## Appendix I. Search strategy for MEDLINE/PubMed database

Research question	How effective is foot temperature monitoring in preventing ulcers in individuals with diabetes mellitus						
	Р	I	С	0	S		
Extraction	Individuals with	Foot temperature	Other types of	Preventive	Systematic review		
	diabetes	monitoring	treatment	interventions	studies with or withou meta-analysis		
Conversion	diabetes mellitus / diabetic patient	temperature / temperature measurement / body temperature monitoring / thermography/ thermometers / thermometry  foot/foot ulcer / diabetic foot	-	prevention / primary prevention / primary medical care / prophylaxis / preventive medicine / preventive health care	review / systematic review / meta analysis		
Combination	diabetes mellitus; diabetes; diabetic; diabetic patient; diabetic patients; diabetic people; diabetic person; diabetic subject; diabetic population; diabetes patient; ; diabetes patient; diabetes subject; diabetes mellitus patient; diabetes mellitus patients; diabetes mellitus population; diabetes mellitus person; diabetes mellitus	temperature; temperatures; temperature measurement; body temperature detection; body temperature determination; body temperature determination; body temperature thermometry; body temperature monitoring; temperature monitoring; temperature recording; thermal measurement; thermal monitoring; thermal recording; thermal recording; thermo-recording; thermo-recording; thermo-recording; thermo-recording; thermo-recording; thermo-recording; thermo-recording; thermo-recording; thermo-recording; thermoscan; infra-red imaging; infra-red thermometry; infrared imaging;	Identification by reading documents	prevention; preventive; preventive care; disease prevention; wellness initiatives; proactive healthcare; health maintenance; preventative medicine; prevent ulceration; ulcer avoidance; ulcer avoidance strategies; ulcer prevention; avoiding ulcer formation; ulceration prevention; prevention; avoiding ulcer	review; systematic review; systematic literature review; meta analysis; meta-analysis; metaanalysis; overview		

auhiaat	infranced the arms a survey line.	anti-ulcer
subject	infrared thermography;	
	infrared thermometry; IR imaging; IR	measures;
	scanning; IR	preventing
	thermometry; IRT;	ulcers;
	temperature scanning;	ulceration
	thermal imaging;	avoidance;
	thermal scanning;	measures to
	thermal video;	prevent ulcers;
	thermogram;	strategies for
	thermographic imaging;	ulcer
	thermology;	prevention;
	thermoscanning;	anti-ulcer
	thermography;	strategies; ulcer
	thermometers;	risk reduction;
	thermometer; thermorecording;	
	thermomeasurement;	preventive
	thermometry	medicine;
		preventive
	-	health care;
		health
	foot; feet; foot ulcer;	preservation;
	feet ulcer; diabetic foot;	risk reduction;
	diabetic feet; diabetic	primary
	foot syndrome; diabetic	prevention;
	foot ulcer; diabetic foot;	primary medical
		care; primary
		care; primary
		intervention;
		primary
		interventions;
		prophylaxis;
		prophylaxis,
		disease
		prevention;
		disease; health
		protection;
		preventive
		medication;
		preventive
		therapy;
		preventive
		treatment;
		prophylactic
		institution;
		prophylactic
		management;
		prophylactic
		medication;
		prophylactic
		therapy;
		prophylactic

Construction	("diabetes mellitus"	(temperature OR	Identification by	treatment; preventive interventions; prophylactic measures; early detection strategies (prevention OR	(review OR
	<ul> <li>OR diabetes OR</li> <li>diabetic OR "diabetic</li> <li>patient" OR "diabetic</li> <li>patients" OR</li> <li>"diabetic people" OR</li> <li>"diabetic person" OR</li> <li>"diabetic subject"</li> <li>OR "diabetic</li> <li>population" OR</li> <li>"diabetes patient"</li> <li>OR "diabetes</li> <li>patients" OR</li> <li>"diabetes subject"</li> <li>OR "diabetes</li> <li>population" OR</li> <li>"diabetes subject"</li> <li>OR "diabetes</li> <li>population" OR</li> <li>"diabetes mellitus</li> <li>patients" OR</li> <li>"diabetes mellitus</li> <li>population" OR</li> </ul>	temperature OR temperature measurement" OR "body temperature detection" OR "body temperature determination" OR "body temperature recording" OR "body temperature thermometry" OR "body temperature monitoring" OR "temperature monitoring" OR "temperature recording" OR "thermal measurement" OR "thermal monitoring" OR "thermal recording" OR "thermo-recording" OR "thermo-recording" OR "thermo-recording" OR "thermography OR "temperature mappings" OR "emi thermoscan" OR "infra-red thermography" OR "infra-red thermography" OR "infrared imaging" OR "infrared imaging" OR "infrared thermometry" OR "IR imaging" OR "IR scanning" OR "IR thermometry" OR IRT OR "temperature scanning" OR "thermal imaging" OR "thermal	reading documents	preventive OR "preventive care" OR "disease prevention" OR "wellness initiatives" OR "proactive healthcare" OR "proactive healthcare" OR "preventative medicine" OR "preventative medicine" OR "prevent ulceration" OR "ulcer avoidance" OR "ulcer avoidance" OR "ulcer prevention" OR "ulcer prevention" OR "ulcer prevention" OR "ulcer prevention" OR "ulcer prevention" OR "ulcer preventing ulcer development" OR "anti-ulcer measures" OR "preventing ulcers" OR "ulceration avoidance" OR "preventing ulcer development" OR "anti-ulcer measures to prevent ulcers" OR "strategies for ulcer prevention" OR	"systematic review" OR "systematic literature review" OR "meta analysis" OR metaanalysis OR overview)

