Data Processing Strategies to Determine Maximum Oxygen Uptake: A Systematic Scoping Review and Experimental Comparison

Bachelor thesis

from

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Zusammenfassung (German abstract)

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1 Introduction

1.1 Background

1.1.1 Maximum oxygen uptake: Definition and Relevance

Performance in endurance sports is limited by the human physiology. Athletes need to supply energy to locomotion, a process that happens mainly via the oxidative phosphorylation. A higher maximal activity of the oxidative phosphorylation allows to supply more energy, and thus to move faster. On a whole-body level the highest activity of oxidative phosphorylation can be approximated by measuring the maximum oxygen uptake ($\dot{V}O_{2max}$).

$\dot{V}O_{2max}$ is defined as the highest rate a body can consume oxygen. Determined by measuring gas exchange data, it is one of the most common measures investigated in sports science and medicine. $\dot{V}O_{2max}$ highly corresponds with endurance performance in heterogeneous groups, and thus can be regarded the most relevant physiological parameter for endurance performance prediction. Many training programs aim to target the $\dot{V}O_{2max}$, and studies evaluate the quality of interventions by measuring changes in $\dot{V}O_{2max.}$

1.1.2 Measuring the VO_{2max}

Researchers measure $\dot{V}O_{2max}$ during exercise tests to exhaustion. In a laboratory setting such exercise commonly takes place on treadmills or cycling Prior fatigue results in underestimating the true $\dot{V}O_{2max}$. Therefore most exercise protocol consist of a continuous or stepwise, fast increase in load. As the oxygen kinetics themselves comprise a time lag, XXX suggested an optimal duration of 8-12 minutes for testing $\dot{V}O_{2max}$. Despite protocol type and duration, factors such as nutrition, XXX bias the $\dot{V}O_{2max}$ determination.

Early research in $\dot{V}O_{2max}$ used bags — the so called Douglas bag method — to collect expired air for later analysis. Today's modern metabolic carts allow for simultaneous collection and analysis of gases, using either mixing chamber (which sample data at fixed time intervals, e.g., 15s) or breath-by-breath methods. While mixing chambers are regarded as more reliable, measuring breath-by-breath generates more data with a higher temporal resolution. The measuring method and the metabolic cart model can influence the measured oxygen uptake — and as such the $\dot{V}O_{2max}$. Another important, yet often overlooked factor influencing the $\dot{V}O_{2max}$ is the data processing of the raw data.

1.1.3 VO_{2max} vs VO_{2peak}

Whether an observed peak in oxygen uptake corresponds to the true maximum has been extensively discussed in the past decades. To identify a 'true' maximum researchers evaluate a set of parameters measured in a ramp test — the $\dot{V}O_{2max}$ criteria (Howley et al., 1995). If these criteria a (partly) not fulfilled, researchers should speak of the peak oxygen uptake instead of $\dot{V}O_{2max}$. In this thesis I will not distinguish between peak and maximum oxygen uptake, as the criteria for $\dot{V}O_{2max}$ themselves (e.g. the primary criterium of a plateau in oxygen uptake; the secondary criterium of the maximum respiratory quotient) heavily rely on the data processing strategy used (Astorino, 2009). I thus speak of $\dot{V}O_{2max}$ as the maximum oxygen uptake measured during an appropriate exercise test regardless of any $\dot{V}O_{2max}$ criteria.

1.2 Previous Research

Measured breath-by-breath data is noisy (see grey points in Figure 1). Both the biological variability of breathing patterns (as well as irregular breaths such as coughs and swallowing) and the measurement error lead to highly fluctuating raw oxygen uptake data. For interpretation the raw data requires some form of processing.

