't always transparent, and that RoB assessments within and across studies should be reported. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 80%. Any deviations in methodology and approach need to be reported by the producer and considered relative to systematic reviews. It is logical that if risk of bias assessments were not done that they would not be reported; however, an adjustment in the naming of the item is not needed.

- Outcome level only if relevant - e.g. blinding for subjective Outcomes...[**risk of bias**]
- For **study characteristics**, I storngly would want to see that allowance, or expectation, of fewer items being reported than in a full systematic review.
- Counting reasons for exclusion is unhelpful to basically everyone because it just depends on the studies that got through to that point. Also reporting reasons for exclusion at the title/abstract stage as the point seems to imply is a poor use of time. [**study selection**]
- I addressed **ROB** in prior question
- Reporting **risk of bias** within studies is essential. Whether it is done at both the study and outcome level is not essential. Outcome would be preferred, but either would suffice.
- Reasons for exclusion at full-text only. Users may have different views about how essential all this stuff is! [**study selection**]
- Regarding **study characteristics**: it would be great to have, but could this be more standardised as to the minimum requirements? Size, population, intervention/comparators, study design are highly relevant, not sure that follow-up is always necessary. What would be great to have is location/country, and years study was conducted, as that often feeds into how well the studies can be compared and how relevant they are to the population in question, which is especially relevant to rapid reviews conducted with policy makers of specific countries in mind.
- **Study characteristics** and **RoB** assessment can be included as an appendix of the RR, instead to be included in the main text
- Guidance from the original PRISMA statement applies. [**all three items**]
- I'm not sure it makes sense to do individual **RoB** assessment of each single-arm study if included... a general description of limitations may be appropriate.
- **Risk of bias** is useful. Just a note that in my experience, sometimes this is left out of a rapid review (depending on what the knowledge user plans to do with the results). I think this is OK - I guess authors should just note that ROB was not undertaken and why. Could also still note some study limitations without formally appraising ROB.
- I think 'Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram' is difficult as we constantly repeat our searches during our work. Tracking which database yielded which citation is painful and I am not sure how helpful. Thus, eliminating this seems a nice example of Rathbone's 'a form of knowledge synthesis where some components of the systematic review

process are simplified or omitted to produce information in a timely manner" occurs. [**study selection**]

- For the **RoB** - I'd include "if done".
- "with reasons for exclusions at each stage" is misleading, as it suggests even for each excluded abstract you need to provide a reason - needs to be rephrased [**study selection**]
- see previous comments- where these aspects were done they should be transparently reported
- **Study selection** (applies to PRSMA-RR and main PRISMA): I would generally only give reasons for exclusion at the full-text stage.
- **Risk of bias**: I would add "if applicable" as some rapid reviews may not include this
- Probably I'm being so repetitive, but the explanation for the authors to inform readers on how those items were defined for their use and other details are different from an SR. PRISMA is very well detailed, but RRs are tricky. [**all three items**]
- In a very rapid process, I don't think the effort of producing a flow diagram for **study selection** is worth it as I'm not sure that it adds a great deal.
- **Study selection**. This needs to clearly specify that it has to happen at both the Title/Abstract and Full-Text stages. We expect this in most of SRs for regulatory purposes at the Title/Abstract level and even for some non-regulatory government reviews.

  Risk of bias within studies: If you are doing GRADE please present the RoB assessment across and within studies at the outcome level. It's not transparent what the RoB is for outcomes in GRADE tables at all.

- Again, these are important only to the extent that they apply to the RR in question. [**all three items**]
- Most rapid reviews would include this step, however, depending upon the purpose and timeline of the review, this step may not be included. [**unclear on which item – RoB?**]
- Consider a "What review authors searched for and what they found" section, which would make the search strategy more accessible and place it in a context of included studies. This makes it easier for a reader to get a snap shot of what is in the review, and to separate 'what-was-not-found' from 'what-was-not-looked-for'. This content could be in a narrative or tabular format.

  Otherwise, as earlier: RR should adhere to the same principles of transparency and reporting as SR.

  If any SR items have not been carried out, this should be made transparent through reporting.

  All methods detail should be accessible, but could be made available through a link to a protocol or appendices, as a strategy to shorten the publication format (graded-entry approach).

- See previous comment about **RoB** in the methods section.
- Formal summary of **risk of bias** using tools such as GRADE or Cochrane ROB is not always possible due to time constraints. In my experience, a written narrative summary of general certainties/uncertainties/risks of bias can suffice as a replacement - it is acknowledged this is less consistent and robust but still provides decision makers with an overview of the certainty of the evidence.

- On **study selection**, we recommend a minimum level of detail on reasons for exclusion and a flowchart is optional. Review teams vary in their approach to this and we accept quite a range of variation here.

Items: Results of individual studies, Synthesis of results, Risk of bias across studies, Additional analyses, Data sharing

Results of individual studies. For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot. (No change to PRISMA Item 20)

Synthesis of results. Present results of each meta-analysis done, including confidence intervals and measures of consistency. (No change to PRISMA Item 21)

Risk of bias across studies. Present results of any assessment of risk of bias across studies (see Item 15). (No change to PRISMA Item 22)

Additional analysis. Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]). (No change to PRISMA Item 23)

Data sharing. Authors indicate whether the complete set of data and any accompanying coding and related materials can be located, ideally barrier-free (e.g., open accessible repository, unrestricted website, or appendix of rapid review). (New item)

The items 'Results of individual studies', 'Synthesis of results', 'Risk of bias across studies', and 'Additional analysis' met the rating threshold for inclusion. Although 'Data sharing' did not achieve consensus for inclusion, a similar item is included in PRISMA 2020; therefore, we will include it.

Across items. One respondent noted that "if done" should be text added for several of the items. **CONSIDERATIONS**: As above, it is logical that items not undertaken (and specified as such in a Methods section) would not have information to report in a Results section. An adjustment in the naming of the item is not warranted.

Results of individual studies. One respondent suggested that key rather than all outcomes be reported. Two respondents disagreed with the inclusion of 'ideally with a forest plot'. One suggestion was made to simplify this item to allow for different levels of complexity of data presentations in RRs. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 73%. On the point of outcomes, this is a step in the process for which decisions may need to be made in terms of extent of outcomes that can be evaluated to meet the healthcare decision timeline. Some RRs may include a prioritized list of outcomes that can be revisited during the process of conduct depending on the nature and volume of evidence encountered. Although forest plots are noted in the item, this does not necessarily mean that a meta-analyzed estimate needs to be reported; the visual representation of the data can help with understanding the pattern of data, for example. PRISMA 2020 takes a broader approach in relation to this item, to think generally about tabulation and visual displays.

Synthesis of Results. Several respondents commented that the wording is focused on meta-analysis or that this may not be possible or done. Another person noted that synthesis could be limited. One comment indicated that if meta-analysis is being conducted, then it should be considered close to a systematic review. Lastly, one respondent suggested that PRISMA-RR be edited throughout to encompass different evidence synthesis methods, such as qualitative synthesis. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 83%. When reviewing the PRISMA 2009 documentation, there is a discrepancy between the item written in the checklist and that outlined in the Explanation and Elaboration document. We do believe that the intent of the PRISMA 2009 authors was to allow flexibility in terms of the analysis approach taken – whether meta-analysis or other synthesis method – to reflect what is appropriate for the nature of the available data. This is what we would intend for this item. This aspect was clarified in PRISMA 2020. PRISMA 2020 also splits out this checklist item to provide better elaboration and explicitness of concepts. As with PRISMA, this work was developed with the lens of addressing intervention questions, but RR producers can adapt reporting to other types of research questions.

RoB across studies. One comment indicated that quality assessment is unlikely. Another stated whether this should be reported 'if applicable'. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 75%. As above, this information will not be reported if not undertaken.

Additional analysis. One respondent indicated that this item is not relevant and should not be a requirement. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 76%. As with other items, whether or not authors undertook it would be reported in the Methods section; accordingly, it may or may not be reported on in the Results section. Notably, the scope of this item is reworked into the Synthesis multicomponent item of PRISMA 2020, and 'if done' is removed in the wording.

Data sharing. A mix of comments were reported. Some were supportive of the item and encouraged its inclusion in PRISMA. Some suggested reworking the item text or for it to be placed elsewhere in the checklist. A few individuals either disagreed with it as a reporting item or did not see it as essential. **SUMMARY AND CONSIDERATIONS**: This item fell short of meeting the consensus criterion (64% in favour as minimal essential for inclusion). As this item will be included in the development of PRISMA-RR by virtue of its inclusion in PRISMA 2020, we have included it for consideration, here. Further, we encourage that this information either be made directly available by means of an appendix to the RR report or otherwise be made publicly available, such as posting in an open access repository.

Additional comments within provide support in requesting of authors to make fully transparent all methods, processes, and decisions, just as with a systematic review.

- For **results** of primary studies, I would be in favor of lited reporting - key outcomes rather than all outcomes. For the **Additinal Analysis** item, as before, I don't thikn that this is often relevant to RRs and should not be a requirement.
- "I think this items is not worded correctly and should be edited:

Authors indicate whether the complete set of data and any accompanying coding and related materials can be located, ideally barrier-free (e.g., open accessible repository, unrestricted website, or appendix of rapid review). (New item) " **[Data sharing]**

- **Data sharing** is not a reporting issue and does not relate to the credibility of a study. Of course it should be encouraged but not here.
- While I believe in sharing, I don't think it has to be required. Some rapid reviews are proprietary I don't have an issue of them not being able to share the data. **[Data sharing]**
- For the **'results of individual studies'**, I agree that data for each study should be presented, but disagree with the statement "ideally with a forest plot". This could encourage inappropriate pooling of studies.
- **datA sharing** should go into main PRISMA
- Some of your suggested new questions should also be added to PRISMA, e.g. the one on **Data sharing.**
- Not all RRs can easily follow these recommendations which seem to be still based on the Cochrane RCT review model. Is 'data available from authors' acceptable? [**Data sharing**]
- I believe that these items about the numerical synthesis of results should be reconsidered. It is well known that most RR provide a descriptive/narrative analysis (even in some cases this is the best approach due to the focus of the question). I understand that statistical analysis is desirable, but perhaps it is more interesting to provide guidance on how to report the findings independently of the method used to synthesize the evidence. [**Synthesis of results**]
- **Data sharing.** I would report this item in the Methods section (e.g. final paragraph of the section, with cross-reference to webappendix of rapid review, open accesible repository, etc...)
- **Synthesis of results** is essential. Though should take into account that often in RRs the synthesis might be relatively limited (depending on purpose).
- "Could we expand the **data sharing** to include whether the protocol is available? Rather than recommending it to be openly available, perhaps we can instead provide guidance on how other can access it (e.g., via an open repository or by emailing the authors or via the institution). We should also indicate that if the data are not available, authors should make that clear.

  For many journal data statements are separate and appear at the end. I'm not sure adding it the Results section makes sense? If we are to put it somewhere in the checklist, would the Methods section be better? "

- My support for the new item "**Data sharing**" is because it should be considered for PRISMA, not because there is anything specific to "rapid reviews".
- "The ""**Synthesis of results**"" item should not be restricted to meta-analysis. Where meta-analysis is not undertaken, study results should be combined appropriately and presented (e.g. in a narrative synthesis).
- """"if done"" is appropriate for **several items**"". The ""**data sharing**"" item needs some rewording."
- quality assessment and meta-analysis unlikely in RR **[Synthesis of studies] [RoB across studies]**
- "**Results of individual studies**: I wonder if this should be simplified to allow for different levels of complexity of data presentation in rapid reviews. For example: ""For all outcomes considered,

present results for each study. This may include data for each intervention group and effect estimates between groups.""

Synthesis of results: I wonder if this should be reworded to allow other options as alternatives to meta-analysis. The current wording suggests only meta-analysis is acceptable. For example: ""Present a synthesis of results across studies, which may include narrative synthesis and/or meta-analysis.""

Risk of bias across studies: Suggest add ""if applicable"".

Data sharing: Not sure how essential, as I would hope all relevant data would be included in the review."

