# The Newcastle-Ottawa Scale (NOS) for Assessing the Quality of Nonrandomized Studies in Meta-Analysis

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# Background

- Observational studies aetiological hypotheses (small RR but large PAF)
- Systematic review methodology (inc. meta-analysis) attractive – precise estimate when magnitude of risk is small
- Caution required (susceptibility to bias)!

# **Bias and Confounding**

 "...thorough consideration of sources of heterogeneity between observational study results..." Egger et al, 2003

# Newcastle-Ottowa Scale

"Easy, convenient tool for quality assessment of non-randomised studies"

## Newcastle-Ottowa Scale

Case-Control Studies and Cohort Studies

Star system based on three domains:

- 1)Selection of Study Groups
- 2)Comparability of Groups
- 3) Ascertainment of exposure/outcome

# **Development: Grouping Items**

- Cohort studies
  - · Selection of cohorts
  - · Comparability of cohorts
  - · Assessment of outcome
- Case-Control studies
  - Selection of case and controls
  - Comparability of cases and controls
  - Ascertainment of exposure

# **Development: Identifying Items**

- Identify 'high' quality choices with a 'star'
- A maximum of one 'star' for each item within the 'Selection' and 'Exposure/Outcome' categories; maximum of two 'stars' for 'Comparability'

# **Current Development: Validity**

- Face/content validity
- Criterion validity
- Construct validity
- Inter and Intra-rater Reliability

# **Future Development: Scoring**

 Identify threshold score distinguishing between 'good' and 'poor' quality studies

# NewCastle - Ottawa Quality assessment scale Case Control studies Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Exposure categories. A maximum of two stars can be given for Comparability. Selection 1) Is the case definition adequate? a) yes, with independent validation b) yes, og record linkage or based on self reports c) no description 2) Representativeness of the cases a) consecutive or obviously representative series of cases b) potential for selection bases or not stated 3) Selection of Controls a) community centrols b) hospital controls c) no description 4) Definition of Controls a) no history of disease (endpoint) b) no description 4) Definition of Controls a) study controls for a for the design or analysis a) study controls for any additional factor (Select the most important factor.) Exposure 1) Ascertainment of exposure a) secure record (eg surgical records) b) structured interview where blind to case/control status d) written self report or medical record only e) no description 2) Same method of ascertainment for cases and controls a) ayes b) non respondents described c) rate different and no designation

## Newcastle-Ottawa Quality Assessment Scale: Case-Control Studies

- Selection (4)
- Comparability (1)
- Exposure (3)
  - A study can be awarded a maximum of one star for each numbered item within the Selection and Exposure categories.
     A maximum of two stars can be given for Comparability

# Selection

- 1. Is the case definition adequate?
  - a) yes, with independent validation •
  - b) yes, eg record linkage or based on self reports
  - c) no description
- 2. Representativeness of the cases
  - a) consecutive or obviously representative series of cases •
  - b) potential for selection biases or not stated
- 3. Selection of Controls
  - a) community controls •
  - b) hospital controls
  - c) no description
- 4. <u>Definition of Controls</u>
  - a) no history of disease (endpoint) •
  - b) no description of source

# Comparability

- 1. Comparability of cases and controls on the basis of the design or analysis
- a) study controls for \_\_\_\_\_ (select the most important factor) •
- b) study controls for any additional factor (This criteria could be modified to indicate specific control for a second important factor.) ◆

### **Exposure**

- 1. Ascertainment of exposure
  - a) secure record (eg surgical records) •
  - b) structured interview where blind to case/control status •
  - c) interview not blinded to case/control status
  - d) written self report or medical record only
  - e) no description
- 2. Same method of ascertainment for cases and controls
  - a) yes ◆
  - b) no
- 3. Non-Response Rate
  - a) same rate for both groups •
  - b) non respondents described
  - c) rate different and no designation

