

Appendix 4: Summary of findings tables for mortality and pneumonia outcomes

Summary of findings for mortality						
Outcome	Illustrative comparative risks, per 1000*		Relative effect (95% CI)	No. of participants (no. of studies)	GRADE quality of the evidence	NNT
	Assumed risk, Control	Corresponding risk (95% CI), Noninvasive v. invasive weaning				
Mortality	Study population		0.53 (0.36 to 0.8)	994 (16)	Moderate†	9
	230	122 (83 to 184)				
	Moderate					
	225	119 (81 to 180)				
Mortality: COPD patients only	Study population		0.36 (0.24 to 0.56)	632 (9)	Moderate†	7
	225	81 (54 to 126)				
	Moderate					
	200	72 (48 to 112)				
Mortality: mixed patient population	Study population		0.81 (0.47 to 1.4)	362 (7)	Low†	28
	239	194 (112 to 335)				
	Moderate					
	270	219 (127 to 378)				

Note: CI = confidence interval, COPD = chronic obstructive pulmonary disease, GRADE = Grades of Recommendation, Assessment, Development and Evaluation, NNT = number needed to treat, RR = risk ratio.
 *The basis for the assumed risk (e.g. the median control group risk across studies) is provided in footnotes. The corresponding risk (and its 95% CI) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).
 †Fewer than 300 outcome events (using GRADE criteria, the quality of the evidence can be downgraded with fewer than 300 outcome events as a measure of imprecision).

Summary of findings for ventilator-associated pneumonia						
Outcome	Illustrative comparative risks, per 1000*		Relative effect, RR (95% CI)	No. of participants (no. of studies)	GRADE quality of evidence	NNT
	Assumed risk, Control	Corresponding risk (95% CI), Noninvasive v. invasive weaning				
Nosocomial pneumonia	Study population		0.25 (0.15 to 0.43)	953 (14)	Low†‡	5
	296	74 (44 to 127)				
	Moderate					
	307	77 (46 to 132)				

Note: CI = confidence interval, GRADE = GRADE = Grades of Recommendation, Assessment, Development and Evaluation, NNT = number needed to treat, RR = risk ratio.

*The basis for the assumed risk (e.g. the median control group risk across studies) is provided in footnotes. The corresponding risk (and its 95% CI) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% CI).

†Patients with invasive ventilation are more likely to undergo sputum sampling and consequently may have increased detection of ventilator-associated pneumonia.

‡Event rate < 300. Using GRADE criteria, the quality of evidence can be downgraded for risk of bias and low outcome event rates, respectively.