

**Foundations · Educational evidence summary**

Published zero, not listed, and unverified: three different findings

This foundation article explains published zero, not listed, and unverified: three different findings.

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Three labels that answer different questions

A medication table needs more than a number column. It also needs to communicate whether that number was published, whether the medication was included and whether the proposed interpretation has been checked. “Published zero,” “not listed” and “unverified” answer those different questions. Treating them as synonyms discards information that changes the meaning of a result.

What makes a zero a published zero?

There must be a source entry that explicitly assigns zero to the identified medication in the relevant version. The medication label, value and document location provide the evidence trail. In UnifiedACB, the [public observation record](#) keeps that state separate from nonzero ratings.

The word “published” is essential. It identifies where the zero came from instead of implying that the website calculated it. The zero remains an observation from that source, with the source’s scope and classification rules. It does not certify absence of every adverse effect.

What does “not listed” require?

It requires a defined list to be examined. Saying that a medicine is not listed in a particular supplement is a narrower and more reproducible statement than saying it has never been classified anywhere. Another version or source may contain relevant information.

List eligibility also matters. A topical product omitted by a method that excludes topical medicines is outside that method’s coverage. The [KABS development methods](#) show why source scope should be consulted before interpreting absence. Not listed is a description of a record set, not a numerical category.



When should an entry remain unverified?

Use an unverified state when an apparent finding has not been established well enough to attach it to the medication record. A secondary list may conflict with the original publication, a scan may be unreadable, or the name may not identify the intended formulation. Each situation calls for verification, not automatic acceptance or rejection.

Unverified does not mean false. It means that the evidence required for a confident public assertion is incomplete. Preserving that distinction allows a later reviewer to resolve the question without first reconstructing why a doubtful number appeared authoritative.

Can the same medication have all three states?

Yes, when the statements concern different sources or documents. One source can explicitly publish zero, another can omit the medication, and a third can contain an unresolved candidate match. A medication-level summary that collapses these into one label would lose the provenance of each statement.

The appropriate display keeps the source version beside each state. A user can then ask why the sources differ, rather than being asked to interpret a single combined finding that none of them actually published.

What if a main-text table names a drug missing from its supplement?

Keep the documents distinguishable. UnifiedACB's [quinupramine anomaly note](#) records relevant main-text information while declining to create a missing medication-list row. That approach preserves both the finding and its location.

A similar principle applies when a category count appears inconsistent with the visible rows. A count can flag a problem for review, but it cannot establish the contents of the omitted record. The missing value remains missing until a source-supported correction is available.

How should these states affect a comparison?

Compare numerical ratings only where the required source observations and identity matches exist. Report coverage separately. An explicit zero can participate in an appropriately defined source comparison; an absent or unverified value cannot be inserted as if it were observed.

For a medication list, describe which medicines were covered by each source and which were not. A total built after silently converting missing entries to zero gives incomplete exposure the appearance of a complete assessment. The problem is not solved by adding a footnote after the calculation.



What should a reader do with the uncertainty?

Ask a focused question: Is the ingredient correctly identified? Which version was checked? Is a route-qualified entry being generalized? Is the value unavailable publicly because of reuse limitations? Each question points toward evidence that could resolve a specific uncertainty.

The final interpretation should retain the original state even if it feels less tidy than a fully populated table. A faithful record supports later verification. A fabricated zero makes the table look finished while removing the clue that further work is needed.

References

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Explore the evidence

[Ask UnifiedACB](#) about a medication or source, browse the [Medication Library](#), or read the [methodology](#).

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Educational evidence summary. This content does not provide patient-specific medical advice and does not replace clinical judgment, medication reconciliation, or prescribing guidance.