Post-print Interpretation of the Reporting Guideline for Systematic Reviews of Outcome Measurement Instruments (PRISMA-COSMIN for OMIs 2024)

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Abstract

Outcome Measurement Instruments (OMI) are important tools for assessing patient-reported outcomes or health status, but their quality is variable. The Consensus-based Standards for the selection of health Measurement Instruments (COSMIN) provides methodological guidance for selecting high-quality OMIs and has been widely recognized. In recent years, the number of OMI systematic reviews based on COSMIN has surged; however, many published related systematic reviews often fail to adequately report key information, seriously affecting the reproducibility and interpretability of OMI systematic reviews, thereby influencing the dissemination and application of their results. Given that PRISMA 2020 does not include all necessary information for reporting such systematic reviews, relevant scholars have developed a new reporting guideline "PRISMA-COSMIN for OMIs 2024" based on the former to help researchers write and report OMI systematic reviews in a clear, detailed, and transparent manner. This article introduces and interprets this guideline with examples, aiming to help domestic scholars deeply understand and effectively apply this guideline, and improve the overall quality of domestic OMI systematic reviews.

Full Text

Preamble

Interpretation of the Reporting Guideline for Systematic Reviews of Outcome Measurement Instruments (PRISMA-COSMIN for OMIs 2024)

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Abstract Outcome Measurement Instruments (OMIs) are essential tools for evaluating patients' experiences or health status, but their quality levels often vary. The COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) provide methodological guidance for selecting high-quality OMIs, which is widely recognized. In recent years, there has been a sharp increase in the number of systematic reviews of OMIs based on COSMIN. However, many published related systematic reviews often fail to fully report key information, significantly impacting the reproducibility and interpretability of such systematic reviews, thus affecting the dissemination and application of their results. As the PRISMA 2020 does not include all necessary information for reporting such systematic reviews, scholars have developed a new reporting standard, "PRISMA-COSMIN for OMIs 2024," to assist researchers in writing and reporting systematic reviews of OMIs in a clear, detailed, and transparent manner. This article introduces and interprets this guideline through an example paper, aiming to help domestic scholars better understand and effectively apply the guideline, thereby enhancing the overall quality of systematic reviews of OMIs conducted in China.

[**Key words**] Patient reported outcome measures; Health outcome; Outcome measurement instrument; COnsensus-based Standards for the selection of health Measurement INstruments; Systematic review; Reporting guideline

Outcome Measurement Instruments (OMIs) are important tools for assessing patients'subjective feelings or health status [1-2]. Selecting and using reliable OMIs is crucial for clarifying patient outcome improvements and evaluating clinical intervention effects. However, the quality of multiple measurement tools for the same outcome often varies considerably. The COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN) is a widely recognized methodological guideline for selecting high-quality OMIs [3-4]. Systematic reviews, as a convenient, low-cost, and popular research method, can be used to integrate studies on different OMIs and facilitate comparison and synthesis of results from different studies [5]. In recent years, the number of OMI systematic

reviews conducted based on the COSMIN guideline has increased significantly [6-8]. However, published reports often lack key information (e.g., interpretation of tool feasibility, data synthesis methods, and raw data on measurement properties), which seriously affects the reproducibility of systematic review results and users' ability to judge suitable measurement tools [8-9]. Although PRISMA 2020 is the preferred reporting guideline for systematic reviews, it mainly focuses on reporting content related to interventions [10], whereas OMI systematic reviews require evaluation and reporting of each measurement property. Additionally, there are differences between OMI systematic reviews and interventional systematic reviews in terms of effect measurement and evidence synthesis methods; therefore, PRISMA 2020 items are not fully applicable to OMI systematic reviews [8,11]. In view of this, scholars developed a reporting guideline specifically for guiding the reporting of OMI systematic reviews based on PRISMA 2020—PRISMA-COSMIN for OMIs 2024—and recently published it in the *Journal of Clinical Epidemiology* [11-12]. This article interprets the reporting checklist with examples, aiming to help domestic scholars better understand and apply this guideline, thereby providing references for producing or updating OMI systematic reviews in China.

