

\blacksquare OPEN ACCESS

Citation: Poorolajal J, Noornejad S (2021) Metaplot: A new Stata module for assessing heterogeneity in a meta-analysis. PLoS ONE 16(6): e0253341. [https://doi.org/10.1371/journal.](https://doi.org/10.1371/journal.pone.0253341) [pone.0253341](https://doi.org/10.1371/journal.pone.0253341)

Editor: Mohammad Asghari Jafarabadi, Tabriz University of Medical Sciences, ISLAMIC REPUBLIC OF IRAN

Received: February 25, 2021

Accepted: June 2, 2021

Published: June 28, 2021

Peer Review History: PLOS recognizes the benefits of transparency in the peer review process; therefore, we enable the publication of all of the content of peer review and author responses alongside final, published articles. The editorial history of this article is available here: <https://doi.org/10.1371/journal.pone.0253341>

Copyright: This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the [Creative](https://creativecommons.org/publicdomain/zero/1.0/) [Commons](https://creativecommons.org/publicdomain/zero/1.0/) CC0 public domain dedication.

Data Availability Statement: All relevant data are within the manuscript and its [Supporting](#page-9-0) [information](#page-9-0) files.

RESEARCH ARTICLE

Metaplot: A new Stata module for assessing heterogeneity in a meta-analysis

Jalal Poorolajal[ID1](https://orcid.org/0000-0002-3758-3006),2*, Shahla Noornejad3

1 Department of Epidemiology, School of Public Health, Hamadan University of Medical Sciences, Hamadan, Iran, **2** Modeling of Noncommunicable Diseases Research Center, School of Public Health, Hamadan University of Medical Sciences, Hamadan, Iran, **3** School of Public Health, Hamadan University of Medical Sciences, Hamadan, Iran

* poorolajal@umsha.ac.ir

Abstract

Background

The proposed sequential and combinatorial algorithm, suggested as a standard tool for assessing, exploring, and reporting heterogeneity in the meta-analysis, is useful but timeconsuming particularly when the number of included studies is large. Metaplot is a novel graphical approach that facilitates performing sensitivity analysis to distinguish the source of substantial heterogeneity across studies with ease and speed.

Method

Metaplot is a Stata module based on Stata's commands, known informally as "ado". Metaplot presents a two-way (x, y) plot in which the x-axis represents the study codes and the yaxis represents the values of l^2 statistics excluding one study at a time (n-1 studies). Metaplot also produces a table in the 'Results window' of the Stata software including details such as I^2 and χ^2 statistics and their P-values omitting one study in each turn.

Results

Metaplot allows rapid identification of studies that have a disproportionate impact on heterogeneity across studies, and communicates to what extent omission of that study may reduce the overall heterogeneity based on the I 2 and χ^2 statistics. Metaplot has no limitations regarding the number of studies or types of outcome data (binomial or continuous data).

Conclusions

Metaplot is a simple graphical approach that gives a quick and easy identification of the studies having substantial influences on overall heterogeneity at a glance.

Funding: The Vice-Chancellor of Research and Technology, Hamadan University of Medical Sciences funded this study (No. 9603161751). However, the funder had no role in the study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Competing interests: The authors have declared that no competing interests exist.

Introduction

The studies that are brought together in a meta-analysis inevitably differ in many aspects. This variability across studies is called heterogeneity [\[1](#page-10-0)]. The between-studies heterogeneity can be assessed by the chi-square test also written as χ^2 or Chi² and can be quantified by I² statistics [\[2](#page-10-0), [3](#page-10-0)]. When there is heterogeneity in a meta-analysis, the source of heterogeneity across studies should be carefully investigated on a case-by-case basis [[4](#page-10-0)].