- **Synthesis of results**: PRISMA-RRs is a nice opportunity to develop guidance applicable beyond rapid reviews of RCTs. As such, the standard PRISMA wording focusing on meta-analysis should be edited throughout PRISMA-RRs to be more encompassing of different evidence synthesis methods, including qualitative evidence synthesis. In the case of "synthesis of results" this can be done by using general wording about synthesis approaches and giving examples (narrative synthesis, meta-analysis, ...)
- **Data sharing** is exciting. Completely necessary the statement - even if the authors do not intend to share the data. As for the other items, they are essential to be reported, regardless of being addressed or not - we know that reporting guidelines are for reporting and not for methods.
- If a rapid review is actually going as far as including a meta-analysis, then it is verging on the full systematic review, and everything should be reported similarly. **[Synthesis of studies]**
- **Data sharing**: This is great, but all the data for an SR should be included with the SR publication unless there was IPD that is not shareable for legal/ethical reasons. "accompanying code". If this is shared on a random website it will be unavailable by the time anyone searches for it. This should be with the RR.
- Ditto comments from previous two sections.
- Item 20: Would remove "ideally with a forest plot"; **[Results of individual studies]**
- Authors indicate whether the complete set of data, accompanying coding and related materials can be located. Ideally barrier-free (e.g., open accessible repository, unrestricted website, or appendix of rapid review). (needs a slight rework, feel free to edit) [**Data sharing**]
- As earlier: RR should adhere to the same principles of transparency and reporting as SR.

If any SR items have not been carried out, this should be made transparent through reporting.

All methods detail should be accessible, but could be made available through a link to a protocol or appendices, as a strategy to shorten the publication format (graded-entry approach)."

- For the **data sharing** item, will this be included in the PRISMA for systematic reviews as well? It seems that this would be important for other reviews and is not specific to RR.
- I have found it rare to be able to do a quantitative synthesis when doing rapid reviews. Many of these items could be grouped at a decisions point labeled "where the results from the included studies appropriate for meta-analysis." If the answer is no, many of these items could be bypassed. **[Synthesis of results]**

- Noting that few commissioned rapid reviews in public health involve meta-analyses. **[Synthesis of results]**
- The types of analysis listed on this page should ALWAYS be reported where they have been carried out (or attempted but not carreid out in full). However, these types of analysis are less likely to be undertaken for a rapid review in my experience. **[Synthesis of results]**
- on the **synthesis** item, [redacted] evidence summaries do not include meta analyses. However we ask for a summary of results across studies to be presented in narrative form. Forest plots and tables are used to present these. Again we accept variation across evidence summaries on this.
- While I'm in support of the new "**data sharing**" item, I feel this is better placed in the full PRISMA guidelines -- which I suspect these RR guidelines will then refer.

Items: Summary of evidence, Limitations, Comprehensive assessment, Conclusions

Summary of evidence. Summarize the main findings including the strength of evidence for each main outcome; consider their relevance and implications to key groups (e.g., healthcare providers, users, and policy makers). (Modified PRISMA Item 24)

Limitations. Discuss limitations at study and outcome level (e.g., risk of bias) and at review-level (e.g., incomplete retrieval of identified research, reporting bias). (No change to PRISMA Item 25)

Comprehensive assessment. Indicate whether a systematic review may be warranted or suggested given the results of the rapid review. (New item)

Conclusions. Provide a general interpretation of the results in the context of other evidence, and implications for future research. (No change to PRISMA Item 26)

The items 'Summary of evidence', 'Limitations', and 'Conclusions' met the consensus criterion for inclusion. 'Comprehensive assessment' did not achieve consensus for inclusion as minimum essential.

Summary of evidence. The majority of comments (8/12) addressed the addition of 'implications' to the item description. A few comments highlighted caution to this regard: beyond scope or adequate ability of the team to address; representation may be difficult if each stakeholder has their own lens; objections by commissioning agencies. One respondent wondered to what audience should be in mind when crafting – commissioners (specific) versus journals (broader implications for wider audience). One respondent questioned the difference between 'relevance' and 'implications'; another distinguished between 'implications' and 'recommendations'. Finally, one respondent made the suggestion to combine this item with implications for future research.

Other comments in this section: combine Conclusions with this section; strength of evidence not always formally assessed; rename 'strength' with 'certainty'; add text to descriptor to provide if done; and not always possible to summarize evidence by outcome in a RR.

SUMMARY AND CONSIDERATIONS: Deemed essential by 84%. As it relates to 'implications', this terminology is already used in PRISMA but adding it to the item gives better specificity to what can be addressed in

this section — see below for examples. Notably, 'implications' is the term being used in the item description in PRISMA 2020. Addressing implications for users is sensible since it is already outlined in PRISMA as minimum essential, and arguably more important for RRs as they tend to be more closely associated with decision-making. The intention is not to require RR producers to explicitly address all audiences, and discretion should be applied: whether central to the decision context or for the readership audience. It would be worth exploring palatable solutions for commissioners to address this aspect, including more generic considerations for readership and a generic disclaimer statement in relation to the commissioning organization. We agree there is an important distinction between 'implications' and 'recommendations', and although 'recommendations' would typically not be within scope, they are sometimes required by a commissioner. This aspect of combining implications for audiences and that for future research was done in PRISMA 2020.

The item could certainly be modified to 'certainty' over that of 'strength'; 'strength' is a carry-over of language used in PRISMA 2009. However, 'certainty' has more mainstream use and specifically relates to GRADE language, which is considered a best practice in evidence synthesis. As above, any truncations or omissions in the application of methodology will be a natural outflow of what they have to report.

Examples to distinguish 'relevance' from 'implications':

Relevance

- "Because the reviewed studies did not explicitly address patients with rapid clinical deterioration who may need acute intervention, our conclusions do not apply to this important subset of patients" (PRISMA E&E 2009)

Implications

- "However, it must be acknowledged that solutions to exit block in the ED [emergency department] may cause adverse pressures elsewhere in the hospital system." (Emerg Med J 2017;34:46-51).

Limitations. Among comments, several addressed the importance of specifying limitations of the RR relative to the SR, and an emphasis on what is limiting to the particular RR rather than for RRs in general. One respondent highlighted the addition of the optional item in relation to 'risk to findings, biases, gaps, missing information' results differing relative to SR, while another suggested to include limitations to applicability. One individual did not think the RR would have enough information to fulfill the reporting requirement. **SUMMARY AND CONSIDERATIONS:** Deemed essential by 96%. Outlining limitations specific to the RR that was conducted is important. Although limitations related to applicability is currently covered under the PRISMA 2009 E&E for this item, it was removed in PRISMA 2020.

Comprehensive Assessment. Several comments were provided and mixed opinions across responses. Some comments were supportive of the general concept, inclusive of suggestions: guidance needed for reporting, including when SR is warranted or should not be done and address as part of another item (Conclusion, Limitations, Future Research). Responses not supportive of this item: subjective for reporting; irrelevant (if SR needed, would have been chosen at outset); whether RR and SR are different; unlikely commissioner would provide funds for SR. **SUMMARY AND CONSIDERATIONS**: Did not

achieve consensus for inclusion or exclusion. The formal development of PRISMA-RR provides an opportunity to further consider this item.

Conclusions. Several comments were provided, and most felt drawing conclusions would be inappropriate or beyond scope. A few comments addressed the overlap with the 'Comprehensive Assessment' criterion, which is summarized above. One respondent suggested this item be consistent with 'Summary of Evidence' and address the implications of the results. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 86%. We would encourage RR producers to formulate conclusions to assist decision-makers in understanding the evidence, and whether there are any uncertainties around those conclusions.

Additional comments were provided to support the notion that rapid reviews should adhere to the same principles of transparency as systematic reviews and that if any steps of the process have been modified or omitted, that these be transparently reported. One individual wondered as to knowing the rationale as to why an RR producer cut corners matters.

- I think that when doing RRs we don't often have the full grasp of or there isn't any, other evidence. hard to put **conclusions** in context then. Also not sure that RRs are the right place to start saying what future research should be - a full SR is typically required for this.
- """Indicate whether a systematic review may be warranted or suggested given the results of the rapid review.""

  I also think it should indicate if a SR should not be done. For instance the outcomes might not be patient focused and/or useful by other measures. So, doing a SR would just waste money as the outcomes are junk! **[Comprehensive assessment]**

- There is a major problem with your premise that you can separate rapid from regular reviews. The rapidity of a review has nothing to do with the credibility of a review. People cut corners in their research all the time for reasons other than speed. Why does the reason why they cut corners matter? **[general comment]**
- "For ""**summary of evidence**"" this is probably easier said than done. While a reviewer may have a sense of the intended audience/decision, they will not necessarily be experts in these areas or knowledgeable about the specific implications in a given context. If known they should be reported, but we also want to avoid describing implications that may or may not be real for the purpose of meeting a reporting criterion.

  For '**limitations**', one thing that I have encountered on occasion has been limitations akin to ""a limitation to this review is that it is a rapid review"" (i.e. general limitations related to rapid review methods, and not specifically to the review undertaken. Guidance around reporting limitations inherent to the methods employed (e.g. limitation to single database searches or limitations to single reviewer screening) would be helpful. My personal view is that with clear methods reporting the shortcuts taken are clear, and there isn't need to reiterate them as review limitations but this is not the only opinion.

  Comprehensive assessment is an interesting addition, that I like in principle, but would be a challenging thing to report without clearer guidance on when an SR is warranted. As the

rationale implies, this could vary based on the individual authors (e.g. if one author is not comfortable meta-analyzing but a different author would be). If the purpose of a reporting guideline is standardization and improving quality and consistency a required reporting item based on an authors personal views absent any guidance may run counter to that."

- I would bring the optional item in to strengthen PRISMA 25. For RRs there will be some theoretical grounds for assuming that the results will differ with SRs and the guidance currently suggested as optional needs to be brought in here as a modified PRISMA item. **[Limitations] [optional item: Findings may be subject to change with systematic review]**
- "**Comprehensive assessment**: I'm not convinced of the need/usefulness for this question as it is likely that the assessment would be very subjective and depend on the reviewers biases towards rapid vs systematic reviews.

  Conclusions: I suggest the addition of the words ""implications of the results"" after ""...context of other evidence,"" to be consistent with your modified item 24."

- If the **summary of evidence** contains implications for key groups, **conclusion** seems perhaps superfluous - could it not be somehow incorporated into the "summary of evidence" item?
- **Limitations** & **Conclusions** items should be modified or at least limited in their extent: I don't believe that a rapid review could have enough information to fulfil these items
- In my experience a single rapid review of evidence on a topic may be relevant to multiple stakeholders within a healthcare system. This is especially true when the review addresses process of care issues. Each healthcare system stakeholder views the evidence through his/her own lens. I think it might, therefore, limit the usefulness of a rapid review for the rapid review authors to address 'implications' for particular groups. **[Summary of evidence]**
- "Main findings is important. I think for RRs strength of evidence will not always be formally assessed, because of the time that this can take. **[Summary of evidence]**

  Limitations are very important, because RRs are often more limited due to the methods that might be used to expedite the process. The authors should be transparent about this so those using the evidence are well aware of potential limitations.

  Comprehensive assessment: I think that it is not often the purpose of a RR to draw this type of conclusion. If a full SR would have been the best way to address the question, this likely should have been undertaken from the beginning."

- I would replace 'strength of evidence' with 'certainty of evidence' **[Summary of evidence]**
- The new item **Comprehensive Assessment** is very interesting. I think it is helpful that it is frame around likely changing conclusions drawn as this is the priority of decision makers. It also raises some questions about what is so different between and RR and SR, and the implications of those differences for drawing conclusions.
- The need for a full systematic review is perfectly well covered by the existing item "Provide a general interpretation of the results in the context of other evidence, and implications for future research". **[Comprehensive assessment]**
- Agree the **comprehensive assessment** of whether a systematic review would be of benefit is useful alongside policy implications. This helps reader understand limitations of current report and benefits of further investigation.

- New item of indicating whether a SR is warranted is absorbed under the existing criteria of listing limitations e.g. if there is a risk of conducting meta-analysis. **[Comprehensive Assessment]**
- "**Limitations**: I think it would be useful to add something on the limitations of the specific rapid review method used. Eg perhaps: ""Discuss limitations relating to the included studies and relating to the rapid review methods used.

  Comprehensive assessment: If including this item, I think I would make this a more general point about the nature of the evidence and further research. Perhaps to cover: How comprehensive is the existing evidence; any gaps in the evidence; what further primary studies are needed (if any); is a further systematic review or meta-analysis warranted?"