1 Brief Development Process of PRISMA-COSMIN for OMIs 2024

The PRISMA-COSMIN for OMIs 2024 guideline was developed by modifying, supplementing, and deleting items from the PRISMA 2020 framework [11]. The development process consisted of seven steps. The first step was project initiation: the research team registered the guideline development process on the EQUATOR website and published the protocol in an academic journal [8], while establishing a steering committee and a technical advisory group. The second step was the preparation phase: by searching the literature to identify potentially applicable items, an initial item list was formed and applied to three different types of systematic reviews for revision and supplementation. After confirmation by the steering committee and technical advisory group, an initial item list was formed. Potential participants for subsequent Delphi surveys were also invited; they had backgrounds in designing, producing, publishing, or applying OMI systematic reviews. The third step was the Delphi survey: through three rounds of Delphi surveys, 49 initial items in the checklist were confirmed. One hundred three people completed the first round, using a five-point Likert scale ("strongly disagree," "disagree," "neutral," "agree," "strongly agree") to evaluate whether each item should be included and whether the wording was clear, while allowing for supplementary items. Ultimately, consensus was reached on 13 items, 4 items were deleted, and 1 new item was added. Seventy-eight people completed the second round, confirming items that did not reach consensus in the first round and newly added items, resulting in consensus on 19 items and deletion of 4 items. Seventy-eight people completed the third round, confirming items that did not reach consensus in the first or second rounds and items with modified wording, with consensus reached on 12 items. The fourth step was

a working meeting: finally, a hybrid working group meeting of 24 people confirmed items that did not reach consensus and items with wording modifications in the third round, with each item voted on (“include,” “exclude,” “abstain”). Consensus was considered reached if over 70% voted for inclusion or exclusion, resulting in consensus on another 10 items and deletion of 1 item. Discussions also covered explanatory documents, pre-testing, and dissemination. The fifth step was drafting the reporting guideline: writing and review teams drafted the guideline, while the editorial team created the reporting checklist, explanatory documents, and flowchart. The sixth step was pre-testing: 65 authors tested the reporting guideline and provided minor suggestions on item wording. The seventh step was the final project meeting: the executive committee finalized the guideline version, including a full-text reporting checklist with 54 (sub)items and an abstract reporting checklist with 13 items, 1 explanatory document, and a flowchart [11-12].

2 Interpretation of PRISMA-COSMIN for OMIs 2024 Items

The PRISMA-COSMIN for OMIs 2024 checklist [11-12] includes sections on title, abstract, plain language summary, open science, introduction, methods, results, and discussion, comprising 54 (sub)items (see Table 1), of which 13 are abstract reporting items. Given that OMI systematic review methods are currently applied more frequently in nursing, this article selects a 2023 paper published in *Chinese Journal of Nursing* titled “Systematic Review of Health Literacy Assessment Tools for Diabetic Patients Based on the COSMIN Guideline” as an example to interpret the reporting guideline items [13].

3 Interpretation of the PRISMA-COSMIN for OMIs 2024 Checklist

Table 1 Checklist for PRISMA-COSMIN for OMIs 2024

Given the large number of items and detailed content, they are not repeated here; see Table 1. This section provides only item explanations and examples from the example paper.

3.1.1 Item 1: The title should include the term "systematic review" to facilitate proper indexing in databases and enable discovery and retrieval by patients, healthcare providers, policymakers, and researchers. Terms such as "literature review" and "evidence synthesis" are not recommended because they cannot distinguish whether the review is "systematic" [11]. The outcome domain, population, OMI name/type, and measurement properties are four key elements for determining the research purpose or question of a systematic review; therefore, it is necessary to report this information in the title. The example uses "Systematic Review of Health Literacy Assessment Tools for Diabetic Patients Based on the COSMIN Guideline" as its title, which well reflects the requirements of this item.

