Appendix S4. CINeMA outputs.

This supplementary information contains all outputs of the CINeMA tool. The CINeMA outputs show the results for the different outcomes (primary plaque, secondary plaque, primary gingivitis, secondary gingivitis) for all studies and for studies with adults only.

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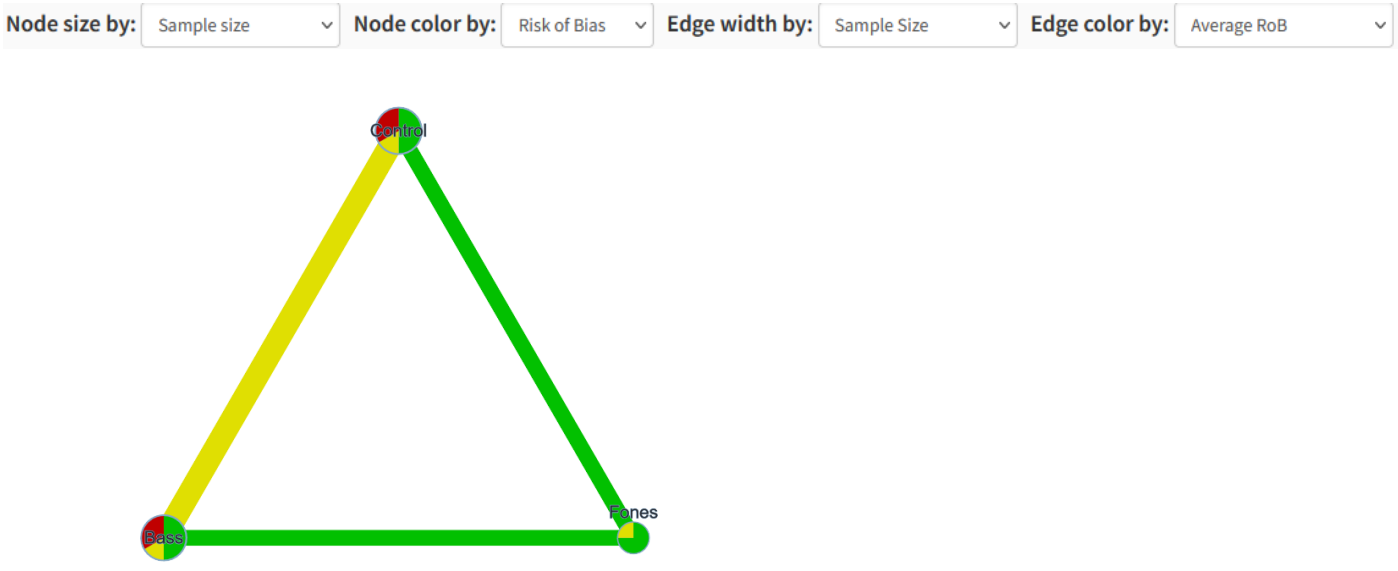
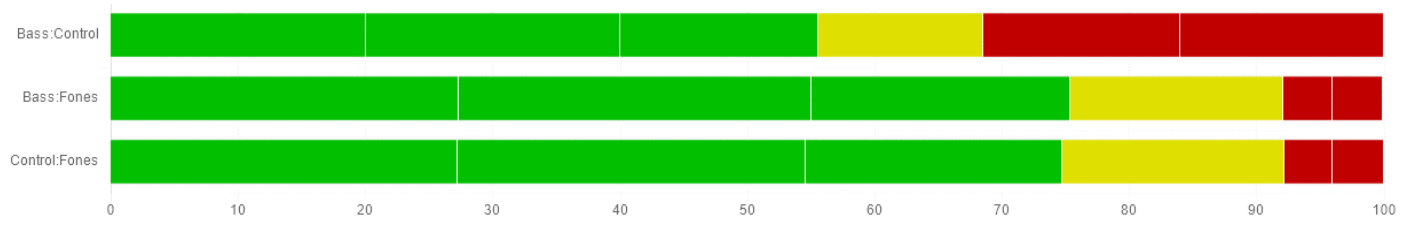
1. CINeMA-Output: Primary Plaque (all studies)

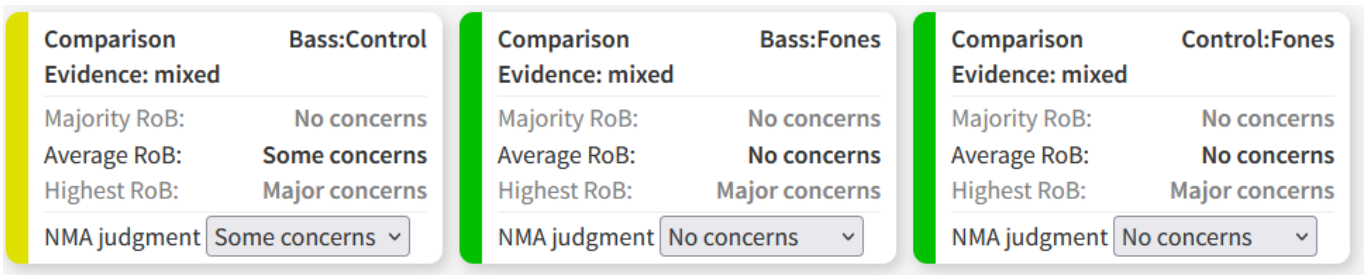
	id	study	year	feature	outcome	index	t1	n1	y1	sd1	rob	indirectness	t2	n2	y2	sd2
1	2	Harnacke et al. (2012)	2012	plaque	primary	MPI	Control	19	58.71	18.63	2	1	Fones	19	52.57	17.01
2	2	Harnacke et al. (2012)	2012	plaque	primary	MPI	Control	19	58.71	18.63	2	1	Bass	18	63.59	17.03
3	2	Harnacke et al. (2012)	2012	plaque	primary	MPI	Fones	19	52.57	17.01	2	1	Bass	18	63.59	17.03
4	3	Schlueter et al. (2013.1)	2013	plaque	primary	TQHI	Control	27	1.72	0.48	3	1	Bass	24	1.52	0.58
5	4	Schlueter et al. (2013.2)	2013	plaque	primary	TQHI	Control	27	1.72	0.48	3	1	Bass	26	1.5	0.69
6	5	Deinzer et al. (2016.1)	2016	plaque	primary	MPI	Control	30	70.04	16	1	1	Fones	32	71.89	15.29
7	5	Deinzer et al. (2016.1)	2016	plaque	primary	MPI	Control	30	70.04	16	1	1	Bass	30	67.18	18.21
8	5	Deinzer et al. (2016.1)	2016	plaque	primary	MPI	Fones	32	71.89	15.29	1	1	Bass	30	67.18	18.21
9	6	Deinzer et al. (2016.2)	2016	plaque	primary	MPI	Control	30	34.34	20.13	1	1	Fones	32	31.9	20.35
10	6	Deinzer et al. (2016.2)	2016	plaque	primary	MPI	Control	30	34.34	20.13	1	1	Bass	30	31.23	22.73
11	6	Deinzer et al. (2016.2)	2016	plaque	primary	MPI	Fones	32	31.9	20.35	1	1	Bass	30	31.23	22.73
12	7	Harnacke et al. (2016)	2016	plaque	primary	MPI	Control	22	78.89	10.66	1	1	Fones	23	72.87	15.69
13	7	Harnacke et al. (2016)	2016	plaque	primary	MPI	Control	22	78.89	10.66	1	1	Bass	23	80.93	13.39
14	7	Harnacke et al. (2016)	2016	plaque	primary	MPI	Fones	23	72.87	15.69	1	1	Bass	23	80.93	13.39



Risk of bias contributions: The bar chart shows the contributions of each piece of study to the network estimate



Selected Rule: *Average RoB*



Reporting Bias: Judgement „all low Risk“

Indirectness: Judgement “all no concerns”

Imprecision: Clinically important effect size set at 0.2

Comparison	Bass:Control
Evidence: mixed	
NMA estimate:	-0.129
95% Confidence interval:	
Confidence interval	(-0.377,0.119)
extends into clinically important effects	
Imprecision judgment	Some concerns

Comparison	Bass:Fones
Evidence: mixed	
NMA estimate:	0.091
95% Confidence interval:	
Confidence interval	(-0.200,0.382)
*extends into clinically important effects in **both** directions*	
Imprecision judgment	Major concerns

Comparison	Control:Fones
Evidence: mixed	
NMA estimate:	0.220
95% Confidence interval:	
Confidence interval	(-0.070,0.510)
extends into clinically important effects	
Imprecision judgment	Some concerns

Heterogeneity

The estimated value of between-study variance for the network meta-analysis is **0.017**

Comparison	Bass:Control
Evidence: mixed	
NMA estimate:	-0.129
95% intervals for NMA estimate	
Confidence interval:	(-0.377,0.119)
Prediction interval:	(-0.557,0.299)
*Prediction interval **extends** into clinically important or unimportant effects*	
Heterogeneity judgment	Some concerns

Comparison	Bass:Fones
Evidence: mixed	
NMA estimate:	0.091
95% intervals for NMA estimate	
Confidence interval:	(-0.200,0.382)
Prediction interval:	(-0.375,0.557)
*Confidence and prediction intervals **agree** in relation to clinically important effect*	
Heterogeneity judgment	No concerns

Comparison	Control:Fones
Evidence: mixed	
NMA estimate:	0.220
95% intervals for NMA estimate	
Confidence interval:	(-0.070,0.510)
Prediction interval:	(-0.245,0.685)
*Prediction interval **extends** into clinically important or unimportant effects*	
Heterogeneity judgment	Some concerns

Incoherence

Global test based on a random-effects design-by-treatment interaction model

χ^2 statistic: 2.010 (1 degrees of freedom), P value: 0.156

Comparison	Bass:Control
Evidence: direct	
Direct standardised mean difference:	-0.128(-0.376,0.120)
Inconsistency measures: Not applicable	
Incoherence judgment	No concerns

Comparison	Bass:Fones
Evidence: mixed	
NMA standardised mean difference:	0.091(-0.200,0.382)
Direct standardised mean difference:	0.153(-0.151,0.458)
Indirect standardised mean difference:	-0.563(-1.552,0.426)
Inconsistency measures	
Difference of standardised mean differences:	0.717(-0.318,1.751)
P value:	0.175
Incoherence judgment	No concerns

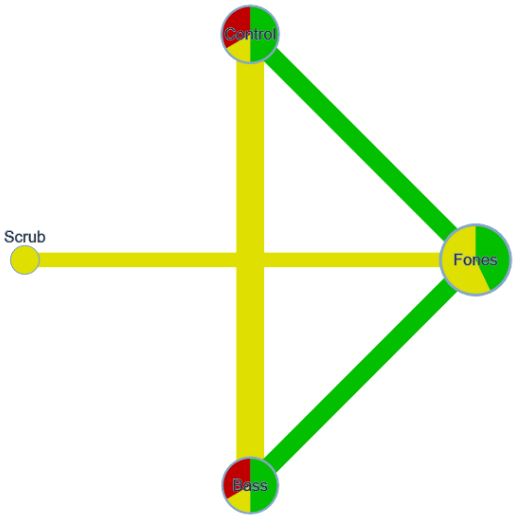
Comparison	Control:Fones
Evidence: mixed	
NMA standardised mean difference:	0.220(-0.070,0.510)
Direct standardised mean difference:	0.164(-0.139,0.467)
Indirect standardised mean difference:	0.831(-0.171,1.832)
Inconsistency measures	
Difference of standardised mean differences:	-0.666(-1.713,0.380)
P value:	0.212
Incoherence judgment	No concerns

