Supplemental Table 1. Further clarification on the abstraction process for specific published articles.

Ref.	Comments
	North America
Kerlikowske et al. (*22*)	Data are available for women 30–69 years of age for positive predictive value for a biopsy performed (PPV_B).
Bird (*25*)	Data are available on 21 716 initial and subsequent mammograms; both single and double readings were obtained between 1985 and 1987, with 48% of women less than 50 years old and 31% of cancers diagnosed with minimal disease. Data were available on the percentage of mammograms judged to be abnormal, positive predictive value of an abnormal mammogram (PPV_A) and PPV_B for 9931 mammograms, which were double-read in 1997. The percentage of mammograms judged to be abnormal was noted to have decreased statistically significantly from 14% to 7% between 1985 and 1987.
Peters et al. (*27*)	Authors did not obtain complete follow-up on all women with indeterminate mammograms (n = 7509). Detailed follow-up on cancer outcomes was attempted for only 2172 women with positive mammograms. Some facilities used three views per breast.
	Other countries
Warren and Duffy (*13*)	Results are presented for consensus double reading of mammograms for the percentage of mammograms judged to be abnormal; single reading of mammogram results are presented for PPV_A and PPV_B.
Robinson et al. (*29*)	Biopsy was recommended in 928 women, but nine women had no surgery. Therefore, we assumed that 919 women had a biopsy done.
Van Oyen and Verellen (*33*)	Systematic double reading started in mid-1989.
Renaud et al. (*35*)	PPV_B does not include fine-needle aspiration.
Garas et al. (*37*)	Size of tumor was not available for nine patients.
de Placido et al. (*41*)	Information on self-referring women was not included.
Giorgi et al. (*42*)	See text of article for details. Ten percent of mammograms were double-read.

Filippini et al. (*43*)	Data are presented for the second round of mammography screenings. Calculation of the percentage of mammograms judged to be abnormal, PPV_A, and PPV_B does not include follow-up at 12 months. Data on ductal carcinoma *in situ* (DCIS) and the percentage of cases with minimal disease include eight cancers diagnosed after the 12-month follow-up.
De Koning et al. (*45*)	Total number of mammograms calculated from Table 1 (accepted recall and accepted percentage of mammograms judged to be abnormal from 1990 through 1992); 2515 breast cancers were detected among these women (DCIS and minimal disease). Data shown for breast cancer outcomes were available for 2143 screen-detected cancers in newly screened women.
Alves et al. (*46*)	Single-view mammograms were performed for most women. Since April 1991, two studies have been undertaken for the 45- to 49-year age group.
Ascunce et al. (*47*)	The percentage of mammograms judged to be abnormal was 6% after two views per breast. Data shown for DCIS (16.6%) also include lobular carcinoma *in situ*. PPV_B data are from women who had either a fine-needle aspiration or a biopsy.
Thurfjell (*49*)	Screening groups were determined on the basis of the woman's age and date of birth as of December 31, 1988. We assumed that mammograms were obtained between 1988 and 1990.
Litherland (*50*)	Initial screening mammogram was one view per breast; subsequent prevalent screening mammograms were two views per breast.