3.2.1 Open Science

3.2.1.1 Item 2.2: Unless the journal specifies another reporting location, the main funding source for the systematic review should be stated in the abstract. This information must also be reported for conference abstracts. The example reports funding from the "Zhejiang Medical and Health Science and Technology Plan Project (2023KY134)" in the designated position in the published journal.

3.2.1.2 Item 2.3: Systematic review registration records can alert other researchers to ongoing systematic reviews. As public records, registration helps identify unpublished systematic reviews, reduces duplication of effort, and prevents research waste caused by reporting bias [14]. Unless the journal specifies another reporting location, the database name and registration number should be recorded in the abstract. Conference abstracts should also report this information. The example study does not mention registration.

3.2.2 Background

3.2.2.1 Item 2.4: The purpose or research question of the systematic review should be concisely stated in the abstract, covering the four key elements: outcome domain, population, OMI name/type, and measurement properties. The example reports its purpose as systematically evaluating the methodological quality and measurement property quality of health literacy assessment tools for diabetic patients to provide evidence-based medical evidence for accurate and effective evaluation.

3.2.3 Methods

3.2.3.1 Item 2.5: Eligibility criteria are used to determine whether studies meet the inclusion conditions and help readers understand the scope of the systematic review and check inclusion decisions. Similar to the research purpose, eligibility criteria typically involve the four key elements: outcome domain, population, OMI name/type, and measurement properties. Included studies should typically evaluate one or more measurement properties of interest, OMI development, or report their interpretability and feasibility. The example does not

describe inclusion and exclusion criteria in the abstract.

3.2.3.2 Item 2.6: Authors should briefly describe the information sources searched or consulted (e.g., databases and registration websites) in the abstract and note the last search date for each source to allow readers to assess the completeness and timeliness of the systematic review. If multiple information sources are used, the total number of databases should be reported. The example abstract reports searching PubMed, Embase, CINAHL, Web of Science, CNKI, VIP, Wanfang Data Knowledge Service Platform, and China Biomedical Literature Database, with specific search timeframes provided.

3.2.3.3 Item 2.7: Risk of bias refers to the possibility that a study systematically deviates from the truth due to design, implementation, or analysis flaws. Systematic reviews assess study validity by evaluating risk of bias; therefore, authors should describe the tools and methods used for risk of bias assessment. If following COSMIN or OMERACT [15] guidelines, items 2.7, 2.8, and 2.9 can be reported together. The example abstract reports using the COSMIN systematic review guideline to evaluate included tools.

3.2.3.4 Item 2.8: To facilitate interpretation of results, authors need to clarify the methods for evaluating measurement property results, including evaluation methods for single studies or pooled studies. If construct validity and responsiveness are evaluated, the a priori hypotheses used to assess these measurement property results should be specified, such as the expected direction and magnitude between the OMI of interest and the comparison OMI and score differences between relevant groups [12]. When reporting evaluation methods, it should be stated whether one or two researchers scored, whether a reference manual was used, and how disagreements were resolved during independent evaluation to allow readers to identify potential errors. The example reports using COSMIN quality criteria to evaluate nine measurement properties of the scale, classifying them as "sufficient," "insufficient," and "indeterminate," but does not involve information about evaluators.

3.2.3.5 Item 2.9: Measurement property results reported across multiple studies are typically integrated through qualitative summary. The specific integration method should be described in the abstract. If space permits, the assessment method for evidence certainty or confidence can also be provided. The example abstract reports using the COSMIN systematic review guideline to evaluate included tools but does not explicitly describe the specific integration method for measurement property results.