Overall rating of the confidence into the evidence

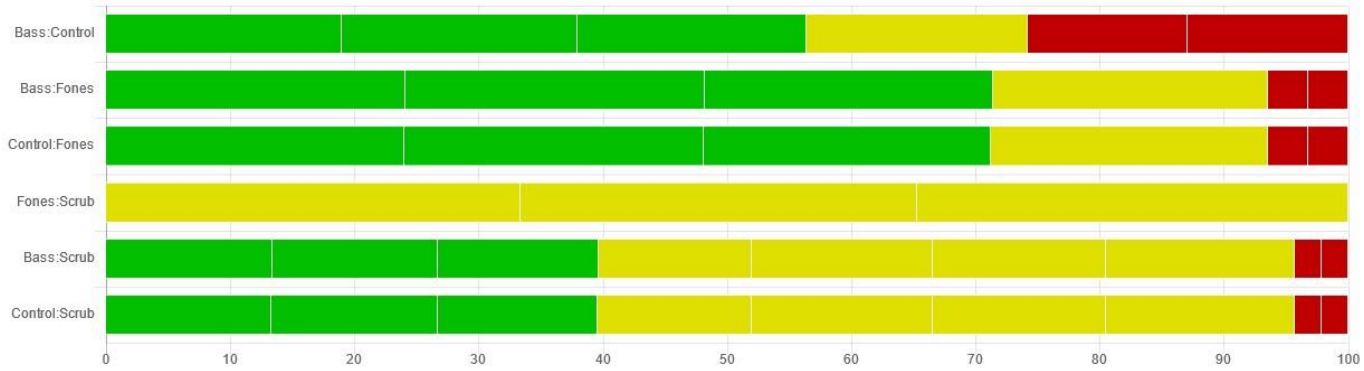
Comparison	Number of Studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
				Mixed evidence					
Bass vs Control	6	Some concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Low	| Within-study bias | Imprecision | Heterogeneity |
Bass vs Fones	4	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	| Imprecision |
Control vs Fones	4	No concerns	Low risk	No concerns	Some concerns	Some concerns	No concerns	Moderate	| Imprecision | Heterogeneity |

2. CINeMA-Output: Secondary Plaque (all studies)

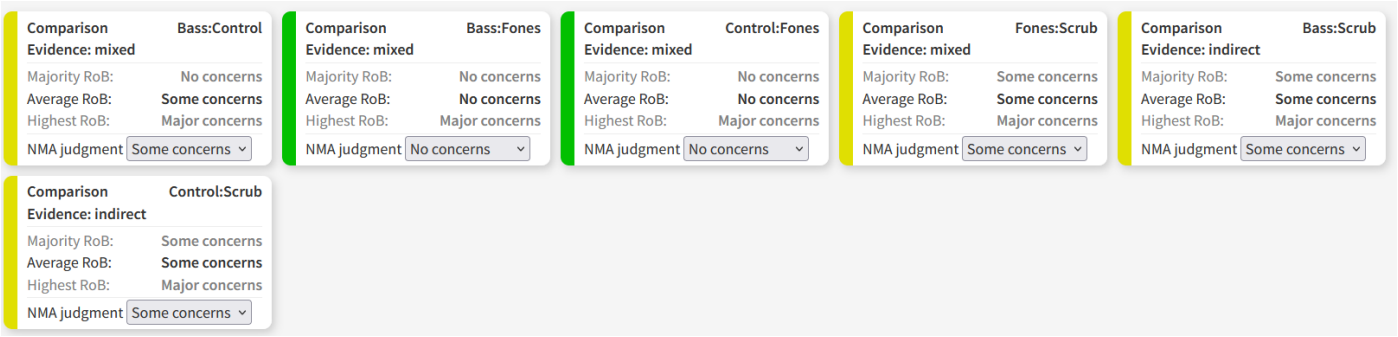
	id	study	year	feature	outcome	index	t1	n1	y1	sd1	rob	indirectness	t2	n2	y2	sd2
1	2	Harnacke et al. (2012)	2012	plaque	secondary	MPI	Control	19	62.51	20.05	2	1	Fones	18	50.19	15.33
2	2	Harnacke et al. (2012)	2012	plaque	secondary	MPI	Control	19	62.51	20.05	2	1	Bass	18	64.72	19.31
3	2	Harnacke et al. (2012)	2012	plaque	secondary	MPI	Fones	18	50.19	15.33	2	1	Bass	18	64.72	19.31
4	3	Schlueter et al. (2013.1)	2013	plaque	secondary	TQHI	Control	27	1.8	0.47	3	1	Bass	24	1.58	0.58
5	4	Schlueter et al. (2013.2)	2013	plaque	secondary	TQHI	Control	27	1.8	0.47	3	1	Bass	26	1.64	0.58
6	5	Deinzer et al. (2016.1)	2016	plaque	secondary	MPI	Control	30	76.18	14.93	1	1	Fones	32	71.99	14.92
7	5	Deinzer et al. (2016.1)	2016	plaque	secondary	MPI	Control	30	76.18	14.93	1	1	Bass	30	70.56	16.9
8	5	Deinzer et al. (2016.1)	2016	plaque	secondary	MPI	Fones	32	71.99	14.92	1	1	Bass	30	70.56	16.9
9	6	Deinzer et al. (2016.2)	2016	plaque	secondary	MPI	Control	30	42.18	25.56	1	1	Fones	32	36.78	23.99
10	6	Deinzer et al. (2016.2)	2016	plaque	secondary	MPI	Control	30	42.18	25.56	1	1	Bass	30	39.24	23.41
11	6	Deinzer et al. (2016.2)	2016	plaque	secondary	MPI	Fones	32	36.78	23.99	1	1	Bass	30	39.24	23.41
12	7	Harnacke et al. (2016)	2016	plaque	secondary	MPI	Control	22	77.45	12.08	1	1	Fones	23	70.67	14.49
13	7	Harnacke et al. (2016)	2016	plaque	secondary	MPI	Control	22	77.45	12.08	1	1	Bass	23	76.05	17.26
14	7	Harnacke et al. (2016)	2016	plaque	secondary	MPI	Fones	23	70.67	14.49	1	1	Bass	23	76.05	17.26
15	8	Ceyhan et al. (2018.1)	2018	plaque	secondary	PI	Scrub	17	0.3	0.04	2	3	Fones	21	0.25	0.04
16	9	Ceyhan et al. (2018.2)	2018	plaque	secondary	PI	Scrub	22	0.37	0.03	2	3	Fones	25	0.47	0.04
17	10	Ceyhan et al. (2018.3)	2018	plaque	secondary	PI	Scrub	39	0.23	0.02	2	3	Fones	39	0.18	0.02



Risk of bias contributions: The bar chart shows the contributions of each piece of study to the network estimate

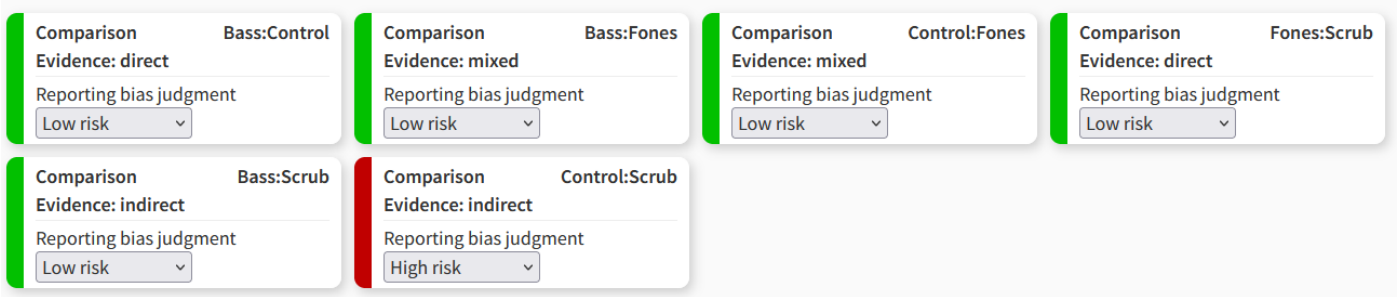


Selected Rule: *Average RoB*

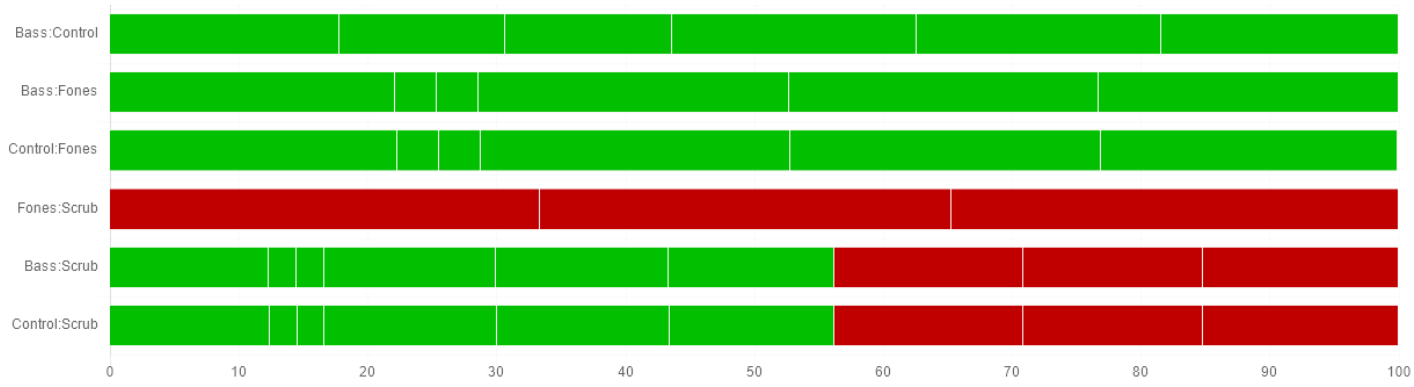


Reporting Bias

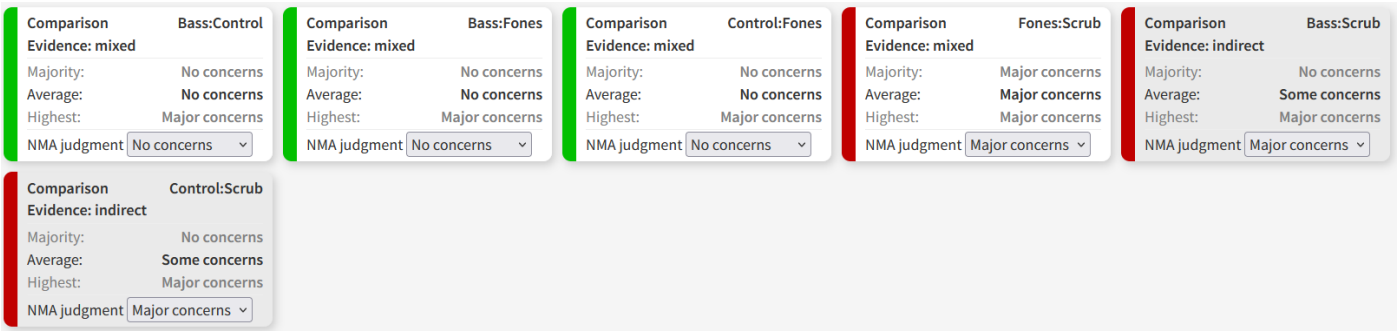
The Comparison Control:Scrub was manually set to high risk (rationale: statistics from Sarvia et al. 1989 was not available for NMA)