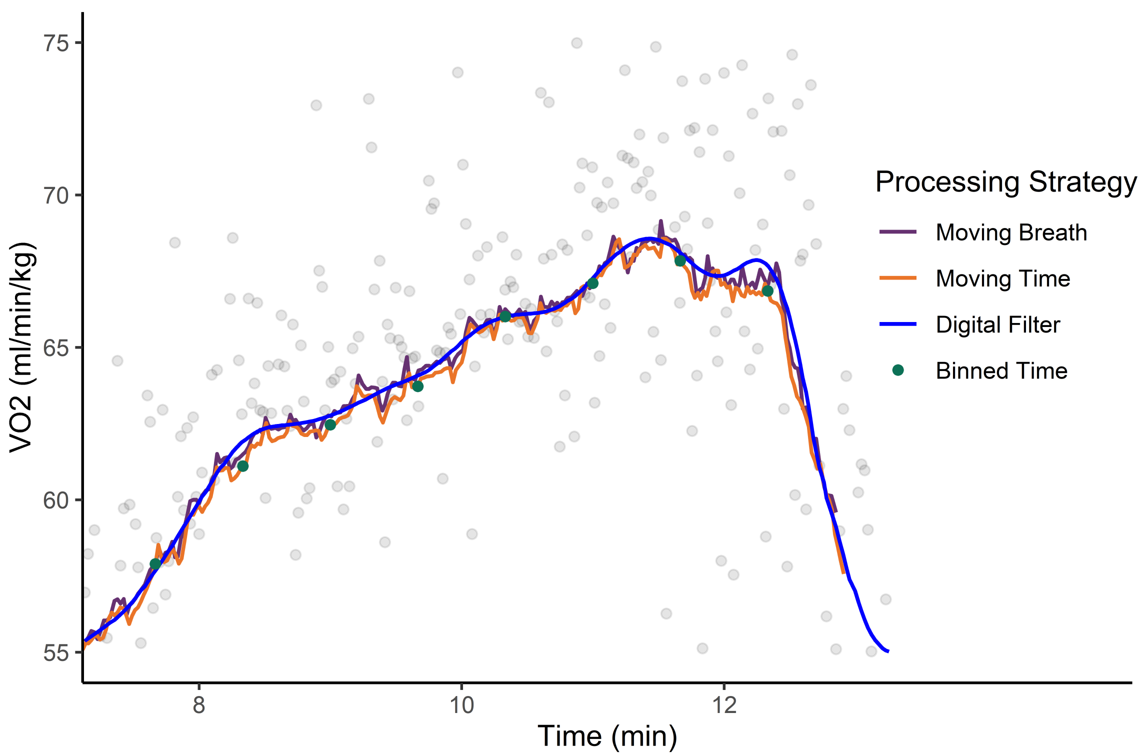

Figure 1: Raw breath by breath data and different processing strategies during the final minutes of a ramp test to exhaustion. Grey points mark single breaths.

Different data processing strategies influence measured parameters of gas exchange. As soon as when the first automated systems for gas exchange measure were available, Matthews et al. (1987) reported that different processing strategies lead to different $\dot{V}O_{2max}$ values. Since then many researchers investigated the influence of different data averaging intervals on $\dot{V}O_{2max}$, unsurprisingly showing that the shorter the calculation interval, the higher the $\dot{V}O_{2max}$ obtained (Astorino, 2009; Johnson et al., 1998; Sell et al., 2021). Midgley et al. (2007) found differences between data processing strategies for $\dot{V}O_{2max}$, but no difference in the reliability of these, highlighting that consistency of strategies is key when comparing outcomes. Based on own data in sedentary and moderately trained individuals, Martin-Rincon et al. (2019) provided linear -log equations to compare mean $\dot{V}O_{2max}$ values derived from different processing strategies. There is inconclusive evidence whether the influence of different processing strategies interacts with different exercise protocols (Hill et al., 2003; Scheadler et al., 2017).

Differences in $\dot{V}O_{2max}$ due to data processing can cause serious implications in practice. They hinder the comparability of data from studies within meta-analysis or the assessment of longitudinal data from athletes that used different labs (Martin-Rincon et al., 2019). Data processing strategies directly affect the occurrence of a plateau in oxygen uptake, the primary criterium of $\dot{V}O_{2max}$ (Astorino, 2009). Crucially, in situation where individuals are classified by their $\dot{V}O_{2max}$ — for example when describing the trainings status of a study population (Decroix et al., 2016; Pauw et al., 2013) or evaluating patients for a heart transplantation (Mancini et al., 1991) — differing processing strategies can lead to misclassification (Johnson et al., 1998).

Calls to standardize data processing strategies of gas exchange data are frequent (XXX; …). Howley et al. (1995) argued to use longer calculation intervals (60 s), as shorter intervals may introduce bias towards extreme data values and thus could systematically overestimate true $\dot{V}O_{2max}$. Based on synthetic and experimental data Robergs & Burnett (2003) opposed these conclusion, stating that shorter calculation intervals are less erroneous. They argued to use breath-based moving averages as a strategy, as XXX. In a classic review, Robergs et al. (2010) argued for using digital filtering (i.e. a low-pass Butterworth filter) for processing gas exchange data, a strategy initially introduced for gas exchange measures by Weir et al. (2004) . However, Robergs et al. (2010) acknowledge the lack of software implementing such procedures.

In absence of one commonly accepted method, data processing varies among the literature. In light of the influence on outcome variables, Myers et al. (1990) highlighted the need to to report processing strategies in research articles. Midgley et al. (2007) were the first to evaluate reported data processing strategies for breath-by-breath data in selected journals. They found that almost all studies reporting their methods choose binned time averaging, with only 1 in 117 using a moving time and a moving breath average, respectively. One third of the studies did not describe their processing method at all. While providing interesting first insights into reporting and processing practices, the search by Midgley et al. (2007) was not systematic and its methods were not described in detail. Robergs et al. (2010) wrote that to investigate the current state of data processing strategies two possible approaches are "(i) a summary of published research, and (ii) a survey circulated via the Internet to as many exercise physiologists as possible". They provides the latter one with a total of 75 respondents, which reported a great variety in data processing strategies. Most researchers reported the use of binned time averages over 30 or 60 seconds. Astonishingly, about half of the respondents admitted that their data processing strategy was rather chosen due to subjective influences as opposed to objective reasoning. Practices in reporting and processing may have changed more than a decade after publication of such numbers.

Astorini 2008: Processing strategy (bbb, 15/30/60 tb) influences VO2max and plateau incidence

Johnson 1998: Processing strategy (bbb, 15/30/60 tb, 8bm) influences VO2max in cardiac patients for heart transplantation evalution

Midgley 2007:

- processing strategy (tb 10/15/20/30/60) influences VO2max
- processing strategies vary within the literature (binned time far most common, non-systematic review)
- processing strategy does not influence reliability of VO2max -> but consistency is important

Robergs & Burnett 2003: comparing methods (tb, bb, bm) on synthetic and experimental data: Recommendation to use 8 breath moving average. Potential use of filtering methods. Shorter intervals - less error (opposing Howley!)

Howley 1995: classic for VO2max criteria; longer intervals preferable (i.e. 60s), shorter introduce systematic bias towards extreme values (sure???)

Hill 2003: Effect of processing (bm) on VO2max interacts with exercise protocol (= duration)

Schaedler 2017: No interaction between protocol and processing methods (opposing Hill, bit different protocols)

TO READ:

Weir JP, Koerner S, Mack B, Masek J, Vanderhoff J, Heiderscheit BC. VO 2
plateau detection in cycle ergometry. J Exerc Physiol (2004); 7: 55–62. -> first with Butterworth (even zero-lag!)