A common approach, which was proposed by Patsopoulos et al, is to perform a sensitivity analysis based on a sequential and combinatorial algorithm [[5](#page-10-0)]. According to this algorithm, one study is excluded from the meta-analysis at a time and the impact of the excluded study on the between-study heterogeneity is evaluated based on I^2 statistic and χ^2 test. This 'one-out' sensitivity analysis tells us to what extent the overall heterogeneity changes by excluding a particular study at a time. Then, the study that is responsible for the largest decrease in I^2 value should be dropped out. This process is repeated for a new set of n-1 studies. This sequential and combinatorial algorithm is repeated several times until the I^2 statistic drops below the desired threshold value of 50%. In the last step, there is a possibility that more than one omitted study can result in I^2 dropping below the intended threshold. In such cases, the algorithm that results in the maximum decrease in the I^2 statistic below the desired threshold is selected. There is a chance that two or more studies cause the same reduction in I^2 by their exclusion. In this case, the study with the largest reduction in χ^2 statistic (the least χ^2 statistic) is dropped out.

Based on the aforementioned algorithm, this 'one-out' sensitivity analysis must be repeated n-1 times to specify and exclude the outlying study from the meta-analysis. If the desired threshold value of 50% is not achieved in the first step, the algorithm must be repeated n-2, n-3, etc. Therefore, this algorithm may be boring and time-consuming when the number of included studies is large and the between-studies heterogeneity is substantial.

In this study, we aimed to introduce a novel Stata graph that performs the 'one-out' sensitivity analysis for n-1 studies and identifies immediately the studies responsible for substantial heterogeneity across studies by executing "metaplot.ado" Stata command.

Methods

Metaplot is a Stata module based on Stata's commands, known as "ado". Metaplot produces a two-dimensional (x, y) Stata graph. The x-axis represents the included studies. The studies are shown on this axis by an ID code. The y-axis represents the values of I^2 statistics based on 'one-out' (n-1 studies) sensitivity analysis indicating to what extent the overall heterogeneity changes by excluding a particular study at a time.

Furthermore, the "metaplot" command generates a table in the "Results window" of the Stata including more details about 'one-out' sensitivity analysis in terms of the I² and χ^2 statistics and their *P*-values. In addition to study codes, the studies' identifications can be presented in the table.

The "metaplot" command is flexible and works with any measurement option including binary data (effect size + standard error or effect size + confidence intervals) and continuous data (sample + mean + standard deviation). The full form of the "metaplot" command is as follows

```
metaplot varlist [if] [in] [, id(study) tr(#)]
where
```
• "varlist" can be "a b c d" or "lnes se" or "es lles ules" or "n1 mean1 sd1 n0 mean0 sd0"

- • "id(study)" option displays studies identifications (the first authors and the year of publication) specified by the variable "study" in the dataset.
- " $tr(\text{\#})$ " option specifies the desired threshold values for example: 0.4, 0.5, 0.6, 0.65, 0.8, etc.

The abbreviations in the above command represent the following terms.

- "a b c d" represents "events" and "non-events" in the intervention (exposure) and control groups, respectively.
- "lnes" represents the "Naperian logarithm" of the effect size that may be risk ratio (lnrr) or odds ratio (lnor).
- "se" represents the standard error of the effect size.
- "es" represents the effect size that may be risk ratio (rr) or odds ratio (or).
- "lles" represents the lower limit of the confidence interval for the effect size.
- "ules" represents the upper limit of the confidence interval for the effect size.
- "n1" and "n0" represent the sample size for the intervention (exposure) and control groups, respectively.
- "mean1" and "mean0" represent the mean for the intervention (exposure) and control groups, respectively.
- "sd1" and "sd0" represent the standard deviation for the intervention (exposure) and control groups, respectively.

The relevant files including "metaplot.ado" and "metaplot.hlp" are attached to this paper as [\(S1](#page-9-0) and [S2](#page-9-0) Files).

Results

To show the capability and flexibility of the 'metaplot" command we used various datasets [\(S1–](#page-10-0)S3 [Datasets](#page-10-0)) related to our previous published meta-analyses [\[6–8\]](#page-10-0).

The first dataset (S1 [Dataset\)](#page-10-0), which was used to introduce the "metaplot" module, related to a published meta-analysis addressed the risk factors for stomach cancer [[6\]](#page-10-0). This is a dataset with a "binomial" outcome (stomach cancer). In this meta-analysis, 15 studies addressed the association between stomach cancer and drinking black tea. The heterogeneity across studies was high $(I^2 = 64.23\%)$. To perform sensitivity analysis using the "metaplot" command for this dataset, we executed the following command in the Stata software.