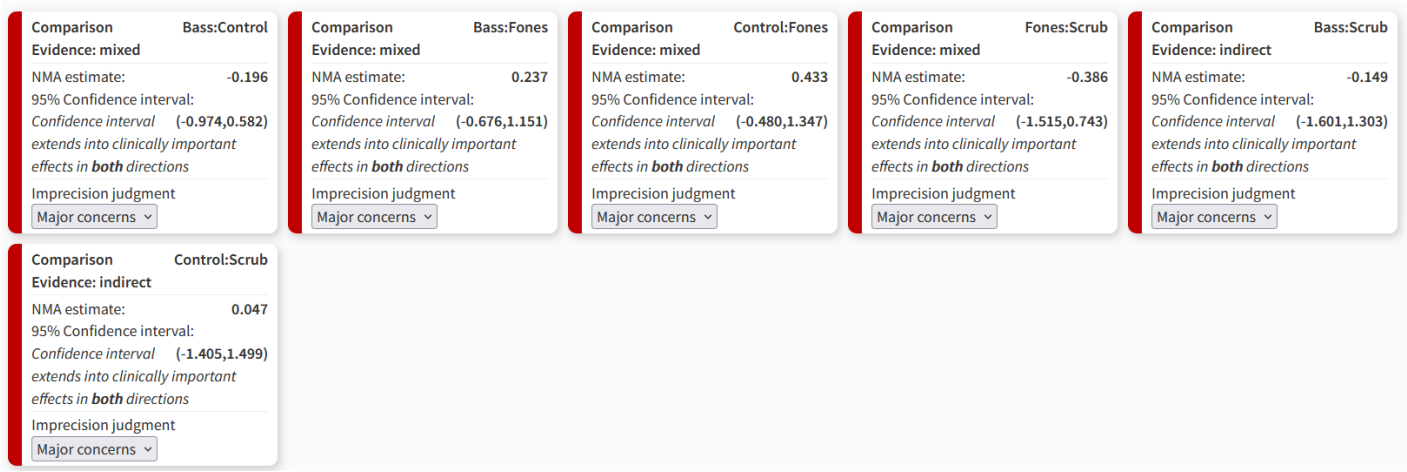
Indirectness contributions



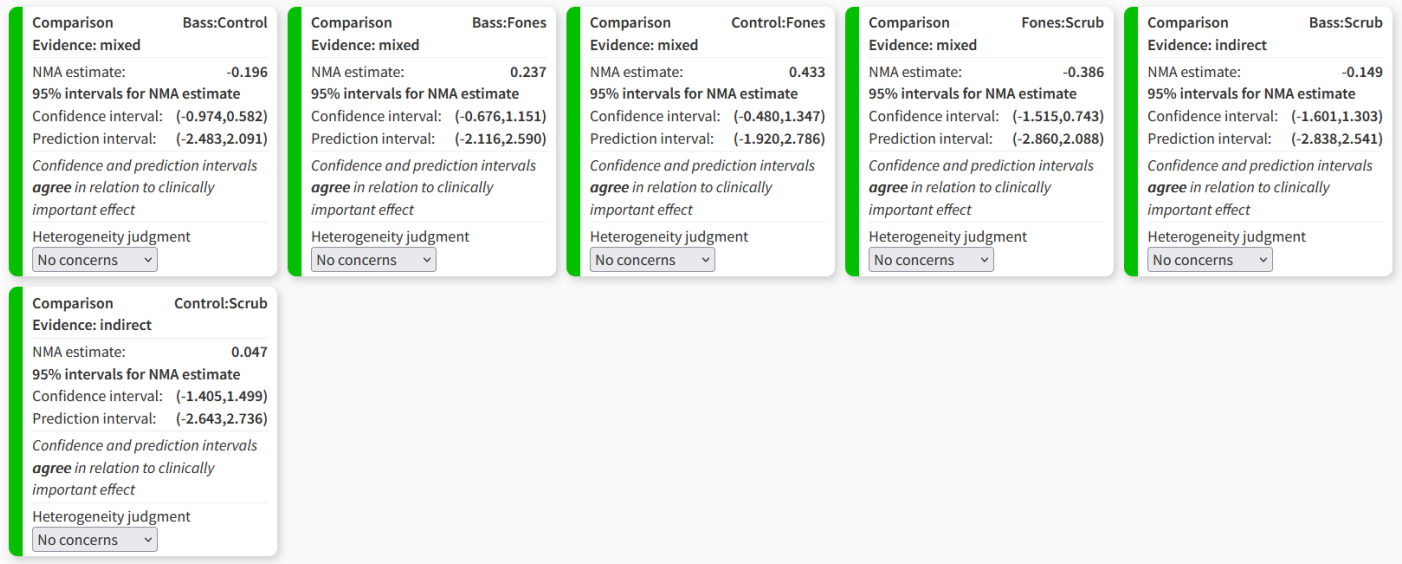
Selected rule: *Average*; indirect comparisons were manually set at high risk



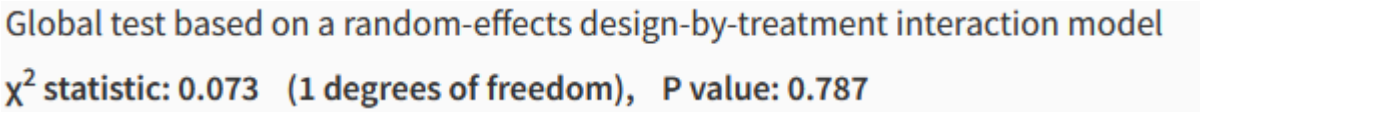
Imprecision: Clinically important effect size set at 0.2

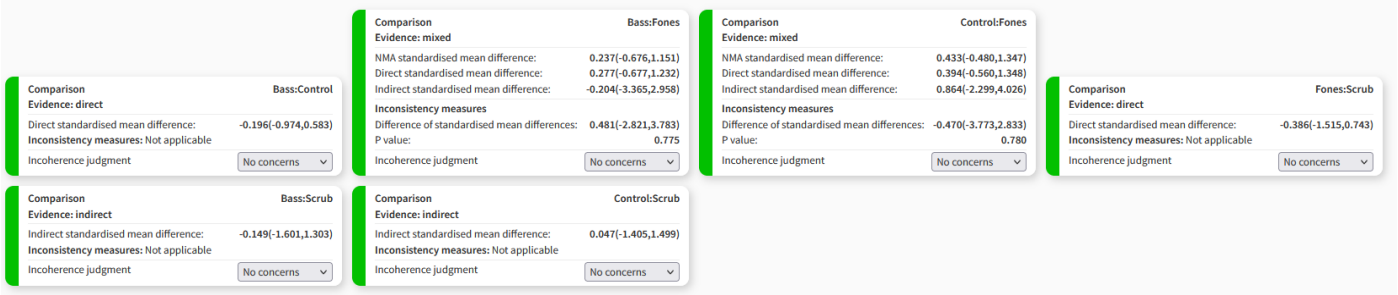


Heterogeneity



Incoherence





Overall rating of the confidence into the evidence

Comparison	Number of Studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
Mixed evidence									
Bass vs Control	6	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Imprecision |
Bass vs Fones	4	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	| Imprecision |
Control vs Fones	4	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	| Imprecision |
Fones vs Scrub	3	Some concerns	Low risk	Major concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Indirectness | Imprecision |
Indirect evidence									
Bass vs Scrub	--	Some concerns	Low risk	Major concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Indirectness | Imprecision |
Control vs Scrub	--	Some concerns	High risk	Major concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Reporting bias | Indirectness | Imprecision |

3. CINeMA-Output: Secondary Plaque (studies with adults only)

	id	study	year	feature	outcome	index	t1	n1	y1	sd1	rob	indirectness	t2	n2	y2	sd2
1	2	Harnacke et al. (2012)	2012	plaque	secondary	MPI	Control	19	62.51	20.05	2	1	Fones	18	50.19	15.33
2	2	Harnacke et al. (2012)	2012	plaque	secondary	MPI	Control	19	62.51	20.05	2	1	Bass	18	64.72	19.31
3	2	Harnacke et al. (2012)	2012	plaque	secondary	MPI	Fones	18	50.19	15.33	2	1	Bass	18	64.72	19.31
4	3	Schlueter et al. (2013.1)	2013	plaque	secondary	TQHI	Control	27	1.8	0.47	3	1	Bass	24	1.58	0.58
5	4	Schlueter et al. (2013.2)	2013	plaque	secondary	TQHI	Control	27	1.8	0.47	3	1	Bass	26	1.64	0.58
6	5	Deinzer et al. (2016.1)	2016	plaque	secondary	MPI	Control	30	76.18	14.93	1	1	Fones	32	71.99	14.92
7	5	Deinzer et al. (2016.1)	2016	plaque	secondary	MPI	Control	30	76.18	14.93	1	1	Bass	30	70.56	16.9
8	5	Deinzer et al. (2016.1)	2016	plaque	secondary	MPI	Fones	32	71.99	14.92	1	1	Bass	30	70.56	16.9
9	6	Deinzer et al. (2016.2)	2016	plaque	secondary	MPI	Control	30	42.18	25.56	1	1	Fones	32	36.78	23.99
10	6	Deinzer et al. (2016.2)	2016	plaque	secondary	MPI	Control	30	42.18	25.56	1	1	Bass	30	39.24	23.41
11	6	Deinzer et al. (2016.2)	2016	plaque	secondary	MPI	Fones	32	36.78	23.99	1	1	Bass	30	39.24	23.41
12	7	Harnacke et al. (2016)	2016	plaque	secondary	MPI	Control	22	77.45	12.08	1	1	Fones	23	70.67	14.49
13	7	Harnacke et al. (2016)	2016	plaque	secondary	MPI	Control	22	77.45	12.08	1	1	Bass	23	76.05	17.26
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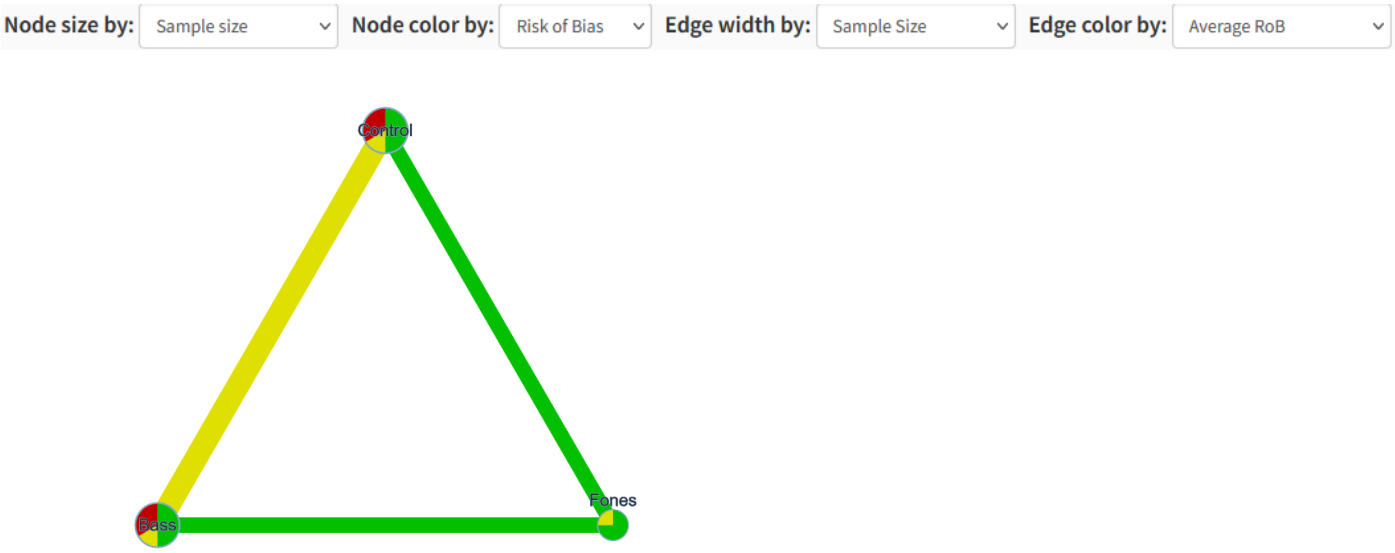
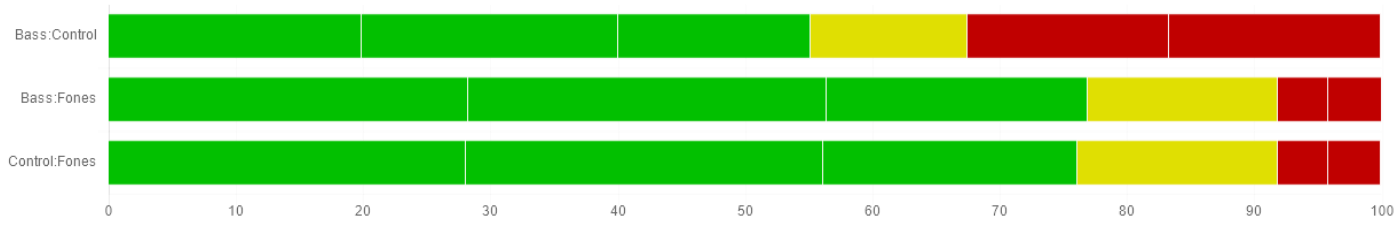
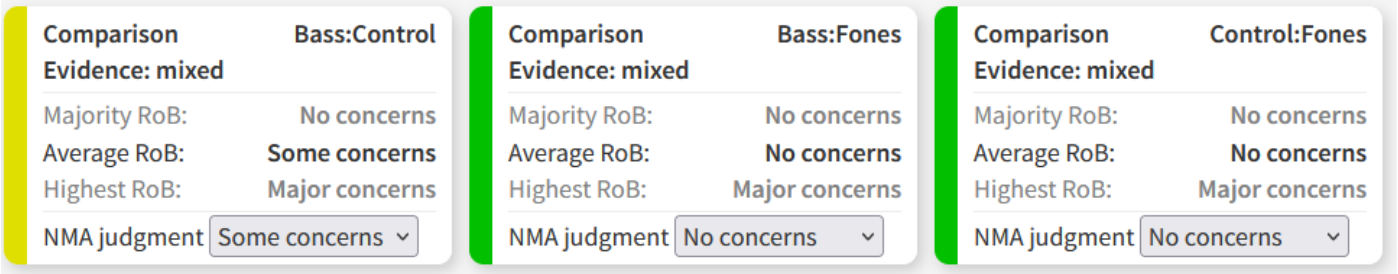