NEWCASTLE - OTTAWA QUALI					
COHORTST	UDIES				
Note: A study can be awarded a maximum of one star for	each numbered item within the Selection and				
Outcome categories. A maximum of two stars can be given					
Selection					
1) Representativeness of the exposed cohort					
a) truly representative of the average					
b) somewhat representative of the average	in the community				
<ul> <li>c) selected group of users eg nurses, volunteers</li> <li>d) no description of the derivation of the cohort</li> </ul>					
Selection of the non exposed cohort					
a) drawn from the same community as the exposed	d cohort				
b) drawn from a different source	a conon				
c) no description of the derivation of the non expo	sed cohort				
Ascertainment of exposure					
a) secure record (eg surgical records)					
b) structured interview					
c) written self report					
d) no description					
4) Demonstration that outcome of interest was not present	at start of study				
a) yes					
b) no					
Comparability					
	omparability of cohorts on the basis of the design or analysis				
a) study controls for (select the most important factor)					
b) study controls for any additional factor (This criteria could be modified to indicate specific					
control for a second important factor.)  Outcome					
1) Assessment of outcome					
a) independent blind assessment					
b) record linkage					
c) self report					
d) no description					
2) Was follow-up long enough for outcomes to occur					
a) yes (select an adequate follow up period for out	tcome of interest)				
b) no					
3) Adequacy of follow up of cohorts					
a) complete follow up - all subjects accounted for					
b) subjects lost to follow up unlikely to introduce					
adequate %) follow up, or description provided of those lost)					
c) follow up rate <% (select an adequate %) and no description of those lost					
d) no statement					

# Newcastle-Ottawa Quality Assessment Scale: Cohort Studies

- Selection (4)
- Comparability (1)
- Outcome (3)
  - A study can be awarded a maximum of one star for each numbered item within the Selection and outcome categories.
     A maximum of two stars can be given for Comparability

### Selection 1. Representativeness of the exposed cohort a) truly representative of the average (describe) in the community • b) somewhat representative of the average \_ \_\_ in the community • c) selected group of users eg. nurses, volunteers d) no description of the derivation of the cohort 2. Selection of the non exposed cohort a) drawn from the same community as the exposed cohort • b) drawn from a different source c) no description of the derivation of the non exposed cohort 3. Ascertainment of exposure a) secure record (eg .surgical records) • b) structured interview • c) written self report d) no description 4. Demonstration that outcome of interest was not present at start of study a) yes ◆

b) no

# Comparability Comparability of cohorts on the basis of the design or analysis a) study controls for \_\_\_\_\_\_ (select the most important factor) ◆ b) study controls for any additional factor (This criteria could be modified to indicate specific control for a second important factor.) ◆

## **Outcome**

- 1. Assessment of outcome
  - a) independent blind assessment •
  - b) record linkage •
  - c) self report
  - d) no description
- 2. Was follow up long enough for outcomes to occur
  - a) yes (select an adequate follow up period for outcome of interest) •
  - b) no
- 3. Adequacy of follow up of cohorts
  - a) complete follow up all subjects accounted for •
  - b) subjects lost to follow up unlikely to introduce bias small number lost >  $\_$ \_\_\_ % (select an adequate %) follow up, or description of those lost)  $\bullet$
  - c) follow up rate < \_\_\_\_% (select an adequate %) and no description of those lost
  - d) no statement

Risk of Low Birth Weight and Stillbirth Associated With Indoor Air Pollution From Solid Fuel Use in Developing Countries

Pope D, Epidemiologic Reviews, 2010



# Steps of a Cochrane Systematic Review

- Clearly formulated question
  - Comprehensive data search
  - Unbiased selection and abstraction process
  - Critical appraisal of data
  - · Synthesis of data
  - Perform sensitivity and subgroup analyses if appropriate and possible
- Prepare a structured report

# Objective

 Quantify the association between exposure to indoor air pollution and low birth weight

## **Inclusion Criteria**

- Types of studies
  - All study designs (intervention; observational)
- Population
  - Live singleton births
- Exposure
  - Any reporting of exposure to IAP (including solid fuel use etc)
- Outcomes
  - Studies reporting actual birth weight or LBW (<2500g)</li>



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# **Search Strategy**

- · Electronic Search of:
  - MEDLINE
  - EMBASE
  - Cochrane Controlled Trials Register
  - CINAHL
  - LILACS
- Other Data Sources:
  - Grey literature (PASCAL, ICP)
  - Contact with experts, review of references cited in retrieved articles



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# Data Extraction

- 2 independent reviewers selected studies
- 2 independent reviewers extracted data using pre-determined forms
  - study design
  - population characteristics
  - Exposure (IAP)
  - Outcomes (LBW)
  - results
- differences resolved by consensus