• metaplot es lles ules, id(study)

The result of the above command is given in [Fig](#page-3-0) 1. This figure shows the results of the 'oneout' sensitivity analysis using the "metaplot" command. According to this figure, all values of I² statistics excluding one study at a time (n-1 studies) were above the desired threshold value of 50% except for study #5. By omitting study #5 from the meta-analysis, the heterogeneity fell below the desired threshold value of 50%. That means this study was an outlier and the main reason for heterogeneity across studies. [Table](#page-4-0) 1 shows the results of 'one-out' sensitivity analysis in detail including I^2 and χ^2 statistics and their *P*-values omitting one study at a time. Based on this table, the overall heterogeneity across studies was high $(I^2 = 64.23\%)$. However, the heterogeneity decreased to 38.93% after omitting study #5.

The second dataset (S2 [Dataset\)](#page-10-0), which was used to introduce the "metaplot" module, related to a published meta-analysis addressed the effect of oral potassium supplementation on

[Fig](#page-2-0) 1. Meta-analyses of risk factors for stomach cancer; metaplot delineates I² statistics and χ^2 statistics and their P-values based on 'one-out' **sensitivity analysis [Stata command: Metaplot es lles rules, id(study)].**

<https://doi.org/10.1371/journal.pone.0253341.g001>

the management of essential hypertension [\[7\]](#page-10-0). This is a dataset with a "continuous" outcome (blood pressure). In this meta-analysis, 22 studies addressed the effect of oral potassium supplementation on diastolic blood pressure. The heterogeneity across studies was high (I^2 = 81.88%). To perform sensitivity analysis using the "metaplot" command for this dataset, we executed the following command in the Stata software.

• metaplot n1 mean1 sd1 n0 mean0 sd0, id(study)

The result of the above command is given in [Fig](#page-5-0) 2. This figure shows the results of the "metaplot" command based on a 'one-out' sensitivity analysis. According to this figure, all values of I² statistics excluding one study at a time (n-1 studies) were above the desired threshold value of 50%. However, the effect of omitting one study at a time was not similar across studies. For example, studies #14, #3, and #5 were responsible for the largest decrease in I^2 values, respectively. Although heterogeneity decreased significantly, particularly by omitting study #14, it did not reach below the threshold value of 50%. Therefore, this process should be repeated for a new set of n-1 studies after omitting study #14. According to the results of [Table](#page-6-0) 2, the overall heterogeneity across studies was high ($I^2 = 81.88\%$). However, the heterogeneity decreased to 67.76%, 75.19%, and 79.85% after omitting studies #14, #3, and #5, respectively.

Study omitted	12	[95% Conf. Interval]		Chi ₂	P> t
1 Baroudi 2014	61.48	31.09	78.46	33.75	0.001
2 Takezaki 2001	66.71	41.62	81.02	39.05	0.000
3 Goldbohm 1996	65.43	39.06	80.39	37.60	0.000
4 Gallus 2009	64.81	37.83	80.09	36.95	0.000
5 Chew 1999	38.93	0.00	67.60	21.29	0.067
6 Watabe 1998	65.98	40.16	80.66	38.21	0.000
7 Inoue 1994	66.26	40.72	80.80	38.53	0.000
8 Hoshiyama 1992	62.55	33.27	78.98	34.71	0.001
9 Al-qadasl 2016	66.03	40.25	80.68	38.26	0.000
10 Hansson 1993	62.46	33.08	78.94	34.63	0.001
11 Galanis 1998	66.68	41.57	81.01	39.02	0.000
12 Chen 2009	66.23	40.67	80.78	38.50	0.000
13 Inoue 1998	65.65	39.50	80.50	37.85	0.000
14 Bao 2004	66.29	40.78	80.81	38.57	0.000
15 La Vecchia 1992	65.88	39.96	80.61	38.10	0.000
Combined	64.23	37.88	79.40	39.14	0.000

[Table](#page-2-0) 1. Meta-analyses of risk factors for stomach cancer; results of "metaplot" command.