Risk of bias contributions: The bar chart shows the contributions of each piece of study to the network estimate



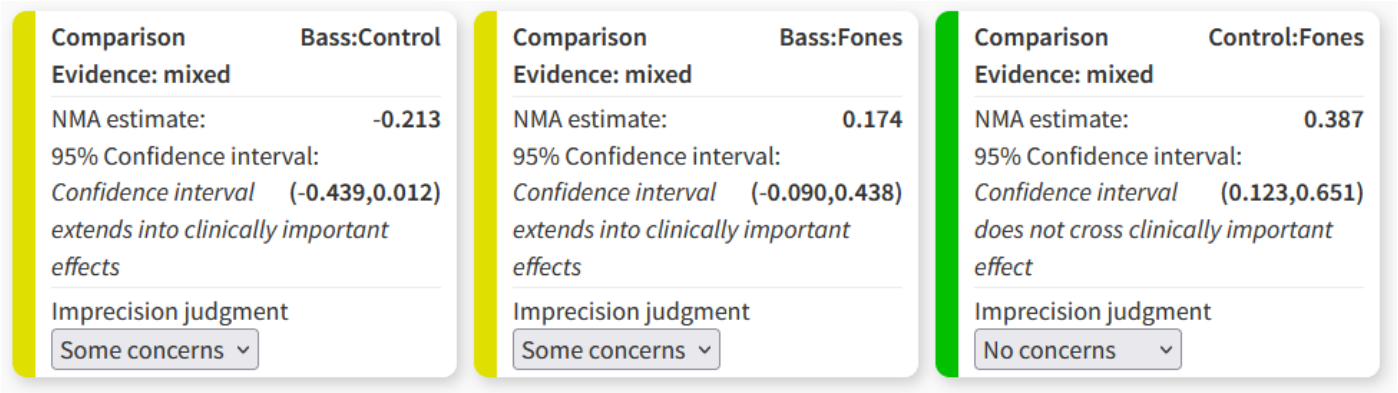
Selected Rule: *Average RoB*



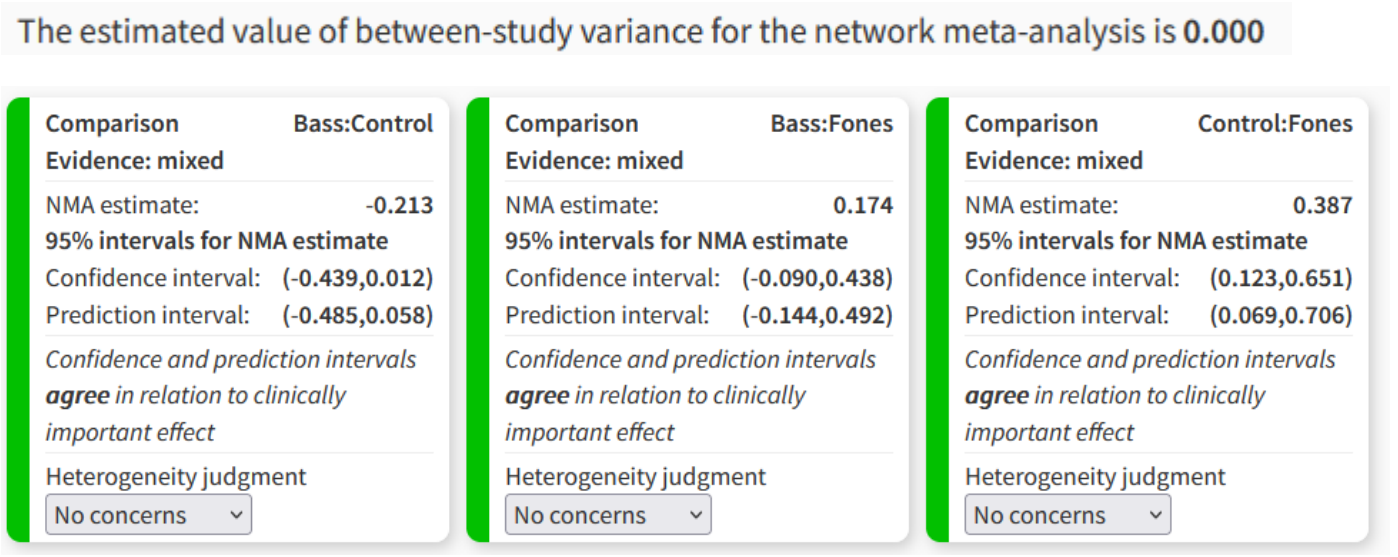
Reporting Bias: Judgement „all low Risk“

Indirectness: Judgement “all no concerns”

Imprecision: Clinically important effect size set at 0.2



Heterogeneity



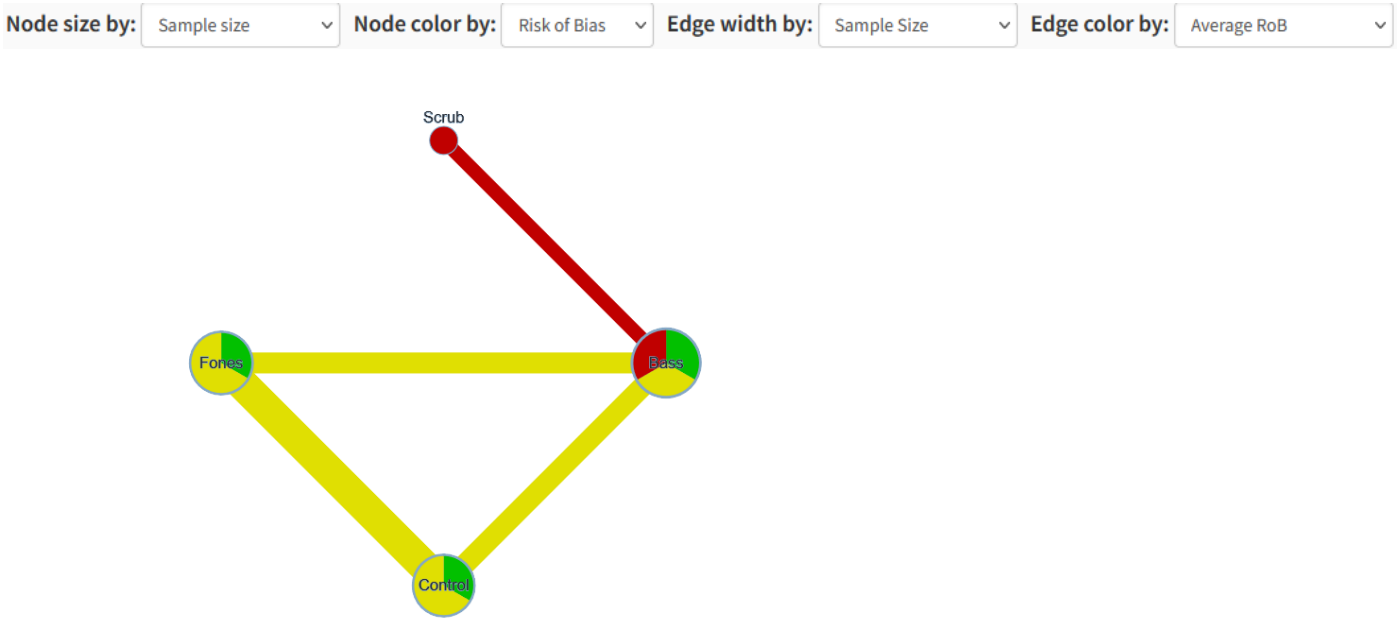
Incoherence

Overall rating of the confidence into the evidence

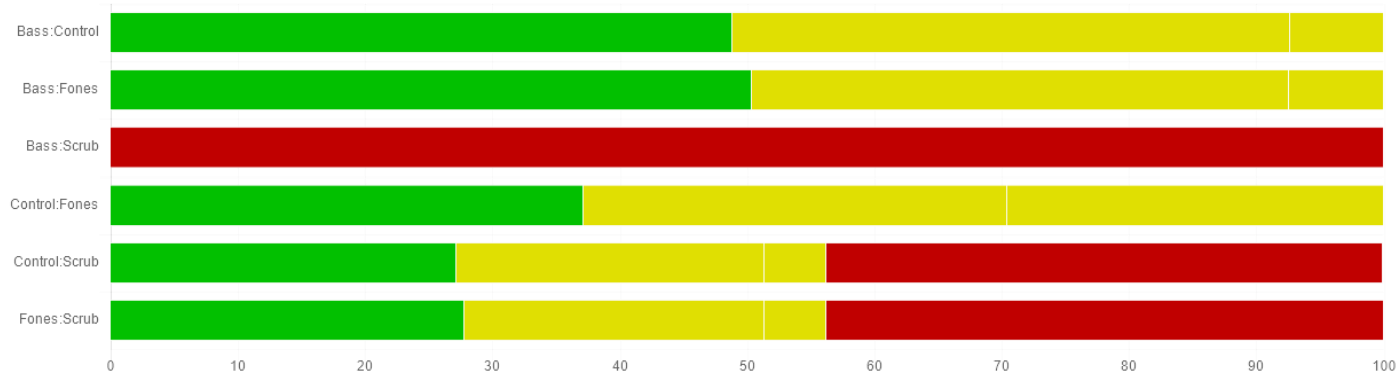
Comparison	Number of Studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
				Mixed evidence					
Bass vs Control	6	Some concerns	Low risk	No concerns	Some concerns	No concerns	No concerns	Low	| Within-study bias | Imprecision |
Bass vs Fones	4	No concerns	Low risk	No concerns	Some concerns	No concerns	No concerns	Moderate	| Imprecision |
Control vs Fones	4	No concerns	Low risk	No concerns	No concerns	No concerns	No concerns	High	|

