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Publisher Correction: Double-counting of populations in evidence synthesis in public health: a call for awareness and future methodological development

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In the original publication of this article [1]: Box 1 was omitted during the publication process. Box 1 has been included in this correction article, the original article has been updated.

Box 1 Suggested approaches to include real-world data in evidence synthesis

Identify potential overlapping populations by extracting data on:

- Where the data is from:
- O Database or registry used
- O Hospital (and if possible specific department(s) data is from)
- O Geographical area(s)
- Time period of study

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• Population characteristics (e.g., age range, background interventions or particular subgroup considered).

Options to minimise impact of double-counting of individuals/populations:

- Consider using a method of analysis which accounts for double-counting
- Contact authors to clarify aspects of the studies that are unclear
- Include all studies if double-counting cannot be fully determined
- Analyse studies at different time-points
- Preference of peer-reviewed studies
- Retain only one of any identified set of studies in which overlap is suspect by some rational criteria. For example, retain the:
- O Largest study (i.e., study with the most participants)
- O Most recent study
- O Most complete data

Authors could utilise an alternative study if the selected study does not have data for a particular outcome being analysed

Obtain individual patient data



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 Always conduct sensitivity analysis to assess robustness of results.

NOTE: The authors are not recommending these approaches rather highlighting possible options; further work is required to understand the implications of these methods.

Reporting on approaches taken:

- Provide rationale for studies included in the evidence synthesis
- Discuss potential double-counting of data between studies
- Implications of double-counting and method used to account for it regarding interpretation of results.

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