

GRADE tables for review question: How effective is radiotherapy, including both fractionated and unfractionated radiotherapy, for the management of spinal metastases, direct malignant infiltration of the spine or associated spinal cord compression?

Table 6: Evidence profile for comparison 1: Spinal metastases patients - single fraction radiotherapy versus multiple fraction radiotherapy

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single fraction RT	Multiple fraction RT	Relative (95% CI)	Absolute		
Overall survival (event is death from any cause; median follow-up 11 months)												
2 ⁶	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ³	none	242/261 (92.7%)	224/246 (91.1%)	HR 1.08 (0.9 to 1.29)	16 more per 1000 (from 24 fewer to 45 more)	VERY LOW	CRITICAL
Pain - complete or partial pain response (follow-up 1 to 3 months)												
3 ⁷	randomised trials	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	152/245 (62%)	157/244 (64.3%)	RR 0.97 (0.85 to 1.11)	19 fewer per 1000 (from 97 fewer to 71 more)	VERY LOW	CRITICAL
Treatment related morbidity - grade 2 to 4 adverse events												
2 ⁸	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	6/155 (3.9%)	17/144 (11.8%)	RR 0.35 (0.14 to 0.85)	77 fewer per 1000 (from 18 fewer to 102 fewer)	VERY LOW	IMPORTANT
Treatment related morbidity - moderate or severe flare effect												
1 (Roos 2005)	randomised trials	no serious risk of bias	no serious inconsistency	serious ²	serious ³	none	12/137 (8.8%)	4/135 (3%)	RR 2.96 (0.98 to 8.94)	58 more per 1000 (from 1 fewer to 235 more)	LOW	IMPORTANT
Treatment related morbidity - treatment discontinuation due to adverse events												
1 (Majumder 2012)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ⁴	none	0/31 (0%)	0/33 (0%)	Not estimable	0 fewer per 1000 (from 60 fewer to 60 more)	LOW	IMPORTANT
Spinal stability - cord compression (median follow-up 11 months)												

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single fraction RT	Multiple fraction RT	Relative (95% CI)	Absolute		
1 (Roos 2005)	randomised trials	no serious risk of bias	no serious inconsistency	serious ²	very serious ⁵	none	9/137 (6.6%)	8/135 (5.9%)	RR 1.11 (0.44 to 2.79)	7 more per 1000 (from 33 fewer to 106 more)	VERY LOW	IMPORTANT
Spinal stability - fractures (median follow-up 11 months)												
2 ⁹	randomised trials	no serious risk of bias	no serious inconsistency	serious ²	very serious ⁵	none	10/302 (3.3%)	6/312 (1.9%)	RR 1.68 (0.62 to 4.53)	13 more per 1000 (from 7 fewer to 68 more)	VERY LOW	IMPORTANT

CI: confidence interval; HR: hazard ratio; RR: risk ratio; RT: radiotherapy

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2.

² Population is indirect due to inclusion of patients with non-spinal metastases in TROG 96-05 trial (Roos 2005).

³ 95% CI crosses 1 MID

⁴ Absolute effect range crosses 2 MIDs (10 more per 1000 and 10 fewer per 1000)

⁵ 95% CI crosses 2 MIDs

⁶ Howell 2013, Roos 2005

⁷ Howell 2013, Majumder 2012, Roos 2005

⁸ Howell 2013, Majumder 2012

⁹ Roos 2005, Steenland 1999

Table 7: Evidence profile for comparison 2: Patients with metastatic spinal cord compression - single fraction radiotherapy versus multiple (or short) fraction radiotherapy