ATS/ACCP Guidelines

Macfarlane DJ. Automated metabolic gas analysis systems: a review. Sports
Med (2001); 31: 841–861.

Roecker K, Prettin S, Sorichter S. Gas exchange measurements with high
temporal resolution: the breath-by-breath approach. Int J Sports Med
(2005); 26(Suppl. 1): S11–S1

1.3 Aim

Bassett (2000); Tricco et al. (2018)

2 Methods

The work presented in this thesis was preregistered before the start of the project on the Open Science Framework (Foster & Deardorff, 2017), following the 'Inclusive Systematic Review Registration Form' (Akker et al., 2020). Any deviations from the preregistration are indicated in the 'Transparent Changes' document (Appendix A.1). Major deviations will also be explicitly stated within the methods section. All data and code of this research project can be found on GitHub.

I conducted all analyses using R Version 4.1.2 (R Core Team, 2022). The thesis was entirely written in R Markdown Version 1.1 (Allaire et al., 2022). The attached packages and default settings are documented in Appendix A.4.

2.1 Systematic Scoping Review

The aim of the scoping review was to systematically map current practices of data processing for $\dot{V}O_{2max}$ determination in the scientific literature. Since determining $\dot{V}O_{2max}$ is a far too common procedure to perform an exhaustive search, I randomly sampled 500 articles that referred to $\dot{V}O_{2max}$ or similar keywords. Data on processing strategies were extracted from all sampled articles that directly measured $\dot{V}O_{2max}$ using an appropriate testing procedure in humans.

The review was performed in accordance to the PRISMA extension for Scoping reviews (Tricco et al., 2018). Appendix A.2 contains the corresponding reporting checklist.

2.1.1 Search & Screening

The article search was conducted on 16th March 2022 using PubMed and Web of Science. The search included articles published from 2017 to 2022 referring to 'maximum oxygen uptake' or equivalent terms in title, abstract or keywords. Table 1 shows the exact search terms used.

Table 1: Search strings for the systematic scoping review.

Source	Search String
PubMed	`((((("maximum oxygen uptake") OR ("maximal oxygen uptake")) OR ("VO2max")) OR ("maximum oxygen consumption")) OR ("maximal oxygen consumption")) AND (("2017/01/01"[Date - Publication] : "3000"[Date - Publication]))`
Web of Science	`(((((ALL=("maximum oxygen uptake")) OR ALL=("maximal oxygen uptake")) OR ALL=("VO2max")) OR ALL=("maximum oxygen consumption")) OR ALL=("maximal oxygen consumption")) AND PY=(2017-2022)`

The search results from both data bases were merged and checked for the presence of a Digital Object Identifier (DOI). Entries without DOI were excluded to allow for automated removal of duplicates by DOI matching in the next step. After removing the duplicates I conducted an automated title scanning to exclude results that were likely no original research articles. Table 2 displays the exclusion terms for the automated title screening.

Table 2: Exclusion terms for the automated title screening after removal of duplicates. If the title matched at least one of the given terms, the article was excluded.

Search terms for exclusion by title
review, correction, meta-analysis, comment, retraction, editorial, erratum, reply

In accordance with the preregistration I drew a random sample from the search results. The goal of this process was to give an unbiased estimate of the current state of scientific $\dot{V}O_{2max}$ testing. Based on the procedure described in the preregistration, the sample included a total of 500 articles.

The abstracts from the articles included in the random sample were blinded for scanning. This meant removing any further information not relevant for the screening—such as authors or journal—leaving only the title, abstract and an ID of the article (see Appendix A.3 for an example). Two researchers independently scanned the abstracts to filter those that matched one of the exclusion criteria shown in Table 3. When the screeners disagreed in their assessments, they resolved the conflict by discussion.

Table 3: Exclusion criteria for the screening process. During the abstract screening only the criteria marked with an asterix were evaluated; during full text screening all criteria were assessed.

	Criterium	Details
A*	not in English	Full text only available in non-English language
B*	no primary research	research was no original investigation or only a reanalysis of data
C*	research not in humans	research was conducted in animals
D*	VO2max only estimated	VO2max was only approximated by means of a predictive equation
E	no appropriate test protocol	Protocol for VO2max testing did either not include exercise to voluntial exhaustion or was to long (>20 min) for a reliable estimate
F	no information regarding the exclusion criteria	crucial information on VO2max testing that allowed the evaluation of the other exclusion criteria were missing

After the abstract screening I retrieved the full texts for all articles remaining in the review. The full texts were again independently scanned by two researchers to include only those articles that measured $\dot{V}O_{2max}$ using an appropriate testing procedure in humans (see Table 3 for the detailed full-text exclusion criteria). Conflicts were resolved by discussion.

All data exclusion steps are documented in an Markdown script on GitHub.

2.1.2 Data Extraction

I retrieved data from all articles remaining after the abstract and full-text screening. Extraction included the following data:

- metabolic cart used
- measurement type (breath-by-breath, mixing chamber, …)
- type of outcome for $\dot{V}O_{2max}$ (primary, secondary, other)
- data preprocessing (e.g., filtering)
- data processing software
- interpolation procedure
- data processing/determination of $\dot{V}O_{2max}$:
  - type (time average, breath average, digital filtering)
  - alignment (rolling, binned, …)
  - interval (in seconds or breaths, parameters for filtering)
- reference for the used data processing strategy

The criteria ‘type of outcome’ and ‘reference’ were added to the extraction list after the abstracts had been scanned, thus they were not stated in the preregistration. All extracted data is available as a csv file on GitHub.

