**Supplementary materials**

Cost-effectiveness of Competing Treatment Strategies for *Clostridium difficile* Infection:

A Systematic Review

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**PubMed Search Strategy**

("economics"[Subheading] OR "economics"[All Fields] OR "cost"[All Fields] OR "costs and cost analysis"[MeSH Terms] OR ("costs"[All Fields] AND "cost"[All Fields] AND "analysis"[All Fields]) OR "costs and cost analysis"[All Fields]) OR ("cost-benefit analysis"[MeSH Terms] OR ("cost-benefit"[All Fields] AND "analysis"[All Fields]) OR "cost-benefit analysis"[All Fields] OR ("cost"[All Fields] AND "effectiveness"[All Fields]) OR "cost effectiveness"[All Fields]) OR ("cost-benefit analysis"[MeSH Terms] OR ("cost-benefit"[All Fields] AND "analysis"[All Fields]) OR "cost-benefit analysis"[All Fields] OR ("cost"[All Fields] AND "benefit"[All Fields]) OR "cost benefit"[All Fields]) OR cost-utility[All Fields] OR ("cost-benefit analysis"[MeSH Terms] OR ("cost-benefit"[All Fields] AND "analysis"[All Fields]) OR "cost-benefit analysis"[All Fields] OR ("economic"[All Fields] AND "evaluation"[All Fields]) OR "economic evaluation"[All Fields]) AND ("clostridium difficile"[MeSH Terms] OR ("clostridium"[All Fields] AND "difficile"[All Fields]) OR "clostridium difficile"[All Fields]) AND (("0001/01/01"[PDAT] : "2016/03/31"[PDAT]) AND "humans"[MeSH Terms])