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single fraction RT	Multiple (or short) fraction RT	Relative (95% CI)	Absolute		
Health related quality of life - EORTC QLQ-C30 Global health (standardised mean differences at 2 months between groups, adjusted for baseline values, range 0 –100, higher scores are better)												
1 (Hoskin 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	345	341	not estimable	SMD 0.13 lower (1-sided 97.5% CI 0.38 lower to ∞ higher) ⁶	MODERATE	CRITICAL
Health related quality of life - EORTC QLQ-C30 Physical functioning (standardised mean differences at 2 months between groups, adjusted for baseline values, range 0 – 100, higher scores are better)												
1 (Hoskin 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	345	341	not estimable	SMD 0.12 lower (1-sided 97.5% CI 0.35 lower to ∞ higher) ⁶	MODERATE	CRITICAL

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single fraction RT	Multiple (or short) fraction RT	Relative (95% CI)	Absolute		
Health related quality of life - EORTC QLQ-C30 Emotional functioning (standardised mean differences at 2 months between groups, adjusted for baseline values, range 0 – 100, higher scores are better)												
1 (Hoskin 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	345	341	not estimable	SMD 0.18 lower (1-sided 97.5% CI 0.41 lower to ∞ higher) ⁶	MODERATE	CRITICAL
Neurological and functional status - ability to walk after treatment												
3 ⁴	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	238/355 (67%)	256/363 (70.5%)	RR 0.95 (0.86 to 1.05)	35 fewer per 1000 (from 99 fewer to 35 more)	HIGH	CRITICAL
Neurological and functional status - normal bladder function												
1 (Hoskin 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	184/316 (58.2%)	211/322 (65.5%)	RR 0.89 (0.79 to 1.00)	72 fewer per 1000 (from 138 fewer to 0 more)	MODERATE	CRITICAL
Neurological and functional status - normal bowel function after treatment												
2 ⁵	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	242/468 (51.7%)	249/472 (52.8%)	RR 0.97 (0.87 to 1.08)	16 fewer per 1000 (from 69 fewer to 42 more)	HIGH	CRITICAL
Overall survival (event is death from any cause)												
2 ⁵	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	419/494 (84.8%)	413/495 (83.4%)	HR 1.06 (0.88 to 1.28)	not estimable	MODERATE	CRITICAL
Pain - complete or partial pain response												
1 (Maranzano 2009)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	80/153 (52.3%)	80/150 (53.3%)	RR 0.98 (0.79 to 1.21)	11 fewer per 1000 (from 112 fewer to 112 more)	MODERATE	CRITICAL
Pain - pain score (standardised mean difference between groups at 8 week follow-up)												
1 (Hoskin 2019)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	345	341	not estimable	SMD 0.12 higher (1-sided 97.5% CI ∞ lower to 0.38 higher) ⁶	MODERATE	CRITICAL
Treatment related morbidity: Grade 3 or 4 adverse events												

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Single fraction RT	Multiple (or short) fraction RT	Relative (95% CI)	Absolute		
2 ⁵	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	71/498 (14.3%)	72/491 (14.7%)	RR 0.97 (0.73 to 1.3)	4 fewer per 1000 (from 40 fewer to 44 more)	LOW	IM-PORTANT

CI: confidence interval; HR: hazard ratio; RR: risk ratio; RT: radiotherapy; SMD: standardised mean difference

¹ 95% CI crosses 1 MID (for EORTC QLQ-C30 1-sided MID was -0.28; pain score 1-sided MID was +0.28)

² 95% CI crosses 2 MIDs

⁴ Hoskin 2019, Lee 2018, Maranzano 2009

⁵ Hoskin 2019, Maranzano 2009

⁶ Results reported as SMD with 1-sided 97.5% CI

Table 8: Evidence profile for comparison 3: Spinal metastases patients – Image guided intensity modulated radiotherapy versus conventional radiotherapy