Γ		
	imaging" OR	strategies" OR
	thermology OR	"ulcer risk
	thermoscanning OR	reduction" OR
	thermography OR thermography OR	"preventive
	thermometers OR thermometer OR	medicine" OR
	thermogram OR	"preventive
	thermorecording OR	health care" OR
	thermomeasurement	"health
	OR thermometry)	preservation"
	57	OR "risk
		reduction" OR
	(foot OR feet OR "foot	
	ulcer" OR "feet ulcer" OR	"primary
	"diabetic foot" OR "diabetic	prevention" OR
	feet" OR "diabetic foot	"primary
	syndrome" OR "diabetic	medical care"
	foot ulcer" OR "diabetic	OR "primary
	foot ulcers")	care" OR
		"primary
		intervention"
		OR "primary
		interventions"
		OR prophylaxis
		OR prophylaxy
		OR "disease
		prevention" OR
		"disease
		prophylaxis" OR
		"health
		protection" OR
		-
		"preventive
		medication" OR
		"preventive
		therapy" OR
		"preventive
		treatment" OR
		"prophylactic
		institution" OR
		"prophylactic
		management"
		OR
		"prophylactic
		medication"
		OR
		"prophylactic
		therapy" OR
		"prophylactic
		treatment" OR
		"preventive
		interventions"
		OR

				"prophylactic measures" OR "early detection strategies")	
Use	"diabetic person" OR " "diabetes population" O mellitus population" O OR "temperature meas temperature recording" monitoring" OR "temp OR "thermo-monitorin mappings" OR "emi th "infrared imaging" OR "IR scanning" OR "IR OR "thermal video" OI OR thermometers OR t (foot OR feet OR "foot "diabetic foot ulcer" OI prevention" OR "welln "prevent ulceration" OI formation" OR "ulceration strategies" OR "ulcer ri "risk reduction" OR "p "primary interventions" protection" OR "p	A diabetes OR diabetic OR "dia diabetic subject" OR "diabetic p DR "diabetes subject" OR "diab R "diabetes mellitus person" OI urement" OR "body temperatur OR "body temperature thermo erature recording" OR "thermal g" OR "thermo-recording" OR ermoscan" OR "infra-red imagi "infrared scanning" OR "infrar thermometry" OR IRT OR "ten R thermogram OR "thermograp hermometer OR thermograp hermometer OR thermograp thermometer OR thermograp kernogram OR "thermograp hermometer OR thermograp thermometer OR thermograp thermometer OR thermograp kernogram OR "thermograp thermometer OR thermograp thermometer OR "preventive r diabetic foot ulcers") AND ( ess initiatives" OR "proactive he R "ulcer avoidance" OR "ulcer tion prevention" OR "preventive avoidance" OR "measures to p isk reduction" OR "preventive r rimary prevention" OR "primar " OR prophylaxis OR prophylaz tive medication" OR "preventive rophylactic management" OR t" OR "preventive interventions c review" OR "systematic litera riew)	bopulation" OR "diabete etes mellitus patient" O R "diabetes mellitus sub e detection" OR "body tempo metry" OR "body tempo measurement" OR "the thermography OR "tem ng" OR "infra-red therm ed thermography" OR " mperature scanning" OR hic imaging" OR thermore R thermorecording OR libetic foot" OR "diabeti prevention OR preventi ealthcare" OR "health m avoidance strategies" O g ulcer development" O revent ulcers" OR "stratt nedicine" OR "preventi y medical care"OR "pri ty OR "disease preventi re therapy" OR "preventi "prophylactic medic " OR "prophylactic medic	es patient" OR "diab R "diabetes mellitus oject") AND (temper temperature determi erature monitoring" O perature mapping" O nography" OR "infra dinfrared thermometr "thermal imaging" ology OR thermosca thermomeasurement c feet" OR "diabetic ive OR "preventive of naintenance" OR "pro- R "ulcer prevention" OR "anti-ulcer measu tegies for ulcer preven- ve health care" OR " mary care" OR "prin ion" OR "disease pro- tive treatment" Of ation" OR "proph asures" OR "early de	betes patients" OR patients" OR "diabetes patients" OR "diabetes patients" OR "diabetes patients" OR "body OR "temperature PR "thermal recording" OR "temperature preserved thermometry" OR ry" OR "IR imaging" OR OR "thermal scanning" unning OR thermography t OR thermometry) AND of ot syndrome" OR care" OR "disease eventative medicine" OR " OR "avoiding ulcer ress" OR "preventing ention" OR "anti-ulcer 'health preservation" OR mary intervention" OR ophylaxis" OR "health R "prophylactic ylactic therapy" OR tection strategies") AND