3.2.4 Results

3.2.4.1 Item 2.10: Authors should provide the total number of OMIs included and the number of study reports so readers can understand the scope of evidence in the systematic review. If different versions of the same OMI are found, they should also be reported, as each version is considered an independent tool (except for different language versions). The example abstract reports including

15 articles containing 12 types of health literacy assessment tools for diabetic patients but does not report whether different versions exist.

3.2.4.2 Item 2.11: The abstract should report the main synthesized results, i.e., the results most relevant to the evaluation objectives. If a study evaluates all measurement properties and content validity and construct validity are predetermined as crucial for conclusions, at least the most relevant OMI measurement property integration results should be provided. When providing integration results, the evidence certainty or confidence rating for each integration result can be included if space permits. The example abstract reports the summarized measurement property results of included assessment tools and provides recommendations formed based on the GRADE method.

3.2.5 Discussion

3.2.5.1 Item 2.12: The abstract should briefly describe study limitations, such as incompleteness, inconsistency, and imprecision, to help readers correctly interpret or use the results for decision-making. The example does not report limitations in the abstract.

3.2.5.2 Item 2.13: To help readers understand the results, authors should comprehensively summarize the main findings, covering conclusion clarity, important uncertainties, and areas requiring further research. If high-quality evidence is lacking, readers should be clearly informed. If the current systematic review differs significantly from previous studies, this should be explained. Authors should also elaborate on the potential implications of the research for policy or practice based on systematic review evidence. The example' s conclusion section provides recommendations for two assessment tools with reasons but does not explain other situations.

3.3.1 Item 3: If the journal allows, authors should provide a plain language summary, i.e., a popular science abstract using non-technical language to describe the main findings, which helps patients and non-professionals understand and apply the results, thereby expanding the dissemination and impact of the research findings [16]. If the journal does not allow a plain language summary as part of the regular abstract, it can be provided as supplementary material. The example does not provide a plain language summary, which may be related to journal requirements.

3.4.1 Item 4a: Authors should report the registration website and registration number or DOI of the systematic review, which helps in retrieval and discovery of the research; it also facilitates readers' comparison of differences between the registered protocol and the full study to judge the reliability of systematic review results. The example does not provide registration information.

3.4.2 Item 4b: Authors should explain how to access the systematic review protocol, or state that no protocol was prepared. The example does not provide protocol-related information.

3.4.3 Item 4c: Careful consideration of evaluation and analysis methods in the early stage can reduce unnecessary changes after protocol development. However, not all situations can be anticipated in advance, requiring protocol revisions. To improve research transparency, authors should report all modification details and reasons, even if no revisions were made. The example does not provide information on protocol modifications.

3.4.4 Item 5: Authors should clearly state the funding sources for the systematic review, including researcher funding and commercial database access. If funders participated in any aspect of the systematic review, their involvement methods should be described, along with potential biases introduced and their impact on research results [17-18]. The example reports its funding project as the "Zhejiang Medical and Health Science and Technology Plan Project (2023KY134)" but does not provide individual author funding information.

3.4.5 Item 6: Systematic review results are often used to develop clinical practice guidelines, with significant impact [17-18]. Therefore, conflicts of interest should be reported. If they exist, how they were handled should be declared. The example reports "All authors declare no conflict of interest."

3.4.6 Item 7: Public availability of data, analysis code, and other materials helps other researchers check data accuracy, reproduce results, or understand analysis methods. Therefore, authors should report data extraction form templates, extracted data, data used for analysis, and analysis code. These materials can be submitted as attachments or stored in public databases, but access methods should be provided. The example does not report the information required by this item.

3.5.1 Item 8: The purposes of OMI systematic reviews mainly include selecting the most suitable OMI for a specific use or filling knowledge gaps about OMI measurement properties. Detailed explanation of the rationale helps readers understand the necessity of the systematic review and its contribution to existing knowledge. Especially if

Evidence Synthesis Manual [3,15,19]. Clearly reporting the methodology or referenced guidelines, specifically stating or citing the version and checklist used, helps readers judge whether the study follows established principles and employs high-quality methods. The example does not report this information.