**Supplementary Table 1. Data abstraction form for full-text review**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variable ID** | **Variable name** | **Coding instructions** | **Response** | **Section in the paper** | **Page number** |
| **Basic information** | | | | | |
| B1 | Name of coder | Insert your first name. |  |  |  |
| B2 | Date | Insert the date when extraction is finished in the format of MM/DD/YY. |  |  |  |
| B3 | Article ID | Insert the unique ID assigned to the article (1 study may include 2 articles) (use the ID in the file name). |  |  |  |
| B4 | Author | Insert first author’s last name. |  |  |  |
| B5 | Year | Insert the year this article was published. |  |  |  |
| B6 | Journal | Insert the official abbreviated journal name. |  |  |  |
| B7 | Eligibility | Insert 1 if the study is eligible; 0 if not. At extraction stage, very few should be excluded. Inclusion criteria are: |  |  |  |
| All CEAs on initial or recurrent CDI |  |  |
| All CEAs of treatment modalities |  |  |
| Full CEAs, CUAs, or combinations of CEA-CUA or CEA-CBA |  |  |
| Only original research |  |  |
| For duplicate studies, more recent and more comprehensive study will be included. |  |  |
| B8 | Exclusion | The primary reason for exclusion of the article: 1-not full CEA; 2-hypothetical/under-investigation treatment modalities; 3-editorial/review/comment/letter; 4-CEA of diagnostic tests, prevention strategies, etc. other than CDI treatments; 5-other. |  |  |  |
| Insert 0 if B7=1. |  |  |
| B9 | Other reasons | If B8=5, specify the reasons, e.g. data is not extractable, insufficient explanation of methods, the same study is published elsewhere, etc. Otherwise, enter "none" |  |  |  |
| B10 | Sponsorship | Enter the source of funding for this study: 1-federal/governmental; 2-non-profit organization/foundation grants; 3-private/industry; 4-none; 5-state/regional/local government. Enter all sources that applied. |  |  |  |
| **Study design** | | | | | |
| S1 | Type of  CDI infection | Record the type of CDI infection being considered in the study: 1-initial infection; 2-first recurrent infection; 3-second recurrent infection; 4-both initial and recurrent infection; 5-unclear; 6-other. |  |  |  |
| S2 | Other types | If S1 = 6, specify the type. Otherwise enter "none" |  |  |  |
| S3 | Interventions | Record interventions being compared with details on dose and duration if medications, administration route if fecal transplant, e.g., metronidazole 500mg, 3 times/day for 10 days orally; fecal transplant through colonoscopy or nasal gastric tube, etc. |  |  |  |
| S4 | Design | Enter the study design: 1-decision tree; 2-Markov cohort model; 3-microsimulation; 4-hybrid (e.g., decision tree and Markov models, clinical trial followed by a Markov model); 5-clinical trial-based; 6-administration/claims/electronic records data based; 7-other. |  |  |  |
| S5 | Other designs | If S4=4 or 7, enter the designs used. Otherwise, enter "none". |  |  |  |
| S6 | Original model | Record any original model on which authors built their model with citation. If the original model was one of the articles being reviewed, record the article ID. Otherwise enter “none”. |  |  |  |
| S7 | Perspective | Record the perspective of the study: 1-societal; 2-governmental; 3-health care provider/health system; 4-third party payer; 5-other; 6-not reported |  |  |  |
| S8 | Other perspective | If S7=5, specify the perspective. Otherwise, enter "none" |  |  |  |
| S9 | Location | Record the name of the state/province, city and country where the study was taken. If more than one countries, record every country. If the analysis is done for multiple countries in a region, enter the corresponding geographic regions (Europe, North America, Central and Latin America, Africa, Asia). Enter “worldwide” if appropriate. If no information is provided, enter "none". |  |  |  |
| S10 | Scope | Record the scope of the study: 1-state/province wide; 2-citywide; 3-countrywide; 4-hospital- or clinic-wide; 5-geographic region-wide (e.g., Europe, North America, Central and Latin America, Africa, Asia); 6-other. |  |  |  |
| S11 | Other scope | If S10=6, specify the scope. Otherwise, enter "none". |  |  |  |
| S12 | Population | Describe the study population group with the sample size if available. If no information is provided, enter "none". |  |  |  |
| S13 | Time horizon | Record the time span of the analysis. If no information is provided, enter "none". |  |  |  |
| S14 | Discount rate | Enter the discount rate used. If different rates are used for costs and benefits, record both and specify. If none is used, enter "none" |  |  |  |
| **Model based (if S4 < 5, enter information for this section, otherwise, move to the next section)** | | | | | |
| M1 | Incidence of  initial CDI | Enter the incidence of CDI used for the study. If not reported, enter "none" |  |  |  |
| M2 | Incidence of  recurrent CDI | Enter the incidence of recurrent CDI used for the study. Most papers report recurrence rates for different treatments instead of incidence; enter those recurrent rates here. If not reported, enter "none". If not applicable, enter "na". |  |  |  |
| M3 | Complications of CDI | Enter the complications that are accounted for in the model, e.g. fulminant colitis, death, etc. Enter all that apply. If not reported, enter "none". |  |  |  |
| M4 | Effectiveness of  interventions/ Cure rate | Enter the effectiveness of each intervention in curing the initial/recurrent infection. If not reported, enter "none". |  |  |  |