Source: Adapted from Araújo (2022).

SEARCH	QUERY	RECORDS RETRIEVED
#1	(diabetes mellitus[MeSH Terms]) OR ("diabetes mellitus"[Title/Abstract] OR diabetes[Title/Abstract] OR diabetic[Title/Abstract] OR "diabetic patient"[Title/Abstract] OR "diabetic patients"[Title/Abstract] OR "diabetic people"[Title/Abstract] OR "diabetic person"[Title/Abstract] OR "diabetic subject"[Title/Abstract] OR "diabetic population"[Title/Abstract] OR "diabetes patient"[Title/Abstract] OR "diabetes patients"[Title/Abstract] OR "diabetes population"[Title/Abstract] OR "diabetes subject"[Title/Abstract] OR "diabetes mellitus patient"[Title/Abstract] OR "diabetes mellitus patients"[Title/Abstract] OR "diabetes mellitus patient"[Title/Abstract] OR "diabetes mellitus patients"[Title/Abstract] OR "diabetes mellitus population"[Title/Abstract] OR "diabetes mellitus person"[Title/Abstract] OR	86,243
#2	((((temperature[MeSH Terms]))OR(thermometers[MeSH Terms]))OR(thermography[MeSH Terms]))OR(thermometry[MeSH Terms]))OR(temperature[Title/Abstract]OR temperatures[Title/Abstract]OR "temperaturemeasurement"[Title/Abstract]OR "body temperature detection"[Title/Abstract]OR "bodytemperaturedetermination"[Title/Abstract]OR "body temperaturerecording"[Title/Abstract]OR "body temperature thermometry"[Title/Abstract]OR "bodytemperaturemonitoring"[Title/Abstract]OR "temperature monitoring"[Title/Abstract]OR"temperaturerecording"[Title/Abstract]OR "thermal measurement"[Title/Abstract]OR"temperaturerecording"[Title/Abstract]OR "thermal measurement"[Title/Abstract]OR"thermo-monitoring"[Title/Abstract]OR "thermo-recording"[Title/Abstract]OR"temperaturemappings"[Title/Abstract]OR "infra-red thermoscan"[Title/Abstract]OR "infra-redimaging"[Title/Abstract]OR "infra-red thermography"[Title/Abstract]OR "infra-redimaging"[Title/Abstract]OR "infra-red thermography"[Title/Abstract]OR "infra-redthermometry"[Title/Abstract]OR "infra-red thermography"[Title/Abstract]OR "infra-redthermometry"[Title/Abstract]OR "IR maging"[Title/Abstract]OR "infra-redthermometry"[Title/Abstract]OR "infra-redimaging"[Title/Abstract]OR "infra-redthermometry"[Title/Abstract]OR "infra-redimaging"[Title/Abstract]OR "infra-redthermometry"[Title/Abstract]OR "infra-re	107,252

