|  |
| --- |
| **TABLE S2 Quality score of included studies based on the Newcastle–Ottawa Scale** |
|  |  | Selection |  | Comparability |  | Exposure |  | Total stars |
| References | REC | SNEC | AE | DO | SC | AF | AO | FU | AFU |  |
| Jae et al.2022 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | 8 |
| Po et al.2017 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | 8 |
| Vilaseca et al.2013  | 1 | 1 | 1 | 1 | 1 |  | 1 |  | 1 | 7 |
| Se et al.2018 | 1 | 1 | 1 | 1 |  |  | 1 | 1 | 1 | 7 |
| Kyung et al.2005  | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | 8 |
| Marc et al.2018 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  | 8 |
| Qiang et al.2022 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | 8 |
| Abbas et al.2012 | 1 |  | 1 | 1 | 1 |  | 1 | 1 |  | 6 |
| Katharina et al.2021 | 1 | 1 | 1 | 1 | 1 |  | 1 |  | 1 | 7 |
| Remco et al.2009 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | 8 |
| Ihab et al.2008 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | 8 |
| Sunil et al.2022 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 9 |
| William et al.1997 | 1 | 1 | 1 | 1 |  |  | 1 | 1 | 1 | 7 |
| Song et al.2018 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 9 |
| Magdy et al.2006 | 1 | 1 | 1 | 1 |  |  | 1 | 1 |  | 6 |
| Thomas et al.2004 | 1 | 1 | 1 | 1 |  |  | 1 | 1 | 1 | 7 |
| Wang et al.2008 | 1 | 1 | 1 | 1 | 1 |  | 1 |  | 1 | 7 |
| Haiwen et al.2019 | 1 | 1 | 1 | 1 | 1 |  | 1 | 1 | 1 | 8 |
| AE, ascertainment of exposure; AF, study controls for other important factors; AFU, adequacy of followup of cohort ( ≥ 80%); AO, assessment of outcome;DO, demonstration that outcome of interest was not present at start of study; FU, follow-up long enough for outcomes to occur;REC, representativeness of the cohort; SC, study controls most important factors; SNEC, selection of the none posed cohort. |
|  |
|  |
| **Risk of bias for RCTs as measured by the Cochrane Risk of Bias 2.0 tool** |
|  | Randomization process | Deviations from intended interventions | Missingoutcome data | Measurement ofthe outcome | Selection of thereported result |  |
| References | Overall |
| Ahmed et al.2019 | Low risk | Low risk | Low risk | Low risk | Low risk | Low risk |