- The most critical part for me: even for any other study, discussions are plenty of spins. RRs are at higher risk, at least on my view, to have spin - unexperienced authors may state a definitive answer when it is not applicable (it happens also with SRs); it can be done intentionally or not. Indeed, for me, discussions are a tricky part of any research piece and this is why some people are putting on the table to remove the discussion section of an academic piece. While present, ANY **conclusion** of an RR is by nature more restricted - so, the discussion needs to build the field for the conclusion statement. **Limitations** of the RR needs to be present, at all. Very often, SRs will be needed to fulfill the body of evidence (more than, maybe). Please take this part as the most relevant part of the guideline and we need to be so careful with the authors on the explanation.
- Helpful to indicate whether a full review would ideally be needed, but perhaps not essential. Equally well could report other research gaps. **[Comprehensive assessment]**
- "**Summary of evidence**: What is the difference between relevance and implication here? Examples? Is this being done by the RR technical team or in conjunction with the policy people?

  Conclusions: This is the least useful part of most reviews. The context of other evidence is often a cherry picked selection of guidelines or previous SRs that agree with the current RR. It would be more useful if this section conclusion was split between future primary research and future secondary research and was always done in conjunction with the GRADE ratings."

- For the item **summary of evidence** and implications for the end-user is interesting and may warrant discussion. Is this reporting guideline to be used for unpublished reports that go back to whoever commissioned the rapid review (in which case specific implications to that end-user/decision-maker etc would be important); is the reporting guideline to be used for publication in peer-reviewed journals (in which case it might be interesting for the authors to note what specific decision was informed, but it may also be more interesting and relevant to draw implications for a wider audience).
- Better understanding of rapid review findings and **limitations** would be extremely useful especially when results are used to guide policy development and to direct professional practice and patient care. **[Summary of evidence]**
- "For this item: **Summary of evidence**. Summarize the main findings including the strength of evidence for each main outcome; consider their relevance and implications to key groups (e.g., healthcare providers, users, and policy makers). (Modified PRISMA Item 24). Rationale: Not all systematic reviews are conducted for a specific decision, but rapid reviews tend to be. Explicit

implications for the healthcare policy, clinical decision-making, or guideline development scenarios are important for the reader.

Should be noted that many producers of RRs for decision-makers feel uncomfortable making recommendations. They feel that it is the decision-maker's job to make the decisions. There is a fine line between describing implications for policy, clinical decisions, and guidelines and recommending a course of action. Just want to recognize that implications not the same as recommendations."

- For **comprehensive assessment** item: are there other types of analysis beyond SRs that are warranted given the context and intended use of the study? SRs do not always provide the synthesis and analysis of evidence that decision makers and other likely users need. What would it take to provide the intended user with the evidence they need?
- "Item 24: Describing implications of findings is typically outside the scope of our reviews.**[Summary of evidence]**

  Comprehensive assessment: It would depend upon the purpose of the rapid review. If the review was intended to assess feasibility of a systematic review, this would be part of the conclusion. Do not recommend this as a new item.

  Item 26: This may be beyond the scope of a rapid review." **[Conclusions]**

- "Would also add **limitations** for applicability.

  Could wrap in question about implications for SR into the implications for future research." **[Comprehensive assessment]**

- "Otherwise, as earlier: RR should adhere to the same principles of transparency and reporting as SR.
- If any SR items have not been carried out, this should be made transparent through reporting.

  All methods detail should be accessible, but could alternatively be made available through a link to a protocol or appendices, as a strategy to shorten the publication format (graded-entry approach)."

- For **Summary of evidence** for instances where SOE not done, would state "If done."
- "While I agree that implications for key end users should be included, our experience is that not all commissioning agencies want implications reported. The item therefore should perhaps be indicated rather than mandatory. **[Summary of evidence]**

  Noting that the likelihood of the commissioning agency providing additional funding for a systematic review is slim and so the value of including the item as mandatory may be limited." **[Comprehensive assessment]**

- "**Summary of evidence**: not always possible to do this for rapid review on a ""per outcome"" basis.

  I very much agree with your rationale for undertaking a more **comprehensive assessment**"

- **Comprehensive assessment** idea is great, especially if the Rapid Review didn't have time to search grey literature.
- "I think emphasis on any potential **limitations** is absolutely essential. 5+++

  Guidance for the **comprehensive assessment** will be key as this could be confusing for some.

- "Under ""**limitations**"" some explicit direction to reflect on implications of using rapid vs. full systematic review methods could help.

  If the **conclusion** section includes guidance to report on implications for future research, this could perhaps incorporate the new guidance on when a **comprehensive assessment** is warranted."

Item: Funding and other potential conflicts of interest.

Funding and other potential conflicts of interest. Describe sources of funding for the rapid review, other support (e.g., supply of data), and non-financial conflicts of interest; role of funders for the rapid review. (Modification to PRISMA Item 27)

This item met the consensus criterion for inclusion in the reporting guideline.

Most comments were supportive of the addition of non-financial conflicts of interest. A couple of comments indicated that perhaps the reporting of the funding aspect should be separate from that of conflict of interest. Further, overlap with the item disclosing the involvement of commissioners, stakeholders, and knowledge users was noted, and differences of opinion existed as to whether they should be merged or to more clearly delineate between them. There was concern around the involvement of stakeholders and the importance of declaring conflicts. Explicitly indicating whether or not a conflict exists for complete reporting was flagged. A few noted that this should also be included in the PRISMA checklist. Issues raised were whether reporting is redundant for journal-published manuscripts and the potential for commissioner objection to the declaration of role. Clarity around definition, operationalizing the reporting of conflicts of interest, including safeguards employed, and reporting in an easy to spot subsection were suggested. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 94%. As it relates to conflicts of interest and integrated knowledge translation, the concern over the involvement of knowledge users needs to be balanced with the important role that end users have in informing research. As with other items, if there are no aspects to declare or perceived or real conflicts of interest identified, these should be explicitly declared. Competing interests of authors was also included in PRISMA 2020. We realized we inadvertently omitted financial conflicts to non-study funding, but this would be reflected in the use of PRISMA 2020 for this item. In relation to the item of redundancy, consideration for listing as a reporting item should be irrespective of whether the item is already used and logical; for example, PRISMA still includes a checklist item for the report title, even through no organization or journal would publish a report without one.

- For this items I think you should add any conflicts where the authors of the review were also authors of any of the included primary studies; and safeguards if this is the case (e.g. those authors did not select, extract or assess risk of bias of their authored studies)
- Great idea for all reviews!
- YES ABUT TIME THAT WE INVLUDED NON-FINANCIAL COI!
- The modified item 27 also applies to PRISMA.
- Agreed that immediate funding may not be the only conflict of interest and any potential conflicts should be disclosed.
- I believe there is a potential overlap with the item about the involvement of stakeholders; perhaps it could be better to merge these two items in a single one.
- Important especially for RRs, which might be undertaken to assist in decision-making or advocate for specific decisions.
- "i feel this confuses two concepts: (1) funding, which relates to the study (review in this case); (2) conflicts of interest, which relate to the authors/investigators.

  i would therefore have two distinct items for these 2 concepts.

  Funding: Please check the following paper for suggestions on the reporting of funding in trials, and which you could build on for the reporting of funding in SRs https://bmjopen.bmj.com/content/7/10/e015997.long (particularly Box 1)

  COI: consider asking for both financial and non-financial; and for personal and institutional.

  COI

- I would prefer the COI to be a separate item as I think it is distinct from funding.
- Conflict of interest is a requirement by all journals before publication - therefore I do not see the added value of having it here as part of a PRISMA-RR. I would only make it a requirement if it's not journal-published, otherwise it's redundant.
- This is needed for PRISMA - it is not specific to "rapid reviews".
- Additional indication of ‘Involvement of commissioners, stakeholders, and knowledge users’ in a separate item may be warranted, and could be located near the COI. It's important that this info BOTH be integrated into the main review AND easy to spot in a dedicated subsection.

- Agree good to be very clear about who has commissioned report and why.
- Essential to report, but no one modifications of the original PRISMA. By the way, there is only one thing that sometimes is not clear for readers: they should state whether OR NOT there is a potential conflict of interest, and the non-financial is a very important thing. Maybe we can give some examples in the paper.
- With so much influence coming from industry particularly pharmaceutical companies, as a user it is important to know sources of funders.
- "This appears to overlap with an earlier item earlier (""Involvement of commissioners and end-users during development"")

  Might need to delineate more clearly what should be reported where.

- Noting that, where the agency wishes their role in commissioning the review to remain undisclosed (apart from a statement about the source of funding), this item may result in the non-publication of the review.
- I agree this is an important item, especially as most rapid reviews are commissioned by specific decision makers; however, it's another item I feel better suited for the full (updated) PRISMA guidelines, to which these RR guidelines could then refer.
- not so sure about the nonfinancial COI, since there isn't a good definition of what this encompasses

Items: Authorship and Corresponding Author, Acknowledgements, Peer review undertaken during the preparation of the report, Supplemental information/documents.

Authorship and Corresponding Author. List those who contributed sufficiently to meet authorship requirements. Indicate the corresponding author or organizational contact. (New item)

Acknowledgements. List those who contributed to the development and conduct of the work but do not meet authorship requirements. (New item)

Peer review undertaken during the preparation of the report. (New item)

Supplemental information/documents. To ensure complete reporting or to provide supplemental information, rapid review producers should provide the location of additional information, preferably as a direct link to such information. (New item)

The items 'Authorship and Corresponding Author', 'Acknowledgements' and 'Peer review' met the consensus criterion for inclusion. 'Supplemental information' will be included given its inclusion in PRISMA 2020.

Authorship and Corresponding Author. Several comments were provided, with a mix of viewpoints across them. A few were supportive of its inclusion, noting this should be considered for other research types and that many organizations do not report this information. Several comments communicated caution or did not support its use altogether, even if they agree with the concept, citing the need to protect contributors within an organization from targeting or to use only if aligning with organizational policies. Suggestions: listing a corresponding author from an organization if authorship not possible; using Contributor Roles Taxonomy (CRediT) or listing contribution in Acknowledgements rather than authorship. Other comments related to authorship being irrelevant due to the RR report taking different forms, concern that the rationale provided for the item having a negative framing, disclosing role of commissioning agency in background section rather than as contributor, and understanding what defines authorship. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 87%. There are important ethical principles to uphold as per recommendations put forward by The International Committee of Medical Journal Editors (ICMJE), arguably the most widely recognized authorship framework. CRediT is not guidance for authorship decisions but rather to declare contributions. Some organizations have elected to omit naming of contributors owing to the potential for targeting.

Acknowledgements. A mix of viewpoints existed among comments. Although support from some, concerns raised in relation to authorship were reiterated here: individuals being targeted and

organizational policies. One individual suggested that reference be made to funders/commissioners in this section. Another noted there may be confusion and overlaps between this item and that of 'involvement of commissioners and end users'. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 73%. The intention of this item is to provide attribution from a publication ethics standpoint to those who were involved in the work but did not meet the criteria for authorship (e.g., not reviewing and approving the final report); the item 'End user involvement' is intended to assist in understanding the integrated knowledge translation process undertaken.

Peer review undertaken during the preparation of the report. Comments reflected mixed opinions. Some were supportive, but others expressed concern: feasibility as a mandatory criterion if time constraints; elaboration and transparency of the process; how peer review is defined and who is involved in terms of expertise; and illusion of credibility. Suggestions were made to consider reporting it under 'Acknowledgements' or as stakeholder involvement. **SUMMARY AND CONSIDERATIONS**: Deemed essential by 67%. The main consideration for this item is providing an opportunity, in an urgent environment, to have one or more individuals external to the RR producer team provide a third party review of work for errors and context. Supplemental guidance to support reporting could be a future consideration. As with those listed in an Acknowledgements section, it would be best practice to obtain their permission to be named. This can be distinguished from stakeholder involvement that would be more integral to the RR development process.

Supplemental information/documents. Many of the comments provided general support for this item. Various opinions were expressed in terms of where this information should be located, whether as part of the report itself, within a separate document, or on a webpage. Another respondent expressed concern about using webpages for which access may be lost with time. Concern was expressed with creating extra work for the RR team and would only be included if required. One individual suggested it be included in PRISMA. **SUMMARY AND CONSIDERATIONS**: Did not meet consensus criterion for inclusion or exclusion; however, it is included in PRISMA 2020. As shown in Garritty et al 2020, RR reports have tended to be packaged in formats other than the typical scientific IMRaD structure; if those documents are tailored and cannot accommodate complete reporting, the use of supplemental documents is required. Those supplemental documents may also be packaged with information to fulfill the Data Sharing item, which would reflect PRISMA 2020's "Availability of data, code, and other materials" item. If all necessary reporting elements and data sharing items are included within the report itself, then this can be reported for reader awareness.