2.1.3 Data Synthesis

The extracted data is presented in a purely descriptive way. I calculated the relative and absolute frequency for the reporting of the extracted items. Similarly, I counted the use of different data strategies for processing data in all articles that reported measuring breath-by-breath. Total interval duration of averaging procedures were derived from the reported parameters.

2.2 Experimental Comparison

To determine the influence the most common data processing strategies have on the determination of $\dot{V}O_{2max}$, I compared them on a set of already collected gas exchange data from ramp tests in running.

2.2.1 Data Source

A total of N = 72 exercise tests were analysed for this study. Due to a miscalculation, the preregistration had incorrectly stated a number of 76 tests. The data was from previous research on the metabolic profile of endurance runners (Quittmann et al., under review, unpubl.). The tested individuals were experienced distance runners (15 female, 54 male; three of the males participated in both studies). The $\dot{V}O_{2max}$ tests were conducted in March to September 2019 (Quittmann et al., under review) and March to October 2021 (Quittmann et al., unpubl.) using an identical exercise protocol. Participants run on a treadmill (saturn 300/100, h/p/cosmos sports & medical 127 GmbH, Nussdorf-Traunstein, Germany) with 1% inclination for ten minutes at a velocity of 2.8 $m \cdot s^{-1}$ as a warm-up. After preparing the gas exchange measures, they started a ramp protocol with an initial speed of 2.8 $m \cdot s^{-1}$ for two minutes and subsequently increased velocity by 0.15 $m \cdot s^{-1}$ every 30 seconds. The researchers provided verbal encouragement and terminated the exercise when the participants reached subjective exhaustion.

Gas exchange data were recorded using a ZAN 600 device (nSpire Health, Inc., Longmont, CO, United States of America). The device was calibrated with a 3l-syringe pump (nSpire

Health, Inc., Longmont, CO, 143 United States of America) and a reference gas (15% O_2, 6% CO_2) before each measurement. The measured breath-by-breath data is available on GitHub.

2.2.2 Data Processing

The spiro Package Version XXX for R (Nolte, 2022) processed the raw gas exchange data. It includes various algorithms to calculate $\dot{V}O_{2max}$ with user-defined parameters on given data. The full analysis script is available on GitHub.

2.2.2.1 Time based averaging Moving time based averages were calculated by initially linearly interpolating the breath-by-breath data to seconds. Subsequently a (center aligned) moving average was calculated over a defined timespan. These processing steps are implemented in the spiro package (Nolte, 2022). For calculating the moving average over 30 seconds for example, I used the functions `spiro(data) |> spiro_max(30)`.

Binned time averages were calculated using a custom function (available in the analysis script on GitHub). Breath-by-breath data was initially interpolated to full seconds and then binned into consecutive interval of a constant length. The average of each interval was aligned to its center. Incomplete intervals (i.e. the last seconds of measurement) were not considered in the analysis. Note that some authors use a different procedure for determining their bins, starting by the end point of the measurement. However, defining bins beginning by the start of the measurement is a common output option for many gas exchange data analysis software.

2.2.2.2 Breath based averaging Breath based moving averages were calculated on the raw data. As this functionality is implemented in the spiro package, I used the functions `spiro(data) |> spiro_max("30b")` for an exemplary 30-breath long averaging interval.

2.2.2.3 Butterworth filtering Butterworth filters are a class of recursive digital filters. Robergs et al. (2010) and Weir et al. (2004) argue that these more advanced processing strategies are superior to the traditional moving or binned average approach for analysing gas exchange data. However Robergs et al. (2010) missed to account for the time lag introduced by Butterworth filters. Therefore I applied a zero-phase Butterworth filter by means of a forward-backward filtering. While this effectively zeroes out the time lag, the resulting filter is non-causal, which means it can non be used online (i.e. in real time). However, for the present application, an offline filter is sufficient. The forward-backward filtering also introduces transients at both ends of the signal (Gustafsson, 1996). I therefore padded the reverted signal at both the start and the end of the array (identical to the ‘even padtype’ in Python’s `scipi.signal.filtfilt()` function (Virtanen et al., 2020)). I used 3 as the order parameter and 0.04 as the cut-off frequency for each filter (Robergs et al., 2010). Note that due to the forward-backward approach both the overall order and overall cut-off frequency are different from these values. The described approach is implemented in the spiro package (Nolte, 2022), and can be used by calling, for example, the functions `spiro(data) |> spiro_max("0.04fz3")`.

2.2.3 Comparison of methods

To compare different processing methods within and between individuals, I choose to express the $\dot{V}O_{2max}$ normalized to a reference procedure. The reference procedure was chosen as being the most commonly applied in current literature as determined by the systematic review. Individual $\dot{V}O_{2max}$ values were expressed in reference to this procedure, where a value of 1 means that the processing method yields exactly the same $\dot{V}O_{2max}$ value as the reference method. I calculated the data for all integer parameter values within the range of the values found in the literature during the review. On a group level I calculated the median and 10%- and 90%-quantiles of each processing strategy.

In an additional exploratory analysis I investigated the respiratory rate (number of breaths per minute) during the ramp tests. This may help to understand how breath-based and time-based data processing methods relate to each other.

3 Results

3.1 Systematic Scoping Review

Initial search yielded 7529 results of which 4364 remained after automated filtering and removal of duplicates (see flow diagram in Figure 1). Out of the random sample (n = 500), 242 articles were included in the final analysis.

