## Appendix 3 (as supplied by the authors): GRADE evidence profile

Quality assessment							No of patients		Effect		Ovality*	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Lower V <sub>T</sub>	Higher V <sub>T</sub>	Relative (95% CI)	Absolute	- Quality*	Importance
Lung injury												
8	randomise	no serious risk	no serious	no serious	serious <sup>1</sup>	none	8/441	24/424	RR 0.36	36 fewer per 1000 (from	⊕⊕⊕O	CRITICAL
	d trials	of bias	inconsistency	indirectness			(1.8%)	(5.7%)	(0.17 to 0.78)	12 fewer to 47 fewer)	MODERATE	
								4%		26 fewer per 1000 (from		
								470		9 fewer to 33 fewer)		
Pulmonary infection												
7	randomise	no serious risk	no serious	no serious	no serious	none	17/425	42/408	RR 0.46	56 fewer per 1000 (from	$\oplus \oplus \oplus \oplus$	CRITICAL
	d trials	of bias	inconsistency	indirectness	imprecision		(4%)	(10.3%)	(0.26 to 0.83)	18 fewer to 76 fewer)	HIGH	
								8%		43 fewer per 1000 (from		
								070		14 fewer to 59 fewer)		
Atelectas	is											
7	randomise	no serious risk	serious <sup>2</sup>	no serious	serious <sup>3</sup>	none	31/352	56/338	RR 0.69	51 fewer per 1000 (from	⊕⊕00	IMPORTANT
	d trials	of bias		indirectness			(8.8%)	(16.6%)	(0.35 to 1.38)	108 fewer to 63 more)	LOW	
								17%		53 fewer per 1000 (from		
								17%		111 fewer to 65 more)		
Mortality												
13	randomise	no serious risk	no serious	no serious	no serious	none	13/591	18/572	RR 0.75	8 fewer per 1000 (from	$\oplus \oplus \oplus \oplus$	IMPORTANT
	d trials	of bias	inconsistency	indirectness	imprecision		(2.2%)	(3.1%)	(0.38 to 1.49)	20 fewer to 15 more)	HIGH	
								2%		5 fewer per 1000 (from		
								270		12 fewer to 10 more)		

Length of hospital stay (Better indicated by lower values)												
6	randomise	no serious risk	serious <sup>4</sup>	no serious	no serious	none	343	343	-	SMD 0.15 lower (0.42	⊕⊕⊕О	NOT
	d trials	of bias		indirectness	imprecision					lower to 0.12 higher)	MODERATE	IMPORTANT
Length of ICU stay (Better indicated by lower values)												
4	randomise	no serious risk	very serious <sup>5</sup>	no serious	no serious	none	322	323	-	SMD 0.06 higher (0.33	⊕⊕OO	NOT
	d trials	of bias		indirectness	imprecision					lower to 0.45 higher)	LOW	IMPORTANT
PaO <sub>2</sub> /FiO <sub>2</sub> (Better indicated by lower values)												
9	randomise	serious <sup>6</sup>	serious <sup>7</sup>	no serious	no serious	none	219	219	-	SMD 0.06 lower (0.39	⊕⊕ОО	IMPORTANT
	d trials			indirectness	imprecision					lower to 0.26 higher)	LOW	
PaCO <sub>2</sub> (E	PaCO <sub>2</sub> (Better indicated by lower values)											
14	randomise	serious <sup>6</sup>	serious <sup>8</sup>	no serious	no serious	none	366	370	=	SMD 0.49 higher	⊕⊕OO	IMPORTANT
	d trials			indirectness	imprecision					(0.19 to 0.78 higher)	LOW	

Note:  $FiO^2$  = fraction of inspired oxygen, ICU = intensive care unit,  $PaCO^2$  = arterial partial pressure of carbon dioxide,  $PaO^2$  = arterial partial pressure of oxygen,  $V^T$  = tidal volumes. RR with 95% CI for one trial was 3.06 (0.13-73.35).

\*GRADE Working Group grades of evidence: high quality = further research is very unlikely to change our confidence in the estimate of effect; moderate quality = further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate; low quality = further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate; very low quality = we are very uncertain about the estimate.

 $_{2}$  Significant heterogeneity (I $_{2}$  = 59%) was found.

 $_{_{3}}$  RR with 95% CI for one trial was 3.00 (0.13-67.51).

 $_4$  Significant heterogeneity ( $I_2 = 53\%$ ) was found.

 $_{5}$  Significant heterogeneity ( $I_{2}$  = 78%) was found.

Most trials were judged to be at unclear risk of bias.

 $_{7}$  Significant heterogeneity (I $_{2}$  = 60%) was found.

 $_{8}$  Significant heterogeneity (I $_{2}$  = 65%) was found.