| M5 | Effectiveness of  interventions/ recurrence rate | Enter the effectiveness of each intervention in curing the recurrent infection, if applicable. If not reported, enter "none". If not applicable, enter "na". Most papers would not report the effectiveness of treatment against recurrence, but rather, probability of recurrence or recurrence rate. If so, enter the information in M2. |  |  |  |
| M6 | Sources of  effectiveness | Enter the reference number for all sources of treatment effectiveness. |  |  |  |
| M7 | Adverse events | Enter the adverse events of interventions that are taken into account in the model, e.g. death. If not reported, enter "none". |  |  |  |
| M8 | Type of cost | Enter the type of resource utilization considered for cost estimates: 1-hospitalization; 2-cost of therapy (either antibiotics or transplant); 3-lab test; 4-outpatient visit; 5-nursing care; 6-productivity loss; 7-other. Enter all types that apply. |  |  |  |
| M9 | Other cost type | If M8=7, specify the type. Otherwise, enter "none". |  |  |  |
| M10 | Source of costs | Enter the source for cost estimate, e.g. Medicare reimbursement rate, hospital accounting system, etc. If not reported, enter "none". |  |  |  |
| M11 | Year and  currency | Enter year and currency of costs. If not reported, enter "none". |  |  |  |
| M12 | Costs of  intervention | Recode detailed costs of intervention or cost of therapy. Enter currency first then amount, e.g. $1500. If currency is US dollar, use $ to save time. For other types of currency, write the full currency, e.g. AUD1500. Use this table to find the currency codes: http://www.science.co.il/International/Currency-codes.asp   This rule applies to all places where we need to record costs. |  |  |  |
| M13 | Cost of  adverse events | Enter the costs of adverse events of interventions if included, e.g. infection $1500/patient. If not included, enter "none". |  |  |  |
| M14 | Health outcomes | Enter the final health outcomes considered, e.g. life years gained, QALYs, etc. |  |  |  |
| M15 | ICER | Enter the results of the incremental analysis, e.g. $/QALY. |  |  |  |
| M16 | Sensitivity  analysis | Enter types of sensitivity analysis used: 1-one way; 2-two way; 3-multi way; 4-threshold/scenario analysis; 5-PSA; 6-boostraping; 7-net monetary benefit regression; 8-other |  |  |  |
| M17 | Other sensitivity | If M16=8, specify the analysis used. Otherwise enter "none" |  |  |  |
| M18 | Influential  variables | Enter all variables that the study claims as "sensitive" or change the results. If none reported, enter "none". |  |  |  |
| M19 | Decision  threshold | Enter all decision thresholds used in the paper. Enter "none" if not stated or unclear. |  |  |  |
| **Trial based (if S4 ≥ 5, enter information for this section, otherwise, stop abstraction)** | | | | | |
| T1 | Duration of trial | Enter the study period of the original trial/observational study. |  |  |  |
| T2 | Inclusion of  model | If S13>T1, does the study use a model to extrapolate long-term outcomes. 1-Yes, 2-No, 3-Unclear. |  |  |  |
| T3 | Model details | If T2=1, give all the details about the model. |  |  |  |
| T4 | Incidence of  initial CDI | Enter the incidence of CDI estimated from the study. If not reported, enter "none". |  |  |  |
| T5 | Incidence of  recurrent CDI | Enter the incidence of recurrent CDI used for the study. If not reported, enter "none". |  |  |  |
| T6 | Complications of CDI | Enter the complications that are accounted for, e.g. fulminant colitis, death, etc. If not reported, enter "none". |  |  |  |
| T7 | Effectiveness of  interventions-initial | Enter the effectiveness of each intervention in curing the initial infection. |  |  |  |
| T8 | Effectiveness of  interventions- recurrence | Enter the effectiveness of each intervention in curing the recurrent infection, if applicable. If not reported, enter "none". If not applicable, enter "na". |  |  |  |
| T9 | Adverse events | Enter if adverse events of intervention are taken into account: 1-Yes; 2-No; 3-Unclear |  |  |  |
| T10 | Type of cost | Enter the type of resource utilization considered for cost estimates: 1-hospitalization; 2-cost of therapy (either antibiotics or transplant); 3-lab test; 4-outpatient visit; 5-nursing care; 6-productivity loss; 7-other. Enter all types that apply. |  |  |  |
| T11 | Other cost type | If T10=7, specify the type. Otherwise enter "none". |  |  |  |
| T12 | Source of costs | Enter the source for cost estimate, e.g. Medicare reimbursement rate, hospital accounting system, etc. |  |  |  |
| T13 | Year and  currency | Enter year and currency of costs. If not reported, enter "none". |  |  |  |
| T14 | Costs of  intervention | Recode detailed costs of intervention or cost of therapy. Enter currency first then amount, e.g. $1500. If currency is US dollar, use $ to save time. For other dollar or type of currency, write the full currency, e.g. AUD1500. Use this table to find the currency codes: http://www.science.co.il/International/Currency-codes.asp   This rule applies to all places where we need to record costs. |  |  |  |
| T15 | Cost of AE | Enter the costs of adverse events of interventions if included, e.g. infection $1500/patient. If not included, enter "none". |  |  |  |
| T16 | Health outcomes | Enter the final health outcomes considered, e.g. life years gained, QALYs, etc. |  |  |  |
| T17 | ICER | Enter the results of the incremental analysis, e.g. $/QALY. |  |  |  |
| T18 | Sensitivity  analysis | Enter types of sensitivity analysis used: 1-one way; 2-two way; 3-multi way; 4-threshold/scenario analysis; 5-PSA; 6-boostraping; 7-net monetary benefit regression; 8-other |  |  |  |
| T19 | Other sensitivity | If T18=8, specify the analysis used. Otherwise enter "none" |  |  |  |
| T20 | Influential  variables | Enter all variables that the study claims as "sensitive" or change the results. If none reported, enter "none". |  |  |  |