	thermometry[Title/Abstract])	
#3	(((foot[MeSH Terms]) OR (foot ulcer[MeSH Terms])) OR (diabetic foot[MeSH Terms]))         OR (foot[Title/Abstract] OR feet[Title/Abstract] OR "foot ulcer"[Title/Abstract] OR "feet         ulcer"[Title/Abstract] OR "diabetic foot"[Title/Abstract] OR "diabetic         feet"[Title/Abstract] OR "diabetic foot syndrome"[Title/Abstract] OR "diabetic foot         ulcer"[Title/Abstract] OR "diabetic foot ulcers"[Title/Abstract] OR "diabetic foot	16,937
#4	(((primary prevention[MeSH Terms]) OR (preventive medicine[MeSH Terms])) OR (prevention and control[MeSH Subheading])) OR (prevention[Title/Abstract] OR "disease preventive[Title/Abstract] OR "preventive care"[Title/Abstract] OR "disease prevention"[Title/Abstract] OR "wellness initiatives"[Title/Abstract] OR "proactive healthcare"[Title/Abstract] OR "health maintenance"[Title/Abstract] OR "preventative medicine"[Title/Abstract] OR "health maintenance"[Title/Abstract] OR "ulcer avoidance"[Title/Abstract] OR "prevent ulceration"[Title/Abstract] OR "ulcer avoidance"[Title/Abstract] OR "ulcer avoidance strategies"[Title/Abstract] OR "ulcer prevention"[Title/Abstract] OR "preventing ulcer formation"[Title/Abstract] OR "ulceration prevention"[Title/Abstract] OR "preventing ulcer development"[Title/Abstract] OR "ulceration avoidance"[Title/Abstract] OR "preventing ulcers"[Title/Abstract] OR "ulceration avoidance"[Title/Abstract] OR "measures to prevent ulcers"[Title/Abstract] OR "strategies for ulcer prevention"[Title/Abstract] OR "anti-ulcer strategies"[Title/Abstract] OR "ulcer risk reduction"[Title/Abstract] OR "preventive medicine"[Title/Abstract] OR "preventive health care"[Title/Abstract] OR "preventive medicine"[Title/Abstract] OR "preventive health care"[Title/Abstract] OR "primary prevention"[Title/Abstract] OR "primary medical care"[Title/Abstract] OR "primary care"[Title/Abstract] OR "primary intervention"[Title/Abstract] OR "primary interventions"[Title/Abstract] OR "primary intervention"[Title/Abstract] OR "primary interventions"[Title/Abstract] OR "preventive therapy"[Title/Abstract] OR "preventive medication"[Title/Abstract] OR "preventive therapy"[Title/Abstract] OR "preventi	233,887
#5	(((review[Publication Type]) OR (systematic review[Publication Type])) OR (meta analysis[Publication Type])) OR (review[Title/Abstract] OR "systematic review"[Title/Abstract] OR "systematic literature review"[Title/Abstract] OR "meta	425,002

	analysis"[Title/Abstract] OR "meta-analysis"[Title/Abstract] OR	
	metaanalysis[Title/Abstract] OR overview[Title/Abstract])	
	#1 AND #2 AND #3 AND #4 AND #5	
	(((((diabetes mellitus[MeSH Terms]) OR ("diabetes mellitus"[Title/Abstract] OR diabetes[Title/Abstract] OR diabetic[Title/Abstract] OR "diabetic patient"[Title/Abstract]	
	OR "diabetic patients"[Title/Abstract] OR "diabetic people"[Title/Abstract] OR "diabetic	
	person"[Title/Abstract] OR "diabetic subject"[Title/Abstract] OR "diabetic	
	population"[Title/Abstract] OR "diabetes patient"[Title/Abstract] OR "diabetes	
	patients"[Title/Abstract] OR "diabetes population"[Title/Abstract] OR "diabetes	
	subject"[Title/Abstract] OR "diabetes mellitus patient"[Title/Abstract] OR "diabetes	
	mellitus patients"[Title/Abstract] OR "diabetes mellitus population"[Title/Abstract] OR	
	"diabetes mellitus person"[Title/Abstract] OR "diabetes mellitus subject"[Title/Abstract]))	
	AND (((((temperature[MeSH Terms]) OR (thermometers[MeSH Terms])) OR	
	(thermography[MeSH Terms])) OR (thermometry[MeSH Terms])) OR	
	(temperature[Title/Abstract] OR temperatures[Title/Abstract] OR "temperature	
	measurement"[Title/Abstract] OR "body temperature detection"[Title/Abstract] OR "body	
	temperature determination"[Title/Abstract] OR "body temperature	
#6	recording"[Title/Abstract] OR "body temperature thermometry"[Title/Abstract] OR "body	47
-	temperature monitoring"[Title/Abstract] OR "temperature monitoring"[Title/Abstract] OR	
	"temperature recording"[Title/Abstract] OR "thermal measurement"[Title/Abstract] OR "thermal monitoring"[Title/Abstract] OR "thermal recording"[Title/Abstract] OR	
	"thermo-monitoring"[Title/Abstract] OR "thermo-recording"[Title/Abstract] OR	
	thermography[Title/Abstract] OR "temperature mapping"[Title/Abstract] OR	
	"temperature mappings"[Title/Abstract] OR "emi thermoscan"[Title/Abstract] OR	
	"infra-red imaging"[Title/Abstract] OR "infra-red thermography"[Title/Abstract] OR	
	"infra-red thermometry"[Title/Abstract] OR "infrared imaging"[Title/Abstract] OR	
	"infrared scanning"[Title/Abstract] OR "infrared thermography"[Title/Abstract] OR	
	"infrared thermometry"[Title/Abstract] OR "IR imaging"[Title/Abstract] OR "IR	
	scanning"[Title/Abstract] OR "IR thermometry"[Title/Abstract] OR IRT[Title/Abstract]	
	OR "temperature scanning"[Title/Abstract] OR "thermal imaging"[Title/Abstract] OR	
	"thermal scanning"[Title/Abstract] OR "thermal video"[Title/Abstract] OR	
	thermogram[Title/Abstract] OR "thermographic imaging"[Title/Abstract] OR	
	thermology[Title/Abstract] OR thermoscanning[Title/Abstract] OR	
	thermography[Title/Abstract] OR thermometers[Title/Abstract] OR	
	thermometer[Title/Abstract] OR thermogram[Title/Abstract] OR	
	thermorecording[Title/Abstract] OR thermomeasurement[Title/Abstract] OR	