Additional comments covered the notion that these items are applicable to systematic reviews and may be redundant for journal-published manuscripts. Another felt these items were innovative and should be considered for research reports, in general. Adhering to the same principles of transparency as systematic reviews and being explicit about items not carried out were reiterated. **CONSIDERATIONS**: Reporting the omission of methods is advocated.

- I feel strongly about the **authorship** issue. I have seen organizations that do not report authors and their affiliations on their RRs. I feel that this is a form of bias and we should fight against it.
- I don't think that the information regarding **authorship** and **peer-review** should be part of the PRISMA-RR because RR can take many different forms.

- I don’t think it matters that you name every individual involved if an organization is taking responsibility for the report. In fact, not mentioning them can be a way to protect individuals within an organization. [**Authorship**]
- My understanding is that your questions are about whether a given item should always be mandated. In that case, I don't think it is mandatory for a rapid review to have **peer review** prior to finishing it may not be feasible. Is it ideal absolutely. Similarly I think it is great when reviews can be concise in presenting their information so I wouldn't want to require **supplemental materials** even though there are many times these would be helpful and i would like to see them
- "Agree with reporting **authorship** and **acknowledgements** insofar as it's consistent with an organizations publishing practice. i.e. non-journal published RRs may simply be published under the imprint of the producing organization and not list individual authors. In principle, I agree that authors and contributors should be explicitly named, but some organizations choose not to for a variety of reasons.

  For **peer review**, this depends on the definition of ""peer review"". I would not consider internal review as a form of peer review requiring reporting.

  I am not entirely clear on what the final item [**supplemental documents**] is requesting."

- "**Peer review** undertaken during the preparation of the report. (New item)

  Rationale: Although most rapid reviews are not journal-published, some rapid reviews may still undergo a form of peer review. In the absence of evidence of its effectiveness, peer review may help to establish the validity of the rapid review conclusions and identify errors.

  AGREE WITH **PEER REVIEW** AT END BUT CURRENT WORDING MAKES IT SOUND AS IF IN MIDDLE!"

- **Acknowledgements**: a reference should be made here to the funders/commissioners to be consistent with previous items and to identify individuals (if relevant) that contributed to the review.
- "Opposed to the requirement to include **authorship/acknowledgement** of everyone involved. Certain rapid reviews produced for the purposes of policy may be controversially received by the end user, be it policymaker, patients, or general public. These may be prepared by commissioned to companies/organisations where employees involved may not wish to be publicly named for fear of targeting. While the authors should be available to respond to comments from stakeholders, they do not need to be named; the name of the organisation preparing the report should be sufficient. A **corresponding author** from such an organisation, taking responsibility for replying to comments could be named. Any other authors should have the option to be named or not.

  Not sure whether it is relevant to specify whether **peer review** was performed. Would a clinical expert reviewing the rapid review constitute peer review, even if they are unfamiliar with evidence synthesis quality standards? Would a person familiar with evidence synthesis methods be enough to say the review was peer- reviewed, even if they are unfamiliar with specific health area reviewed? This item may be best left as optional and rather than a separate item, include it

under the ""stakeholders involved item"" to explicitly state who was involved with reviewing and what their expertise is. "

- In the format of rapid reviews, **appendices** would ideally be located within the actual report.
- The rationale for **authorship** looks rather confusing to me (as it's focusing on the negative case).
- Same as before - these are redundant if these reviews are published in a journal. I would only make these required if it's not a journal publication. Otherwise it's redundant. [**all items**]
- Again, I see nothing that warrants special attention for "rapid reviews" compared with (other) systematic reviews. [**all items**]
- I oscillate about the "**acknowledgement**" and the "**authorship**". I feel we should not be boxed in by the stupidity of ICMJE. Something like CREDIT - would handle both differently and more equitably.
- "(1) **Peer review**: Simply adding a comment that peer review was conducted would be insufficient to determine that peer review was unbiased as is that case that gives journal peer reviewing it's legitimacy. At the very least one would need to describe how peers were selected, what was expected from the peers and how disagreements with the feedback received was managed. I would prefer to see this item removed as it encourages tokenism. If experts are consulted that *should* be written into the methods.

  (2) **supplemental information**: I do not see this as any different from a reference list. Relevant sources should be referred to in a document whether it be a disease group webpage or other article. If this is to be something else entirely that would require additional effort that is counter the 'rapid' nature of these reviews. "

- "**Peer review**: I see the rationale for this but in the interests of keeping the tool concise and in line with other reporting checklists I'm not sure it's essential to report.

  Supplemental info: As above; presumably this would be included if required but I'm not sure it's an essential component of a reporting checklist."

- First two items [**Authorship and Corresponding Author, Acknowledgements**] essential but not different from PRISMA. The new items look fine with me - for all other pieces of research, I would say. This is a very innovative approach. [**all items**]
- "In relation to **authorship**, there may be situations when an individual author writing on behalf of an organisation does not want to be named in case they attract unwelcome attention from a manufacturer etc.

  Peer review is an important area for rapid reviews as it is a way of addressing concerns around the rapid nature of the process"

- "**Authorship and Corresponding Author**. 1) I would outline what PRISMA RR consider authorship criteria because in government/industry there different ideas than academic. I would also suggest that listing everyone and what they did in the acknowledgements is enough as the RR should be being produced by an organization which is the ""author"".

Supplemental information/documents. I strongly agree that all information/data/code should be provided with the RR but I am leery of it being scattered across multiple websites, organizations hard drives etc. in a non-permanent link (i.e. doi) fashion.

- For the item "**authorship and corresponding author**" - as indicated, some rapid review reports may not have traditional authorship lists; however, I think it's important that there is specific contact information for a reader to follow-up for more information. It might be worthwhile to have some discussion on what would fall within "**supplemental information/documents**" and which would be most relevant to link to, as well as how that can be done (it could create extra work for the rapid review producers so specific instructions may help facilitate this, as well as a specific repository).
- Traditional rules of **authorship** and **acknowledgement** do not always apply to credible grey literature -- e.g. some documents only list organizations or governmental bodies as authors -- this is often necessary and reflects the governance structure and rules of the organization. Such practices do not necessarily detract from the quality of the RR. Also, outside of academic circles (and even across disciplines), standard authorship practices.
- **peer review** could be included in acknowledgements
- "As earlier: RR should adhere to the same principles of transparency and reporting as SR.

  If any SR items have not been carried out, this should be made transparent through reporting.

  All methods detail should be accessible, but could alternatively be made available through a link to a protocol or appendices, as a strategy to shorten the publication format."

- Will there be confusion about the overlap between those in the **acknowledgment** section and those named in "Involvement of commissioners and end-users during development"?
- Regarding **authorship** of non-journal rapid review reports, the role of the commissioning agency in specifying the review questions and scope is usually disclosed in the background section of the report. They are therefore not listed as contributors in the non-journal review report.
- "Important to explain any **peer review** where done - related to the first points, peer reviewers/those who offer expert advice may choose not to be associated with the final report, particularly where its findings are used for payer/market access decisions and these recommendations are controversial or unpopular.

  We undertake peer review as part of our rapid reviews but give reviewers the option to opt out of being named in our report.

  We work with decision makers/commisioners of health interventions and produce a relatively concise report for their use in decision making, **supplemented by appendices** with fuller methods and results where needed."

- Re: "**Peer review** undertaken during the preparation of the report" - this can be tricky because it could give the illusion of credibility if everyone says they had peer review when maybe some people in their department reviewed it, or maybe some people with potential financial or intellectual conflicts of interest. Maybe in order to say yes, the peer review would have to be public and the peer reviewers credentials listed?

- Should **supplemental information/documents** become an item in an updated PRISMA guidelines, to which these RR guidelines would refer?

Main Checklist Optional Items

Report that a reporting guideline was used

78 participants did not mark this item for comment and, therefore, agreed with its use as optional. 22% of participants marked this item, and written comments from over two-thirds of those were provided. Those who marked but did not comment were presumed to agree.

Among comments, five respondents agreed to optional in their remarks. Nine thought it should be mandatory including one who proposed it be part of the RR definition. One disagreed with its use altogether. A couple of respondents distinguished between reporting and conduct.

SUMMARY AND CONSIDERATIONS: Majority (83%) supported optional use. The distinction between guidance for reporting and conduct continues to need to be reinforced. To our knowledge, no reporting guidelines have addressed including this item.

Comments	Feedback re: proposed use
• this would help to track how many RR take up the use of PRISMA-RR, so I would recommend it as mandatory	Mandatory
• I think this information is important to include because it will highlight and marked the use of reporting guidelines.	Mandatory
• A reporting guideline could be an internal handbook to develop RR? This issue can be included in the new item about RR definition..	Include in RR definition (mandatory)
• MANDATORY IF APPLICABLE: For transparency around guideline development processes and holding them to a standard for evidence-based care I think this should be required to report.	Mandatory
• Unfortunately even when reporting guidelines exist, authors do not always use them in a competent way. But overall I think stating that a reporting guideline was used would help to support good practice.	Not clear – optional presumed
• Agree with this.	Optional
• encourage guideline use (wouldn't THIS be a guideline itself?)	Not clear – optional presumed
• not useful- too often authors and readers mistake reporting this as a mark of quality of conduct	No to its use
• Not sure why this would be discretionary if the intention is to encourage use of the reporting guideline	Mandatory
• This should be stated and we need to clarify authors that a reporting guideline is not for method - which often appears in journals (maybe because of the editors and journal policies as well, which we do know that they don't have too much knowledge, unfortunately).	Mandatory
• I think this should be required.	Mandatory
• Optional.	Optional

• I've checked all of the items I think it is desirable to have -- I think that just agrees with your strategy, though I might be inclined to make a few required as noted.	Optional
• Should be mandatory	Mandatory
• I'm not sure what a reporting guideline is - could this be more clear?	Not clear
• disagree with exclusion from the main checklist. This would help with the transparency. It might become unnecessary / optional as reporting improves. [redacted] ask reviewers to complete the [redacted]'s checklist	Mandatory

State any recommendations for use in decision-making

84 participants did not mark this item for comment and, therefore, agreed with its use as optional. 16% of participants marked this item, and comments from most were provided. Those who marked but did not comment were presumed to agree.

Among comments was the recognition that recommendations are sometimes a requirement by commissioners, which was the viewpoint taken when drafting the item for consideration. There was otherwise caution that the formulation of recommendations is beyond that of rapid reviews as an evidence synthesis product. If provided, though, respondents suggested a specific section in the report, to provide context for the recommendation, and apply care with tone used when writing. Another person felt it was important to report when recommendations were not being provided. A minority of participants felt it should be mandatory. **SUMMARY AND CONSIDERATIONS**: 93% of participants agreed with its placement as an optional item. We recognize that evidence synthesis guidance prompts against including recommendations as those would be considered as beyond scope and require a number of considerations; however, our experience has shown that this information may be required by the requestor/commissioner and either developed by them or in conjunction with the research team. Producers could consider outlining details on who developed recommendations and how those were made.

Comments	Feedback re: proposed use
• while recommendations are expected, especially for such a targeted review, I am weary of possibility of drawing biased conclusions from any type of review. I think the results should be a stand alone section, and the recommendations should be only tentative. I am more open to addressing the research questions than providing recommendations for using the results. My point here relates to the disclaimer point below also - to which I agree.	Optional but with cautions on language framing
• Strongly agree with this being optional and not required	Optional
• I agree that this should be optional as, due to the nature of policy-making it is often better not to have a specific 'recommendations' section.	Optional

• It would be desirable that recommendations can be provided as an independent section (different to Conclusion section, if possible)	Optional and separately placed in document
• Agree with this, but seems this is already included in prior items.	Optional
• Fine if there are none, but still required	Mandatory
• this should be limited to recommendations and GRADE statements	Optional but caution on type of information
• For sure if it was done for a decision support, a recommendation should have been accompanied. We need only to be careful when the commissioner is an agency that deals with treatment incorporation - I mean about the tone.	Optional; use when applicable but ensure appropriate language framing
• This should only be included if there is a requirement to indicate that the commissioner requested recommendations (e.g. am I reading recommendations that the RR dreamed up or ones that were solicited by the commissioner?	Optional; agree to use only when required by commissioner
• See prior comment about implications vs recommendations. Should be optional for sure.	Optional
• State explicitly when recommendations are NOT included as a part of the document (Rationale: our experience is that decision makers often expect recommendations when they receive an evidence brief, so it is important to try to manage this expectation early on in the report, such as on the front page).	Mandatory
• Recommendateions are not only based on the evidence outside the scope of most RRs. I disagree that recommendations should be made to the decision makers outside the scope of the evidence review.	No, do not include
• This should include considerable context, so that the conclusion/recommendation is adaptable for others to use	No specific preference noted, but framing should include considerable context
• I thought this was already addressed in discussion section 'summary of evidence'. If that was not the intention I think this should be included at that point in the main checklist.	Mandatory, but in conjunction with summary of evidence
• I'm not convinced it's the place of the rapid review authors to make recommendations. I would leave recommendation making to commissioners, who can interpret the results of the rapid review based on other information relevant to their decision context. I think rapid reviews should stop at conclusions based on data analyzed.	No, do not include

Disclaimer statement

79 participants did not mark this item for comment and, therefore, agreed with its use as optional. 21% of participants marked this item, and comments from most were provided. Those who marked but did not comment were presumed to agree with optional use.