<https://doi.org/10.1371/journal.pone.0253341.t001>

The third dataset (S3 [Dataset\)](#page-10-0), which was used to introduce the "metaplot" module, related to a published meta-analysis addressed the preventable factors for primary prevention of childhood obesity [[8](#page-10-0)]. This is a dataset with a "binomial" outcome (stomach cancer) and multiple studies. In this meta-analysis, 84 studies addressed the association between physical activity and childhood obesity. The heterogeneity across studies was high ($I^2 = 96\%$). We used the sequential and combinatorial algorithm and performed a 'one-out' sensitivity analysis and repeated the process several times. For this purpose, we executed the following command in the Stata software for n-1 studies several times.

• metaplot lnor se, id(study)

The result of the above command is given in [Fig](#page-7-0) 3. This figure shows the last step when the I² statistic dropped below the desired threshold value of 50% by omitting just one more study. By looking at $Fig 3$ $Fig 3$ one can realize that there are at least 5 options to reduce the I^2 statistic below the value of 50%. By omitting any of the studies #13, #16, #25, #37, and #57 the I^2 statistic drops below the value of 50% and reaches 49.25%, 48.35%, 49.95%, 49.16%, and 47.25%, respectively [\(Table](#page-8-0) 3). When there is a possibility that more than one omitted study can result in I^2 dropping below the intended threshold, the study that results in the maximum decrease in the I^2 statistic below the desired threshold is selected. Accordingly omitting study #57 is the best choice. There might have been a chance that two or more studies caused the same reduction in I² by their exclusion. In that case, the study with the largest reduction in χ^2 statistic (the least χ^2 statistic) would have been dropped out.

Discussion

The idea of Metaplot, which was first introduced in 2010 [\[9](#page-10-0)], is a simple graphical approach to identify outliers and their effects on overall heterogeneity across studies. Patsopoulos et al. [[5](#page-10-0)] suggested the sequential and combinatorial algorithm for performing sensitivity analyses. This algorithm is a useful method for assessing, exploring, and reporting the between-study heterogeneity in the meta-analysis but is time-consuming when the number of included studies is large and heterogeneity is substantial. For example, as noted in the results section, 84 studies

<https://doi.org/10.1371/journal.pone.0253341.g002>

addressed the association between physical activity and childhood obesity [[8](#page-10-0)]. In this case, the sequential and combinatorial algorithm needs to be repeated hundreds of times particularly when the heterogeneity across studies is substantial. While by executing the "metaplot" command we can perform 'one-out' sensitivity analysis across several studies, no matter how many they are, and identify immediately to what extent the overall heterogeneity changes by excluding a particular study at a time. Another capability of the "metaplot" command is its flexibility. It is possible to execute this command for meta-analysis of different types of outcome data (e.g. binary, continuous, or time to event) and different types of summary measures (e.g. odds ratio, risk ratio, rate ratio, or hazard ratio).

The I^2 threshold value of 50% usually depends on the type of research we are performing. The threshold value of 50% is not rigid in the "metaplot" command. A rigid threshold value for the interpretation of I^2 can be misleading since the importance of inconsistency depends on several factors [[1\]](#page-10-0). The "metaplot" command has the option " $tr(\#)$ " that establishes different threshold values.

Care must be taken in the interpretation of the chi-squared test since it has low power in the situation of a meta-analysis when studies have a small sample size or are few in number. This means that while a statistically significant result may indicate a problem with