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	IMRT	3D-CRT	Relative (95% CI)	Absolute		
Health related quality of life - EORTC QLQ-BM 22 Functional interference (at 6 months follow-up, range 0 – 100, higher scores are better)												
1 (Sprave 2018a)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ²	none	17	12	Not estimable	MD 0.3 higher (19.74 lower to 20.34 higher)	VERY LOW	CRITICAL
Health related quality of life - EORTC QLQ-BM 22 Psychosocial aspects (at 6 months follow-up, range 0 – 100, lower scores are better)												
1 (Sprave 2018a)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	17	12	Not estimable	MD 13.6 lower (30.48 lower to 3.28 higher)	VERY LOW	CRITICAL
Overall survival (mean follow-up 6 months)												
1 (Sprave 2018a)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	14/30 (46.7%)	7/30 (23.3%)	HR 2.02 (0.81 to 5)	MSH: Please insert content in this cell. -	VERY LOW	CRITICAL
Pain - complete or partial pain response (follow-up 3 months)												
1 (Sprave 2018a)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ⁴	none	14/20 (70%)	9/19 (47.4%)	RR 1.48 (0.85 to 2.57)	227 more per 1000 (from 71 fewer to 744 more)	VERY LOW	CRITICAL
Treatment related morbidity - grade 3 to 4 adverse events (follow-up 3 months)												

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	IMRT	3D-CRT	Relative (95% CI)	Absolute		
1 (Sprave 2018a)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	none	1/30 (3.3%)	4/30 (13.3%)	RR 0.25 (0.03 to 2.11)	100 fewer per 1000 (from 129 fewer to 148 more)	VERY LOW	IMPORTANT
Spinal stability - pathologic fractures (follow-up 3 months)												
1 (Sprave 2018a)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ⁵	none	3/20 (15%)	2/19 (10.5%)	RR 1.42 (0.27 to 7.61)	44 more per 1000 (from 77 fewer to 696 more)	VERY LOW	IMPORTANT

3DCRT: three dimensional conventional radiotherapy; CI: confidence interval; HR: hazard ratio; IMRT: image guided intensity modulated radiotherapy; MD: mean difference; RR: risk ratio; RT: radiotherapy.

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2.

² 95% CI crosses 2 MID (0.5x control group SD, for HRQOL: EORTC QLQ-BM 22 Functional Interference ±14.9).

³ 95% CI crosses 1 MID (0.5x control group SD, for HRQOL: EORTC QLQ-BM 22 Psychosocial aspects ±9).

⁴ 95% CI crosses 1 MID

⁵ 95% CI crosses 2 MID

Table 9: Evidence profile for comparison 4: Spinal metastases patients – Stereotactic ablative body radiotherapy versus conventional radiotherapy

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SABR	EBRT or 3D-CRT	Relative (95% CI)	Absolute		
Health related quality of life - EORTC QLQ-BM 22 Functional interference (at 6 months follow-up, range 0 – 100, higher scores are better)												
1 (Sprave 2018d)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	19	20	Not estimable	MD 3.4 higher (8.97 lower to 15.77 higher)	VERY LOW	CRITICAL
Health related quality of life - EORTC QLQ-BM 22 Global quality of life, change from baseline to 6 months (range 0 – 100, higher scores are better)												
1 (Sahgal 2021)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	115	114	Not estimable	MD 5.10 higher (2.67 lower to 12.87 higher)	LOW	CRITICAL
Health related quality of life - EORTC QLQ-BM 22 Psychosocial aspects (at 6 months follow-up, range 0 – 100, lower scores are better)												
1 (Sprave 2018d)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ³	none	19	20	Not estimable	MD 1.7 lower (17.15 lower to 13.75 higher)	VERY LOW	CRITICAL