Common across comments was the limitations of the RR or cautiousness in applying the evidence, thus connecting it to one of the minimal essential items. Suggestions also made to provide a sample or template for authors. **SUMMARY AND CONSIDERATIONS**: 85% agreed that the use of a disclaimer statement should be left to the producer's discretion. Depending on institutional legal requirements, a disclaimer may be necessary.

Comments	Feedback re: proposed use
• However, I think that this should be part of the definition of a RR, and not exactly a disclaimer.	Not as own item – include as part of RR definition
• SRs don't have them - so why should RRs?	No, do not include
• I think it is important to make sure the limitation of the approach are clear at least during this time when there is not a consistent application of what a rapid review is.	Not as own item – connection with limitations item made
• Agree with the optional reporting but not necessarily the rationale. I would avoid saying that RRs may have the potential for misleading results in favor of something like "given the decreased methodological rigour..." or something like that. Saying they are potentially misleading undermines the enterprise of rapid reviews.	Optional but suggestion for rewording
• I think a sample disclaimer statement would be helpful. The report itself should already provide an overview of what methods were abbreviated. The disclaimer should not remove value from the rapid review, maybe instead be reltively generic in indicating that abbreviated methods were used and for what purpose.	Optional but request for sample disclaimer. Connection made with limitations and declaration of abbreviated methods.
• Should be required IF APPROPRIATE . Suggest providing a standard disclaimer that authors could update/revise.	Optional but use when appropriate. Provide a sample disclaimer.
• not sure disclaimer but some caution in interpretation should be explained due to limitations in methods used	Unsure – should provide caution in interpretation due to limitations from methods used
• Although this would likely be stated in the discussion section, it would be helpful for readers to see it explicitly.	Not as own item – include in discussion section
• A disclaimer and/or discussion of the potential implications of compromises in methods on the confidence in findings	Optional – whether disclaimer or contextualizing interpretation as per methods used
• I think I would favour including this under limitations as opposed to a separate formal disclaimer	Not as own item – includes as part of limitations

• I agree with the rationale.	Optional
• If RR require this than we shouldn't be producing/using RRs	No, do not include
• No more so than many other publication types.	No, do not include
• There should be a clear explanation of the limitations of the evidence, due to decisions made about the methodology. I think this should not be framed as a disclaimer, but as a transparent text/table to help people understand what kind of document they are looking at, and what the possible consequences are when short cuts were taken.	Not as own item – include as part of limitations
• Not necessary if the author states up front that the document is a rapid review.	No, do not include
• Should be mandatory	Mandatory
• I think this is useful if the authors think that the rapid review results are not representative, but otherwise the disclaimer seems self-evident given the rapid review methods	Optional
• If this kind of statement is needed it could easily be included in the limitations statement.	Not as own item – include in limitations

Analytical framework/logic model

83 participants did not mark this item for comment and, therefore, agreed with its use as optional. 17% of participants marked this item, and comments from most were provided. Those who marked but did not comment were presumed to agree with optional use.

Mixed opinions were shared as to whether these are useful for the readers. Feasibility in the context of the rapid/urgent nature of RR development was noted. **SUMMARY AND CONSIDERATIONS**: 88% of participants agreed it should be optional. PRISMA 2020 gives provision for its use in the Rationale section.

Comments	Feedback re: proposed use
• I strongly argue that these are not sueful to the target audience. In fact, most audiences! I teach a class in SRs, and when I show this to my students (primarily physicians), they often just laugh out loud. So, I do not think that they are helpful here either. If you have to explain how to understand them 9whichis always required), then like a joke that needs explaining, it isn't working.	No, do not include
• disagree	No, do not include
• I dont think this is necessary to include - given the pragmatic scope of the review and the vrief timeline allocated to the conduct of the review.	No, do not include
• I think that this an important thing to work through. Even for RRs there should be some reason to suppose the intervention you are studying has some plausible mechanism of action. I would see this as informative not just	Unclear but supports its use

for readers but useful in helping producers develop their thinking ahea of selection of outcomes and subgroups.	
• Perhaps this item is too much for a RR	Unclear - cautions on feasibility
• Explicit discussion of the framework/logic allows for one to determine if the review findings are generalizable to the user's current environment of care/population. what works in one area of the world may not work in another.	Optional assumed - supportive
• I think it is unlikley that many RRs would contain something like this. Usually they are answering only one question.	Unclear – comments lend towards feasibiltiy
• ALWAYS INCLUDE THIS. Executives need pictures to understand what is going on.	Mandatory
• I think these are often useful for the reviewers, but not sure how helpful they are for the reader, some have suggested they are confusing. I think the background/introduction should talk about context, mechanisms, and hypothesized actions, etc.	No, do not include
• We often have used a logic model to help us understand what evidence to seek in order to answer a policymaker's or other decision maker's question.	Optional presumed – support for it
• While helpful, my opinion is that analytic frameworks or logic models are not necessary if the PICO(s) is/are clear.	No, do not use it
• Should be optional based on the review question.	Optional
• If a rapid review is about mixed methods and/or qualitative studies, this would indeed be helpful to explain why or why not a framework was used; for RCTs, this doesn't apply	Optional presumed – support for it
• In [redacted] we use a version of the wilson and jungner criteria for screening programmes. It is helpful to relate our PICOs to a particular criteria. We think this helps with the transparency of the review. Where the framework and review function is quite fixed this is quite easy to achieve. So I agree this should be optional overall but where there is fixed framework and function this should be given a higher priority.	Optional

Citing other rapid review methodology

82 participants did not mark this item for comment and, therefore, agreed with its use as optional. 18% of participants marked this item, and comments from most were provided. Those who marked but did not comment were presumed to agree with optional use.

Among comments was the support for including this item as optional within the RR definition or methods section. **SUMMARY AND CONSIDERATIONS**: 91% of participants supported its use as an optional item to report as part of the RR definition item, and this could be considered by producers.

Comments	Feedback re: proposed use
• As per my previous comment, I think that early on (the next 5 years) we may need to provide a definition, and could also cite methods papers, but in future could simply cite these instead.	Unclear
• agree to inclusion	Optional
• would delete this	No, do not use
• I disagree here as the point of reference should be systematic review methods.	No, do not use
• This issue can be covered in the RR definition used	Optional – and agrees with its positioning as part of the RR definition
• Because for now there is not one agreed upon definition, I do not think this should be a requirement. RRs encompass a pretty wid erange of potential products.	Optional
• Agree with this - methods will continue to evolve.	Optional
• Again I think I would include this under methods rather than as an additional point	Optional - agrees that it should not be its own point and to include as part of the methods.
• not relevant (disagree with inclusion)	No, do not use
• I wouldn't recommend this as mandatory. Rapid reviews vary a lot on definitions yet. If the authors want to cite, OK. But not as mandatory - it can cause confusion on readers.	Optional
• I don't really care about the RR definition/methodology. I was to know when the RR team was first contacted and when the final product was available for the commissioner (or published).	No, do not use
• This should appear in the methods section.	Optional - Agrees that it should not be its own point and to include as part of the methods.
• Optional.	Optional
• Should be required. Reflects diversity of methods used to identify, select, and synthesize evidence.	Mandatory
• This is important, especially if a standard definition of RR is developed.	Not clear, but supports its use
• Agree already included. No need for an additional item.	Optional - Agrees that it should not be its own point – already covered elsewhere.

Copyright information

87 participants did not mark this item for comment and, therefore, agreed with its use as optional. 13% of participants marked this item, and comments from most were provided. Those who marked but did not comment were presumed to agree with optional use.

Two respondents providing support for its mandatory use raise the aspect that communicating copyright licensing requirements, and for which one connects it with the Data Sharing item. **SUMMARY AND CONSIDERATIONS**: 93% agreed with optional use. Giving consideration to copyright licensing, particularly in context of the Data Sharing item, could be a future consideration.

Comments	Feedback re: proposed use
• Absolutely important!	Not clear, but support provided
• Only if applicable	Optional
• Agree with this.	Optional
• unnecessary. Organizations that require this will be able to identify this need	Optional – agree to position that only for organizations that need it
• I'm not sure this is required in a checklist	No, do not use
• Agree with the rationale.	Optional
• You strongly preferred that the data etc be barrier free but then you punt CI as unimportant? CI should be CC-0 or CC-BY unless an organization doesn't allow it.	Mandatory – make the point that copyright should be protected and that options exist on which copyright level should attribute
• Some of our clients require this, but it should be an option only.	Optional – notes that some clients/commissioners require it
• Would be good to know, especially the extent to which authors can use information from copyrighted reviews.	Optional but provides support for copyright licensing
• I think useful to include alongside "data sharing"	Mandatory presumed – include alongside Data sharing item

Key messages section

57 participants did not mark this item for comment and, therefore, agreed with its provisional placement as optional for reporting. In response to our request for specific feedback on this item, 43% of participants marked this item, and comments from most were provided. Those who marked but did not comment were presumed to agree with optional use.

12% of participants felt this item should be mandatory, some of whom preferred this over the traditional journal abstract format. Among other comments: relation of a key messages section to that of a non-IMRAD format; journal palatability; and caution in content and suggestion to provide guidance.

SUMMARY AND CONSIDERATIONS: 79% agreed with its placement as optional for reporting. Depending on format and requirements of the commissioner, this section may be required.

Comments	Feedback re: proposed use
• Yes, this is typically desired by the intended audience here.	Unclear – supports use
• Key messages would be important, provided that they state results primarily, and less recommendations.	Unclear – supports use but cautions against recommendations
• I am a fan of key messages but don't think they need to be required. I could see where it may not pertain in some areas. Is it worth having items that are encouraged if they apply but not required?	Optional
• Would prefer this as optional. As a reader of RR I would appreciate a Key message section since this will give me an "easy to grab" message.	Optional
• Key messages seems like part of a knowledge mobilization strategy, but should be an optional inclusion. They may help decision makers but are not required.	Optional
• i think this is in line with the decision making purpose of RR	Unclear – supports use
• Agree with your note that a key messages section is ideal for decision-makers. However, not all rapid reviews may be for decision-makers. Agree that this should be optional in the report and discussed with the commissioners whether it would be useful to include.	Optional – discuss with commissioners
• While this can be posited as optional, I think that rapid reviewers should be encouraged to use it in their reports to decision-makers. I like the explanation of the 1-pager of the 1:3:25 guideline for this: https://www.cfhi-fcass.ca/Migrated/PDF/CommunicationNotes/cn-1325_e.pdf	Optional – relates to tiered format
• This would be good as an optional choice	Optional
• Should be optional	Optional
• Specific organisations may already have a prepared format for reporting rapid reviews where key messages are summarised. However, should a review not have these, it may be worthwhile to include not as optional, but always accompanied by a risks summary section as below	Optional – but accompanied by a risks summary section
• Actually I prefer these key messages instead of an abstract	Mandatory - prefers to an abstract
• I think this would be optional depending on purpose. In some cases a plain language summary or key messages would be very helpful,	Optional – depends on purpose & who is commissioning

but depends on purpose and who is commissioning the review.	
• EXCLUDE: I think it is additional Key Messages is redundant. The review is already truncated in some/many ways and abstract should provide the needed information in conclusions.	No, do not include
• Decision-maker feedback suggests that this is an important feature so should not be optional	Mandatory
• I believe that this should be optional as it might conflict with the requirements of many journals.	Optional – raises aspect about journal requirements
• Yes, optional would be preferable	Optional
• Agree with this as optional	Optional
• I do not think this should be added as optional. All rapid review reports should include the key messages (identified as such in the discussion and conclusions). Decision-makers may welcome additional short formats for the presentation of key messages (e.g. evidence briefings) where reference to the full rapid review report would need to be made.	Mandatory
• I think this is fine as optional - it would depend on why review was commissioned and may not always be needed	Optional – may depend on circumstance
• I would include this as optional. It would be conflicting to make this mandatory and also make a disclaimer mandatory. Additionally we ought to think about all the cases where the conclusion is a rapid response is insufficient to make a recommendation and a more fulsome method is required.	Optional – raises aspect about communicating when fulsome method required
• I'm not sure this is required in a checklist. I think this would depend on journal format as for any review or any article	Optional – brings up the journal perspective
• That's completely necessary for knowledge translation. I completely disclose that my thought about this is for mandatory.	Mandatory
• I think ideally we would like this for all research, but maybe a bit unrealistic to make it more than optional here.	Optional
• This is more important than the abstract. Decision makers don't care about the methods/results (i.e. evidence) they just want to know what you found that informs their decision making.	Mandatory – more important than abstract
• I think any review should have a key messages section.	Mandatory
• Very optional and audience-driven.	Optional

