The PROCESS of CARE

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Despite a continuing increase in the number of systematic reviews and randomised controlled trials conducted in dentistry much of the published dental literature consists of care reports and case series. While these are often interesting and informative they do not provide the best levels of evidence on which to base best clinical interventions. While they can be particularly useful for rare problems, recognition of new diseases (BRONJ) and identifying adverse or beneficial effects, they often suffer from inconsistency and poor quality reporting. This inconsistency means that they are not rigorous enough to be aggregated to guide clinical practice or inform research design.

A number of well-known reporting guidelines have been in place for a number of years, notably, CONSORT (Consolidated Standards for the Reporting of Care),[1] PRISMA (Preferred Reporting items for Systematic reviews and Meta-Analysis)[2] and STROBE (Strengthening The Reporting of Observational studies in Epidemiology).[3] Regular readers will be aware that these and many other reporting guidelines are collated on the excellent Equator Network website (www.equator-network.org).

A guideline for case reports (CARE) was initially developed in 2013 and lists 13 key areas and 30 items to address in is its checklist.[4] The checklist is available online (http://data.care-statement.org/wp-content/uploads/2016/08/CAREchecklist-English-2016.pdf) in a variety of languages. Guidance is also available for the reporting of case series in surgery. This guidance was the PROCESS statement (Preferred Reporting of Case Series in Surgery) which was published in 2016 and is available online (www.processguideline.com). It outlines eight main reporting sections and 29 items to address in the abstract and main body of the paper when reporting.

While there has been a burgeoning of the production of systematic reviews in dentistry since the 1990s, most but not all of them highlight the need for more high quality primary research in dentistry to address important questions regarding the available clinical interventions. Ideally these should be well designed and reported prospective studies, in particular randomised controlled trials when appropriate. However, we could also learn from well reported case reports and case series if the authors and journals adopt and follow these useful new reporting guidelines.

1. Schulz KF, Altman DG, Moher D; CONSORT Group. CONSORT 2010 statement: updated guidelines for reporting parallel group randomized trials. *Ann Intern Med* 2010; **152:** 726-732.
2. Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA Statement. *PLoS Med* 2009; **6:** e1000097.
3. von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative. Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *BMJ* 2007; **335:** 806-808.
4. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. *BMJ Case Rep* 2013; 2013. pii: bcr2013201554. doi: 10.1136/bcr-2013-201554.PubMed PMID: 24155002; PubMed Central PMCID: PMC3822203.

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