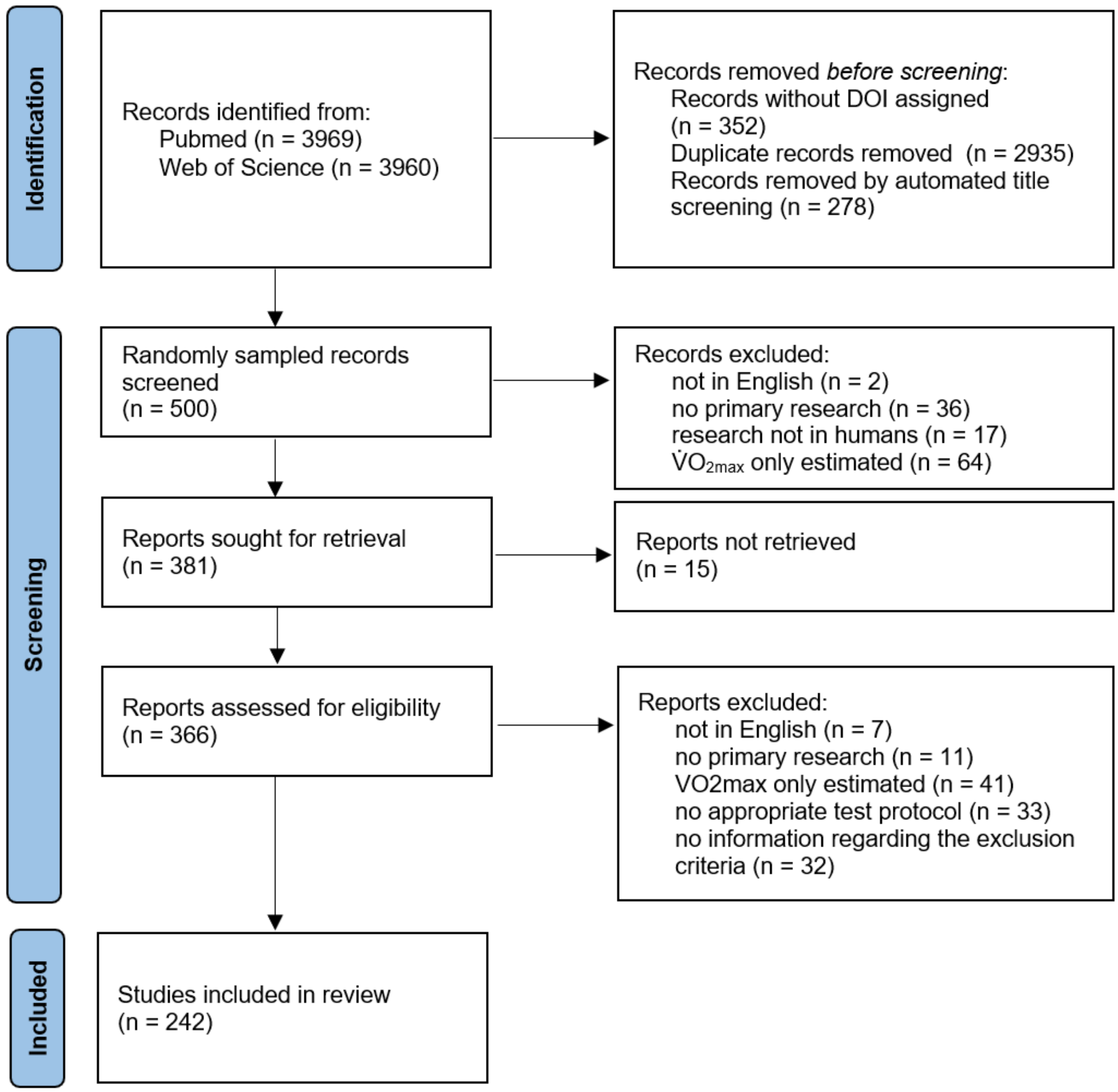

Figure 2: Flow diagram for the systematic scoping review in accordance with the PRISMA 2020 Statement (Page et al., 2021)

Reporting practices of the methodology of gas exchange measures differed widely across the literature (see Table 4). More than half (51.8%) of the articles did not report any information regarding their data processing strategy. One in twenty articles (5.4%) provided a rationale for their used strategy. Only a single article (Maturana et al., 2021) reported information regarding all the investigated criteria.

Table 4: Percentage of studies that provided details on the different characteristics of oxygen uptake data processing. *only examined within the subgroup of studies using breath-by-breath measurements

Metabolic cart	Preprocessing	Software	Processing Strategy	Reference
88.0%	5.6%*	15.0%*	55.8%	5.8%

Out of the authors that provided information and collected breath-by-breath measurements, most (79.5%) utilized binned averages to determine $\dot{V}O_{2max}$. Moving time averages, or breath-based averages were uncommon (see Figure 2). No study used methods of digital filtering to determine $\dot{V}O_{2max}$.