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	SABR	EBRT or 3D-CRT	Relative (95% CI)	Absolute		
Overall survival												
1 (Sprave 2018d)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	15/27 (55.6%)	15/28 (53.6%)	HR 1 (0.49 to 2.05)	not estimable	VERY LOW	CRITICAL
Pain - complete or partial pain response (6 months follow-up)												
2 ⁷	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	serious ⁵	none	61/141 (43.3%)	43/143 (30.1%)	RR 1.44 (1.05 to 1.97)	132 more per 1000 (from 15 more to 292 more)	VERY LOW	CRITICAL
Treatment related morbidity - grade 3 adverse event (6 months follow-up)												
1 (Sahgal 2021)	randomised trials	very serious ¹	no serious inconsistency	no serious indirectness	very serious ⁴	none	5/115 (4.3%)	5/114 (4.4%)	RR 0.99 (0.29 to 3.33)	0 fewer per 1000 (from 31 fewer to 102 more)	VERY LOW	IM-PORTANT
Spinal stability - vertebral compression fracture of any grade (6 months follow-up)												
2 ⁷	randomised trials	very serious ¹	very serious ⁶	no serious indirectness	very serious ⁴	none	23/132 (17.4%)	26/135 (19.3%)	RR 1.09 (0.33 to 3.66)	17 more per 1000 (from 129 fewer to 512 more)	VERY LOW	IM-PORTANT

3DCRT: three dimensional conventional radiotherapy; CI: confidence interval; EBRT: external beam radiotherapy; HR: hazard ratio; IMRT: image guided intensity modulated radiotherapy; MD: mean difference; RR: risk ratio; RT: radiotherapy.

¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2.

² 95% CI crosses 1 MID (0.5x control group SD, for HRQOL: EORTC QLQ-BM 22 Functional interference ± 12.2).

³ 95% CI crosses 2 MIDs (0.5x control group SD, for HRQOL: EORTC QLQ-BM 22 Psychosocial aspects ± 11.8).

⁴ 95% CI crosses 2 MIDs

⁵ 95% CI crosses 1 MID

⁶ Very serious heterogeneity unexplained by subgroup analysis

⁷ Sahgal 2021, Sprave 2018d

Table 10: Evidence profile for comparison 5: Patients with metastatic spinal cord compression - short course radiotherapy versus split course radiotherapy

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Short course RT	Split course RT	Relative (95% CI)	Absolute		
Neurological and functional status - ability to walk after treatment												

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Short course RT	Split course RT	Relative (95% CI)	Absolute		
1 (Maranzano 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	97/142 (68.3%)	95/134 (70.9%)	RR 0.96 (0.82 to 1.13)	28 fewer per 1000 (from 128 fewer to 92 more)	HIGH	CRITICAL
Neurological and functional status - normal sphincter control after treatment												
1 (Maranzano 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	128/142 (90.1%)	119/134 (88.8%)	RR 1.02 (0.94 to 1.1)	18 more per 1000 (from 53 fewer to 89 more)	HIGH	CRITICAL
Pain - complete or partial pain response after treatment												
1 (Maranzano 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	80/142 (56.3%)	79/134 (59%)	RR 0.96 (0.78 to 1.17)	24 fewer per 1000 (from 130 fewer to 100 more)	MODERATE	CRITICAL
Treatment related morbidity - grade 3 or more adverse events												
1 (Maranzano 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	3/142 (2.1%)	5/134 (3.7%)	RR 0.57 (0.14 to 2.32)	16 fewer per 1000 (from 32 fewer to 49 more)	LOW	IMPORTANT
Spinal stability - in field recurrence												
1 (Maranzano 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	5/142 (3.5%)	0/134 (0%)	POR 7.19 (1.23 to 42.06)	40 more per 1000 (from 0 more to 70 more)	MODERATE	IMPORTANT

CI: confidence interval; POR: Peto odds ratio; RR: risk ratio

¹ 95% CI crosses 1 MID

² 95% CI crosses 2 MIDs

Table 11: Evidence profile for comparison 6: Patients with metastatic spinal cord compression – short course radiotherapy versus long course radiotherapy

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Short course RT	Long course RT	Relative (95% CI)	Absolute		
Neurological and functional status - ambulatory status (1 month follow-up)												
1 (Rades 2016)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	56/78 (71.8%)	57/77 (74%)	RR 0.97 (0.80 to 1.18)	22 fewer per 1000 (from 148 fewer to 133 more)	HIGH	CRITICAL

