*IN BOX:*

*Archimedes* seeks to assist practising clinicians by providing “evidence-based” answers to common questions that are not at the forefront of research but are at the core of practice (format adapted from BestBETS published in the *Emergency* *Medicine Journal*). A full description of the format is available online at http://bit.ly/ArchiTemplate.

Readers wishing to submit their own questions—with best evidence answers—are encouraged to review those already proposed at www.bestbets.org. If your question still hasn’t been answered, feel free to submit your summary according to the instructions for authors at http://bit.ly/ArchiInstructions

## Cases and controls

I’ve noticed that there are a fair few phrases in the world where there actual meaning can be unclear or uncertain, or possibly interpreted differently by different folk. Take “maybe later” when used by parent to child: this clearly means “no” to the parent, and “yes but not now” to the child.

But the world of science can’t be confused … can it?

Just take a gander through the field of “case control” titled studies and you may find yourself upset to discover it can. Now I am fairly clear that what I mean by case/control is a design where the participants are chosen because they have developed (cases) or haven’t got (controls) the outcome of interest; they died, developed neuroblastoma or had exclusion from school. The analysis then is about finding out if these groups had different levels of exposure to a proposed causative factor, such as blood transfusions, bacon, or X-factor viewing.

What is not a case control study is a study where the groups are chosen for the exposure to a treatment or not. This is a comparative cohort study.

Now as is so often the case when appraising papers, it doesn’t sometimes matter the phrase the authors have written. It’s what they did that counts – so discount their title if the design doesn’t fit it - and appraise what it is not what it’s labelled as being.

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