4. CINeMA-Output: Primary Gingivitis (all studies)

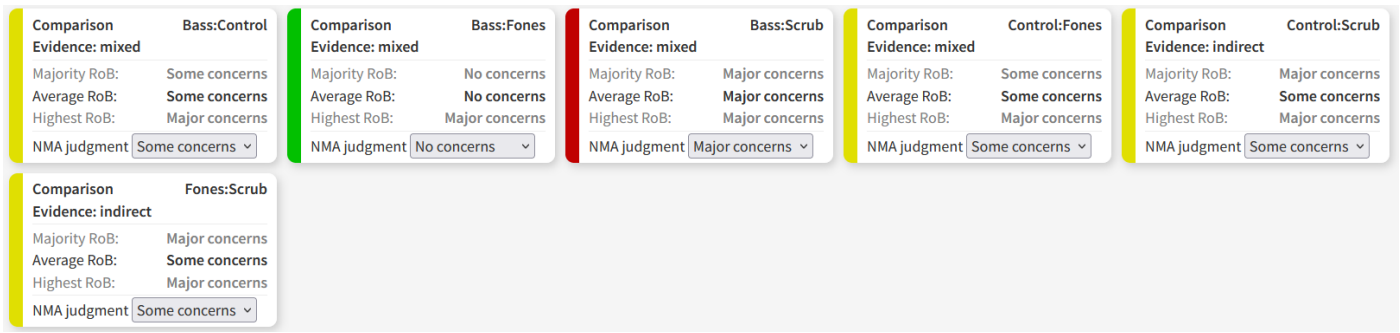
	study	year	feature	outcome	index	t1	n1	y1	sd1	rob	indirectness	t2	n2	y2	sd2
1	Smutkeeree et al. (2011)	2011	gingivitis	primary	GI	Scrub	29	2.42	0.28	3	3	Bass	28	2.43	0.34
2	Harnacke et al. (2012)	2012	gingivitis	primary	PBI	Control	19	26	15.03	2	1	Fones	19	15.35	12.57
3	Harnacke et al. (2012)	2012	gingivitis	primary	PBI	Control	19	26	15.03	2	1	Bass	18	27.96	21.29
4	Harnacke et al. (2012)	2012	gingivitis	primary	PBI	Fones	19	15.35	12.57	2	1	Bass	18	27.96	21.29
5	Harnacke et al. (2016)	2016	gingivitis	primary	BOP	Control	22	7.36	4.7	1	1	Fones	23	10.5	7.39
6	Harnacke et al. (2016)	2016	gingivitis	primary	BOP	Control	22	7.36	4.7	1	1	Bass	24	10.84	7.01
7	Harnacke et al. (2016)	2016	gingivitis	primary	BOP	Fones	23	10.5	7.39	1	1	Bass	24	10.84	7.01
8	Schmalz et al. (2018)	2018	gingivitis	primary	GI	Control	22	1	0.08	2	2	Fones	22	0.97	0.14



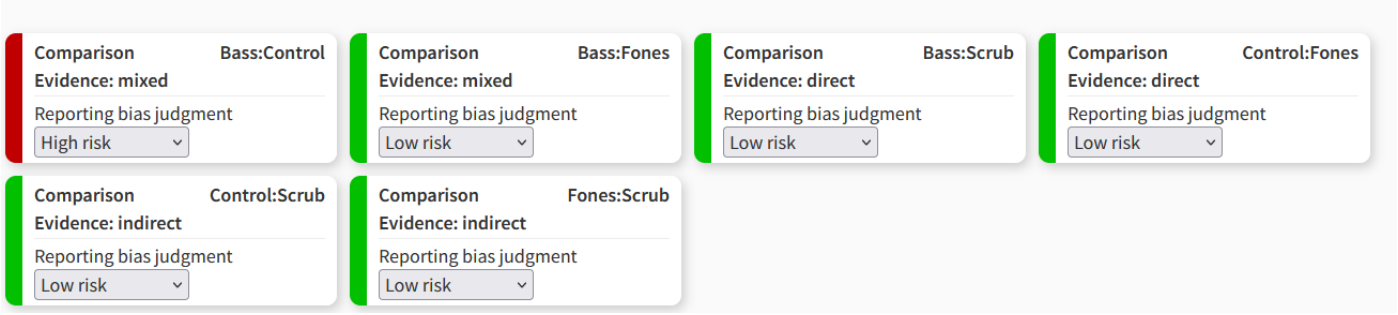
Risk of bias contributions: The bar chart shows the contributions of each piece of study to the network estimate



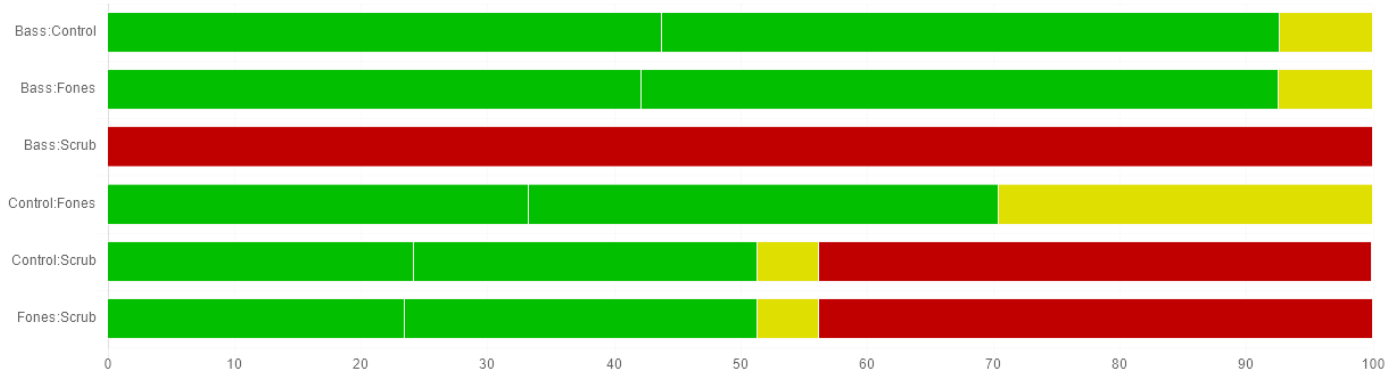
Selected Rule: *Average RoB*



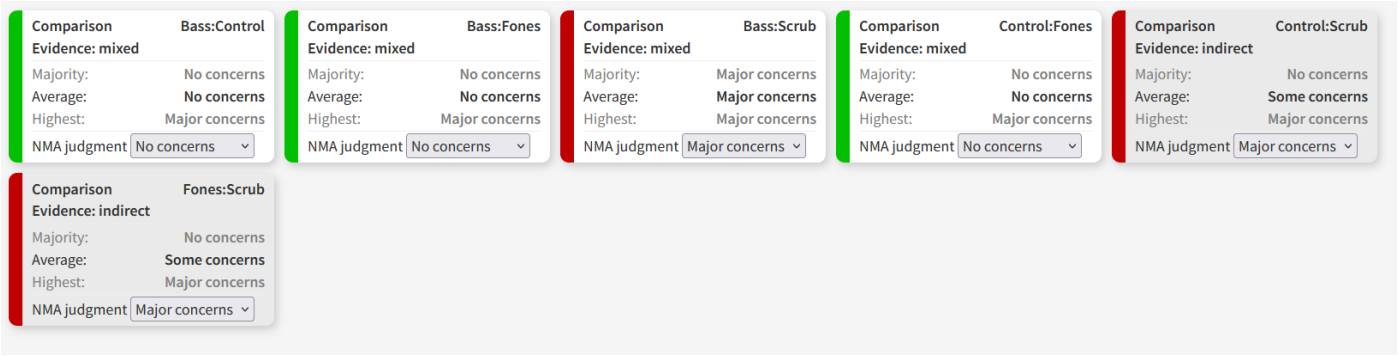
Reporting Bias: The Comparison Bass:Control was manually set to high risk (rationale: statistics from Dosumo et al. 2019 and Ausenda et al. 2019 were not available for NMA)



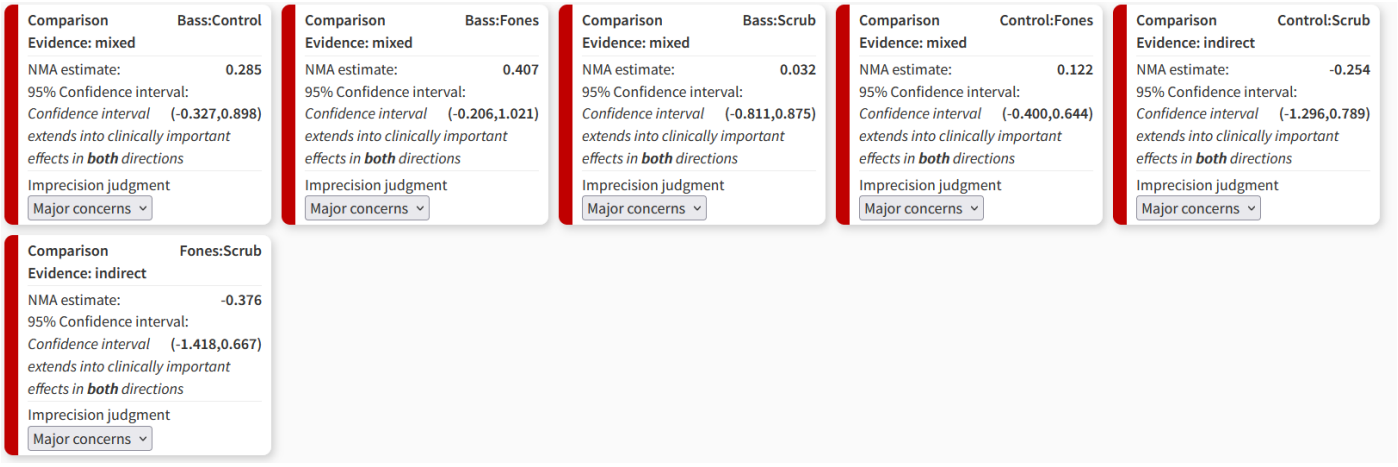
Indirectness contributions



Selected rule: *Average*; indirect comparisons were manually set at high risk



Imprecision: Clinically important effect size set at 0.2



Heterogeneity

The estimated value of between-study variance for the network meta-analysis is **0.115**

Comparison	Evidence	NMA estimate	95% intervals for NMA estimate	Confidence interval	Prediction interval	Heterogeneity judgment
Bass:Control	mixed	0.285		(-0.327,0.898)	(-1.698,2.269)	No concerns
Bass:Fones	mixed	0.407		(-0.206,1.021)	(-1.578,2.392)	No concerns
Bass:Scrub	mixed	0.032		(-0.811,0.875)	(-2.324,2.388)	No concerns
Control:Fones	mixed	0.122		(-0.400,0.644)	(-1.732,1.976)	No concerns
Control:Scrub	indirect	-0.254		(-1.296,0.789)	(-2.966,2.459)	No concerns
Fones:Scrub	indirect	-0.376		(-1.418,0.667)	(-3.089,2.338)	No concerns

*Confidence and prediction intervals **agree** in relation to clinically important effect*

