eral population need to be adapted for studies of health professionals. For example, we systematically reviewed instruments to assess the perceptions that physicians have of the decision-making process in specific clinical encounters and adapted the STARD (Standards for Reporting of Diagnostic Accuracy) guidelines for evaluating the quality of study reporting.^{2,3}

As reviewers for the Effective Practice and Organisation of Care Group of the Cochrane Collaboration, we agree that the synthesis of studies examining the practices of health professionals suffers from incomplete review of the existing literature, lack of standardization of measurements and improper analytic methods.^{2,4} However, we have also observed that such studies suffer greatly from the lack of a theoretical basis, which in turn hampers the development of effective interventions to improve clinical practices.⁵ Therefore, we suggest adding an item to the list of questions to consider when preparing a report of surveys in Table 4¹: "In the Introduction, is the model (or theory) or the conceptual framework clearly stated?"

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Correction

Figure 7 of a recent meta-analysis examining smoking cessation therapies¹ contains 2 errors. First, the second and third columns should have been labelled "Bupropion" and "Varenicline," respectively. Second, varenicline was inadvertently compared with placebo rather than with bupropion, the intended comparator. The authors' revised analysis suggests that varenicline therapy may increase the proportion of patients who are abstinent compared with bupropion therapy; however, the credible interval (CrI) is wide, and these results are not definitive (odds ratio 1.40, 95% CrI 0.75-2.66) (Figure 1). All the other analyses presented in this article have been re-verified.

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DOI:10.1503/cmaj.081467

Study	No. who / No. of quit smoking / participants			Favours Favours
	Bupropion	Varenicline	Odds ratio (95% Crl)	\leftarrow
Jorenby et al. ³	80/342	105/344	1.43 (1.06–1.95)	•-
Gonzales et al. ²	75/329	99/352	1.36 (0.99–1.84)	• ·
Nides et al. ⁴	8/126	10/126	1.34 (0.67–2.55)	
Nides et al.4	8/126	7/126	1.18 (0.48–2.08)	•
Nides et al. ⁴	8/126	18/125	1.81 (1.08–4.31)	—• —
Overall	163/797	239/1073	1.40 (0.75–2.66)	
				0.2 1.0 7.0
				Odds ratio (95% Crl)

Figure 1: Direct comparison of the effect of varenicline and bupropion on smoking cessation, based on results from varenicline trials that had a bupropion control arm. Trials are ordered based on the number of patients analyzed using the most rigorous criteria. CrI = credible interval.