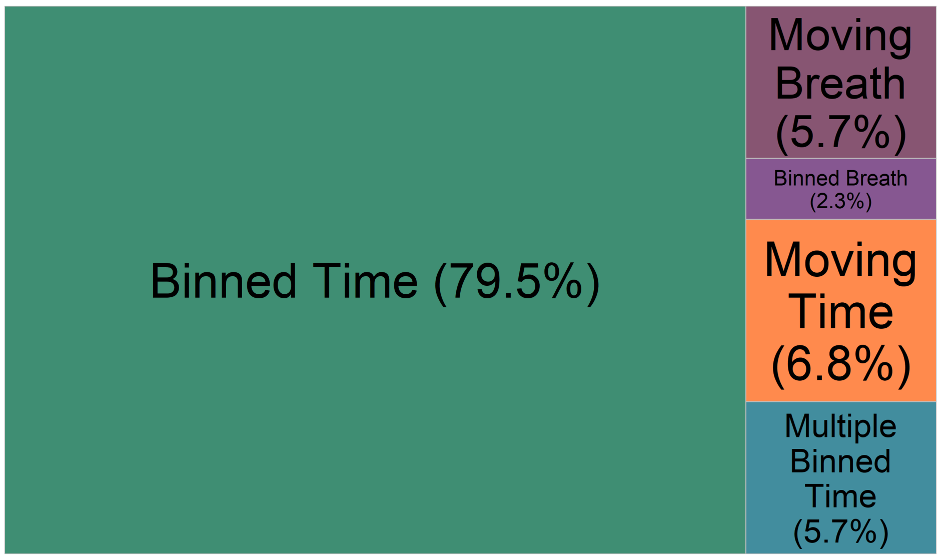

Figure 3: Data strategies for processing breath-by-breath data in the reviewed literature (n = 88).

For preprocessing, some authors reported the use of a (linear) interpolation for the breath-by-breath data to seconds (n = 7; 4.3%). A minority of researchers reported the use of data filtering strategies to remove outliers. This included the use of initial data smoothing by a short moving average (3 seconds, n = 1; 5 breaths, n = 3), the manual detection and removal of outliers (n = 2) or an automated removal of outliers (n = 5). For the automated outlier detection authors removed single data points differing from a local mean by a varying number of standard deviations (2, 3 or 4) or being outside of a 95% confidence interval. When reported, the software used for data processing varied among studies showing a total of more than 15 reported programs (for 30 studies that reported this parameter).

The calculation interval for time-based averages of mixing chamber and breath-by-breath devices ranged from 5 to 60 seconds (see Figure 3). 30 second length intervals were most common to define $\dot{V}O_{2max}$, while authors also often employed shorter (10-20 s) and longer (60 s) periods.

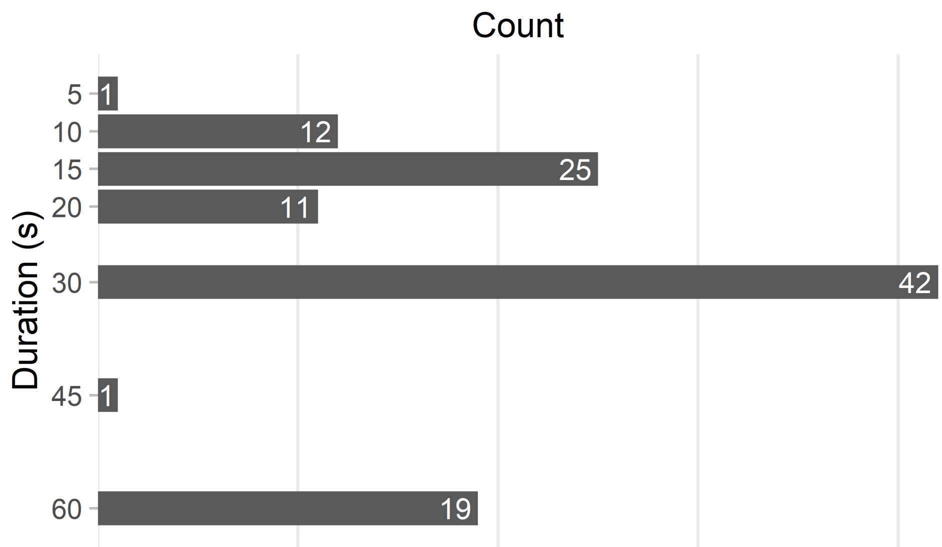

Figure 4: Total durations of the calculation interval of $\dot{V}O_{2max}$ in the reviewed studies.

3.2 Experimental Comparison

The average $\dot{V}O_{2max}$ as determined by a binned 30-second average was 62.2±6.3 ml·min^{-1}·kg^{-1} (mean ± standard deviation). Applying different data processing strategies for $\dot{V}O_{2max}$ determination leads to different outcome values (see Figure 4).

Binned time averages systematically generate $\dot{V}O_{2max}$ values compared to moving averages. Decreasing the calculation interval to 5 seconds leads to a 3-4% median increase of $\dot{V}O_{2max}$ values. Notably on an individual level these increases may be lower (≈2%) or much higher (>10%) than the median value.

Moving time and moving breath averages yield nearly identical values for $\dot{V}O_{2max}$ over all calculation intervals. This corresponds to the trained athletes reaching respiratory rates around 60 min^{-1} in the final minute of the exercise test (see Figure 4).