• should be required	Mandatory
• fine to leave at the discretion of the review team	Optional
• Should not be optional - should be included.	Mandatory
• In my experience, Key messages placed in the beginning after a very brief background or at minimum an objectives statement, is viewed by decision makers as more useful for decision makers than an IMRAD abstract. Abstract could be replaced with a summary section that includes: Objective, short background, key messages (text), summary of findings (numbers), and Author's conclusions.	Mandatory – replace abstract
• I vote for optional. While its helpful to have this, a good summary/discussion section can serve the same purpose.	Optional
• Agree should be optional, will then need to define in the EE	Optional – define in E&E
• I think regardless of what we believe, funders and users will want them.	Mandatory – takes funders' perspective
• We include in every report, in discussion with the agency	Mandatory
• The content to include in key messages will likely differ based on the audience the report is written for, so it might be misleading (i.e. not sufficiently comprehensive summary of report)	Unsure – cautions content to include to avoid risk of misleading
• I like this, but think it is essential for all publications, syntheses. Not specific to RRs only. Include and consider expansion to other PRISMAs as well.	Mandatory
• As with the second question in this section, I thought this would be covered in the discussion section, 'summary of evidence'. I am open minded about having a particular section for the key messages but the recommendations of the review should be clearly stated and identified.	Optional
• Whether optional or not, some guidance into what should go into "key messages" would be useful. e.g., description of number and type of included studies and their quality used to inform the results	Did not specify preference – should provide guidance into what should be included in a key messages section.
• This should be optional. Abstract should suffice.	Optional

Context of a rapid review program

85 participants did not mark this item for comment and, therefore, agreed with its use as optional. 15% of participants marked this item, and comments were provided from almost all. We assume the one respondent was also supportive of optional use.

A few respondents were uncertain of the context of this item. One comment suggested its inclusion under the item "Intended Users". **SUMMARY AND CONSIDERATIONS**: 91% agreed with optional use. This item was intended to elaborate on the research team conducting this review and their particular context. For example, rapid reviews conducted by Health Quality Ontario fulfill its mandate as the advisor on optimal patient care to a Canadian provincial healthcare system.

Comments	Feedback re: proposed use
• Yes, when applicable, this is similar to explaining who the indended users are and how they will use it. That item could be extended to include this where applicable.	Optional – consider including under Intended users
• More explanatory text of what this means would be helpful	Unclear – need more information
• should be presented as an option, and its use encouraged.	Optional
• Agree this should be up to the discretion of the authors	Optional
• Maybe a suggestion, but shouldn't be required	Optional
• I'm not sure what this means and I'm not sure this is required in a checklist	Unclear
• Mandatory.	Mandatory
• no idea what this is.	Unclear
• Optional.	Optional
• Vital -- should be required.	Mandatory
• This could potentially be important, especially if decisions were made to include/exclude studies based on the organizational context of the RR program. For example, some studies could be excluded because they would not be feasible within a particular health system.	Optional
• I don't understand this item, so cannot comment on whether this should be optional.	Unclear
• I'm not sure what you mean by program - isn't this covered in the objectives and other sections?	Unclear
• Where the review is part of a programme this should have higher status than optional.	Mandatory if review is a part of a programme

Risks associated with truthfulness of findings; biases introduced by methods; gaps in the evidence; potential for missing information given the methodology undertaken.

77 participants did not mark this item for comment and, therefore, agreed with its use as optional. 23% of participants marked this item, and comments were provided from most.

All comments underscored its importance, and most agreed that it should be included in the Limitations item. **SUMMARY AND CONSIDERATIONS:** 79% agreed with optional reporting, and 87% agreed that it should be included in the Limitations item. When looking ahead at PRISMA-RR, those items could be given consideration in elaboration text for the Limitations item.

Comments	Feedback re: proposed use
• I'm not sure this is needed - we have said that the item on describing RRs could include this. So, it should go either in limitations or definitions but not both.	Include in Limitations or Definition item but not both
• agree	Optional
• I would not want to make this an optional extra because it should really be part of the discussion of limitations. See previous comment relating to PRISMA 25.	Limitations item
• I'm not convinced by the rationale for this and the need for an addition item over and above item 25 of PRISMA	Limitations item
• can also be a disclaimer at the front of a report	Reflect in Disclaimer
• A summary of the risks would be good to accompany the review, highlighting where limitations may arise from use of rapid methodology and otherwise	Unclear
• It can be included in the Limitations section	Limitations
• This is the same as limitations listed earlier in the questionnaire	Limitations
• Should be required not optional	Mandatory
• Again I would include this under limitations rather than as a separate item	Limitations item
• Completely mandatory.	Mandatory
• I don't understand. If these are limitations of a RR, why wouldn't they be in the limitation section?	Limitations item
• I think this should be required.	Mandatory
• This is part of limitations.	Limitations
• This should be central information, not hidden in small type at the end.	Unclear – should be central not hidden
• This would be helpful, but could also be included the the methods and/or discussion sections of the RR.	Or report in Methods/Discussions sections
• This should be covered under the limitations section. Should be required, not optional.	Mandatory - Limitations

• " Risks associated with truthfulness of findings" is unusual phrasing - this sounds like the "disclaimer" statement, so I would keep one or the other	Redundant with Disclaimer
• Agree, this should be in the limitations section.	Optional

Findings may be subject to change with systematic review

82 participants did not mark this item for comment and, therefore, agreed with its use as optional. 18% of participants marked this item, and comments were provided from most.

Most comments underscored its importance but agreed with developers that the content is covered under another item. Whereas developers suggested it be covered under 'comprehensive assessment', others suggested the 'disclaimer' or 'limitations' item. **SUMMARY AND CONSIDERATIONS**: 85% agreed with optional use. Further discussion could give consideration as to where to place as part of item elaboration text.

Comments	Feedback re: proposed use
• This is duplicative of the above.	No, do not include
• I see this more as part of a disclaimer, but I would again caution against the wording chosen here. Findings for any review (including systmatic reviews) are subject to change pending new information, looking at complete clinical study reports (vs. journal articles), deeper searching, etc.	Unclear – see as Disclaimer
• I'm confused. Where is the Comprehensive assessment section. I disagree that this item is needed as it is very dependent on the quality of methods used in the rapid review vs a systematic review - there are a lot of poorly done systematic reviews published!	No, do not include
• this would be important to address.	Unclear – encourages use
• I like this one	Optional
• this may be useful to include	Optional
• I think this could be captured in the disclaimer section.	Disclaimer
• This feels the same as a 'disclaimer' comment above.	Disclaimer
• I think this would be hard to answer and I'm not sure it's required	Optional
• Completely mandatory - I would state accordingly: the authors should state on their own view if their results can be modified OR NOT by a further SR and provide a rationale for this.	Mandatory
• How does this fit with GRADE?	Unclear. Question on how this fits with GRADE.
• This section would be important where findings are not clear and maybe even questionable!.	Unclear but supports use

• Also seems part of limitations.	Limitations
• How is an author really able to gauge this?	No specific preference
• There's a lot of overlap with this and the previous item (that goes under the limitations section)	Limitations
• Could also be included in a disclaimer.	Disclaimer
• or publication of new data. May not want to overly stress this point, given studies showing similarity between RR and SR results.	Not supportive of use

How outcomes were selected

84 participants did not mark this item for comment and, therefore, agreed with its use as optional. 16% of participants marked this item, and most provided comments.

Several comments signaled its importance, and a handful of respondents felt this item should be mandatory. **SUMMARY AND CONSIDERATIONS**: 87% agreed that it should be optional, and the intention was to include as part of the elaboration text for the Eligibility Criteria item. The 2022 version of the Cochrane Handbook includes the prioritization, selection, and designation of the importance of outcomes for decision-making as part of their core methods. For commissioned rapid reviews, this item can be an important one to report on as a reflection of the nature of the relationship with the commissioner during the process.

Comments	Feedback re: proposed use
• I would not want to ask for this.	No, do not include
• Think this is always very helpful for the reader, especially if only a few outcomes are chosen for the RR.	Unclear but supports use
• Mandate this and embed in the main review.	Mandatory
• Nice for understanding context, but not critical.	Optional
• May or may not be necessary.	Optional
• disagree with their exclusion - it should be mandatory	Mandatory
• re transparency comments this should be reported	Mandatory
• I think this would be hard to answer for a systematic or rapid review. They are generally selected based on what seems most important from a combination of looking at primary studies, existing reviews, clinical advice and review aim. Not sure it needs to be a checklist item	No, do not include
• Yes - often in RRs.	Optional
• Yes please	Optional
• I think this should be required.	Mandatory
• Seems to be part of the objective or PICO for the work.	Mandatory – part of objective/PICO
• This is essential, I think, when considering the audience of the rapid review	Mandatory

Whether modified GRADE used

83 participants did not mark this item for comment and, therefore, agreed with its use as optional. 17% of participants marked this item, and most provided comments.

Within the comments, there was support for reporting whether GRADE or another system was used, in addition to modifications made. **SUMMARY AND CONSIDERATIONS**: 91% agreed to optional use. Several comments missed that reporting of certainty or strength of evidence was included in modified PRISMA item 24. It is logical that modifications would be reported under the Certainty Assessment item.

Comments	Feedback re: proposed use
• Not sure what a modified GRADE is. If modiications were made, then yes they should be described and explained.	Optional
• agree	Optional
• Also, often no GRADE at all. I think would be simply good to note if the certainty of evidence was assessed or not.	Unclear - Should indicate if CoE assessed or not (NB: included in modified PRISMA Item 24)
• Yes. I think there are times when the GRADE should be adapted.	Optional
• re transparency comments this should be reported where appropriate	Optional
• Again I think GRADE can be covered earlier	Unclear
• Yes, mandatory - as I told before, modifications of tools are expected. Authors should state why they modified, what items were modified and why they expected that those specific items would speed the job.	Mandatory
• Yes please	Optional
• Should just describe the system used, whether GRADE, a modification of GRADE, or another system.	Mandatory
• or other approach relevant to the topic.	Optional – or if other approach used
• And if it was used, it should be described	Optional
• should not be optiona; - should be included.	Mandatory
• GRADE should be a mandatory item. I don't understand why only risk of bias is mentioned, and not the full GRADE approach (of which risk of bias is one of five assessment criteria).	Unclear but mandatory to mentioning GRADE use (NB: included in modified PRISMA Item 24)
• Yes, this is important -- see previous comment.	Optional
• IS this already included in the methods section? Not sure then why this is an optional item.	Mandatory

Specific information in relation to the context of the request, political situations or issues of relevance, partnerships/practice/stakeholders affected, comparisons with other jurisdictions

84 participants did not mark this item for comment and, therefore, agreed with its use as optional. 16% of participants marked this item, and most provided comments.

There was general support for the inclusion of this information across comments. Suggestions were proposed as to where to place this item in relation to minimum essential items: Introduction, Involvement of commissioners and end-users, and Rationale. Concerns raised by a couple that the ability to do this or to what extent the totality of information listed could be reported may depend on commissioner sensitivity. **SUMMARY AND CONSIDERATIONS**: 91% agreed to optional use. Further discussion could give consideration as to which main checklist item would correspond best to these items. We acknowledge there are circumstances where disclosing this information may not be possible.

