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Which study type presents the **strongest proof/disproof** & which presents the weakest?

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Answer from the book CLINICAL EPIDEMIOLOGY (Dr. Robert Fletcher (Harvard U., Dr. Suzanne Fletcher (Harvard U.), page 200, 2005):

**SYSTEMATIC REVIEW**

- Randomized controlled trial
- Multiple time series
- Nonrandomized trial
- Cohort
- Case-Control
- Time series
- Cross-sectional
- Case series

**DESIGN**

Case report

**SYSTEMATIC REVIEW**

- Randomized controlled trial
- Multiple time series
- Nonrandomized trial
- Cohort
- Case-Control
- Time series
- Cross-sectional
- Case series

**STRONG AGAINST WEAK FOR STRONG**

- Not Specific
- Not reversible
- No dose-response
- No analogy
- Not biologically plausible
- No effect
- Incorrect temporal sequence

**FINDING**

**Temporal sequence**

- Small effect
- Specificity
- Analogy

**Biologic plausibility**

- Consistency
- Large effect

**Dose-response**

- Reversibility

**FIGURE 11.11** Relative strength of evidence for and against a causal effect. Note that with study designs, the strength of evidence for a causal relationship is a mirror image of that against. With finding, evidence for a causal effect does not mirror evidence against an effect. [END of EXTRACT from the book Clinical Epidemiology]

How does ranking SR (Systematic Review) as the strongest form of medical evidence apply to the APB (Abortion-Preterm-Birth) risk? There exist only two (2) SRs (with meta-analysis) for the APB risk, namely the 2009 APB SR studies by Dr. Hanes Swingle & the October 2009 Dr. Prakesh Shah study.[1,2] Both 'Swingle' and 'Shah' confirmed statistically significantly higher preterm birth risk for women with prior IAs (Induced Abortions) compared to women with zero prior IAs.[1,2] There is a 3<sup>rd</sup> APB SR (but WITHOUT a meta-analysis (i.e.

numerical risk estimate)) by van Oppenraaij.[3] Dr. van Oppenraaij confirmed both APB risk and Abortion-Very-Preterm-Birth risk.[3] So the 'score' is 2 complete APB SRs finding higher 'preemie' risk and ZERO APB SRs reporting no 'preemie' risk from prior induced abortions. CASE CLOSED.

1 Swingle HM, Colaizy TT, Zimmerman MB, Moriss FH. Abortion and the Risk of Subsequent Preterm Birth: A Systematic Review and Meta-Analysis. *Journal of Reproductive Medicine* 2009;54:95-108

2 Shah PS, Zao J. Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analysis. *BJOG [British Journal of Obstetrics and Gynaecology]* 2009;116:1425-1442 Abstract URL:

[http://www.bjog.org/details/journalArticle/345727/Induced\\_termination\\_of\\_pregnancy\\_and\\_low\\_birthweight\\_and\\_preterm\\_birth\\_a\\_systematic\\_review\\_and\\_meta-analysis.html](http://www.bjog.org/details/journalArticle/345727/Induced_termination_of_pregnancy_and_low_birthweight_and_preterm_birth_a_systematic_review_and_meta-analysis.html)

3 van Oppenraaij RHF, Jauniaux E, Christiansen OB, Horcajadas JA, Farquharson RG, et al. Predicting adverse obstetric outcome after early pregnancy events and complications: a review. *Human Reproduction Update Advance Access* 7 March 2009;1(1):1-13