**Supplementary Table 2. Quality assessment form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [**Quality criteria**](file:///D:\C%20Diff\June%209\Table_QA.xlsx#RANGE!_ENREF_1) | **Specific interpretation of the quality criteria applicable to CDI** | **y/n/na\*** | **Section in the paper** | **Page number** |
| **Study design** | | | | |
| 1. The research question is stated | Does the objective clearly state that different treatment modalities for CDI is being examined for their relative costs and outcomes? Other terms include economic evaluation, cost-effectiveness analysis, cost-benefit analysis, etc. |  |  |  |
| 2. The economic importance of the research question is stated | Does the study state the economic significance or resource implication that different CDI treatments might have on the relevant stakeholders, e.g. hospital administration, policy makers, patients, etc.?  If not, are other rationales - relevance for health policy or practice decisions - stated? For example, the cost-effectiveness of different medications may impact the treatment decision in clinical practice. |  |  |  |
| 3. The viewpoint(s) of the analysis are clearly stated and justified | Does the study state and/or justify the "perspective" or "viewpoint", e.g. health system, government, society, etc., for the analysis? |  |  |  |
| 4. The rationale for choosing the alternative programs or interventions compared is stated | Does the study state the reason for choosing different alternatives for comparison, e.g. metronidazol versus vancomycin, vancomycin versus fecal transplant, etc.? |  |  |  |
| 5. The alternatives being compared are clearly described | Are the alternatives described in details, e.g. dose and duration of different medications, or types of fecal transplant routes? |  |  |  |
| 6. The form of economic evaluation used is stated | Is one of the terms - cost-effectiveness, cost-utility, cost-benefit - mentioned? If not, is there any term, such as "economic evaluation", "cost-comparison" or "cost-minimization" stated? |  |  |  |
| 7. The choice of form of economic evaluation is justified in relation to the questions addressed | Is the choice of form of economic evaluation relevant to answer the research question? |  |  |  |
| **Data Collection** | | | | |
| 8. The source(s) of effectiveness estimates used are stated | Does the study clearly explain the source of effectiveness estimates for medications or fecal transplant? Example of sources includes meta-analysis, clinical trials, case-control or cohort studies. |  |  |  |
| 9. Details of the design and results of the effectiveness study, or method of synthesis of effectiveness data are given | If effectiveness data is based on a single study, are details such as study design, setting, sample size, effect size with confidence intervals, etc., provided?  If effectiveness data is based on meta-analysis or other methods of evidence synthesis, are details such as search strategy, inclusion criteria, number of studies finally reviewed, analytical methods for synthesis of data, etc., provided? |  |  |  |
| 10. The primary outcome measure(s) for the economic evaluation are clearly stated | Does the study state which final outcomes are being evaluated? Examples of outcomes are costs, number of cases prevented, number of recurrence prevented, death, life years or quality-adjusted life years (QALYs) |  |  |  |
| 11. Methods to value health states and other benefits are stated | Does the study state the methods used to evaluate health benefits including health states? Examples of methods for utility assessment are time trade-off, standard gamble, contingent valuation, etc. |  |  |  |
| 12. Details of the subjects from whom valuations were obtained are given | Does the study provide details on the sample population from which the health benefit values are obtained from? For example, patients, caregiver, family members, general public, or doctors, etc. |  |  |  |
| 13. Relevance of productivity changes to the study question is discussed | Depending on the analytical perspective, the productivity loss due to CDI may need to be included. Does the study discuss the relevance of productivity loss? |  |  |  |
| 14. Productivity changes (if included) are reported separately | If productivity loss is relevant, does the study evaluate and report indirect costs separately? If productivity loss is irrelevant, then assign "na". |  |  |  |
| 15. Quantities of resources are reported separately from their unit costs | Are resource utilization reported separately from their unit costs? If not, does the study state costs per case, cost per episode, or cost per treatment course? |  |  |  |
| 16. Methods for the estimation of quantities and unit costs are described | Does the study describe the method(s)/source(s) for resource utilization and unit cost estimates? For example, are they obtained from a survey, a database, or expert opinion? |  |  |  |
| 17. Currency and price data are recorded | Does the study state and/or justify the year and currency in which the costs are evaluated? |  |  |  |
| 18. Details of currency of price adjustments for inflation or currency conversion are given | Does the study state how price adjustments for inflation are done, e.g. using the medical care component of the Consumer Price Index, if applicable? Is the currency conversion given, if applicable?  If the answer is "y" to either questions, then the final answer is "y". If price adjustment, or currency conversion is not needed, then assign "na". |  |  |  |
| 19. Details of any model used are given | If a decision analytic model is used, is it described? Examples of models are decision tree, Markov model, microsimulation, infectious disease modeling, etc. If the study does not use any model, then assign "na". |  |  |  |
| 20. Choice of model used is justified | Does the study explain the rationale for the model choice? If question 19 is "na" then assign "na". |  |  |  |
| 21. Key parameters on which the model is based are justified | Does the study explain the rationale for choosing key parameters? If question 19 is "na" then assign "na". |  |  |  |
| **Analysis and interpretation of results** | | | | |
| 22. Time horizon of costs and benefits is stated | Does the study state the time horizon for the analysis? For example, sickness episode, month, year, or lifetime. |  |  |  |
| 23. Discount rate(s) are stated | If future costs and benefits are calculated, are they discounted? If future costs and benefits are not calculated, then assign "na". |  |  |  |
| 24. Choice of discount rate(s) is justified | If question 23 is "na" then assign "na". |  |  |  |
| 25. An explanation is given if costs or benefits are not discounted | If question 23 is "y" or "na" then assign "na". |  |  |  |
| 26. Details of statistical tests and confidence intervals are given for stochastic data | Are statistical tests performed to estimate data described? Costs and health outcomes can be descriptively reported, such as mean, median, standard deviation, max, min, range, etc.  Are confidence intervals around the mean or p-values of the statistical tests given? |  |  |  |
| 27. Approach to sensitivity analysis is given | Is a sensitivity analysis conducted? Examples of sensitivity analyses are one-way, two-way, multi-way, probabilistic sensitivity analysis, threshold analysis, worst-best scenario analysis. |  |  |  |
| 28. Choice of variables for sensitivity analysis is justified | Does the study explain the choice of variables for sensitivity analysis? |  |  |  |
| 29. The ranges over which the variables are varied are stated | Does the study provide the ranges of parameters, or parameter distributions used for sensitivity analysis? |  |  |  |
| 30. Relevant alternatives are compared | If the authors compare and rank their cost-effectiveness ratios with those for other interventions examined in other studies in a league table, are there close similarities in study methods and settings among them? If the authors do not compare or rank their findings with others in a league table, then assign "na". |  |  |  |
| 31. Incremental analysis is reported | Does the study report incremental analysis, e.g. incremental costs per life year gained, incremental costs per case prevented, etc.? |  |  |  |
| 32. Major outcomes are presented in a disaggregated as well as aggregated form | Does the study report major outcomes - costs, life years gained, QALYs - separately before combining in a single index or ratio, such as incremental cost-effectiveness ratio? |  |  |  |
| 33. The answer to the study question is given | Does the study clearly state the answer to the study question? For example, if the study aims to compare the cost-effectiveness of vancomycin versus metronidazol, it needs to clearly state that vancomycin is/is not cost-effective. |  |  |  |
| 34. Conclusions follow from the data reported | Is the conclusion supported by study findings and data presented? For example, if the study concludes that vancomycin is cost-effective compared to metronidazol, the results must show a favorable incremental cost-effectiveness ratio based on the chosen decision rule. |  |  |  |
| 35. Conclusions are accompanied by the appropriate caveats | Are the limitations discussed? Does the study state to what extent these limitations will affect findings? |  |  |  |
| 36. Generalizability of study findings are stated | Does the study discuss the generalizability of study findings, i.e. could the results be translated to other settings or population? |  |  |  |
| **Other issues** | | | | |
| 37. Source of funding is stated | Does the author declare any source of funding? |  |  |  |
| 38. Conflicts of interest is stated | Does the author describe any potential conflict of interest among study contributors? |  |  |  |
| **Final score (%)** | | | | |
| **Final ranking** | | | | |