Study omitted	I2	[95% Conf. Interval]		Chi ₂	P> t
1 Forrester 1988	82.72	74.64	88.23	115.74	0.000
2 Fotherby 1992	82.73	74.66	88.23	115.83	0.000
3 Franzoni 2005	75.19	62.10	83.75	80.60	0.000
4 Gijsbers 2015	82.73	74.65	88.23	115.79	0.000
5 Grimm 1988	79.85	69.93	86.49	99.24	0.000
6 Grobbee 1987	82.53	74.33	88.11	114.47	0.000
7 He 2010	82.60	74.44	88.15	114.92	0.000
8 Heseltine 1990	82.70	74.61	88.21	115.61	0.000
9 Kaplan 1985	82.51	74.30	88.10	114.37	0.000
10 Kawano 1998	82.72	74.64	88.23	115.75	0.000
11 Lawton 1990	82.47	74.23	88.07	114.09	0.000
12 MacGregor 1982	82.56	74.38	88.13	114.67	0.000
13 MacGregor 1984	82.56	74.38	88.13	114.67	0.000
14 Patki 199076	67.76	49.27	79.51	62.04	0.000
15 Rahimi 2007	82.25	73.88	87.94	112.71	0.000
16 Richards 1984	82.71	74.63	88.22	115.70	0.000
17 Siani 1987	82.43	74.17	88.05	113.82	0.000
18 Siani 1991	82.43	74.16	88.05	113.80	0.000
19 Smith 1985	82.67	74.56	88.19	115.40	0.000
20 Svetkey 1987	82.66	74.54	88.19	115.32	0.000
21 Valdes 1991	82.74	74.67	88.24	115.87	0.000
22 Wu 200682	82.62	74.47	88.16	115.05	0.000
Combined	81.88	73.51	87.6	115.88	0.000

[Table](#page-3-0) 2. Meta-analyses of oral potassium supplementation for the management of essential hypertension; results of "metaplot" command.

<https://doi.org/10.1371/journal.pone.0253341.t002>

heterogeneity, a non-significant result must not be taken as evidence of no heterogeneity [\[1\]](#page-10-0). This is also why a P-value of 0.10 is sometimes used, rather than the conventional level of 0.05. Another problem with the test is that when there are many studies in a meta-analysis, the test has a high power to detect a small amount of heterogeneity that may be clinically unimportant.

Huedo-Medina et al. [\[10\]](#page-11-0) examined and compared the performances of the Q test and the I² index for assessing homogeneity across individual studies in meta-analysis. They confirmed that the Q test only reports the presence or absence of homogeneity across studies but does not specify the extent of such heterogeneity. On the other hand, the I^2 index can quantify the degree of heterogeneity. Although the I² index has the same problems of low statistical power with a small number of studies, they suggested the I^2 index as a complement to the Q test.

The raw idea of "metaplot" was first introduced in 2010 [[9](#page-10-0)]. This preliminary idea was never implemented actually at that time because the package had not been generated yet. The new design of the "metaplot" presented in this paper is very different from the original one introduced in 2010. The original design was a complicated three-dimensional graph with x, y , and z axes including unnecessary information. It was rather hard to understand. The new design of "metaplot" is a two-dimensional graph with x and y axes. Furthermore, we added a table including details of information (I^2 and χ^2 statistics and their *P*-values omitting one study in each turn) to simplify the interpretation of the 'metaplot' graph. In the current paper, we explained the capability of the "Metaplot" module and how to use the Stata command and its options. We examined this module on different real datasets and reported the results.

There are several graphical methods for the exploration of heterogeneity in the meta-analysis. One of these methods is the traditional Galbraith plot [\[11,](#page-11-0) [12\]](#page-11-0). This plot provides a

[Fig](#page-4-0) 3. Meta-analyses of primary prevention of childhood overweight and obesity by preventable behavioral factors; metaplot delineates I² statistics and χ^2 statistics and their P-values based on 'one-out' sensitivity analysis [Stata command: Metaplot lnor se, id(study)].

<https://doi.org/10.1371/journal.pone.0253341.g003>

graphical display to get a visual impression of the amount of heterogeneity from a meta-analysis. For each study, the observed effect sizes on the vertical axis are plotted against the reciprocal standard errors on the horizontal axis. The regression line projects through the origin, with its 95% confidence interval positioned 2 units over and below the regression line, has a slope equal to the overall log rate ratio. In the absence of heterogeneity, we could expect all the points to lie within the confidence bounds. The L'Abbé plot is another useful method for assessing heterogeneity in the meta-analysis [[13](#page-11-0), [14\]](#page-11-0). It is a scatter plot with the risk in the control group on the x-axis and the risk in the experimental group on the y-axis. The visual inspection gives a quick and easy indication of the studies having different results from other studies. These studies are considered outliers and hence potential sources of heterogeneity. Although these graphical procedures are useful and their interpretations are straightforward, they have a major limitation. When only one study causes extreme heterogeneity, these methods point to the same study as Metaplot suggests. However, in situations where the heterogeneity is resulted from several studies, the above graphical procedures are impractical to indicate to what extent a particular study influences the overall heterogeneity. Our proposed graphical method has overcome this problem. According to Metaplot method, one study is excluded from the metaanalysis at a time and the impact of the excluded study is evaluated on the overall

[Table](#page-4-0) 3. Meta-analyses of primary prevention of childhood overweight and obesity by preventable behavioral factors; results of "metaplot" command.