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Short course RT	Long course RT	Relative (95% CI)	Absolute		
Neurological and functional status - motor deficits improved or stable (1 month follow-up)												
1 (Rades 2016)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	68/78 (87.2%)	69/77 (89.6%)	RR 0.97 (0.87 to 1.09)	27 fewer per 1000 (from 116 fewer to 81 more)	HIGH	CRITICAL
Overall survival (6 months follow-up)												
1 (Rades 2016)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	9/101 (8.9%)	9/102 (8.8%)	HR 1.21 (0.48 to 3.06)	18 more per 1000 (from 45 fewer to 158 more)	LOW	CRITICAL
Pain - complete or partial pain response (1 month follow-up)												
1 (Rades 2016)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ¹	none	36/101 (35.6%)	40/102 (39.2%)	RR 0.91 (0.64 to 1.3)	35 fewer per 1000 (from 141 fewer to 118 more)	LOW	CRITICAL
Treatment related morbidity - grade 3 or 4 acute toxicity												
1 (Rades 2016)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ²	none	0/101 (0%)	0/102 (0%)	RD 0.00	0 fewer per 1000 (from 20 fewer to 20 more)	MODERATE	IMPORTANT

CI: confidence interval; HR: hazard ratio; RD: risk difference; RR: risk ratio; RT: radiotherapy.

¹ 95% CI crosses 2 MIDs

² Sample size < 300

Table 12: Evidence profile for comparison 7: Patients with metastatic spinal cord compression – surgery + radiotherapy versus radiotherapy only

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Surgery + RT	RT only	Relative (95% CI)	Absolute		
Neurological and functional status - ambulant after treatment - all patients												
1 (Patchell 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	42/50 (84%)	29/51 (56.9%)	RR 1.48 (1.13 to 1.93)	273 more per 1000 (from 74 more to 529 more)	MODERATE	CRITICAL
Neurological and functional status - ambulant after treatment – patients ambulatory at study entry												

Quality assessment							No. of patients		Effect		Quality	Importance
No. of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Surgery + RT	RT only	Relative (95% CI)	Absolute		
1 (Patchell 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	32/34 (94.1%)	26/35 (74.3%)	RR 1.27 (1.02 to 1.57)	201 more per 1000 (from 15 more to 423 more)	MODERATE	CRITICAL
Neurological and functional status - ambulant after treatment - patients non ambulatory at study entry												
1 (Patchell 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	10/16 (62.5%)	3/16 (18.8%)	RR 3.33 (1.12 to 9.9)	437 more per 1000 (from 23 more to 1000 more)	MODERATE	CRITICAL
Neurological and functional status - maintenance of continence (time to incontinence)												
1 (Patchell 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ¹	none	50	51	HR 2.13 (1.15 to 4.00)	Median 149 days longer	MODERATE	CRITICAL
Neurological and functional status - maintenance of muscle strength (time ASIA score was maintained)												
1 (Patchell 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	51	HR 3.57 (1.64 to 7.69)	Median 494 days longer	HIGH	CRITICAL
Neurological and functional status - maintenance of functional ability (time Frankel score was maintained)												
1 (Patchell 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	50	51	HR 4.17 (1.85 to 9.09)	Median 494 days longer	HIGH	CRITICAL
Pain - median [IQR] daily equivalent dose of morphine, mg												
1 (Patchell 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious ³	none	50	51	Not estimable	Median 4.4 mg lower	MODERATE	CRITICAL
Treatment related morbidity - 30 day mortality												
1 (Patchell 2005)	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	very serious ²	none	3/50 (6%)	7/51 (13.7%)	RR 0.44 (0.12 to 1.6)	77 fewer per 1000 (from 121 fewer to 82 more)	LOW	IMPORTANT

CI: confidence interval; RR: risk ratio; RT: radiotherapy.

¹ 95% CI crosses 1 MID

² 95% CI crosses 2 MIDs

³ Sample size < 300