

Supplementary Table S1. Search strategy for the review.

PubMed and Cochrane Library

1. Disease; colonic polyp
("Health"[Mesh] OR "Adolescent Health"[Mesh] OR "Child Health"[Mesh] OR Wellbeing[tiab] OR Well-being[tiab])
 2. Intervention
("Forests"[Mesh] OR "Wood"[Mesh] OR "Shinrin-Yoku"[tiab] OR "Forest bath"[tiab] OR "green environment"[tiab])
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Embase

1. Disease; colonic polyp
(wellbeing'/exp OR 'health'/exp OR 'well-bing':ti,ab OR 'wellbeing':ti,ab)
 2. Intervention
(forest'/exp OR 'wood'/exp OR 'shinrin-yoku':ti,ab OR 'forest bath':ti,ab OR 'green environment':ti,ab)
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RISS (manual search)

1. Disease; colonic polyp
("Health" | "Adolescent Health" | "Child Health" | "Wellbeing" | "Well-being" | "건강" | "웰빙" | "심신" | "치유" | "치료" | "힐링" | "Therapy" | "테라피")
 2. Intervention
("Forests" | "Wood" | "Shinrin-Yoku" | "Forest bath" | "green environment" | "삼림" | "산림" | "숲" | "나무" | "삼림욕" | "산림욕")
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Supplementary Table S2. MOOSE checklist for meta-analyses of observational studies.

Item No [↵]	Recommendation [↵]	Reported on Page No [↵]
Reporting of background should include [↵]		
1 [↵]	Problem definition [↵]	4 [↵]
2 [↵]	Hypothesis statement [↵]	— [↵]
3 [↵]	Description of study outcome(s) [↵]	7 [↵]
4 [↵]	Type of exposure or intervention used [↵]	4-6 [↵]
5 [↵]	Type of study designs used [↵]	5-7 [↵]
6 [↵]	Study population [↵]	6 [↵]
Reporting of search strategy should include [↵]		
7 [↵]	Qualifications of searchers (eg, librarians and investigators) [↵]	5, Title page [↵]
8 [↵]	Search strategy, including time period included in the synthesis and key words [↵]	5, Table 1 [↵]
9 [↵]	Effort to include all available studies, including contact with authors [↵]	6 [↵]
10 [↵]	Databases and registries searched [↵]	6 [↵]
11 [↵]	Search software used, name and version, including special features used (eg, explosion) [↵]	6 [↵]
12 [↵]	Use of hand searching (eg, reference lists of obtained articles) [↵]	6 [↵]
13 [↵]	List of citations located and those excluded, including justification [↵]	8, Table 2, Fig 1 [↵]
14 [↵]	Method of addressing articles published in languages other than English [↵]	— [↵]
15 [↵]	Method of handling abstracts and unpublished studies [↵]	6 [↵]
16 [↵]	Description of any contact with authors [↵]	6 [↵]
Reporting of methods should include [↵]		
17 [↵]	Description of relevance or appropriateness of studies assembled for assessing the hypothesis to be tested [↵]	6-8 [↵]
18 [↵]	Rationale for the selection and coding of data (eg, sound clinical principles or convenience) [↵]	6-8 [↵]
19 [↵]	Documentation of how data were classified and coded (eg, multiple raters, blinding and interrater reliability) [↵]	6-8 [↵]
20 [↵]	Assessment of confounding (eg, comparability of cases and controls in studies where appropriate) [↵]	7 [↵]
21 [↵]	Assessment of study quality, including blinding of quality assessors, stratification or regression on possible predictors of study results [↵]	6-7 [↵]
22 [↵]	Assessment of heterogeneity [↵]	7 [↵]
23 [↵]	Description of statistical methods (eg, complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicated [↵]	7-8 [↵]
24 [↵]	Provision of appropriate tables and graphics [↵]	Tables 2-7, Figs 2-7 [↵]
Reporting of results should include [↵]		
25 [↵]	Graphic summarizing individual study estimates and overall estimate [↵]	Figs 3-7 [↵]
26 [↵]	Table giving descriptive information for each study included [↵]	Table 2 [↵]
27 [↵]	Results of sensitivity testing (eg, subgroup analysis) [↵]	Fig 3, Table 3 [↵]
28 [↵]	Indication of statistical uncertainty of findings [↵]	12-16 [↵]