Table 37: Clinical evidence profile: Comparison 8. Inhaled colistin + oral ciprofloxacin *versus* inhaled tobramycin + oral ciprofloxacin for acute infection with *P aeruginosa*

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Inhaled colistin + oral ciprofloxacin	inhaled tobramycin + oral ciprofloxacin	Relative (95% CI)	Absolute		
Relative change in % predicted FEV_1 from baseline (follow-up 54 days; Better indicated by higher values)												
1 (Taccetti 2012)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	very serious[2]	none	60	68	-	MD 2.4 lower (5.885 lower to 1.0855 higher)	VERY LOW	CRITICAL
Treatment failure: trial discontinuation due to lack of compliance (follow-up 28 days)												
1(Taccetti 2012)	randomised trials	serious [1]	no serious inconsistency	serious[3]	very serious[4]	none	11/105 (10.5%)	13/118 (11%)	RR 0.95 (0.45 to 2.03)	6 fewer per 1000 (from 61 fewer to 113 more)	VERY LOW	IMPORTANT
Adverse events: vomiting (follow-up 28 days)												
1(Taccetti 2012)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	very serious[5]	none	1/105 (0.95%)	2/118 (1.7%)	RR 0.56 (0.05 to 6.11)	7 fewer per 1000 (from 16 fewer to 87 more)	VERY LOW	IMPORTANT

Adverse events: photosensitivity (follow-up 28 days)												
1(Taccetti 2012)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	very serious[5]	none	1/105 (0.95%)	0/118 (0%)	RR 3.37 (0.14 to 81.79)	-	VERY LOW	IMPORTANT
Adverse events: wheeze (follow-up 28 days)												
1(Taccetti 2012)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	very serious[5]	none	0/105 (0%)	1/118 (0.85 %)	RR 0.37 (0.02 to 9.09)	5 fewer per 1000 (from 8 fewer to 69 more)	VERY LOW	
Adverse events leading to trial discontinuation - pulmonary exacerbation during early eradication treatment (follow-up 28 days)												
1(Taccetti 2012)	randomised trials	serious [1]	no serious inconsistency	no serious indirectness	very serious[4]	none	4/105 (3.8%)	5/118 (4.2%)	RR 0.9 (0.25 to 3.26)	4 fewer per 1000 (from 32 fewer to 96 more)	VERY LOW	IMPORTANT

Abbreviations: CI: confidence interval; FEV_1: forced expiratory volume in 1 second; IV: intravenous; RR: risk ratio
1 The quality of the evidence was downgraded by 1 due to serious imprecision as there was no blinding (open-label).
2 The quality of the evidence was downgraded by 2 due to serious imprecision as 95% CI crossed 2 clinical MIDs.
3 The quality of the evidence was downgraded due to indirect outcome for discontinuation due to adverse events. It is unclear if discontinuation is due to adverse events or other factors.
4 The quality of the evidence was downgraded by 2, as the 95% CI crossed the null effect and the CI was very wide
5 The quality of the evidence was downgraded by 2 due to serious imprecision as 95% CI crossed 2 default MIDs.