Incoherence

Global test based on a random-effects design-by-treatment interaction model

χ^2 statistic: 0.089 (1 degrees of freedom), P value: 0.766

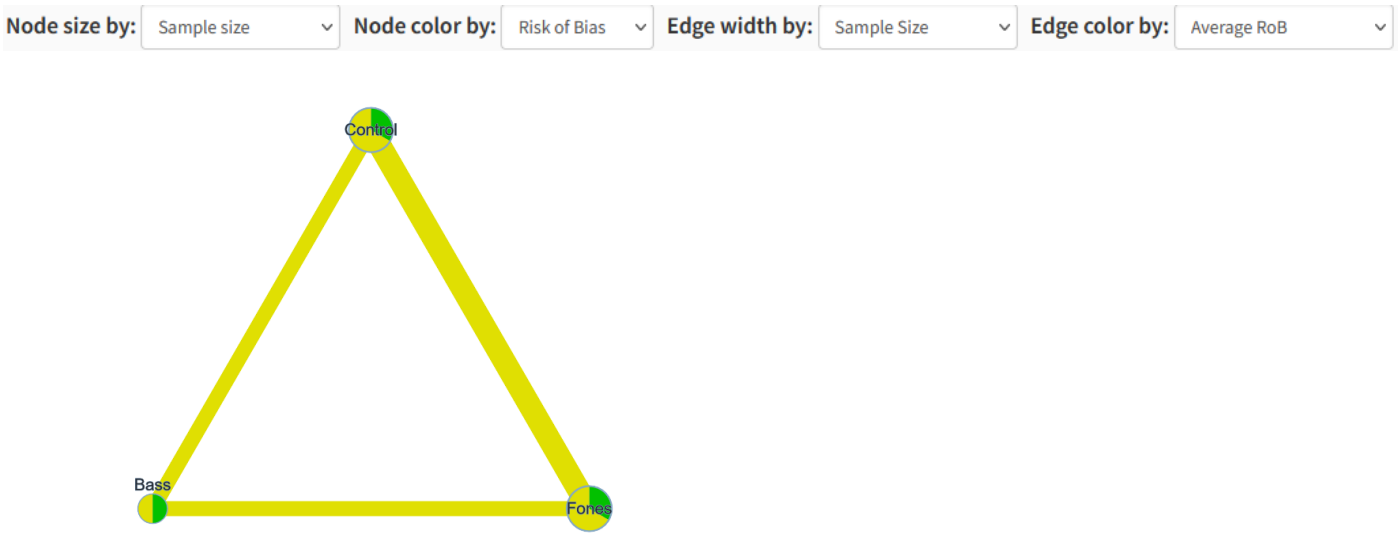
Comparison	Evidence	Measure	Value	Inconsistency measures	Value	Incoherence judgment
Bass:Control	mixed	NMA standardised mean difference	0.285(-0.327,0.898)	Difference of standardised mean differences	0.509(-1.674,2.693)	No concerns
		Direct standardised mean difference	0.329(-0.312,0.970)	P value	0.648	
		Indirect standardised mean difference	-0.180(-2.268,1.907)			
Bass:Fones	mixed	NMA standardised mean difference	0.407(-0.206,1.021)	Difference of standardised mean differences	-0.405(-2.584,1.774)	No concerns
		Direct standardised mean difference	0.372(-0.270,1.014)	P value	0.715	
		Indirect standardised mean difference	0.777(-1.305,2.859)			
Bass:Scrub	direct	Direct standardised mean difference	0.032(-0.811,0.875)	Inconsistency measures: Not applicable		No concerns
Control:Fones	direct	Direct standardised mean difference	0.123(-0.399,0.645)	Inconsistency measures: Not applicable		No concerns
Control:Scrub	indirect	Indirect standardised mean difference	-0.254(-1.296,0.789)	Inconsistency measures: Not applicable		No concerns
Fones:Scrub	indirect	Indirect standardised mean difference	-0.376(-1.418,0.667)	Inconsistency measures: Not applicable		No concerns

Overall rating of the confidence into the evidence

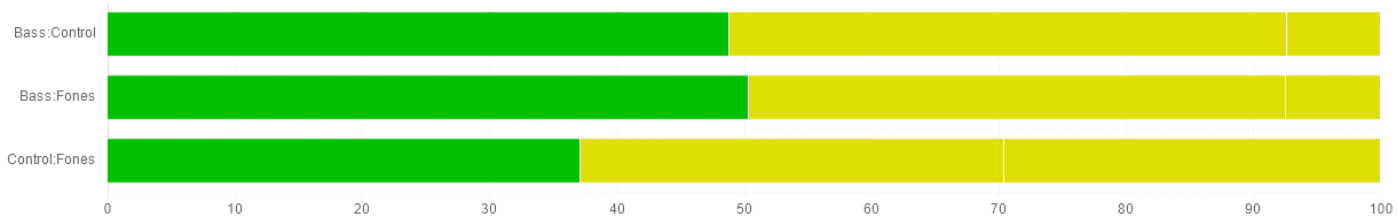
Comparison	Number of Studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
Mixed evidence									
Bass vs Control	2	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Reporting bias | Imprecision |
Bass vs Fones	2	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	| Imprecision |
Bass vs Scrub	1	Major concerns	Low risk	Major concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Indirectness | Imprecision |
Control vs Fones	3	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Imprecision |
Indirect evidence									
Control vs Scrub	--	Some concerns	Low risk	Major concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Indirectness | Imprecision |
Fones vs Scrub	--	Some concerns	Low risk	Major concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Indirectness | Imprecision |

5. CINeMA-Output: Primary Gingivitis (studies with adults only)

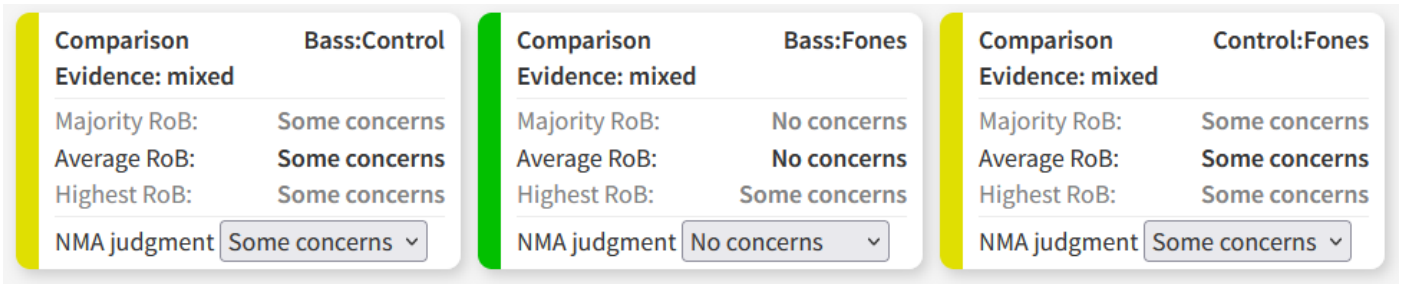
	study	year	feature	outcome	index	t1	n1	y1	sd1	rob	indirectness	t2	n2	y2	sd2
1	Harnacke et al. (2012)	2012	gingivitis	primary	PBI	Control	19	26	15.03	2	1	Fones	19	15.35	12.57
2	Harnacke et al. (2012)	2012	gingivitis	primary	PBI	Control	19	26	15.03	2	1	Bass	18	27.96	21.29
3	Harnacke et al. (2012)	2012	gingivitis	primary	PBI	Fones	19	15.35	12.57	2	1	Bass	18	27.96	21.29
4	Harnacke et al. (2016)	2016	gingivitis	primary	BOP	Control	22	7.36	4.7	1	1	Fones	23	10.5	7.39
5	Harnacke et al. (2016)	2016	gingivitis	primary	BOP	Control	22	7.36	4.7	1	1	Bass	24	10.84	7.01
6	Harnacke et al. (2016)	2016	gingivitis	primary	BOP	Fones	23	10.5	7.39	1	1	Bass	24	10.84	7.01
7	Schmalz et al. (2018)	2018	gingivitis	primary	GI	Control	22	1	0.08	2	2	Fones	22	0.97	0.14



Risk of bias contributions: The bar chart shows the contributions of each piece of study to the network estimate



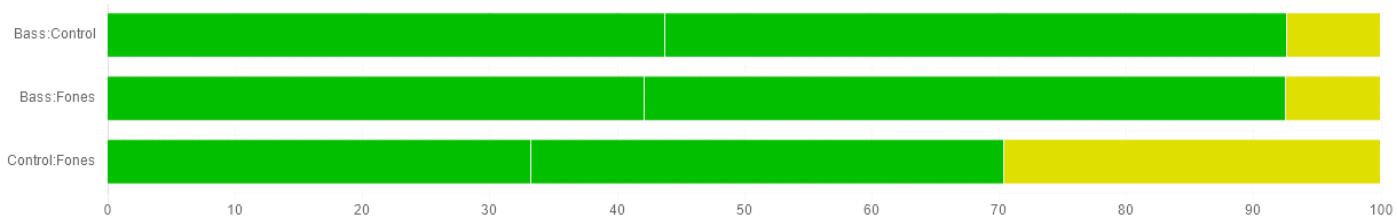
Selected Rule: *Average RoB*



Reporting Bias: The Comparison Bass:Control was manually set to high risk (rationale: statistics from Dosumo et al. 2019 and Ausenda et al. 2019 were not available for NMA)

Comparison	Bass:Control	Comparison	Bass:Fones	Comparison	Control:Fones
Evidence: mixed		Evidence: mixed		Evidence: direct	
Reporting bias judgment		Reporting bias judgment		Reporting bias judgment	
High risk		Low risk		Low risk	

Indirectness contributions



Selected rule: *Average*

Comparison	Bass:Control	Comparison	Bass:Fones	Comparison	Control:Fones
Evidence: mixed		Evidence: mixed		Evidence: mixed	
Majority:	No concerns	Majority:	No concerns	Majority:	No concerns
Average:	**No concerns**	Average:	**No concerns**	Average:	**No concerns**
Highest:	Some concerns	Highest:	Some concerns	Highest:	Some concerns
NMA judgment	No concerns	NMA judgment	No concerns	NMA judgment	No concerns

Imprecision: Clinically important effect size set at 0.2

Comparison	Bass:Control	Comparison	Bass:Fones	Comparison	Control:Fones
Evidence: mixed		Evidence: mixed		Evidence: mixed	
NMA estimate:	0.285	NMA estimate:	0.407	NMA estimate:	0.122
95% Confidence interval:		95% Confidence interval:		95% Confidence interval:	
Confidence interval	(-0.327,0.898)	*Confidence interval*	(-0.206,1.021)	*Confidence interval*	(-0.400,0.644)
extends into clinically important effects in ***both*** *directions*		*extends into clinically important effects in* ***both*** *directions*		*extends into clinically important effects in* ***both*** *directions*	
Imprecision judgment		Imprecision judgment		Imprecision judgment	
Major concerns		Major concerns		Major concerns	

Heterogeneity

The estimated value of between-study variance for the network meta-analysis is **0.115**

Comparison	Bass:Control
Evidence: mixed	
NMA estimate:	0.285
95% intervals for NMA estimate	
Confidence interval:	(-0.327,0.898)
Prediction interval:	(-1.698,2.269)
Confidence and prediction intervals ***agree*** *in relation to clinically important effect*	
Heterogeneity judgment	No concerns

Comparison	Bass:Fones
Evidence: mixed	
NMA estimate:	0.407
95% intervals for NMA estimate	
Confidence interval:	(-0.206,1.021)
Prediction interval:	(-1.578,2.392)
Confidence and prediction intervals ***agree*** *in relation to clinically important effect*	
Heterogeneity judgment	No concerns

Comparison	Control:Fones
Evidence: mixed	
NMA estimate:	0.122
95% intervals for NMA estimate	
Confidence interval:	(-0.400,0.644)
Prediction interval:	(-1.732,1.976)
Confidence and prediction intervals ***agree*** *in relation to clinically important effect*	
Heterogeneity judgment	No concerns

Incoherence

Global test based on a random-effects design-by-treatment interaction model

χ^2 statistic: 0.089 (1 degrees of freedom), P value: 0.766

Comparison	Bass:Control
Evidence: mixed	
NMA standardised mean difference:	0.285(-0.327,0.898)
Direct standardised mean difference:	0.329(-0.312,0.970)
Indirect standardised mean difference:	-0.180(-2.268,1.907)
Inconsistency measures	
Difference of standardised mean differences:	0.509(-1.674,2.693)
P value:	0.648
Incoherence judgment	No concerns

Comparison	Bass:Fones
Evidence: mixed	
NMA standardised mean difference:	0.407(-0.206,1.021)
Direct standardised mean difference:	0.372(-0.270,1.014)
Indirect standardised mean difference:	0.777(-1.305,2.859)
Inconsistency measures	
Difference of standardised mean differences:	-0.405(-2.584,1.774)
P value:	0.715
Incoherence judgment	No concerns

