

Additional file 2: Main characteristics of included inception cohort studies

Study	Cohort types, Speciality	Study design Follow-up	Verification of publication status and results of unpublished studies	Publication rate	Definition of study results and other notes
Bardy 1998[22]	Clinical trials on medicinal products notified to the National Agency for Medicines in 1987, Finland. Mixed speciality	Clinical trials Follow-up: 5-6 years	MEDLINE searched for publications. Questionnaires sent to trial sponsors for trial results.	Positive 47% (52/111) Inconclusive 33% (11/33) Negative 11% (5/44)	Positive: the drug better (or equivalent to in equivalent trials) than comparators, or the objective of the study supported or confirmed. Inclusive: exploratory studies or non-comparative or the risk-benefit was inconclusive. Publication: published in journals included in Medline.
Cronin & Sheldon 2004 [23]	Studies sponsored by the NHS R&D programme (the North Thames Regional Office) from 07/1995 to 12/1998. Mixed speciality	Mixed. Including quantitative (47%) and qualitative (53%) research. Follow-up: >2 years	Questionnaires sent to investigators. 17% failed to respond.	Quantitative or qualitative effect (n=70) published in peer-reviewed journals: Showed an effect 76% (26/34) No effect 64% (23/36)	Methods used in Dickersin[26] were adopted to classify findings.
Decullier et al 2006[25]	Protocols submitted for funding to the G. Lyon regional scientific committee in 1997. Mixed speciality	Mixed: Ob=51% CT=25% Follow-up: 8 years	Questionnaires sent to investigators, up to 3 times. 20% failed to respond.	Completed studies: Important results 70% (26/37) Less important 60% (6/10)	Investigators rated the importance of results from 1 to 10. Important results were those >5.

Decullier et al 2005[24]	Biomedical research protocol approved by French RECs in 1994. Mixed: biomedical research	Mixed: Ob=13% Exp(CT)=87%. Follow-up: 5-7 years	Questionnaires sent to investigators, or from REC databases. 31% failed to respond.	Confirmatory results 69% (129/188) Invalidating results 19% (3/16) Inconclusive results 32% (14/44)	Confirmatory: results confirming study hypothesis. Invalidating: results invalidating study hypothesis. Inconclusive: not confirming or invalidating.
Dickersin & Min 1993[27]	NIH 1979 funded clinical trials that were completed by 1988. Mixed speciality	Clinical trials: CT=100%. Follow-up: 9 years	Contacting and telephone interview of investigators. 26% failed to respond	Sig/important 98% (121/124) Non-significant 85% (63/74)	Significant results: $p < 0.05$ or deemed to be of 'great importance'. Non-significant results: all other results.
Dickersin et al 1992[26]	Studies approved by IRBs at Johns Hopkins Health Institutions up to the end of 1980. Mixed speciality	Mixed (Med / Pub): Ob=37% / 85% Exp=17% / 9% CT=46% / 6%. Follow-up: >7 years	Telephone interview of investigators. 30% failed to provide adequate data	Medicine & hospital Sig/important 89% (184/208) Non-significant 69% (93/134) Public health Sig/important 71% (75/106) Non-significant 58% (38/66) Clinical trials (both centres) Sig/important 87% (84/96) Non-significant 72% (52/72)	Significant results: $p < 0.05$ or results considered to be of great importance. Non-significant results: all other results. Risk of publication bias may be under-estimated by excluding studies due to lack of information. Unpublished data for clinical trials obtained from Hopewell et al 2009.[17]
Easterbrook et al 1991[28]	Studies approved by the Central Oxford REC between 1984-87. Mixed speciality	Mixed: Ob=30% Exp=18% CT=52%. Follow-up: 3-6 years	Questionnaires sent to investigators, followed by a telephone interview. 8% failed to respond or provide adequate data	Fully published Significant 60% (93/154) Non-significant trend 35% (12/34) No difference 34% (33/97) Published or presented Significant 85% (131/154) Non-significant trend 65% (22/34) No difference 56% (54/97)	Significant results: $p < 0.05$. Non-significant trend: difference with a p value of ≥ 0.05 . Null: no difference. Examined factors associated with publication (but not necessarily publication bias)

Ioannidis 1998[29]	RCTs conducted by 2 trialist groups (sponsored by the NIH) from 1986-1996. AIDS/HIV	Clinical trial: CT=100%. Follow-up: 1-10 years	Information obtained from a database of HIV trials sponsored by NIH. Supplemental data from investigators and staff responsible for the protocols.	Positive results: 74% (20/27) Non-positive: 41% (16/39)	Positive: statistically significant ($p<0.05$) in favour of an experimental arm. Non-positive: significantly in favour of the control arm or non-significant. The focus of the study was time lag bias. Data obtained from Hopewell et al.[81]
Misakian & Bero 1998[30]	Research on passive smoking funded by 76 organisations between 1981 and 1995. Health effects of passive smoking	Mixed: Exp=23% Obs=77% Follow-up: median 5 years	Semistructured telephone interview of investigators. 17% failed to respond	Significant: 85% (28/33) Non-significant: 86% (18/21) Mixed: 14% (1/7)	Statistically significant: $p\leq 0.05$. Mixed results: multiple primary outcomes at least one was statistically significant. Cox regression analysis was used to estimate hazard ratio.
Stern & Simes 1997[31]	Studies submitted to Royal Prince Alfred Hospital REC between 1979-1988. Mixed speciality	Mixed: Ob=22% Exp=22% CT=56% (details available). Follow-up: 3-12 years	Questionnaires sent to investigators. 30% failed to respond.	Quantitative studies Significant results 68% (99/146) Non-significant trend 20% (4/20) No difference 44% (23/52) Qualitative studies Striking 70% (19/27) Important/definite 59% (35/59) Negative/unimportant 53% (9/17) Clinical trials (n=167) Quantitative trials Significant 72% (55/76) Non-significant trend 20% (3/15) Null 38% (15/39) Qualitative trials Striking 50% (3/6) Important/definite 61% (11/18) Negative/unimportant 69% (9/13)	Quantitative studies Significant: $p<0.05$. Non-significant trend: $0.05\leq p<0.10$. No difference: $p\geq 0.10$. Classification of qualitative studies based on principle investigators' judgement. With data on time delayed publication. Qualitative studies similarly vulnerable to publication bias.

Wormald et al 1997[32]	Randomised trials processed through the Pharmacy of Moorfields Eye Hospital since 1963. Eye health	RCTs Follow-up: >2 years	Retrospective review	Significant 93% (14/15) Non-significant 71% (15/21)	Significant $p < 0.05$; and Non-significant $p \geq 0.05$. Published as a brief abstract, data from Dwan et al[18]
Zimpel & Windeler 2000 [33]	140 medical theses on complementary medical subjects. Complementary medicine	Mixed. Follow-up: >5 years	Literature search and contacting investigators. Response rate unclear	Positive results: 40% (43/107) Negative results: 28% (15/53)	Full publication in German, information obtained mainly from the abstract.

Notes: REC - Research Ethics Committee. IRB - Institution Research Board. NIH - National Institute of Health. CT – clinical trial. RCT – randomised controlled trial. Ob – observational study. Exp – experimental study.