



NEWSLETTER #129 July 2024 See [ABOUT](#) WIKISTIM

Using WIKISTIM to Support Meta-analysis Researchers, Peer Reviewers, Readers, and Policymakers

Meta-analyses (MAs) of clinical trials continue to proliferate in health care, sometimes with resulting controversy. This has been the case recently for spinal cord stimulation (SCS), and it continues: the lead author of a Cochrane review of SCS last year [Traeger-23], Adrian Traeger, published critical editorial comments last month [Traeger-24] on a new MA [Eldabe-24]. The new critique focused attention on two SCS trials, along with Traeger's MA, all of which raised concerns reported in our newsletters [[Nov-22](#), [Jan-23](#), [March-23](#), [May-23](#), [June-23](#)]. In brief, the new critique says that the conclusion of Eldabe and Duarte [Eldabe-24] "is entirely misleading" and "yet another attempt to control the narrative." This comes on the heels of a disappointing Traeger polemic published by JAMA Int Med [Traeger, Bero-24], which we discussed in our January newsletter [[Jan-24](#)].

"Peer reviewers and readers of research in this field" (Traeger's phrase), not to mention policy-makers, likely struggle to follow this controversy: not only is the field complex, with multiple reported outcomes and multiple important variables that can affect them, but also MAs are conducted and reported inconsistently, notwithstanding two decades of effort to develop methodologic and reporting quality standards and prospective registries. Using these standards [Shea-17], a critical SR published in March [Kleppel-24], concluded that of 25 MAs to date in the field of SCS only 3 have been of "high" quality, whereas the quality of 19 was deemed "critically low." An SR of MAs, so to speak, has shown the need for major improvements. Is the current controversy based on substance? Should clinical practice and policy be guided by this body of work?

WIKISTIM was designed explicitly to support SRs and MAs, and it has done so for the past 11 years by providing structured abstracts with comprehensive databases of the primary studies that constitute their raw material. To date, our databases have not included secondary sources, such as review articles and book chapters, as these contain no original data. We have, however, been considering for some time an exception for SRs and MAs, which (like primary sources) follow scientific methods and reporting formats (methods, results, discussion, etc.). Not only are there well developed

standards for their conduct, as for clinical trials, they also are amenable to structured abstracts comparable to those we already publish.

We propose to enhance WIKISTIM by adding:

- A new database of all published MAs of SCS (33 in number as of July 15, 2024). Entries will use a standard format analogous to our clinical database, with different fields as appropriate.
- Access to original data files, wherever possible, for each of these MAs, for use as templates and in quality control initiatives. Inquiries to authors about their willingness to participate in this effort have been encouraging.
- Adding fields in the existing SCS database as appropriate to support the most recent AMSTAR criteria (e.g., risk of bias) more explicitly.
- Novel presentations and comparisons of MAs.

We believe this initiative will facilitate the work of researchers and peer reviewers and enhance the understanding by our readers of this growing segment of evidence-based medicine.

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Three People to Thank This Month and a Reminder That If You Are Reading This, We Need You to Join Them

This month, we are pleased to thank three people for their generous donations to WIKISTIM: Dr. David Cedeno and Dr. Pilar Mejia made a repeat donation and Dr. Sean Slee made his first. These donations were vital to the accomplishment of this month's

update and newsletter and were a cause for celebration. We don't have an endowment, and our operating budget includes, by necessity and indeed by definition, expenses that occur on a regular basis. You can easily be in very fine company by adding a donation to WIKISTIM to your own annual budget.



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Increase in the Number of Subscribers and Clicks

WIKISTIM now has 1853 subscribers. Thank you for spreading the word! As we reported last month, in April, 183 people clicked a link in our newsletter, and in May, this number jumped to 297. This trend continued in our June newsletter, with 316 people clicking links. Clicking a link, of course, indicates a deeper level of engagement than simply scanning the citation lists and requires that a citation be of particular interest to our readers. The performance of our newsletter far outstrips the statistics reported in our "sector" according to commonly accepted metrics.

Citations Added From Search on July 6, 2024

Whenever possible, we provide free full-text links. For journals where a full-text PDF downloads immediately when a page is opened or has a "watermark," we link to the link rather than to the PDF. (If necessary, please click "View Entire Message" to see all of the citation lists in this newsletter.)

We only list correction citations if the error was substantial. For small changes, such as a missing initial in an author's name, we simply update the WIKISTIM database.

Deep Brain Stimulation (now 8517 citations)

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Dorsal Root Ganglion Stimulation (now 278 citations)

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Gastric Electrical Stimulation (still 528 citations)

Peripheral Nerve Stimulation (now 804 citations)

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