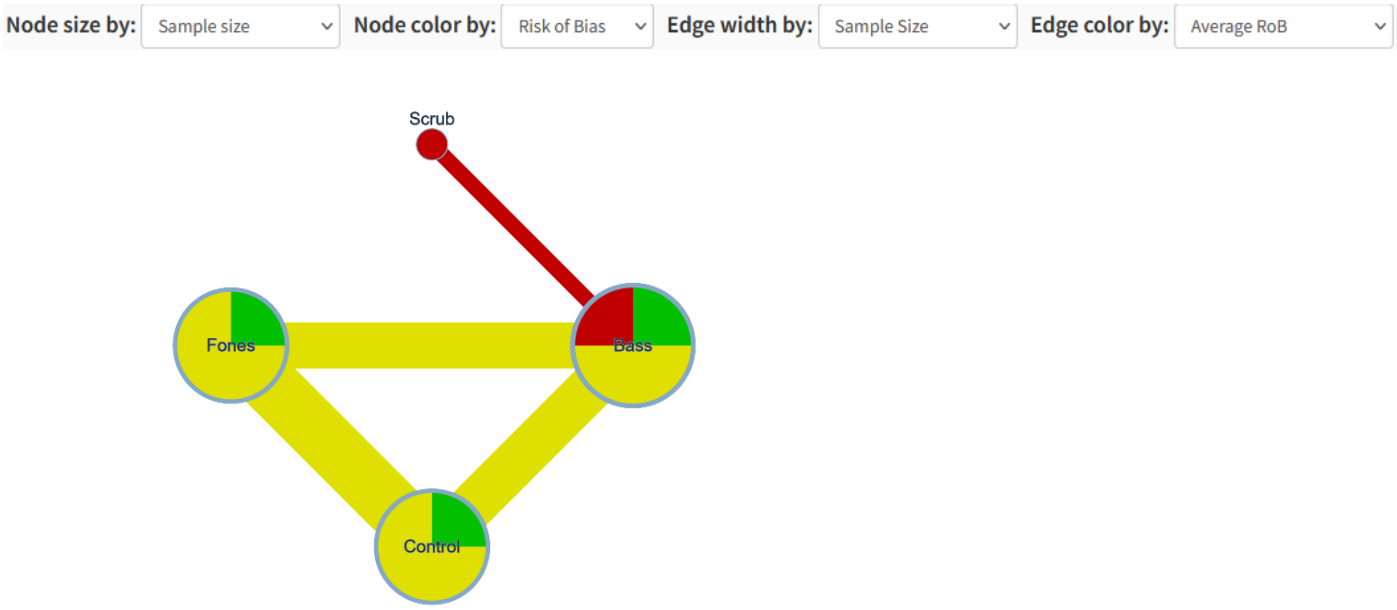
Comparison	Control:Fones
Evidence: direct	
Direct standardised mean difference:	0.123(-0.399,0.645)
Inconsistency measures: Not applicable	
Incoherence judgment	No concerns

Overall rating of the confidence into the evidence

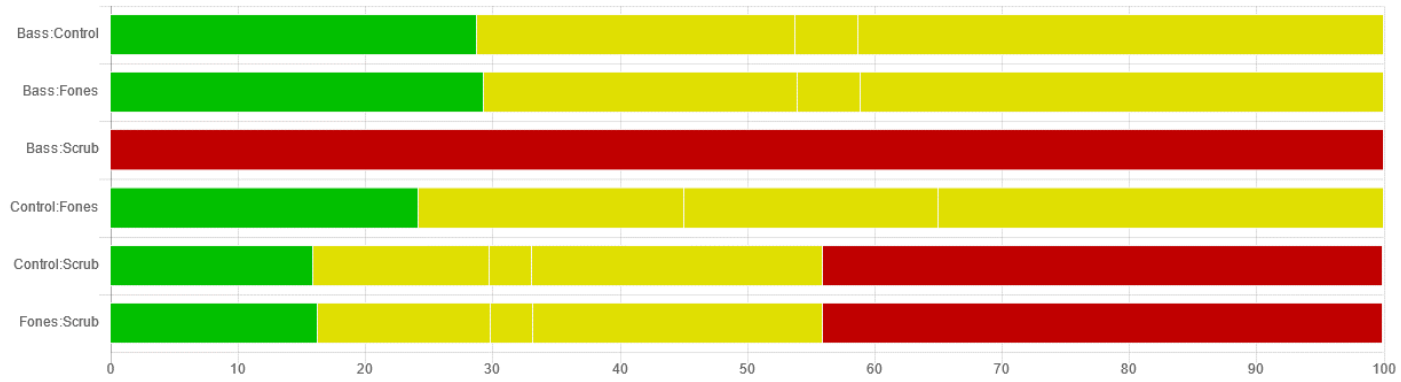
Comparison	Number of Studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
				Mixed evidence					
Bass vs Control	2	Some concerns	High risk	No concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Reporting bias | Imprecision |
Bass vs Fones	2	No concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Low	| Imprecision |
Control vs Fones	3	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Imprecision |

6. CINeMA-Output: Secondary Gingivitis (all studies)

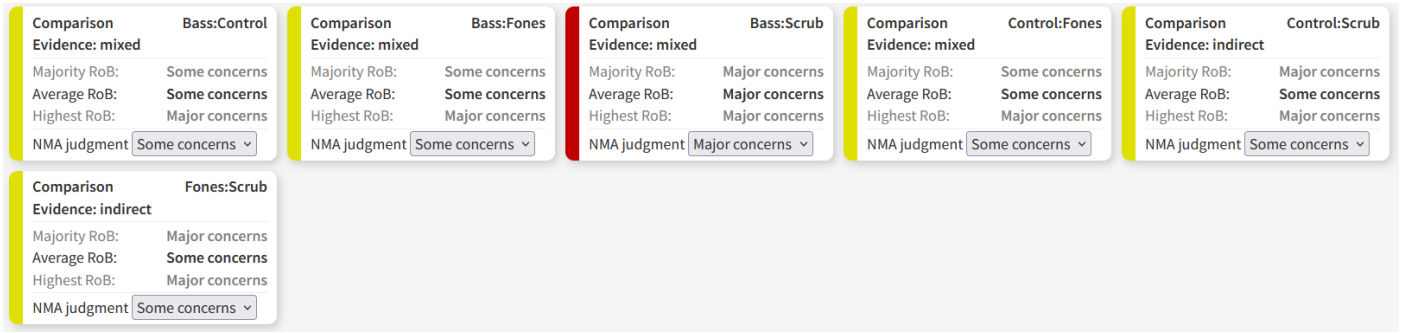
	study	year	feature	outcome	index	t1	n1	y1	sd1	rob	indirectness	t2	n2	y2	sd2
1	Smutkeeree et al. (2011)	2011	gingivitis	secondary	GI	Scrub	29	2.35	0.18	3	3	Bass	28	2.4	0.27
2	Harnacke et al. (2012)	2012	gingivitis	secondary	PBI	Control	19	17.58	14.74	2	1	Fones	18	22.23	25.56
3	Harnacke et al. (2012)	2012	gingivitis	secondary	PBI	Control	19	17.58	14.74	2	1	Bass	19	18.57	12.67
4	Harnacke et al. (2012)	2012	gingivitis	secondary	PBI	Fones	18	22.23	25.56	2	1	Bass	19	18.57	12.67
5	Harnacke et al. (2016)	2016	gingivitis	secondary	BOP	Control	22	11.79	6.65	1	1	Fones	23	10.5	6.91
6	Harnacke et al. (2016)	2016	gingivitis	secondary	BOP	Control	22	11.79	6.65	1	1	Bass	24	11.15	8.4
7	Harnacke et al. (2016)	2016	gingivitis	secondary	BOP	Fones	23	10.5	6.91	1	1	Bass	24	11.15	8.4
8	Schmalz et al. (2018)	2018	gingivitis	secondary	GI	Control	22	1.03	0.11	2	2	Fones	22	0.96	0.11
9	Janakiram et al. (2020)	2020	gingivitis	secondary	GI	Control	40	0.9	0.61	2	2	Fones	40	1.1	0.5
10	Janakiram et al. (2020)	2020	gingivitis	secondary	GI	Control	40	0.9	0.61	2	2	Bass	40	0.9	0.4
11	Janakiram et al. (2020)	2020	gingivitis	secondary	GI	Fones	40	1.1	0.5	2	2	Bass	40	0.9	0.4



Risk of bias contributions: The bar chart shows the contributions of each piece of study to the network estimate



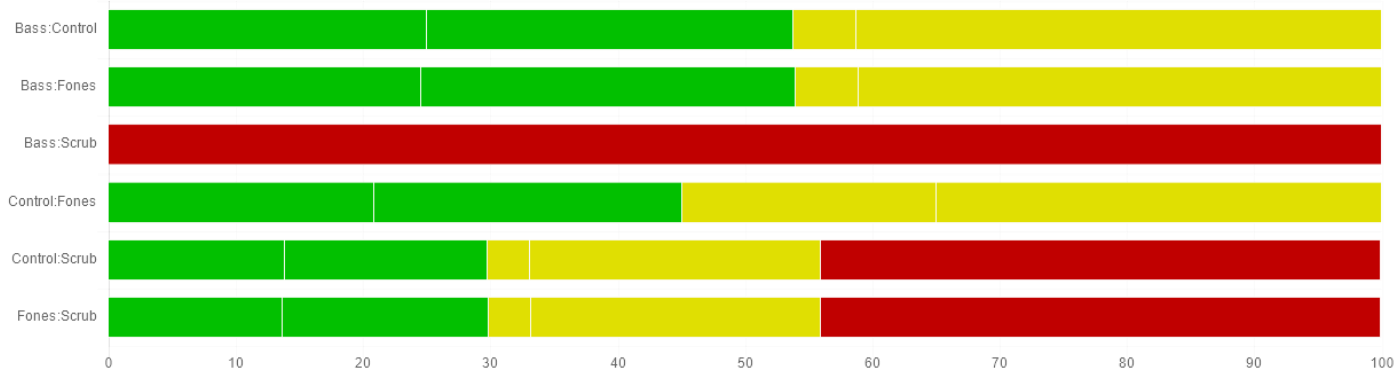
Selected Rule: *Average RoB*



Reporting Bias: The Comparison Bass:Control was manually set to high risk (rationale: statistics from Dosumo et al. 2019 and Ausenda et al. 2019 were not available for NMA)

Comparison	Evidence	Reporting bias judgment
Bass:Control	mixed	High risk
Bass:Fones	mixed	Low risk
Bass:Scrub	direct	Low risk
Control:Fones	direct	Low risk
Control:Scrub	indirect	Low risk
Fones:Scrub	indirect	Low risk

Indirectness contributions



Selected rule: *Average*; indirect comparisons were manually set at high risk

Comparison	Evidence	Majority	Average	Highest	NMA judgment
Bass:Control	mixed	No concerns	No concerns	Major concerns	No concerns
Bass:Fones	mixed	No concerns	No concerns	Major concerns	No concerns
Bass:Scrub	mixed	Major concerns	Major concerns	Major concerns	Major concerns
Control:Fones	mixed	Some concerns	Some concerns	Major concerns	Some concerns
Control:Scrub	indirect	Major concerns	Some concerns	Major concerns	Major concerns
Fones:Scrub	indirect	Major concerns	Some concerns	Major concerns	Major concerns

Imprecision: Clinically important effect size set at 0.2

Comparison	Evidence	NMA estimate	95% Confidence interval	Imprecision judgment
Bass:Control	mixed	-0.101	(-0.495,0.294)	Major concerns
Bass:Fones	mixed	-0.096	(-0.491,0.300)	Major concerns
Bass:Scrub	mixed	0.216	(-0.472,0.903)	Major concerns
Control:Fones	mixed	0.005	(-0.355,0.365)	Major concerns
Control:Scrub	indirect	0.316	(-0.476,1.109)	Major concerns
Fones:Scrub	indirect	0.311	(-0.482,1.105)	Major concerns

*Confidence interval extends into clinically important effects in **both** directions*

Heterogeneity

The estimated value of between-study variance for the network meta-analysis is **0.052**

Comparison	Evidence	NMA estimate	95% CI	Prediction interval	Heterogeneity judgment
Bass:Control	mixed	-0.101	(-0.495,0.294)	(-0.948,0.746)	No concerns
Bass:Fones	mixed	-0.096	(-0.491,0.300)	(-0.943,0.752)	No concerns
Bass:Scrub	mixed	0.216	(-0.472,0.903)	(-0.948,1.379)	No concerns
Control:Fones	mixed	0.005	(-0.355,0.365)	(-0.810,0.820)	No concerns
Control:Scrub	indirect	0.316	(-0.476,1.109)	(-0.974,1.607)	No concerns
Fones:Scrub	indirect	0.311	(-0.482,1.105)	(-0.980,1.603)	No concerns

*Confidence and prediction intervals **agree** in relation to clinically important effect*