(*Continued*)

Table 3. (Continued)

<https://doi.org/10.1371/journal.pone.0253341.t003>

heterogeneity. This 'one-out' approach tells us to what extent the overall heterogeneity changes by excluding a particular study at a time.

The Metaplot has a limitation. When the number of studies is very large (more than 35) as shown in [Fig](#page-7-0) 3, the study codes in the x-axis come together and even may collapse due to space constraints. In such cases, the identification of the study codes may be difficult. Fortunately, the properties of the "metaplot" module solved this problem. In addition to the "Metaplot", this module generates a table in the "Results window" of the Stata and gives more details of 'one-out' sensitivity analysis including the I^2 and the χ^2 statistics and their *P*-values as well as the studies codes and the studies identifications. Therefore, by turning back to the "Results window" we can realize which study has the greatest impact on the overall heterogeneity based on the I² and χ^2 statistics.

Conclusion

Metaplot is a visual complementary approach for testing between-study heterogeneity. This plot is a simple graphical approach that gives a quick and easy identification of the studies having substantial influences on overall heterogeneity as fast as possible. This method is based on 'one-out' sensitivity analysis and provides information both graphically and quantitatively about the extent of the overall heterogeneity changes by excluding a particular study at a time in terms of I^2 and χ^2 statistics. It is possible to implement this graph for the meta-analysis of different types of outcome data.

Supporting information

S1 [File.](http://www.plosone.org/article/fetchSingleRepresentation.action?uri=info:doi/10.1371/journal.pone.0253341.s001) (ADO) **S2 [File.](http://www.plosone.org/article/fetchSingleRepresentation.action?uri=info:doi/10.1371/journal.pone.0253341.s002)** (HLP)

S1 [Dataset.](http://www.plosone.org/article/fetchSingleRepresentation.action?uri=info:doi/10.1371/journal.pone.0253341.s003) (DTA) **S2 [Dataset.](http://www.plosone.org/article/fetchSingleRepresentation.action?uri=info:doi/10.1371/journal.pone.0253341.s004)** (DTA) **S3 [Dataset.](http://www.plosone.org/article/fetchSingleRepresentation.action?uri=info:doi/10.1371/journal.pone.0253341.s005)** (DTA)

Author Contributions

Conceptualization: Jalal Poorolajal.

Formal analysis: Jalal Poorolajal.

Investigation: Jalal Poorolajal.

Methodology: Jalal Poorolajal, Shahla Noornejad.

Project administration: Jalal Poorolajal.

Resources: Jalal Poorolajal.

Software: Jalal Poorolajal, Shahla Noornejad.

Supervision: Jalal Poorolajal.

Validation: Jalal Poorolajal, Shahla Noornejad.

Visualization: Jalal Poorolajal.

Writing – original draft: Jalal Poorolajal.

Writing – review & editing: Shahla Noornejad.