3.6.2 Item 11: Development of inclusion and exclusion criteria also involves the four key elements: outcome domain, study population, OMI name/type, and measurement properties. When defining these elements, dictionaries or taxonomies should be used to avoid terminology differences [11]. Additionally, inclusion and exclusion criteria may involve study language and publication status, such as whether non-English literature and conference abstracts are included. The example' s inclusion criteria report including diabetic patients, evaluating health literacy scale measurement properties, and validation studies, while exclusion criteria report excluding non-Chinese/English literature and reviews, but do not report whether conference abstracts are excluded.

3.6.3 Item 12: Authors should describe all information sources in detail, including database names (and links), registration websites, relevant organizations, and reference lists, as well as search dates. The literature search process can be reported according to the PRISMA-S guideline [20]. The example reports using subject headings combined with free-text terms to search PubMed, Embase, CINAHL, Web of Science, CNKI, VIP, Wanfang Data Knowledge Service Platform, and China Biomedical Literature Database, with specific search timeframes provided.

3.6.4 Item 13: Authors should provide the detailed search strategy for at least one database. Different databases have different methods; reporting only a single database' s search strategy may affect evaluation of other databases. Due to journal space limitations, detailed search strategies can be submitted as attachments. Supplementary searches can be conducted using Google Scholar, and filters can be used to improve search efficiency. The example provides Chinese and English search terms but only the complete PubMed search strategy.

3.6.5 Item 14: Literature screening typically begins with title and abstract screening for potentially eligible studies, followed by full-text review, contacting researchers for clarification if necessary. Hybrid screening methods (e.g., automated or artificial intelligence technology) can be used for exclusion or prioritization. The number of screeners, whether screening was conducted independently, and steps for handling disagreements should be reported. Authors must describe the inclusion decision process in detail to help readers assess potential errors in the screening process. The example reports that two methodologically trained researchers independently screened literature, with disagreements resolved through discussion with a third researcher. Initial screening was based on titles and abstracts, followed by full-text reading to determine final inclusion.

3.6.6 Item 15: The method for obtaining data from included reports should be reported so readers can assess potential data errors. If software is used to extract data from figures, the software and version should be detailed; if

published data extraction forms (e.g., those in the COSMIN guideline) are used, they should be cited. The example only reports that two methodologically trained researchers independently extracted data, with disagreements resolved through discussion with a third researcher, but does not report detailed methods for data acquisition.

3.6.7 Item 16: Authors should report the data and information extracted from each included study in the methods section so readers can understand the content and provide references for data collection in similar studies. If important information is missing, original study authors can be contacted or reasonable assumptions made for missing information, all of which should be reported in detail. The example does not report the specific content of extracted data in the methods section.

3.6.8 Item 17: Bias can affect or even completely distort research results; assessing risk of bias is a key step in producing systematic reviews [21]. Users need to understand the risk of bias in included studies to help reasonably interpret and evaluate evidence credibility. Various tools are available for assessing limitations in outcome measurement property studies, such as the COSMIN Risk of Bias checklist [4] and the Minimal Clinically Important Change credibility assessment tool [22-23]. Authors should report the version of the risk of bias tool used and evaluation criteria, explaining any modifications to allow readers to assess tool applicability. The number of researchers involved in evaluation, whether evaluation was conducted independently, and methods for resolving disagreements should also be stated. If automated or artificial intelligence tools are used for risk of bias assessment, the methods should be explained. Additionally, the overall risk of bias judgment for each measurement property should be reported. The example reports using the COSMIN risk of bias checklist to evaluate the methodological quality of included tools, using a four-level scoring method of "very good," "good," "doubtful," and "poor," with the lowest score used for the overall risk of a particular property.