\*y, yes; n, no; na, not available.

**PRISMA Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section/topic** | **#** | **Checklist item** | **Reported on page #** |
| **TITLE** | | |  |
| Title | 1 | Identify the report as a systematic review, meta-analysis, or both. | 1 |
| **ABSTRACT** | | |  |
| 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. | 2 |
| **INTRODUCTION** | | |  |
| Rationale | 3 | Describe the rationale for the review in the context of what is already known. | 3 |
| Objectives | 4 | Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS). | 3 |
| **METHODS** | | |  |
| 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. | NA |
| 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. | 4 |
| 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. | 4, 5 |
| Search | 8 | Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated. | Supplementary Material |
| 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). | 4 |
| 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. | 5 |
| Data items | 11 | List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made. | 5 |
| 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. | 5 |
| Summary measures | 13 | State the principal summary measures (e.g., risk ratio, difference in means). | 7 |
| Synthesis of results | 14 | Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I2) for each meta-analysis. | 7 |
| 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). | 4, 5 |
| Additional analyses | 16 | Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified. | 6 |
| **RESULTS** | | |  |
| 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. | 6 |
| 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. | 7 |
| 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). | 8-11 |
| 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. | 8-11 |
| Synthesis of results | 21 | Present results of each meta-analysis done, including confidence intervals and measures of consistency. | 8-11 |
| Risk of bias across studies | 22 | Present results of any assessment of risk of bias across studies (see Item 15). | 8-11 |
| Additional analysis | 23 | Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]). | 11 |
| **DISCUSSION** | | |  |
| 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). | 12 |
| 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). | 13 |
| Conclusions | 26 | Provide a general interpretation of the results in the context of other evidence, and implications for future research. | 14 |
| **FUNDING** | | |  |
| 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. | 1 |

*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

NA: Not available.