Comments	Feedback re: proposed use
• Isn't this also covered in the descriptin of the end-users and how they will use the RR, and the context/purpose statements? Seems liek this could be added there, and not here.	Unclear – but agrees should be included in description of end users
• Mandate and embed in the introduction of the report.	Mandatory - introduction
• Definitely helpful to have this information!	Optional
• I'm not sure the decision-makers want that in writing. Perhaps some comments about the focus of the decision and why review may not be applicable beyond context of request. I'm not sure what is meant by explanatory document	Optional – some decision-makers/commissioners may not desire this. Text on focus of decision and why review may not be applicable outside of request context
• Agree with this.	Optional
• This relates to the stakeholder piece and is essential for understanding the likely generalizability of the RR	Mandatory
• needs to be included	Mandatory
• I think this can be covered under rationale for review rather than as a separate item	Unclear – support for inclusion under Rationale
• This will have been covered by other elements of stakeholder engagement and context	Unclear – support for use, addressed under stakeholder engagement/context
• Yes, I recommended this - as cited, RRs maybe undertaken as requested by agencies, and political situations have impact. We know.	Optional
• This is good, but the commissioner may not want this detail (or even tell you). Due to sensitivity of topics we don't register all protocols on PROSPERO when we do reviews internally let alone discuss the political situation!	Optional – may be commissioner sensitivities. Experience with not being able to register protocols due to this.

• Only if needed. Optional.	Optional
• Vital -- should be required.	Mandatory
• If the context of the request limits the generalizability of the findings, then this would be important.	Optional, particularly if request limits generalizability of findings
• This should already be included, should not be optional.	Mandatory

Main Checklist Excluded Items

Additional information available upon request

87 participants did not mark this item for comment and, therefore, agreed with its use as optional. 13% of participants marked this item, and most provided comments.

Across comments, several respondents favoured its use, mainly referring to time or resources as a barrier to posting information on an institutional website. Conversely, one person noted a study showing that many authors providing such statements do not reply to those requests. **SUMMARY AND CONSIDERATIONS**: 91% agreed with its exclusion. The intent with this item was to align with the proposed item for data sharing, in that it should be made readily available. This is certainly true when packaging information for commissioners. Otherwise, not all authors who offer to be contacted for additional information respond to those requests, despite best intentions. Ideally, rapid reviews and their accompanying information are made publicly accessible through an open access forum.

Since the conduct of this survey, PRISMA 2020 was released and includes an analogous item ('Availability of data, code, and other materials'). Aligning with that guidance, providing those additional materials in an open access location, such as in a repository (e.g., Open Science Framework), is endorsed.

Comments	Feedback re: proposed use
• Agree.	Exclude
• since RR have to be rapid, it takes time to make everything publicly available and sometimes comissioners don't allow this. I would keep this statement because it allows access to data but saves the rapid reviewers time	Include but preference not specified
• Fine with this exclusion, but shouldn't be assumed that all additional information can/will be made easily accessible.	Exclude
• Posting imposes additional work on authors who may have limited resources. How much work is it to send an e-mail?	Favour its use
• Not all organisations producing these kind of reviews have access to resources required to post/archive this data Usonline	Favour its use
• exclusion of this seems to contradict inclusion of the question about a link to additional information	Favours its use

• I don't consider it as a barrier. An only statement won't cost the authors time, and, further information could be provided - it is not about the publication and also the information that should be released quickly.	Favour its use
• May be necessary for lengthy search strategies and lists of sources searched	Favour its use
• This is a pointless item	Exclude
• I think this is reasonable in some cases.	Optional
• Actually - I disagree. Often uploading data to online repositories can be time-consuming (especially when there are many reviews produced by a centre). Looking at data usage, it is unclear if this effort is worthwhile. May be preferable to have information available upon request for rapid reviews.	Include but preference not specified
• Agree completely. I did a study that showed that authors who provide such statements mostly do not even reply to emails requesting those additional data. Such statement is not a guarantee that the data requested will be shared.	Exclude

Ethics approval

96 participants did not mark this item for comment and, therefore, agreed with its use as optional. 4% of participants marked this item, and almost all of those individuals provided comments.

A couple of participants suggested excluding. One comment favoured its use with individual patient data reviews/meta-analyses. **SUMMARY AND CONSIDERATIONS**: 91% agreed with exclusion. The aspect of seeking ethics approval was not included in the PRISMA-IPD checklist. Individual patient data (IPD) in the context of RRs is likely not a possibility owing to the typical rapid nature to serve decision-making.

Comments	Feedback re: proposed use
• Yes this is NA	Exclude
• What if there is IPD?	Favours its use if IPD
• This is totally irrelevant for evidence synthesis. Agree to be excluded.	Exclude

Take expert opinions into account

94 participants did not mark this item for comment and, therefore, agreed with its exclusion. 6% of participants marked this item, and almost all of those individuals provided comments.

Comments mainly provided support for an integrated knowledge translation process. **SUMMARY AND CONSIDERATIONS:** 94% agreed to exclude. Expert feedback as it relates to clinical relevancy or context to ensure fit-for-purpose of the RR is important part of the process, but this is not the intent of this item. Expert opinion may be less likely in the context of RRs but should be avoided if considered. Further,

there is a distinction between expert opinion and expert evidence; we refer readers to another article that describes this in more detail (Schünemann et al BMJ 2019;366:l14606).

Comments	Feedback re: proposed use
• I am not clear on where the expert opinion would be taken into account. If there is peer review, then it is taken into account. And if there is involvement of the end-user, often those people include experts.	Comment provided separate to item intent
• This should not be excluded, but rather included as optional. With some policymakers, experts are involved through commenting on what the review should include, stating the questions and reviewing the prepared reports before they are disseminated. Any such involvement should be declared.	Comment provided separate to item intent
• I consider that this item could be optional (actually several RR include an external consultation as a part of its development)	Comment provided separate to item intent
• What if you have a subject matter on your RR team for the topic?	Comment provided separate to item intent
• Expert consensus is an essential part of a rapid realist review.	RG not addressing realist reviews

Interrater agreement for study selection, calculation of effects, coding of study features

97 participants did not mark this item for comment and, therefore, agreed with excluding it. 3 participants marked this item, and two provided comments.

One comment suggested it could be included in an appendix, while the other agreed with its exclusion. **SUMMARY AND CONSIDERATIONS**: 98% agreed to exclude. Aligning with Cochrane Handbook guidance, interrater agreement is unlikely to convey the impact of disagreements. Further, many producers, if not all, would not embark upon in the context of RRs simply due to time (or resource) constraints.

Comments	Feedback re: proposed use
• Agree, I have been bruised by this	Exclude
• You could include it in an appendix, or include the raw data per screener/extractor.	Unclear but supports its use

Checklist for abstracts essential reporting items

All items met consensus for inclusion, including one that was modified from the original checklist. Several comments were provided for this section of the survey. No comments were provided in relation to Objectives, Eligibility Criteria.

Title. One comment addressed the need for flexibility in terminology. **CONSIDERATIONS**: As with the main checklist item, 'rapid review' is commonplace.

Information sources. One respondent indicated that this item cannot be limited to indexed databases. **CONSIDERATIONS**: For brevity, authors could consider adding the type of source (e.g., grey literature) as part of this reporting item.

Risk of bias. Two comments addressed modifying the item to state "if done/applicable". **CONSIDERATIONS**: More transparent to keep as it is, and if risk of bias assessments were not undertaken, to state this.

Results: Included studies. A few respondents expressed uncertainty in providing information on risk of bias assessments (and potentially other information in this item), mainly due to space considerations. One of those individuals indicated that study design may be sufficient to report. Others also indicated modifying risk of bias reporting to "if applicable", while another indicated that information may not be available. Another respondent favoured reporting GRADE and not risk of bias. **CONSIDERATIONS:** A broad-strokes statement on risk of bias information could be considered here. PRISMA 2020 does not include the reporting of risk of bias information in the abstract.

Results: Synthesis of results. One respondent suggested that alternatives for reporting narrative/descriptive synthesis should be provided, such as a Key Messages item. **CONSIDERATIONS**: This item is intended to reflect the PRISMA for Abstracts checklist. Certainly RR producers could consider writing key messages that reflect the findings, and non-IMRaD RRs are likely to look different from a structured journal abstract in many cases.

Results: Description of the effect. Comments: edit the item to include policymakers; preference for a Key Messages item; size of effect may not be available depending on analysis undertaken; direction of effect not possible if minimally important difference (MID) determined. **CONSIDERATIONS**: It is sensible to modify the item to include policymakers. As above, RR producers could consider writing key messages that reflect the findings. As with the main PRISMA checklist item, this item is intended to be flexibly applied according to the analysis undertaken; PRISMA 2020 adjusts language for this item. For the last comment, we presume the respondent was referring to size of the effect rather than direction; even if MIDs were not implemented, RR producers can report which group is favoured, for example, in a comparative context.

Strengths and limitations of evidence. Two comments were provided. One questioned an alterative to focusing this item on GRADE if not all elements available. The second indicated that this item could be modified to add "if done". **CONSIDERATIONS**: The aspects listed within the item were intended to guide, by virtue of "e.g.,"; RR producers can report what was reflective of what they gleaned from their process. If no assessment of strengths and limitations of the evidence were undertaken, state this.

Interpretation. One respondent noted that interpretation may be beyond the scope of the review. **CONSIDERATIONS**: If this aspect was not undertaken and commented on, state this.

Funding. Two comments were provided: concern of reporting information with limited space and to mention the commissioner of the RR. **CONSIDERATIONS**: This item was maintained in PRISMA 2020, so we presume that space was not of concern to the development group; further, appendices can help alleviate space restriction issues and focus the main report on key aspects. Naming the commissioner could certainly be considered, but they may not be funder; further, the discussion above in relation to competing interests and integrated knowledge translation applies here.

Registration. A couple of individuals commented that it may not be feasible to register the RR protocol. Another indicated that the reporting of the registration number could be skipped since it is provided in the main report. Technical issues were expressed in relation to living reviews and continued updating. Comments to registration not being applicable or not supported were provided, in addition to space restrictions. **CONSIDERATIONS**: If registration was not possible, state. RR producers could note whether a protocol was used despite not registering. As above, registration in PROSPERO is available.

Additional reporting items. A few additional items were proposed: context or rationale for the RR/why it was undertaken relative to a systematic review; information on the commissioning body; statement on how the review was deemed to be "rapid"; reporting how long the review took to undertake. **CONSIDERATIONS**: Comments made here can be put forward for future consideration.

General comments. Three comments were provided in relation to concerns about space restrictions to permit reporting of items as a whole. One individual raised that some items may benefit from adding "if done" to the item. Another provided support for transparency of methods, including for omissions. One comment expressed a desire to see broader wording of items to generalize to a broader range of evidence synthesis types. Support for fulsome reporting coupled with concern over the risk for spin and reporting bias in abstracts was shared in another comment. One individual raised report format and concerns about duplication across a series of documents. Uncertainty as to who the abstract was for – scientific publishing versus a summary for decision-makers, noting differences in how a summary would be approached – was a barrier for another individual to respond to this section. Finally, one respondent was not convinced that a reporting guideline specific for RRs was warranted. **CONSIDERATIONS**: These comments reflect those provided earlier in the document and considerations were outlined in those sections.

