<table>
<thead>
<tr>
<th>Reference</th>
<th>Included studies</th>
<th>Max number of patients</th>
<th>Quality of studies</th>
<th>Exclusion/sensitivity analysis for poor quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicholson (2007;i4) Methadone for cancer pain</td>
<td>9 trials: all R, C, and 6 DB</td>
<td>459</td>
<td>Oxford Quality Scale QS2=3, QS3=2, QS4=3, QS5=1, Allocation Concealment A=3, B=3, C=3</td>
<td>No</td>
</tr>
<tr>
<td>Wiffen (2007;i4) Oral morphine for cancer pain</td>
<td>54 trials: all R, C and 37 DB Max 17 trials in any comparison</td>
<td>3749</td>
<td>Oxford Quality Scale QS1=7, QS2=11, QS3=6, QS4=18, QS5=12</td>
<td>Sensitivity analysis planned for low quality, but insuff data.</td>
</tr>
<tr>
<td>Dewey (2007;i1) Eicosapentaenoic acid (EPA, an omega-3 fatty acid from fish oils) for the treatment of cancer cachexia</td>
<td>5 trials: all R, C, 3 DB</td>
<td>587</td>
<td>Oxford Quality Scale QS2=1, QS3=1, QS5=3, Allocation Concealment A=1, B=1, C=1</td>
<td>No</td>
</tr>
<tr>
<td>Miles (2006;i4) Laxatives for the management of constipation in palliative care patients</td>
<td>4 trials: all R, open</td>
<td>280</td>
<td>Oxford Quality Scale and Rinck No Scale 1997 QS2 + RS3, QS3 + RS3.5, QS2 + RS2, QS3 + RS4, Allocation Concealment C=1, D=3</td>
<td>No</td>
</tr>
<tr>
<td>Dennert (2006;i3) Selenium for alleviating the side effects of chemotherapy, radiotherapy and surgery in cancer patients</td>
<td>2 trials: both R, C (one presenting preliminary results)</td>
<td>123</td>
<td>Oxford Quality Scale QS3=1, Other trial pending Allocation Concealment B=1 Pending trial Allocation Concealment A=1</td>
<td>No</td>
</tr>
<tr>
<td>Martinez-Zapata (2006;i3) Calcitonin for metastatic bone pain</td>
<td>2 trials: both R, C</td>
<td>90</td>
<td>Oxford Quality Scale and Oxford Pain Validity Score QS4 + OPVS16, QS3 + OPVS13, Allocation Concealment both B</td>
<td>No low quality trials</td>
</tr>
<tr>
<td>Tsao (2005;i3) Whole brain radiotherapy for the treatment of multiple brain metastases</td>
<td>24 trials: various designs, not all full publications</td>
<td>6353</td>
<td>Oxford Quality Scale and Detsky score QS1=6, QS2=8, QS3=6, DS 8 to 11=19, DS 3=1, 4 trials not full publications and not scored</td>
<td>Sensitivity analysis for low quality</td>
</tr>
<tr>
<td>Ezzo (2005;i2) Acupuncture-point stimulation for chemotherapy-induced nausea or vomiting</td>
<td>11 trials: all R, C</td>
<td>1247</td>
<td>Table: Randomisation/concealment adequate/sham control/assessor's blind stated/dropouts accounted for Allocation Concealment, A=4, B=3, C=3, D=1</td>
<td>Sensitivity analysis for allocation concealment and sham vs non sham controls</td>
</tr>
</tbody>
</table>
Zeppetella (2006;1)  
Opioids for the management of breakthrough (episodic) pain in cancer patients  
4 trials: all R, C  
393  
Oxford Quality Scale  
QS4= 2  
QS5= 2  
Allocation Concealment A=2, B=2  
All trials of high quality

Berenstein (2005;2)  
Megestrol acetate for the treatment of anorexia-cachexia syndrome  
30 trials: all R, C  
4123  
Oxford Quality Scale  
QS to 5=20  
QS3=10  
Allocation Concealment A=11, B=19, D=1  
Sensitivity analysis for low quality

Ahmed (200;1)  
Supportive care for patients with gastrointestinal cancer  
4 trials: all R, C  
483  
Oxford Quality Scale and Rinck Scale  
QS2 + RS5  
QS3 + RS4.5  
QS3 + RS5.0  
QS3 + RS5.5  
Allocation Concealment A=1, D=3  
Blinding not possible, trials of moderate quality, all included

Ballantyne (2005;1)  
Comparative efficacy of epidural, subarachnoid, and intracerebroventricular opioids in patients with pain due to cancer  
No controlled trials  
72 uncontrolled trials  
2402  
None  
No

McNicol (2005;1)  
NSAIDS or paracetamol, alone or combined with opioids, for cancer pain  
42: all R, C  
3084  
Oxford Quality Scale  
QS1=2  
QS2=7  
QS3=22  
QS4=8  
QS5=2  
Allocation Concealment A=1, B=36, D=5  
not used for weighting