thermometry[Title/Abstract]))) AND ((((foot[MeSH Terms]) OR (foot ulcer[MeSH OR (diabetic foot[MeSH Terms])) OR (foot[Title/Abstract] Terms])) OR feet[Title/Abstract] OR "foot ulcer"[Title/Abstract] OR "feet ulcer"[Title/Abstract] OR "diabetic foot"[Title/Abstract] OR "diabetic feet"[Title/Abstract] OR "diabetic foot syndrome"[Title/Abstract] OR "diabetic foot ulcer"[Title/Abstract] OR "diabetic foot ulcers"[Title/Abstract]))) AND ((((primary prevention[MeSH Terms]) OR (preventive medicine[MeSH Terms])) OR (prevention and control[MeSH Subheading])) OR (prevention[Title/Abstract] OR preventive[Title/Abstract] OR "preventive care"[Title/Abstract] OR "disease prevention"[Title/Abstract] OR "wellness initiatives"[Title/Abstract] OR "proactive healthcare"[Title/Abstract] OR "health maintenance"[Title/Abstract] OR "preventative medicine"[Title/Abstract] OR "prevent ulceration"[Title/Abstract] OR "ulcer avoidance"[Title/Abstract] OR "ulcer avoidance strategies"[Title/Abstract] OR "ulcer prevention"[Title/Abstract] OR "avoiding ulcer formation"[Title/Abstract] OR "ulceration prevention"[Title/Abstract] OR "preventing ulcer development"[Title/Abstract] OR "anti-ulcer measures"[Title/Abstract] OR "preventing ulcers"[Title/Abstract] OR "ulceration avoidance"[Title/Abstract] OR "measures ulcers"[Title/Abstract] "strategies to prevent OR for ulcer prevention"[Title/Abstract] OR "anti-ulcer strategies"[Title/Abstract] OR "ulcer risk reduction"[Title/Abstract] OR "preventive medicine"[Title/Abstract] OR "preventive health care"[Title/Abstract] OR "health preservation"[Title/Abstract] OR "risk reduction"[Title/Abstract] OR "primary prevention"[Title/Abstract] OR "primary medical OR OR care"[Title/Abstract] "primary care"[Title/Abstract] "primary intervention"[Title/Abstract] OR "primary interventions"[Title/Abstract] OR prophylaxy[Title/Abstract] "disease prophylaxis[Title/Abstract] OR OR prevention"[Title/Abstract] OR "disease prophylaxis"[Title/Abstract] OR "health protection"[Title/Abstract] OR "preventive medication"[Title/Abstract] OR "preventive therapy"[Title/Abstract] OR "preventive treatment"[Title/Abstract] OR "prophylactic "prophylactic institution"[Title/Abstract] OR management"[Title/Abstract] OR "prophylactic medication"[Title/Abstract] OR "prophylactic therapy"[Title/Abstract] OR "prophylactic treatment"[Title/Abstract] OR "preventive interventions"[Title/Abstract] OR "prophylactic measures"[Title/Abstract] OR "early detection strategies"[Title/Abstract]))) AND ((((review[Publication Type]) OR (systematic review[Publication Type])) OR (meta analysis[Publication Type])) OR (review[Title/Abstract] OR "systematic review"[Title/Abstract] OR "systematic literature review"[Title/Abstract] OR "meta OR analysis"[Title/Abstract] "meta-analysis"[Title/Abstract] OR metaanalysis[Title/Abstract] OR overview[Title/Abstract]))