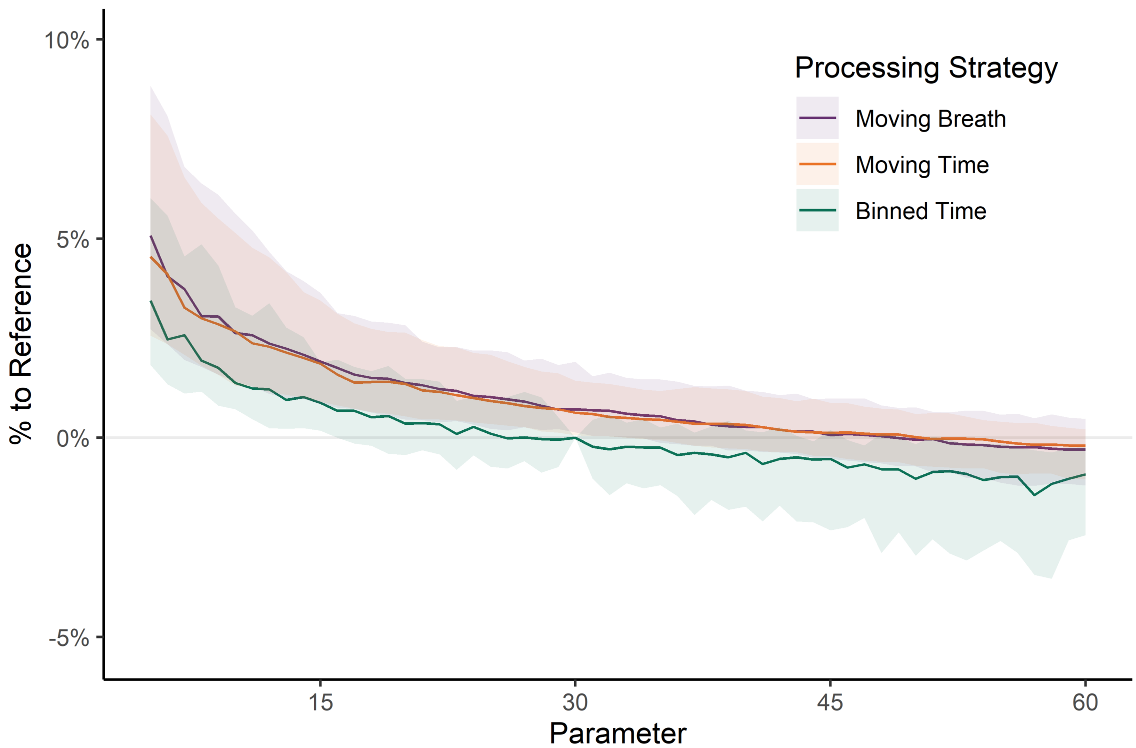

Figure 5: $\dot{V}O_{2max}$ varies by data processing strategy. Values are expressed relative to the $\dot{V}O_{2max}$ from a 30-second binned average — the most common strategy as determined by the review. Solid lines display the median, the shaded area marks the interval between 10th and 90th percentile. Using moving average leads to systematically higher $\dot{V}O_{2max}$ values compared to binned time averages. Changing the averaging interval (in seconds or breaths) can lead to median changes in $\dot{V}O_{2max}$ as large as 5%,.

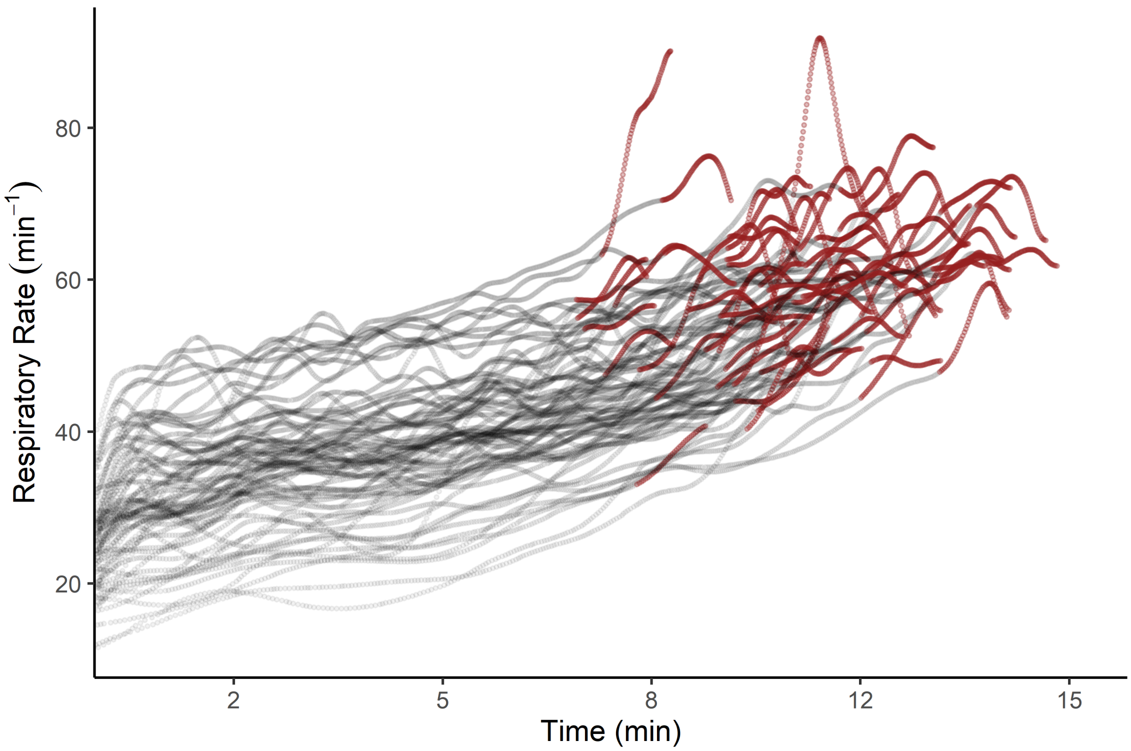

Figure 6: Respiratory Rates peak around 60 min^{-1} in the ramp tests. The red segments correspond to the last minute before exhaustion of each individual (n = 72).

4 Discussion

5 Conclusion

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A Appendix

A.1 Transparent Changes

This document includes all deviation and modifications of code and methods in the final project compared to its preregistration.

A.1.1 Major Changes

A.1.1.1 Number of exercise tests for comparison Due to a miscalculation, the preregistration provided an incorrect number of exercise test (n = 76). The correct number of exercise tests is n = 72, with 44 from Quittmann et al. (under review) (one test only partly included in the original work due to missing other data) and 28 from Quittmann et al. (unpubl.) (three test only partly included in the original work due to missing other data).