References

- **[1](#page-1-0).** Higgins JPT, Green S. Cochrane handbook for systematic reviews of interventions. Chichester: John Wiley & Sons, Ltd; 2019.
- **[2](#page-1-0).** Michael Borenstein V. Hedges L, Higgins JPT, Rothstein Hannah R. Introduction to Meta-Analysis. Chichester: John Wiley & Sons Ltd; 2009.
- **[3](#page-1-0).** Higgins JPT, Thompson SG, Deeks JJ, Altman D. Measuring inconsistency in meta-analyses. BMJ. 2003; 327:557–60. <https://doi.org/10.1136/bmj.327.7414.557> PMID: [12958120](http://www.ncbi.nlm.nih.gov/pubmed/12958120)
- **[4](#page-1-0).** Glasziou PP, Sanders SL. Investigating causes of heterogeneity in systematic reviews. Stat Med. 2002; 21:1503–11. <https://doi.org/10.1002/sim.1183> PMID: [12111916](http://www.ncbi.nlm.nih.gov/pubmed/12111916)
- **[5](#page-1-0).** Patsopoulos NA, Evangelou E, Ioannidis JPA. Sensitivity of between-study heterogeneity in meta-analysis: proposed metrics and empirical evaluation. Int J Epidemiol. 2008; 37:1148–57. [https://doi.org/10.](https://doi.org/10.1093/ije/dyn065) [1093/ije/dyn065](https://doi.org/10.1093/ije/dyn065) PMID: [18424475](http://www.ncbi.nlm.nih.gov/pubmed/18424475)
- **[6](#page-2-0).** Poorolajal J, Moradi L, Mohammadi Y, Cheraghi Z, Gohari-Ensaf F. Risk factors for stomach cancer: a systematic review and meta-analysis. Epidemiol Health. 2020; 42:e2020004. [https://doi.org/10.4178/](https://doi.org/10.4178/epih.e2020004) [epih.e2020004](https://doi.org/10.4178/epih.e2020004) PMID: [32023777](http://www.ncbi.nlm.nih.gov/pubmed/32023777)
- **[7](#page-3-0).** Poorolajal J, Zeraati F, Soltanian AR, Sheikh V, Maleki A. Oral potassium supplementation for management of essential hypertension: A meta-analysis of randomized controlled trials. PloS One. 2017; 12(4): e0174967. <https://doi.org/10.1371/journal.pone.0174967> PMID: [28419159](http://www.ncbi.nlm.nih.gov/pubmed/28419159)
- **[8](#page-2-0).** Poorolajal J, Sahraei F, Mohamdadi Y, Doosti-Irani A, Moradi L. Behavioral factors influencing childhood obesity: a systematic review and meta-analysis. Obes Res Clin Pract. 2020; 14:109–18. [https://](https://doi.org/10.1016/j.orcp.2020.03.002) doi.org/10.1016/j.orcp.2020.03.002 PMID: [32199860](http://www.ncbi.nlm.nih.gov/pubmed/32199860)
- **[9](#page-4-0).** Poorolajal J, Fotouhi A, Majdzadeh R, Mahmoodi M. MetaPlot: a novel Stata graph for assessing heterogeneity at a glance. Iran J Public Health. 2010; 39(2):102–4. PMID: [23113013](http://www.ncbi.nlm.nih.gov/pubmed/23113013)
- **[10](#page-6-0).** Huedo-Medina TB, Sánchez-Meca J, Marín-Martínez F, Botella J. Assessing heterogeneity in metaanalysis: Q statistic or I2 index? Psychological methods. 2006; 11(2):193–206. 16784338. [https://doi.](https://doi.org/10.1037/1082-989X.11.2.193) [org/10.1037/1082-989X.11.2.193](https://doi.org/10.1037/1082-989X.11.2.193) PMID: [16784338](http://www.ncbi.nlm.nih.gov/pubmed/16784338)
- **[11](#page-6-0).** Galbraith RF. Graphical display of estimates having differing standard errors. Technometrics. 1988a; 30(3):271–81.
- **[12](#page-6-0).** Galbraith RF. A note on graphical presentation of estimated odds ratios from several clinical trials. Stat Med. 1988b; 7:889–94.
- **[13](#page-7-0).** Deeks JJ. Issues in the selection of a summary statistic for meta-analysis of clinical trials with binary outcomes. Stat Med. 2002; 21:1575–600. <https://doi.org/10.1002/sim.1188> PMID: [12111921](http://www.ncbi.nlm.nih.gov/pubmed/12111921)
- **[14](#page-7-0).** L'Abbe´ KA, Detsky AS, O'Rourke K. Meta-analysis in clinical research. Ann Intern Med. 1987; 107:224– 33. <https://doi.org/10.7326/0003-4819-107-2-224> PMID: [3300460](http://www.ncbi.nlm.nih.gov/pubmed/3300460)