## Appendix III: Data extraction instrument

Study details	
Author/year	
Objectives	
Participants (characteristics/number)	
Setting/context	
Description of interventions/phenomena	
Search details	
Sources searched	
Range (years) of studies included	
Number of studies included	
Study designs	
Country of studies included	
Appraisal	
Appraisal instruments used	
Appraisal rating	
Analysis	
Methods of analysis	
Outcomes assessed	
Findings	
Significances	
Heterogeneity	
Comments	

### Appendix IV: Analysis of the degree of overlap in primary studies Step 1: Create a Citation Matrix (CM)

The citation matrix (CM) allows you to assess the amount of overlap at the review level, as opposed to the outcome level. The CM lists all primary studies (r = rows) included for each review (c = columns). Duplicate rows are removed to ensure that a primary study that appears in reviews is noted on one row. The first occurrence of a primary study is defined as the index publication (see Table A).

The citation matrix (CM) allows you to assess the amount of overlap at the review level, as opposed to the outcome level. The CM lists all primary studies (r = rows) included for each review (c = columns). Duplicate rows are removed to ensure that a primary study that appears in reviews is noted on one row. The first occurrence of a primary study is defined as the index publication (see Table A).

#### Review 1 Review 2 Review 3

Primary study 1	X		X
Primary study 2	x	x	
Primary study 3	х		x
Primary study 4	X	X	X

#### Step 2: Calculate the Corrected Coverage Area (CCA) in the matrix

The overlap of studies in the matrix is calculated using the CCA14 method, where the frequency of repeated occurrences of the index publication in other reviews is divided by the product of the index publications and the reviews, minus the number of index publications (see below).

#### $CCA (Corrected Covered Area) = \frac{N-r}{rc-r}$

N is the number of publications included in the evidence synthesis (regardless of overlap) (this is the sum of the checked boxes in the citation matrix); r is the number of rows (number of index publications), and c is the number of columns (number of revisions).

The degree of overlap in the matrix can range from 0 to 5% low overlap, 6 to 10% moderate overlap, 11 to 15% high overlap, and >15% very high overlap. Depending on the value of the CCA, a decision tree developed by Hennessy and Johnson (2020) will be used to guide our next steps.<sup>15</sup>

#### Step 3: Scan the CM for reviews with complete/near complete overlap

Reviews with complete/near complete overlap will be screened for reasons of high overlap and considered for deletion; higher quality (e.g., Cochrane reviews) and/or more recent reviews (if ratings are similar) will be retained.

## Appendix V: Analysis of the degree of overlap in primary studies

# JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

	iewer				umber
1.	Is the review question clearly and explicitly stated? Were the inclusion criteria appropriate for the review	Yes	No	Unclear	Not applicable
3. 4.	question? Was the search strategy appropriate? Were the sources and resources used to search for				
5. 6.	studies adequate? Were the criteria for appraising studies appropriate? Was critical appraisal conducted by two or more reviewers independently?				
7.	Were there methods to minimize errors in data extraction?				
8.	Were the methods used to combine studies appropriate?				
9. 10.	Was the likelihood of publication bias assessed? Were recommendations for policy and/or practice supported by the reported data?				
11.	Were the specific directives for new research appropriate?				
Ove	erall appraisal: Include Exclude			Seek furtl	ner info
_					

For Ye		Optional (recommended)		
	Population Intervention Comparator group Outcome	<ul> <li>Timeframe for follow-up</li> </ul>		Yes No
2.		ntain an explicit statement that the review t of the review and did the report justify a		
The aut	tial Yes: thors state that they had a written of or guide that included ALL the ng:	For Yes: As for partial yes, plus the protocol should be registered and should also have specified:		
		<ul> <li>a meta-analysis/synthesis plan, if appropriate, and</li> <li>a plan for investigating causes of heterogeneity</li> <li>justification for any deviations from the protocol</li> </ul>		Yes Partial Yes No
3.	Did the review authors explain	their selection of the study designs for inc	lusion	in the review?
	s, the review should satisfy ONE of Explanation for including only R OR Explanation for including on OR Explanation for including bo Did the review authors use a co tial Yes (all the following): searched at least 2 databases (relevant to research question) provided key word and/or search strategy justified publication restrictions (e.g. language)	CTs ly NRSI		Yes No Yes Partial Yes No
5	Did the review authors perforn	grey literature conducted search within 24 months of completion of the review		
	s, either ONE of the following:	r study selection in duplicate?		
	at least two reviewers independer and achieved consensus on which OR two reviewers selected a sam	ntly agreed on selection of eligible studies in studies to include ple of eligible studies <u>and</u> achieved good with the remainder selected by one		Yes No

