



# PRISMA 2009 Checklist

**Table S1:** Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) checklist

Section/topic	#	Checklist item	Reported on page #
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	p.1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	p.1
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	p.1-2
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	p.2
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	no registration number
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	p.2
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	p.2
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	p.2
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	p.2
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	p.2-3
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	p.2
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	p.3
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	p.3
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$ ) for each meta-analysis.	2-3



## PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	Not performed, insufficient data
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	Not performed
<b>RESULTS</b>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	p. 3-4, Figure 1
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	p.4, Table 1
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	p.4, Supplementary Table
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	p.5-6, Table 2, Figure 2, 3, 4
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	p.6-8
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Not performed, insufficient data
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	Not performed
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	p.8-10
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	p.10-11
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	p.11
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	p.11

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit: [www.prisma-statement.org](http://www.prisma-statement.org).



# PRISMA 2009 Checklist

Page 2 of 2

**Table S2. RISK OF PUBLICATION BIAS ASSESSMENT.**

## Cochrane risk of bias tool for randomized controlled trials

Study Author	Year	Random sequence generation	Blinding of participants	Blinding of personnel	Blinding of outcome assessment	Incomplete outcome data	Selective reporting	Other bias
Jeevanandam	2004 2006	Yes	Yes	No	Yes	No	No	No

## Newcastle-Ottawa Quality Assessment Scale (NOS) for cohort studies

Study Author	Year	Selection				Comparability		Outcome		Risk of bias
		Representativeness of the exposed cohort	Selection of the non exposed cohort	Ascertainment of exposure	Demonstration that outcome of interest was not present at start of study	Comparability of cohorts on the basis of the design or analysis	Assessment of outcome	Was follow-up long enough for outcomes to occur	Adequacy of follow up of cohorts	
Brown	2004	* (b)	* (a)	* (a)	* (a)	* (a)	* (a)	* (a)	* (a)	Low
Fiorelli	2007	* (b)	* (a)	* (a)	* (a)	* (a)	* (b)	* (a)	* (a)	Low
Fiorelli	2010	* (b)	* (a)	* (a)	* (a)	* (a)	* (b)	* (a)	* (a)	Low
Greenberg	2017	* (b)	* (a)	* (a)	* (a)	* (a)	* (b)	* (a)	* (a)	Low
Rubin	2018	* (a)	* (a)	* (a)	* (a)	** (a, b)	* (b)	* (a)	* (a)	Low

The guidelines of the Newcastle–Ottawa Scale interpretation. A “good” quality score required 3 or 4 stars in selection, 1 or 2 stars in comparability, and 2 or 3 stars in outcomes. A “fair” quality score required 2 stars in selection, 1 or 2 stars in comparability, and 2 or 3 stars in outcomes. A “poor” quality score reflected 0 or 1 star(s) in selection, or 0 stars in comparability, or 0 or 1 star(s) in outcomes