3.6.9 Item 18: To facilitate interpretation of results, authors need to detail the criteria used to evaluate measurement property results in single studies and across studies. If construct validity and responsiveness are evaluated, the a priori hypotheses used to assess these measurement property results should be specified, such as the expected direction and magnitude between the OMI of interest and the comparison OMI and score differences between relevant groups [12]. When reporting evaluation methods, it should be stated whether one or two researchers scored, whether a reference manual was used, and how disagreements were resolved during independent evaluation to allow readers to identify potential errors. The example reports using COSMIN quality criteria to evaluate nine measurement properties of the scale, classifying them as "sufficient," "insufficient," and "indeterminate," but does not involve information about evaluators.

3.6.10 Item 19a: Before integrating measurement properties of relevant OMIs, it is necessary to determine which studies are suitable for inclusion in each syn-

thesis analysis. Typically, results from multiple studies reporting the same measurement property for the same outcome indicator are integrated. Given that inconsistency in research results or differences in different populations may affect selection decisions for integration, and these decisions often involve subjective judgment and may change integration results, the selection process and basis should be reported to ensure transparent decision-making. The example reports that for a certain measurement property of the scale, evaluation consistency across different studies was assessed; if consistent, the overall result was sufficient, insufficient, or indeterminate; if inconsistent and the reason could not be explained, the overall result was inconsistent.

3.6.11 Item 19b: The most common synthesis method in OMI systematic reviews is qualitative summary of measurement property results such as content validity, construct validity, cross-cultural validity/measurement invariance. Authors should report the number of confirmed and unconfirmed hypotheses or the range of measurement property results in individual studies. For some measurement properties (e.g., internal consistency, reliability, measurement error, construct validity, and responsiveness), although quantitative integration using Meta-analysis is possible, it is uncommon in OMI systematic reviews because point estimates of these results are typically not used [11]. However, regardless of the synthesis method chosen, authors should provide sufficient information. The example does not report the measurement property synthesis method in the methods section.

3.6.12 Item 19c: If authors explore reasons for inconsistency among study results, the specific reasons explored and methods used should be detailed. Possible reasons include participant or outcome characteristics, study risk of bias, methods, and timeliness. If these reasons can explain inconsistency, subgroup analysis can be conducted, dividing studies into subgroups and comparing results across subgroups. The example does not mention exploring reasons and methods for inconsistency among different study results in the methods section.

3.6.13 Item 19d: Sensitivity analysis is used to examine the impact of different decisions in the systematic review process on result robustness. If authors conduct sensitivity analysis, detailed content should be provided (e.g., excluding high risk-of-bias studies or using other integration methods) to allow readers to assess appropriateness and reproduce results. Ideally, sensitivity analysis should be prespecified, but if unpredictable issues arise during the evaluation process, it is also necessary. The example does not mention sensitivity analysis in the methods section.

3.6.14 Item 20: Authors typically use specific criteria to assess the certainty of evidence for each OMI measurement property. Factors considered include study design limitations, consistency across studies, sample size (imprecision), and directness of studies to the question being addressed. Systematic and explicit methods (e.g., modified GRADE method [24]) can be used to evaluate these factors. Authors should report the factors and criteria considered when evaluating integration results so readers understand what factors were included

in the certainty assessment, evaluate potential errors, and facilitate result reproduction. The example reports using the modified GRADE method for evidence quality grading, mainly considering four downgrading factors: risk of bias, inconsistency, indirectness, and imprecision, with each measurement property ultimately classified as high, moderate, low, or very low certainty.

3.6.15 Item 21: The main purpose of OMI systematic reviews is to select the most suitable OMI for a specific use or identify knowledge gaps in OMI measurement properties. If the purpose is to select the most suitable OMI, authors should make applicability recommendations and detail the methods and processes. If funders do not allow recommendations or they do not align with systematic review requirements, recommendations may be omitted. The example reports the method for forming measurement tool recommendations in the methods section.