	included studies	onsensus on which data to extract from		Yes No
	OR two reviewers extracted data achieved good agreement (at leas extracted by one reviewer.	from a sample of eligible studies <u>and</u> t 80 percent), with the remainder		
7.	Did the review authors provide	a list of excluded studies and justify the ex	clusion	ns?
For Par	tial Yes:	For Yes, must also have:		
	provided a list of all potentially	<ul> <li>Justified the exclusion from</li> </ul>		Yes
	relevant studies that were read	the review of each potentially		
	in full-text form but excluded from the review	relevant study		No
8.	Did the review authors describe	e the included studies in adequate detail?		
or Par	tial Yes (ALL the following):	For Yes, should also have ALL the following:		
	described populations	<ul> <li>described population in detail</li> </ul>		Yes
	described interventions	described intervention in		Partial Yes
	described comparators	detail (including doses where		No
	described outcomes	relevant)		
	described research designs	<ul> <li>described comparator in detail (including doses where</li> </ul>		
		relevant)		
		described study's setting		
9.		□ timeframe for follow-up tisfactory technique for assessing the risk of	of bias	(RoB) in
RCTs For Par	Did the review authors use a sa individual studies that were inc tial Yes, must have assessed RoB	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB</li> </ul>	of bias	(RoB) in
RCTs For Par	individual studies that were inc	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:</li> </ul>		
RCTs For Par from	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and	timeframe for follow-up tisfactory technique for assessing the risk o luded in the review?  For Yes, must also have assessed RoB from: allocation sequence that was		Yes
RCTs For Par	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, <i>and</i> lack of blinding of patients and	timeframe for follow-up tisfactory technique for assessing the risk o luded in the review?  For Yes, must also have assessed RoB from: allocation sequence that was not truly random, and	0	Yes Partial Yes
RCTs For Par from	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and lack of blinding of patients and assessors when assessing	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result</li> </ul> </li> </ul>		Yes Partial Yes No
RCTs For Par from	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, <i>and</i> lack of blinding of patients and assessors when assessing outcomes (unnecessary for	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple</li> </ul> </li> </ul>		Yes Partial Yes No Includes only
RCTs For Par from	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and lack of blinding of patients and assessors when assessing	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result</li> </ul> </li> </ul>		Yes Partial Yes No
RCTs For Par rom	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all- cause mortality)	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> </ul>		Yes Partial Yes No Includes only
RCTs For Par Trom	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all-	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> <li>For Yes, must also have assessed RoB:</li> </ul>		Yes Partial Yes No Includes only NRSI
RCTs For Par D D VRSI For Par RoB:	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all- cause mortality) tial Yes, must have assessed	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> <li>For Yes, must also have assessed RoB:         <ul> <li>methods used to ascertain</li> </ul> </li> </ul>		Yes Partial Yes No Includes only NRSI Yes
RCTs For Par D RRSI For Par RoB:	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, <i>and</i> lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all- cause mortality) tial Yes, must have assessed from confounding, <i>and</i>	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> <li>For Yes, must also have assessed RoB:         <ul> <li>methods used to ascertain exposures and outcomes, and</li> </ul> </li> </ul>		Yes Partial Yes No Includes only NRSI Yes Partial Yes
RCTs For Par D D VRSI For Par RoB:	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all- cause mortality) tial Yes, must have assessed	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> <li>For Yes, must also have assessed RoB:         <ul> <li>methods used to ascertain exposures and outcomes, and</li> <li>selection of the reported result</li> </ul> </li> </ul>		Yes Partial Yes No Includes only NRSI Yes Partial Yes No
RCTs For Par D RRSI For Par RoB:	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, <i>and</i> lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all- cause mortality) tial Yes, must have assessed from confounding, <i>and</i>	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> <li>For Yes, must also have assessed RoB:         <ul> <li>methods used to ascertain exposures and outcomes, and</li> </ul> </li> </ul>		Yes Partial Yes No Includes only NRSI Yes Partial Yes No
RCTs For Par irom	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all- cause mortality) tial Yes, must have assessed from confounding, and from selection bias	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> <li>For Yes, must also have assessed RoB:         <ul> <li>methods used to ascertain exposures and outcomes, and</li> <li>selection of the reported result from among multiple methods used to ascertain exposures and outcomes, and</li> <li>selection of the reported result from among multiple measurements or analyses of a</li> </ul> </li> </ul>		Yes Partial Yes No Includes only NRSI Yes Partial Yes No Includes only RCTs
RCTs For Par Trom	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, and lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all- cause mortality) tial Yes, must have assessed from confounding, and from selection bias	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> <li>For Yes, must also have assessed RoB:         <ul> <li>methods used to ascertain exposures and outcomes, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> </ul>	 	Yes Partial Yes No Includes only NRSI Yes Partial Yes No Includes only RCTs in the review?
RCTs For Par irom	individual studies that were inc tial Yes, must have assessed RoB unconcealed allocation, <i>and</i> lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all- cause mortality) tial Yes, must have assessed from confounding, <i>and</i> from selection bias	<ul> <li>timeframe for follow-up</li> <li>tisfactory technique for assessing the risk of luded in the review?</li> <li>For Yes, must also have assessed RoB from:         <ul> <li>allocation sequence that was not truly random, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> <li>For Yes, must also have assessed RoB:         <ul> <li>methods used to ascertain exposures and outcomes, and</li> <li>selection of the reported result from among multiple measurements or analyses of a specified outcome</li> </ul> </li> </ul>	 	Yes Partial Yes No Includes only NRSI Yes Partial Yes No Includes only RCTs

