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Letter to the Editor

Response to: Assessing the risk of bias and publication bias should be integral parts of the systematic review

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Response

We thank Chen and colleagues for their letter relating to our published article [1]. While we agree that risk of bias and assessment of publication bias are important elements in systematic reviews, available tools to assess these were not designed to address meta-analyses of subgroup data and are not validated in this setting. For example, a randomised controlled trial may be of low risk of bias, but if a subgroup is not stratified, then many of the benefits of randomisation would not apply to the results of the subgroup data. Applying criteria such as those included in the Cochrane Risk of Bias tool [2] to subgroup data would not provide meaningful results. Similarly, failure to report results of a particular subgroup does not necessarily imply publication bias, especially if exploration of the subgroup in question was not preplanned. To our knowledge, there are no tools designed specifically to address bias in meta-analyses of subgroup data [2]. In our article [1], we elected to report important methods (such as study characteristics) descriptively, therefore allowing readers to

evaluate risk of bias independently. We do not feel that applying funnel plots of risk of bias tools in this setting would provide a robust assessment of bias.

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Conflict of interest statement

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References

- [1] McNamara MG, Slagter AE, Nuttall C, Frizziero M, Pihlak R, Lamarca A, et al. Sorafenib as first-line therapy in patients with advanced Child-Pugh B hepatocellular carcinoma—a meta-analysis. *Eur J Cancer* 2018;105:1–9.
- [2] Higgins JPT, Deeks JJ, Altman, DG. Metaanalysis of rare events, in Higgins JPT, Green S (eds): *Cochrane Handbook for systematic reviews of Interventions* (version 5.1.0). The Cochrane Collaboration, 2011. <http://www.cochrane-handbook.org>

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