- usually space is limited.... **[general]**
- answers with a 3 might not be as relevant/important for the end users of RR. **[related to survey rating]**
- Just in the abstract I am not sure i need to know quite the level of detail provided. Sometimes like **registration** i care that it was registered with prospero but I can wait until the full text to see the actual number personally. Similarly I want to see **funding** source in report but don't need to see it in abstract given character limits

- "I would require people to add in **context/rationale** for the RR that summarizes the commissioning process (who asker for it and why). This might be a new item rather than a modification of what's there already. **[new item]**
  I would amend **item 8 [Results: Description of the effect]** to include decision-makers - the primary audience will likely be policymakers in many instances. In practical terms this might not change much but it is a useful reminder not to relentlessly pursue NNTs for outcomes of less interest to the commissioning agency than things like feasibility or cost. "
- I haven't used PRISMA for abstracts so am limited in my ability to comment here. While all of the items are relevant there is always and **issue of word count** and it may not be physically possible to include all 12 items in an abstract. In that case it may be necessary to prioritise the 12 items and specify 2-3 that are not essential or to reduce the amount of detail required for each item, e.g. for items 2 and 3 it may not be possible to include all PICOS items. **[general]**
- It may not always be feasible, within the timeframes and budgets provided for rapid reviews, to **register** these pieces of work.
- "**Information sources**: This item cannot be limited to indexed databases (most case only one database is considered)
  Results/ Included studies: If the certainty of the evidence is provided (using GRADE), perhaps the information about RoB is not critical here
  Results/synthesis of results and description of effect: There should be alternatives for those RRs reporting narrative/descriptive synthesis of the evidence, something like Key messages or similar...
  Strengths and limitations of evidence: This item is focused on the GRADE approach; however, I wonder if a rapid review has all the elements needed to assess the certainty of the evidence...perhaps there is a valid alternative?
  Funding: Perhaps it is important to mention the commissioner of the RR..."
- I think most of these items should be included, with understanding that **elaboration might be very brief** in an abstract. **[general]**
- I am not yet convinced that a specialised PRISMA for RR is required. It seems to me that almost all of this is just good reporting practice for any systematic review. **[general]**
- For **registration number**, I have technical issues with this. Our reviews are living and updated as needed. The last I checked PROSPERO, this is not supported.
- for the **title** may require flexibility in labelling due to differences in terminology (e.g. rapid review, rapid evidence synthesis, etc.)
- There are a couple of questions here that could benefit from **"if done"** addition. **[general]**
- **Risk of bias** info may not be available. Next time make clearer that you're now talking about ABSTRACTS it was a bit hard to spot.
- **Registration** may not be applicable in many cases for a RR.
- **Transparency** is key regardless of what approach you take to a review (or any scientific endeavour). It may be that some steps are omitted in some rapid reviews but if it is not then it should be clearly reported that it was not done along with other key steps not performed along with a supporting justification. Where steps like risk of bias are performed then they should still be clearly reported. **[general]**
- "**Methods for Risk of Bias**: Could add ""If applicable"". Also applies to the bias statement within the ""**Results: included studies**"" item

Methods: Could add: Briefly state **in what sense the review was ""rapid""** (or similar)" **[new item]**

- There is an opportunity here as well to introduce **broader wording** and include specific references to meta-analysis and PICOS as examples. This will ensure that PRISMA-RRs will be fit-for-purpose for a wide range of evidence synthesis approaches and methods. **[general]**
- No change to any item, but all of them should be stated. **I'm very concerned about spin, reporting bias through abstracts, reporting bias through abstracts** and so on. **[general]**
- Some **organisations** producing a series of rapid reviews may have an **accompanying operating procedure** which documents things like primary source of funding. As such they might not want to include details like this on every rapid review. **[general]**
- Not sure about need for including **risk of bias** assessments in results of abstract; referring to types of studies (designs) may be sufficient.
- "**Item 6:** Depending upon the purpose of the review, and number and diversity of studies reviewed, risk of bias may be difficult to summarize in the abstract.
  Item 8: If a qualitative synthesis is done, size of the effect may not be available.
  Item 10: Interpretation may be beyond the scope of the rapid review--implications may be determined at the next step, by a different group of decision makers."
- Abstract has limited space and **risk of bias** of individual studies may not be absolutely necessary. Why specify only this domain of the GRADE criteria? Better to require the GRADE. Although I agree the direction of effect is important, it may not always be possible if no MCID could be determined. **[Results: Description of the effect]**
- "I find it difficult to fill out this page. Who is the abstract for? **[general]**

- If it is for scientific publishing, then the elements should all be the same as for any systematic review.
- If it is a ""**Summary"" page for decision makers**, you need to make that clear before I start answering this part of the survey.
  In my mind, a **Summary-for-decision-makers** is a different product than an academic abstract. A good Summary could replace the abstract, but the abstract is not a good substitute for a Summary-for-decision-makers, because there is too much methodology and too often results presented in formats that non-researchers don't understand.

- **Word limits** are very tight in abstracts and therefore **funding** and **registration** should go in the main body of the manuscript or at the end.
- "RoB and SOE items may not be done--therefore include ""**if done**""
  Would also recommend a statement as to **why a RR was done**." **[proposed item]**
- Consider adding a **timeframe element** (i.e. how long the review took) and a **rationale for conducting a rapid** vs. full systematic review. **[proposed item]**
- Information under **'Results: Included studies'** may be very extensive, and therefore not fit into the size of the usual journal abstract, together with all the other information required. I would vote to include it, but am concerned about the word limitations.

Checklist for abstracts proposed optional reporting items

Use of rapid review term or citing rapid review methodology

15% of respondents marked this item and most provided written comments. A handful of respondents supported the notion that relevant terminology should be provided, but several noted the distinction between reporting in the title versus abstract. It is not clear whether all indicating it should be mandatory meant for both the title and abstract. A couple of comments raised the varied terminology and current lack of a clear definition in context of this item. One person asked about systematic reviews performed rapidly. **CONSIDERATIONS**: Declaration in the title would remain minimum essential. Based on response, producers could consider reporting this item in the abstract.

Comments	Feedback re: proposed use
• not necessary in the abstract	No, do not use
• I believe it should be mandatory to state the type of review performed.	Mandatory to state
• I think it is critical to indicate somewhere at title and abstract level if not both that this is a rapid review so not sure i would agree to optional i think that is mandatory	Mandatory to state
• I consider that this is important for the main text, no for the abstract	No, do not use
• I think it could be worth repeating/emphasising this point in the Methods.	Unclear but supports use
• Not required in an abstract	No, do not use
• to expect declaration in a title of abstract RR would need to a generally accepted clear definition, an issue that was brought up early in this survey.	Mandatory to state
• I would make this mandatory rather than optional	Mandatory
• This also applies to the full report--not everything these criteria consider to be rapid review is identified as such. Lots of different terms. Sometimes those differences have meaning. Other times not.	No specific preference noted
• Transparency is important in RRs as well as SRs.	No specific preference noted
• What if it's a systematic review that was done rapidly? What would be missing to differ a systematic review from a rapid review?	Comment about the item; preference not stated

• Agree with the rationale. This should have higher status than optional.	Mandatory

State any recommendations for use in decision-making

13% of respondents marked this item, and written comments were provided from most. Mixed views were reported in regard to whether this information should be provided. A couple of comments expressed caution in providing recommendations, that these are separate from the evaluation of the evidence; further, one respondent inquired as to whether these were drafted with commissioners, expressing concern with rapid reviewers drafting on their own. **CONSIDERATIONS**: We would generally take the view that the rapid reviews should focus on summarizing and interpreting the evidence, aligning with systematic review guidance. However, our experience has been that some commissioners have required recommendations, which were formulated in discussion with them. This is what has precipitated its inclusion here. Given the feedback provided, we can keep the reporting of this information as optional for RR producers to consider for reporting. Future discussion could consider information detailing how those recommendations were made (e.g., in discussion with the commissioner).

Comments	Feedback re: proposed use
• I think that htis should be avoided in abstracts.	No, do not use
• Disagree - not really relevant for abstract	No, do not use
• Rapid reviews are not always for a specific decision maker. There will be times when this does not apply.	Optional
• This is a key message for decision-makers so could be a benefit ot have in abstract	Optional
• Would be nice to see in abstracts	Optional
• a RR, like a systematic review can be a summary of fact and the recommendations separate.	No, do not use
• More important than other aspect of abstract, but abstract is really just for academic publishing product. A technical report of an RR does not need an abstract.	Did not address request
• As earlier, important to indicate that recommendations are NOT included, especially if this is for readers who are not researchers.	Mandatory – make a statement if recommendations not included
• I assumed this was part of the interpretation section eg 'implications'	Did not address request – connected this with another item
• Related to a prior comment, perhaps this is relevant if the commissioner is involved in the review process. If not, I don't feel that rapid review authors are in a place to make a	Optional

recommendation and should instead clearly state conclusions based on data analyzed

Limitations of rapid review methodology

12% of respondents checked this item and comments provided by most. The majority of comments were in favour of including this information in the abstract. A few respondents elaborated that it should be written for decision-makers with potential consequences and whether based on authors' best knowledge or known/studied. Counter-arguments included the notion that this is not reported in systematic review abstracts. **CONSIDERATIONS**: This item was positioned as optional in light of expected space limitations, but can certainly be incorporated where possible to do so.

Comments	Feedback re: proposed use
• I would also exclude this in the abstract.	No, do not use
• not necessary in the abstract	No, do not use
• SRs don't include these (and the evidence for problems with reporting bias and SRs are substantial) so it appears illogical to suggest one here.	No, do not use
• I think it's important to state the limitations up front (it shouldn't be an option).	Mandatory
• Required not optional	Mandatory
• Limitations of the review methods could be very helpful especially when findings are not clear.	No preference stated
• important to include	Unclear
• Again this helps with Transparency.	No preference stated
• I think this needs to be made mandatory, written clearly (not defensively), and placed early in the document. It should be written for decision makers and potential consequences for them (as opposed to being written for other/future researchers).	Mandatory
• Would have to be referenced if these limitations are known/studied or just potentially a limitation based on authors' best knowledge	Did not address request

Keywords

7% of respondents marked this item and most provided comments. A mix of opinions as to whether it should be used. **CONSIDERATIONS**: Inclusion will likely be driven by organizational policies or templates and journal requirements.

Comments	Feedback re: proposed use
• This is not about space but whether it is required within the conference/journal format.	Did not address request
• Ideally a new MeSH heading will be created for Rapid Review in order to differentiate it from a full systematic review!	Did not address request
• This makes sense if it's academic and being published and indexed.	Optional
• Not that important if time is of essence!	Optional
• Assists with indexing/increases visibility. Takes little time to generate keywords and uses little space. Disagree with their exclusion.	Unclear

Box summarizing key messages

11% of respondents checked this item and comments were provided by most. A mix of opinions are reflected in the comments. Some communicated overlap with the abstract and noted specifics/guidance in relation to this item. **CONSIDERATIONS**: Using this will likely be influenced by RR producer and/or commissioner preference. Support for the use of key messages was noted in comments relating to other items.

Comments	Feedback re: proposed use
• would be seperate from abstract I assume	No preference stated
• Disagree - not relevant for an abstract.	No, do not use
• EXCLUDE: redundant to conclusions in a well written abstract and a "nice to have" in a non RR circumstance	No, do not use
• Not sure Abstract would include a Box?	No, do not use
• This is more useful than the abstract for practical RRs (i.e. not academic publishing)	No preference stated
• Always helpful to know what key take aways were found!	No preference stated
• Implications for practice/policy	No preference stated
• should not be optional - should be included	Mandatory

• Key messages was mentioned earlier. I think they should be mandatory, but don't have to be in a box.	Mandatory
• As with the full report, some guidance in terms of what to put in a "key messages" box is important.	No preference stated

Context

7% of respondents checked this item and most provided comments. A mix of opinions were provided.
CONSIDERATIONS: As outlined in the rationale, this can be considered in the Objectives item.

Comments	Feedback re: proposed use
• Not necessary in abstract	No, do not use
• ?	Unclear
• Not sure this needs a separate item	No, do not use
• Context is important to appreciate the applicability of findings to another location and province or country.	No preference stated
• important to include	Mandatory

Checklist for abstracts proposed excluded items

Originality/value of the paper

No written comments provided.

Paper type

No written comments provided.

References

Trevelyan E., Robinson N. Delphi methodology in health research: how to do it? Eur J Integr Med. 2015;7:423–8

Stevens A. Facilitating rapid dissemination of knowledge: towards the development of a rapid review reporting guideline [doctoral thesis]. University of Split School of Medicine; 2019, 223 pg.

Kelly SE, Moher D, Clifford TJ. Quality of conduct and reporting in rapid reviews: an exploration of compliance with PRISMA and AMSTAR guidelines. Syst Rev 2016;5:79.

McInnes M, Moher D, Bossuyt P. Development, dissemination, and implementation of a reporting guideine for systematic reviews and meta-analyses of diagnostic test accuracy studies: The PRISMA-DTA initiative (Study protocol) [Internet]. 2017. Available from: _http://www.equatornetwork.org/wp-content/uploads/2009/02/PRISMA-DTA-Protocol.pdf_

Cohen JF, Korevaar DA, Gatsonis CA, Glasziou PP, Hooft L, Moher D, et al. STARD for Abstracts: essential items for reporting diagnostic accuracy studies in journal or conference abstracts. BMJ. 2017;358:j3751

Schünemann GH, Zhang Y, Oxman AD on behalf of the Expert Evidence in Guidelines Group. Distinguishing opinion from evidence in guidelines. BMJ 2019;366:l4606.