11. If meta-analysis was performed did the review authors use appr combination of results?	opriate meti	iods for statistical
RCTs		
For Yes:		
The authors justified combining the data in a meta-analysis		Yes
AND they used an appropriate weighted technique to combine		No
study results and adjusted for heterogeneity if present.		
AND investigated the causes of any heterogeneity	conducted	
For NRSI		
For Yes:	-	
The authors justified combining the data in a meta-analysis		1.00
AND they used an appropriate weighted technique to combine		
study results, adjusting for heterogeneity if present	U	No meta-analysis conducted
AND they statistically combined effect estimates from NRSI that		conducted
were adjusted for confounding, rather than combining raw data, or justified combining raw data when adjusted effect estimates		
were not available		
AND they reported separate summary estimates for RCTs and		
NRSI separately when both were included in the review		
12. If meta-analysis was performed, did the review authors assess th	a potential i	mpact of DoD in
individual studies on the results of the meta-analysis or other evi		
For Yes:		
included only low risk of bias RCTs		□ Yes
<ul> <li>OR, if the pooled estimate was based on RCTs and/or NRSI at varial</li> </ul>	ole	🗆 No
RoB, the authors performed analyses to investigate possible impact of	of	No meta-analysi
RoB on summary estimates of effect.		conducted
13. Did the review authors account for RoB in individual studies we results of the review?	hen interpre	ting/ discussing the
For Yes:		
□ included only low risk of bias RCTs		□ Yes
OR, if RCTs with moderate or high RoB, or NRSI were included the		□ No
review provided a discussion of the likely impact of RoB on the resu		
14. Did the review authors provide a satisfactory explanation for, a	nd discussio	n of, any
heterogeneity observed in the results of the review?		
For Yes:		
There was no significant heterogeneity in the results	~	
<ul> <li>OR if heterogeneity was present the authors performed an investigation</li> </ul>		□ Yes
sources of any heterogeneity in the results and discussed the impact on the results of the review	of this	□ No
15. If they performed quantitative synthesis did the review authors investigation of publication bias (small study bias) and discuss it the review?		
For Yes:		
performed graphical or statistical tests for publication bias and discus	ssed	□ Yes
the likelihood and magnitude of impact of publication bias		🗆 No
		No meta-analysis
		conducted

16. Did the review authors report any potential sources of conflict of interest, including any f they received for conducting the review?				
For Yes	x.			
	The authors reported no competing interests OR		Yes	
	The authors described their funding sources and how they managed potential conflicts of interest		No	

**To cite this tool:** Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, Moher D, Tugwell P, Welch V, Kristjansson E, Henry DA. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. BMJ. 2017 Sep 21;358:j4008.

## Appendix VII: Quality of evidence across systematic reviews\*

Quality of evidence	Criteria
High-quality evidence	One or more updated (published within the last 3 years), high-quality systematic reviews that are
	based on at least 2 high-quality primary studies with consistent results.
Moderate-quality	One or more updated (published within the last 3 years) systematic reviews of high or moderate
evidence	quality, based on at least:
	• 1 high quality primary study
	• 2 primary studies of moderate quality with consistent results.
Low-quality evidence	One or more systematic reviews of variable quality, based on:
	• primary studies of moderate quality
	<ul> <li>inconsistent results in the reviews</li> </ul>
	inconsistent results in primary studies
* Based on the GRAD	DE principles.

\* Based on the GRADE principles.