3.7.1 Item 22a: Authors should preferably report detailed results of the search and screening process using a flowchart so readers can understand the search process and reproduce results if necessary. If updating a previous systematic review, the current search and screening process should be reported, and the number of study reports and OMIs included in the previous systematic review should be clearly stated. In addition to reporting the number of included study reports, authors should also report the number of OMIs included and the number of study reports corresponding to each OMI. The example reports the number of articles excluded at the deduplication stage, title and abstract screening stage, and full-text screening stage but does not use a flowchart or report the corresponding numbers of OMIs and study reports.

3.7.2 Item 22b: Identifying excluded study records helps readers assess the validity and applicability of the systematic review. A list of excluded study reports should be provided, including references and reasons for exclusion, such as studies that appeared to meet inclusion criteria but were excluded due to ineligible populations, as well as reports that could not be obtained in full text or did not meet language requirements. This information can be presented in a table in the main text or supplementary materials. The example does not provide a list of excluded studies.

3.7.3 Item 23a: Reporting detailed characteristics of OMIs included in the systematic review helps readers understand the included OMIs and the applicability of the systematic review. Characteristic information mainly includes the outcome domain of interest, target population for development, mode of administration, recall period, number of (sub)scales and items, response options, score range or scoring method, original language of development, and available translated versions [11]; other applicable characteristics can also be reported. This content can be presented in table form in the main text or as supplementary material to facilitate comparison of characteristics across different OMIs. The example uses tables and text in the main text to describe author, publication year, country, sample size, number of items/dimensions, retest time, and assessment tool name for included literature, with corresponding references provided.

3.7.4 Item 23b: Reporting interpretability information of OMIs helps assess their applicability and provides a basis for selecting the most appropriate OMI, which is particularly critical in systematic reviews aimed at screening OMIs for specific purposes. Information such as score distribution, proportion of missing items, floor and ceiling effects, and minimal important change should be provided [11], along with the meaning derived from OMI score interpretation in the intended use context and confidence level. This content can be presented in table form in the main text or as supplementary material to facilitate comparison of characteristics across different OMIs. The example does not report interpretability information for included OMIs.

3.7.5 Item 23c: Reporting feasibility information of OMIs helps assess their applicability and ease of application, which is particularly important when selecting the most appropriate OMI for specific purposes. Feasibility information covers type and ease of use, OMI length, completion time, required patient abilities, standardization and ease of scoring calculation, copyright, cost, required equipment,

prehensively search and systematically evaluate assessment tools for a certain outcome variable, comprehensively compare measurement properties of different tools, and can provide evidence-based references for researchers and decision-makers to select optimal measurement tools [3,7]. However, most published systematic reviews of this type lack reporting of key information, affecting end users' judgment of OMI quality and final selection [7,11]. Although the PRISMA 2020 reporting guideline is widely used, its items focus on reporting content of interventional systematic reviews [25] and cannot meet the characteristics of OMI systematic reviews that need to report measurement properties, effect evaluation, and evidence synthesis methods. To address this issue, PRISMA-COSMIN for OMIs 2024 was developed [8,26]. This guideline not only provides a full-text reporting checklist and an abstract reporting checklist but also provides an explanatory document of over 100 pages [11-12], which is expected to provide valuable guidance for transparent and complete reporting of OMI systematic reviews. It is recommended that relevant journals include it in their author guidelines as soon as possible, requiring OMI systematic review authors to follow the PRISMA-COSMIN for OMIs 2024 guideline when writing manuscripts and reporting results. This article interprets the guideline using an example study published in *Chinese Journal of Nursing*, identifies deficiencies in the study' s report, and subsequently, our team will comprehensively evaluate Chinese journal-published systematic reviews of this type based on this tool [27], aiming to help domestic researchers better understand current problems in this field in China, thereby promoting better understanding and application of this reporting guideline, standardizing the writing and reporting of relevant systematic reviews, and ultimately improving their overall quality [28-29] to contribute to improving patient outcomes and promoting healthcare.

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