A.1.1.2 Additional variables extracted from included research `outcome`: Which type of outcome VO2max is. Either `primary`, `secondary` or `other`

`source`: Which source is provided for the data processing method used.

A.1.2 Minor Changes

A.1.2.1 Code changes for automated article filtering and screening preparation

- advanced detection of missing DOIs: `is.na(merge_data$doi) | (merge_data$doi == "")` instead of `is.na(merge_data$doi)`.
- Improved function to retrieve missing PubMed abstracts: Handles case when input (PMID) is missing (`if (is.na(pmid)) return(NA)`).
- save/load of the sampling results as an .Rda file to reduce computation time when working on parts of the workflow.

A.1.2.2 Unblinding of single abstracts

- Manual retrieval of abstracts for articles, as these were neither present in the search result data, nor could be automatically scraped. Abstracts were saved and imported as .txt files. Temporary unblinding only applied to the primary researcher. This concerns the abstract with the Sampling ID (sid): 50, 238, 288, 416, 488, 490, 500
- Manual retrieval of abstracts for articles, as the automatically collected abstract contained html-tags that could not be removed for later abstract plots. Abstracts were saved and imported as .txt files. Temporary unblinding only applied to the primary researcher. This concerns the abstract with the Sampling ID (sid): 344, 356
- Unblinding during screening to assess the implications of title given in squared brackets. This concerns the abstract with the Sampling ID (sid): 262, 303
- Consulting of online abstract due to incomplete abstract plot. This concerns the abstract with the Sampling ID (sid): 275

A.1.2.3 Minor Modification of exclusion criteria Changes are in italics:

`'r'`: Is the article no original research *(i.e. no primary analysis of experimental data)* ? (if yes, indicate ‘r’; if no, continue) `'t'`: Was no full-text ~~available~~ *accessible* for the corresponding article? (if yes, indicate ‘t’, if no continue)

A.1.2.4 Minor screening error for two articles For two articles (sampling ids: 194, 282) I only realized during data extraction that they matched the exclusion criteria (‘c‘: no continuous measurement of oxygen uptake). In agreement of both screeners, the screening data was retrospectively changed.

A.2 Prisma Reporting Checklist

A.3 Blinded abstract example

Development in Adolescent Middle-Distance Athletes: A Study of Training Loadings, Physical Qualities, and Competition Performance
Sampling ID: 030

Jones, TW, Shillabeer, BC, Ryu, JH, and Cardinale, M. Development in adolescent middle-distance athletes: a study of training loadings, physical qualities, and competition performance. J Strength Cond Res 35(12S): S103-S110, 2021-The purpose of this study was to examine changes in running performance and physical qualities related to middle-distance performance over a training season. The study also examined relationships between training loading and changes in physical qualities as assessed by laboratory and field measures. Relationships between laboratory and field measures were also analyzed. This was a 9-month observational study of 10 highly trained adolescent middle-distance athletes. Training intensity distribution was similar over the observational period, whereas accumulated and mean distance and training time and accumulated load varied monthly. Statistically significant ($p < 0.05$) and large effect sizes (Cohen's d) (0.80) were observed for improvements in: body mass (5.6%), 600-m (4.6%), 1,200-m (8.7%), and 1,800-m (6.1%) time trial performance, critical speed (7.1%), V?o(2)max (5.5%), running economy (10.1%), vertical stiffness (2.6%), reactive index (3.8%), and countermovement jump power output relative to body mass (7.9%). Improvements in 1,800 m TT performance were correlated with increases in V?o(2)max ($r = 0.810$, $p = 0.015$) and critical speed ($r = 0.918$, $p = 0.001$). Increases in V?o(2)max and critical speed were also correlated ($r = 0.895$, $p = 0.003$). Data presented here indicate that improvements in critical speed may be reflective of changes in aerobic capacity in adolescent middle-distance athletes.

ID: 130; PMID = 31809463

A.4 Session Info

```
sessionInfo()
```

```
## R version 4.1.2 (2021-11-01)
## Platform: i386-w64-mingw32/i386 (32-bit)
## Running under: Windows 10 x64 (build 22000)
##
## Matrix products: default
##
## locale:
## [1] LC_COLLATE=German_Germany.1252  LC_CTYPE=German_Germany.1252
## [3] LC_MONETARY=German_Germany.1252 LC_NUMERIC=C
## [5] LC_TIME=German_Germany.1252
##
## attached base packages:
## [1] stats     graphics  grDevices utils     datasets  methods   base
##
## loaded via a namespace (and not attached):
##  [1] rstudioapi_0.13  knitr_1.39       magrittr_2.0.3   munsell_0.5.0
##  [5] tidyselect_1.1.2 colorspace_2.0-3 here_1.0.1       R6_2.5.1
##  [9] rlang_1.0.2      fastmap_1.1.0    fansi_1.0.3      stringr_1.4.0
## [13] highr_0.9        dplyr_1.0.8      tools_4.1.2      xfun_0.30
## [17] utf8_1.2.2       cli_3.3.0        htmltools_0.5.2  ellipsis_0.3.2
## [21] yaml_2.3.5       rprojroot_2.0.3  digest_0.6.29    tibble_3.1.6
## [25] lifecycle_1.0.1  crayon_1.5.1     purrr_0.3.4      vctrs_0.4.1
## [29] glue_1.6.2       evaluate_0.15    rmarkdown_2.14   stringi_1.7.6
## [33] compiler_4.1.2   pillar_1.7.0     scales_1.2.0     generics_0.1.2
## [37] pkgconfig_2.0.3
```