

APPENDIX

This position statement was developed by a panel of expert stakeholders involved in Primary Snoring Treatment, including Dentists (LS and CP), a Sleep Surgeon (SM), Otolaryngology, Head and Neck Surgeon (LS), Sleep Physicians (AJ and AN) and an Epidemiologist (SA). The position statement has been endorsed by the Australasian Sleep Association (ASA) Board and Clinical Committee. References supporting this Appendix are listed below.

Timeline for Guideline Development

Date	Activity	Goals
11 Jun 2020	Planning and Initial Discussion	Topic definition, Leadership, Working Group Members and Conflicts, Supervising Organisation (ASA)
Jun-Aug	Stage 1 Literature Search	Other Societies Guidelines/Statements
26 Aug 2020	Conference Call 1 (ZOOM)	Purpose, Timeline, Scope and Duties/Search Duties
Aug-Nov	Stage 2 Literature Search	Identify appropriate RCTs, non-RCTs, Systematic Reviews and Derivative (OSA with Snoring Extrapolatable) Studies
4 Nov 2020	Conference Call 2 (ZOOM)	Topic Priorities and Distribute Section Writing Assignments
Nov-Jan	Writing Assignments	Execute writing assignments based on Literature Searches, Primary Author and

		Supervising Author collation of assignments
27 Jan 2021	Conference Call 3 (ZOOM)	Refining text and discussing concerns and Grades of Recommendations
Late Jan 2021	Writing Assignments and Re-collation	Re-writes after Conference Call 3
31 Jan 2021	Pre-release Peer Review	Australasian Sleep Association (ASA) Clinical Committee
Feb-May 2021	Organisational Board Review and Response to Review	ASA Board Reviewer(s)
April 2022	Accepted and Endorsed by ASA	

Methods and Scope

This position statement has been developed with the intent of providing direction for clinicians attempting to deal with patients with primary snoring, defined within as patients evaluated for snoring with an AHI<15.

A **PICOT format** was employed for this Position statement, and used as a framework for panellists to develop their individual contributions. The PICOT is outlined below:

<i>Component</i>		<i>Comments</i>
Population	Adult Patients (>17 years) presenting with the primary complaint of snoring and with an AHI <15 on objective polysomnography	Panel agreement that derivation from the OSA (AHI>15) literature where key deficits exist, provided the treatment pathway could be defined as rational (or not), and low harm (or

		not), and relates to the complaint of snoring
Intervention	Non-surgical and Surgical Treatments	As per the Search Syntax listed below
Comparator	Pre and Post Treatment and where applicable, compared to no treatment or surveillance	
Outcome(s)	Patient centred and Objective Outcomes, including but not limited to: Snoring reports, Snoring scales (e.g. SSS, VAS, etc.), Snoring acoustic analyses, etc.	
Study type	Randomised and non-randomised trials	Where possible Randomised trials and Systematic reviews were utilised to answer questions raised, but given the paucity of those, non-randomised trials we found important were also reviewed and used.

Our recommendations were based on this literature, combined with clinical expert panellist opinion to also derive a level of certainty, as per the below table:

<i>Level of Evidence</i>	<i>Explanation</i>	<i>Recommendation</i>
A	Adequate Systematic Reviews	Higher strength of recommendation and supportive wording
B	Adequate Randomised trials or High Impact Observational Studies	Recommended
C	Non Randomised Studies or Less Impactful Observational Studies, Case-Control Studies	Recommended mainly where appropriate or with patient preference and satisfaction (if already tried)
D	Rational reasoning from expert opinion and/or case reports	Option or, in the instance of aggravators and exacerbators, Option of avoidance

In executing our review of studies to be included in this position statement, A systematic literature search using a validated filter strategy of multiple databases including the Cochrane central register of controlled trials, Excerpta Medica dataBASE (Embase), PubMed (as maintained by the U.S. National Library of Medicine) and MEDLINE (Medical Literature Analysis and Retrieval System Online) was conducted to identify clinical practice guidelines, systematic reviews and randomized and non randomized controlled trials pertaining to many search items.

These include (with various combinations of search terms):

Snoring, primary snoring, snoring in OSA, uvulopalatopharyngoplasty or explode uvulopalatopharyngoplasty, modified uvulopalatopharyngoplasty, devices or mandibular advancement or mandibular advancement devices, injection snoreplasty, CPAP or Continuous Positive Airway Pressure, weight loss or explode body weight loss, smoking cessation or explode smoking

cessation, alcohol or explode alcohol consumption, alcohol reduction, palatal implant surgery, nasal surgery or explode nasal surgery, tongue or radiofrequency tongue surgery or radiofrequency ablation.

We excluded irrelevant or invalid articles based on Abstract review, those that failed to meet components of the PICOT format and subsequent assessment and panel discussion. Furthermore, data was extrapolated from the OSA literature which met PICOT criteria.