# Steps of a Cochrane Systematic Review

- Clearly formulated question
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## Studies included:

- 6 studies for data extraction (from 982)
- 2 cohort
  - 2 cross-sectional
  - 1 case-control
  - 1 intervention study

# Quality assessment:

### Selection – 4 stars:

(representativeness; exposure assessment – cohort/ cross-sectional; control selection – case-control)

# Comparability - 2 stars:

(adjustment for main/ additional confounders eg. active/ passive maternal smoking, gestational age, nutrition etc)

### Outcome/ Exposure – 3 stars:

(adequacy of outcome (measured LBW) and exposure (indoor air pollution – measured vs self-report)

# Quality assessment:

Boy, 2002 (CS)	Selection ★★★★	Comparability ★	Outcome/ Exposure  ★ ★ ★
Mavalankar, 1992 (CC)	***		***
Mishra, 2004 (CS)	**	*	**
Siddiqui, 2008 (C)	* *	**	***
Tielsch, 2009 (C)	***	**	***
Thompson, 2005 (RCT)	***	**	**

Quality assessment:						
Boy, 2002 (CS)	Selection ★★★	Comparability ★	Outcome/ Exposure  ★★★			
Mavalankar, 1992 (CC)	***		***			
Mishra, 2004 (CS)	**	*	**			
Siddiqui, 2008 (C)	**	**	***			
Tielsch, 2009 (C)	***	**	***			
Thompson, 2005 (RCT)	***	**	**			



# Steps of a Cochrane Systematic Review

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# **Quantification of Effects**

- Exposure (e.g. solid fuel vs clean fuel)
- Outcome (%LBW)
- Effect estimates (EE)
  - Relative Risk (RR)
  - Odds Ratio (OR)
- Fixed-effect meta-analysis in the absence of statistical heterogeneity

# % Low Birth Weight (<2500g): 6 studies, 8 estimates

				Odds Ratio	Odds Ratio
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Fixed, 95% CI	IV, Fixed, 95% CI
Boy 2002	0.26236	0.17543	8.3%	1.30 [0.92, 1.83]	+•
Mavalankar 1992(a)	0.20701	0.10091	25.0%	1.23 [1.01, 1.50]	<del>  • -</del>
Mavalankar 1992(b)	0.39878	0.10321	23.9%	1.49 [1.22, 1.82]	- <del>-</del> -
Mishra 2004	0.11333	0.17036	8.8%	1.12 [0.80, 1.56]	<del></del>
Siddiqui 2008	0.57098	0.24786	4.1%	1.77 [1.09, 2.88]	
Thompson 2005	0.26236	0.30285	2.8%	1.30 [0.72, 2.35]	<del></del>
Tielsch 2009(a)	0.39878	0.10204	24.4%	1.49 [1.22, 1.82]	- <del>-</del> -
Tielsch 2009(b)	0.53063	0.30691	2.7%	1.70 [0.93, 3.10]	<del>                                     </del>
Total (95% CI)			100.0%	1.38 [1.25, 1.52]	•
Heterogeneity: Chi <sup>2</sup> = 5.54, df = 7 (P = 0.59); i <sup>2</sup> = 0%					
Test for overall effect: Z = 6.37 (P < 0.00001)				0.2 0.5 1 2 5 Decreased risk Increased risk	

OR = 1.38 (1.25, 1.52), p<0.0001

# % Low Birth Weight (<2500g): 6 studies, 8 estimates

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Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Fixed, 95% CI	IV, Fixed, 95% CI
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OR = 1.38 (1.25, 1.52), p<0.0001

OR = 1.41 (1.27, 1.56) (exclude poor quality)

# **Interpretation Crucial:**

 Exclusion from sensitivity analysis based on (i) birth weight based on selfreports (50%), (ii) no information on gestational age and (iii) unadjusted analysis

# **Applications:**

- Assess quality of nonrandomized studies
- Incorporate assessments in interpretation of meta-analytic results
- Valid, repeatable and simple
- · Limitations:
  - → Study Designs → Too Simplistic

# The Newcastle-Ottawa Scale (NOS) for Assessing the Quality of Nonrandomized Studies in Meta-Analysis

www.lri.ca

NOS Quality Assessment Scales:

Case-control studies

Cohort studies

Manual for NOS Scales