Shaw (2005;1)  
Pleurodesis for malignant pleural effusions  
36 trials: all R, all open  
1499  
Cochrane Reviewers Handbook  
1=5  
2=1  
3=5  
4=11  
5=10  
6=1  
(3 trials not scored)  
Allocation Concealment A=5, B=31  
No

Fellowes (2004;3)  
Aromatherapy and massage for symptom relief in patients with cancer  
8 trials: all R, C  
357  
Informed by criteria in Oxford Quality Scale. No numerical scoring  
No

Quigley (2004;3)  
Opioid switching to improve pain relief and drug tolerability  
No RCTs  
52 reports: case reports (23), retrospective studies/audits (15), prospective uncontrolled studies (14)  
Not clear  
Prospective and retrospective studies ±2000  
Case reports 55  
No RCTs met inclusion criteria  
No
<table>
<thead>
<tr>
<th>Study Reference</th>
<th>Intervention</th>
<th>Number of Trials</th>
<th>Quality Score</th>
<th>Allocation Concealment</th>
<th>Quality of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson (2004;i2)</td>
<td>Drug therapy for delirium in terminally ill patients</td>
<td>1 trial: R, DB</td>
<td>30</td>
<td>Oxford Quality Scale QS5=1</td>
<td>Single trial high quality</td>
</tr>
<tr>
<td>Jackson (2004;i1)</td>
<td>Drug therapy for anxiety in palliative care</td>
<td>None</td>
<td>0</td>
<td>No RCTs met inclusion criteria</td>
<td></td>
</tr>
<tr>
<td>Roqué (2000;i4)</td>
<td>Radioisotopes for metastatic bone pain</td>
<td>4 trials: all R, DB, PC</td>
<td>325</td>
<td>Oxford Quality Scale and Oxford Pain Validity Score QS3 + OPVS5 QS4 + OPVS12 QS4 + OPVS15 Allocation Concealment A=1, B=3</td>
<td>Sensitivity analysis for low quality</td>
</tr>
<tr>
<td>Bell (2003;i3)</td>
<td>Ketamine as an adjuvant to opioids for cancer pain</td>
<td>2 trials: both R, DB, cross-over, adjuvant therapy, 32 case reports or uncontrolled studies also reviewed</td>
<td>30</td>
<td>Oxford Quality Scale and Oxford Pain Validity Score QS3 + OPVS12 QS3 + OPVS13 Allocation Concealment both B</td>
<td>Yes</td>
</tr>
<tr>
<td>Hirst (2002;i4)</td>
<td>Benzodiazepines and related drugs for insomnia in palliative care</td>
<td>None</td>
<td>0</td>
<td>No RCTs met inclusion criteria</td>
<td></td>
</tr>
<tr>
<td>Wong (2002;i2)</td>
<td>Bisphosphonates for the relief of pain secondary to bone metastases</td>
<td>30 trials: all R, 21 DB and PC, 4 open, 5 active (dose response)</td>
<td>3582</td>
<td>Oxford Quality Scale QS1=2 QS2=8 QS3=7 QS4=9 QS5=4</td>
<td>Sensitivity analysis for low quality</td>
</tr>
<tr>
<td>Jennings (2001;i3)</td>
<td>Opioids for the palliation of breathlessness in terminal illness</td>
<td>18 trials: all R, DB, PC, cross-over</td>
<td>292</td>
<td>Oxford Quality Scale QS3=2 QS4=6 Allocation Concealment all B</td>
<td>Trials all adequate quality</td>
</tr>
<tr>
<td>Feuer (1999;i3)</td>
<td>Corticosteroids for the resolution of malignant bowel obstruction in advanced gynaecological and gastrointestinal cancer</td>
<td>3 trials: all R, DB, PC [7 pro- and retrospective studies were uncontrolled and not included in analysis]</td>
<td>89 in trials</td>
<td>Quality scores (from the NHS criteria) 3 included trials: Grade IA 7 other studies: IIIC = 1 IIIC = 6 Allocation Concealment A=3 (included trials), D=7</td>
<td>Sensitivity analysis for missing data, assuming best and worst possible scenarios</td>
</tr>
<tr>
<td>McQuay (1999;i3)</td>
<td>Radiotherapy for the palliation of painful bone metastases</td>
<td>20 trials: all R, C (blinding often not possible)</td>
<td>3060</td>
<td>Oxford Quality Scale QS1=2 QS2=11 QS3=5 QS4=1 QS5=1 Allocation Concealment A=4, B=1, D=15</td>
<td>Trials all adequate quality, given difficulty of blinding and use of placebo unethical</td>
</tr>
</tbody>
</table>

R=randomised; DB=double blind; C=controlled; PC=placebo controlled