Incoherence

Global test based on a random-effects design-by-treatment interaction model

χ^2 statistic: 5.608 (1 degrees of freedom), P value: 0.018

Comparison	Evidence	Measure	Value	Inconsistency measures	Incoherence judgment
Bass:Control	mixed	NMA standardised mean difference	-0.101(-0.495,0.294)	Difference of standardised mean differences: 1.555(-0.145,3.255), P value: 0.073	Some concerns
		Direct standardised mean difference	-0.012(-0.418,0.395)		
		Indirect standardised mean difference	-1.567(-3.218,0.084)		
Bass:Fones	mixed	NMA standardised mean difference	-0.096(-0.491,0.300)	Difference of standardised mean differences: -1.579(-3.271,0.113), P value: 0.067	No concerns
		Direct standardised mean difference	-0.187(-0.595,0.220)		
		Indirect standardised mean difference	1.392(-0.250,3.034)		
Bass:Scrub	direct	Direct standardised mean difference	0.216(-0.472,0.903)	Not applicable	Major concerns
Control:Fones	direct	Direct standardised mean difference	0.005(-0.355,0.365)	Not applicable	Major concerns
Control:Scrub	indirect	Indirect standardised mean difference	0.316(-0.476,1.109)	Not applicable	Major concerns
Fones:Scrub	indirect	Indirect standardised mean difference	0.311(-0.482,1.105)	Not applicable	Major concerns

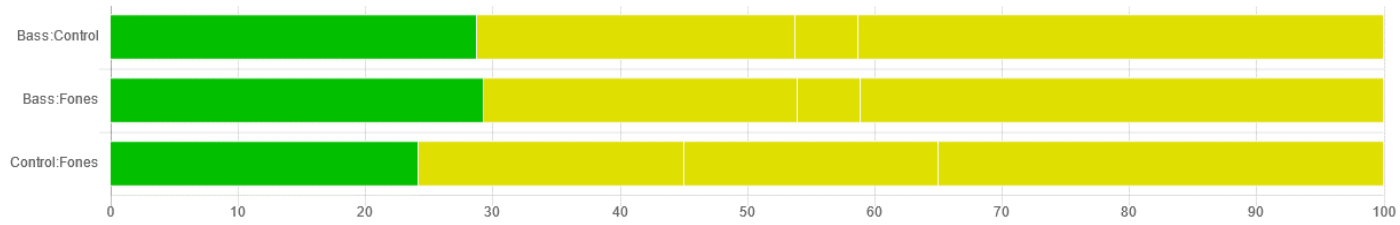
Overall rating of the confidence into the evidence

Comparison	Number of Studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
Mixed evidence									
Bass vs Control	3	Some concerns	High risk	No concerns	Major concerns	No concerns	Some concerns	Very low	| Within-study bias | Reporting bias | Imprecision | Incoherence |
Bass vs Fones	3	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Imprecision |
Bass vs Scrub	1	Major concerns	Low risk	Major concerns	Major concerns	No concerns	Major concerns	Very low	| Within-study bias | Indirectness | Imprecision | Incoherence |
Control vs Fones	4	Some concerns	Low risk	Some concerns	Major concerns	No concerns	Major concerns	Very low	| Within-study bias | Indirectness | Imprecision | Incoherence |
Indirect evidence									
Control vs Scrub	--	Some concerns	Low risk	Major concerns	Major concerns	No concerns	Major concerns	Very low	| Within-study bias | Indirectness | Imprecision | Incoherence |
Fones vs Scrub	--	Some concerns	Low risk	Major concerns	Major concerns	No concerns	Major concerns	Very low	| Within-study bias | Indirectness | Imprecision | Incoherence |

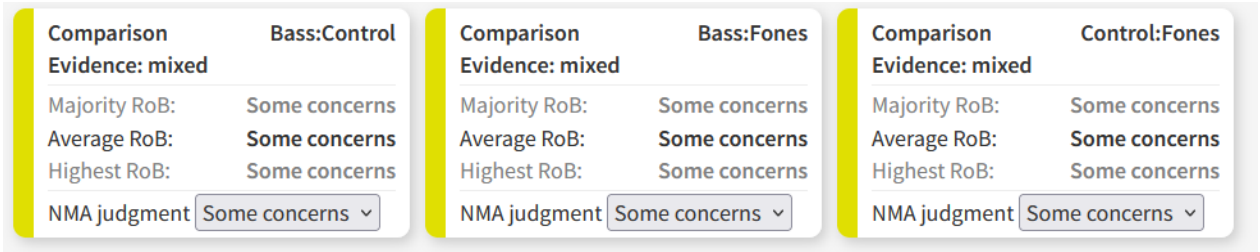
7. CINeMA-Output: Secondary Gingivitis (studies with adults only)

	study	year	feature	outcome	index	t1	n1	y1	sd1	rob	indirectness	t2	n2	y2	sd2
1	Harnacke et al. (2012)	2012	gingivitis	secondary	PBI	Control	19	17.58	14.74	2	1	Fones	18	22.23	25.56
2	Harnacke et al. (2012)	2012	gingivitis	secondary	PBI	Control	19	17.58	14.74	2	1	Bass	19	18.57	12.67
3	Harnacke et al. (2012)	2012	gingivitis	secondary	PBI	Fones	18	22.23	25.56	2	1	Bass	19	18.57	12.67
4	Harnacke et al. (2016)	2016	gingivitis	secondary	BOP	Control	22	11.79	6.65	1	1	Fones	23	10.5	6.91
5	Harnacke et al. (2016)	2016	gingivitis	secondary	BOP	Control	22	11.79	6.65	1	1	Bass	24	11.15	8.4
6	Harnacke et al. (2016)	2016	gingivitis	secondary	BOP	Fones	23	10.5	6.91	1	1	Bass	24	11.15	8.4
7	Schmalz et al. (2018)	2018	gingivitis	secondary	GI	Control	22	1.03	0.11	2	2	Fones	22	0.96	0.11
8	Janakiram et al. (2020)	2020	gingivitis	secondary	GI	Control	40	0.9	0.61	2	2	Fones	40	1.1	0.5
9	Janakiram et al. (2020)	2020	gingivitis	secondary	GI	Control	40	0.9	0.61	2	2	Bass	40	0.9	0.4
10	Janakiram et al. (2020)	2020	gingivitis	secondary	GI	Fones	40	1.1	0.5	2	2	Bass	40	0.9	0.4

Risk of bias contributions: The bar chart shows the contributions of each piece of study to the network estimate



Selected Rule: *Average RoB*



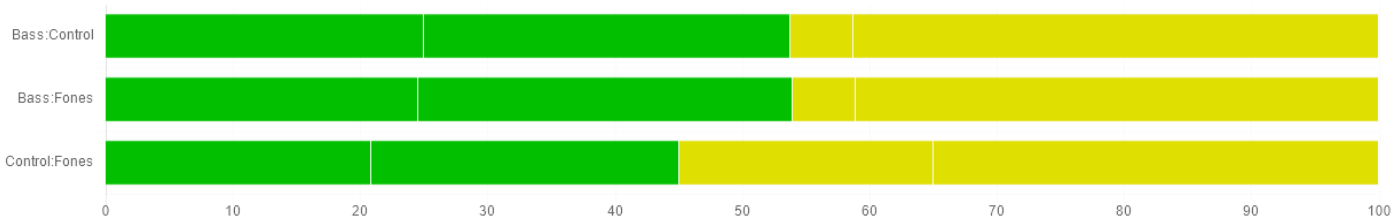
Reporting Bias: The Comparison Bass:Control was manually set to high risk (rationale: statistics from Dosumo et al. 2019 and Ausenda et al. 2019 were not available for NMA)

Comparison	Bass:Control
Evidence: mixed	
Reporting bias judgment	High risk

Comparison	Bass:Fones
Evidence: mixed	
Reporting bias judgment	Low risk

Comparison	Control:Fones
Evidence: direct	
Reporting bias judgment	Low risk

Indirectness contributions



Selected rule: *Average*

Comparison	Bass:Control
Evidence: mixed	
Majority:	No concerns
Average:	**No concerns**
Highest:	Some concerns
NMA judgment	No concerns

Comparison	Bass:Fones
Evidence: mixed	
Majority:	No concerns
Average:	**No concerns**
Highest:	Some concerns
NMA judgment	No concerns

Comparison	Control:Fones
Evidence: mixed	
Majority:	Some concerns
Average:	**Some concerns**
Highest:	Some concerns
NMA judgment	Some concerns

Imprecision: Clinically important effect size set at 0.2

Comparison	Bass:Control
Evidence: mixed	
NMA estimate:	**-0.101**
95% Confidence interval:	
Confidence interval	**(-0.495,0.294)**
*extends into clinically important effects in **both** directions*	
Imprecision judgment	Major concerns

Comparison	Bass:Fones
Evidence: mixed	
NMA estimate:	**-0.096**
95% Confidence interval:	
Confidence interval	**(-0.491,0.300)**
*extends into clinically important effects in **both** directions*	
Imprecision judgment	Major concerns

Comparison	Control:Fones
Evidence: mixed	
NMA estimate:	**0.005**
95% Confidence interval:	
Confidence interval	**(-0.355,0.365)**
*extends into clinically important effects in **both** directions*	
Imprecision judgment	Major concerns

Heterogeneity

The estimated value of between-study variance for the network meta-analysis is **0.052**

Comparison	Bass:Control
Evidence: mixed	
NMA estimate:	-0.101
95% intervals for NMA estimate	
Confidence interval:	(-0.495,0.294)
Prediction interval:	(-0.948,0.746)
Confidence and prediction intervals ***agree*** *in relation to clinically important effect*	
Heterogeneity judgment	No concerns

Comparison	Bass:Fones
Evidence: mixed	
NMA estimate:	-0.096
95% intervals for NMA estimate	
Confidence interval:	(-0.491,0.300)
Prediction interval:	(-0.943,0.752)
Confidence and prediction intervals ***agree*** *in relation to clinically important effect*	
Heterogeneity judgment	No concerns

Comparison	Control:Fones
Evidence: mixed	
NMA estimate:	0.005
95% intervals for NMA estimate	
Confidence interval:	(-0.355,0.365)
Prediction interval:	(-0.810,0.820)
Confidence and prediction intervals ***agree*** *in relation to clinically important effect*	
Heterogeneity judgment	No concerns

Incoherence

Global test based on a random-effects design-by-treatment interaction model

χ^2 **statistic: 5.608 (1 degrees of freedom), P value: 0.018**

Comparison	Bass:Control
Evidence: mixed	
NMA standardised mean difference:	-0.101(-0.495,0.294)
Direct standardised mean difference:	-0.012(-0.418,0.395)
Indirect standardised mean difference:	-1.567(-3.218,0.084)
Inconsistency measures	
Difference of standardised mean differences:	1.555(-0.145,3.255)
P value:	0.073
Incoherence judgment	Some concerns

Comparison	Bass:Fones
Evidence: mixed	
NMA standardised mean difference:	-0.096(-0.491,0.300)
Direct standardised mean difference:	-0.187(-0.595,0.220)
Indirect standardised mean difference:	1.392(-0.250,3.034)
Inconsistency measures	
Difference of standardised mean differences:	-1.579(-3.271,0.113)
P value:	0.067
Incoherence judgment	No concerns

Comparison	Control:Fones
Evidence: direct	
Direct standardised mean difference:	0.005(-0.355,0.365)
Inconsistency measures: Not applicable	
Incoherence judgment	Major concerns

Overall rating of the confidence into the evidence

Comparison	Number of Studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating	Reason(s) for downgrading
				Mixed evidence					
Bass vs Control	3	Some concerns	High risk	No concerns	Major concerns	No concerns	Some concerns	Very low	| Within-study bias | Reporting bias | Imprecision | Incoherence |
Bass vs Fones	3	Some concerns	Low risk	No concerns	Major concerns	No concerns	No concerns	Very low	| Within-study bias | Imprecision |
Control vs Fones	4	Some concerns	Low risk	Some concerns	Major concerns	No concerns	Major concerns	Very low	| Within-study bias | Indirectness | Imprecision | Incoherence |