

# The Title: **Plasmakinetic resection technology for the treatment of benign prostatic hyperplasia: evidence from a systematic review and meta-analysis**

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## **Supplementary Information 1**

### **Search strategies**

#### ***PubMed***

(ablative OR “minimally invasive”[tw] OR plasmakinetic\* OR plasmasect\* OR PKRP OR gyus OR bipolar) AND (TURP[tw] OR Transurethral prostatectom\*[tw] OR Transurethral prostate resection\*[tw] OR “Transurethral Resection of Prostate”[Mesh] OR transurethral resection of the prostate[tw]) AND (((((((((((((((volunteer\*[tw]) OR ((prospectiv\*[tw])) OR ((control\*[tw])) OR ((prospective studies[mh])) OR ((follow-up studies[mh])) OR ((evaluation studies[pt])) OR ((comparative study[pt])) OR ((research design[mh:noexp])) OR ((random\*[tw])) OR (((singl\* OR doubl\* OR trebl\* OR tripl\*) AND (blind\* OR mask\*)))) OR ((clinical trial[tw])) OR ((clinical trials[mh])) OR ((clinical trial[pt])) OR ((single-blind method[mh])) OR ((double blind method[mh])) OR ((random allocation[mh])) OR ((randomized clinical trials[mh])) OR ((controlled clinical trial[pt])) OR ((randomized controlled trial[pt]))

#### ***Embase***

(ablative OR minimally invasive OR plasmakinetic\* OR plasmasect\* OR PKRP OR gyus OR bipolar) AND ('transurethral resection'/exp OR 'transurethral resection of the prostate' OR 'transurethral prostate resection' OR TURP OR transurethral prostatectom\$) AND ('Clinical Trial'/exp OR 'controlled clinical trial'/exp OR random\$ OR trial\*)

#### ***Science Citation Index***

TS=(ablative OR minimally invasive OR plasmakinetic\* OR plasmasect\* OR PKRP OR gyus OR bipolar) AND TS=(TURP OR Transurethral prostatectom\* OR Transurethral prostate resection OR Transurethral Resection of Prostate OR transurethral resection of the prostate) AND TS=(Trial OR trials OR random\*)

#### ***Cochrane Library***

(ablative OR 'minimally invasive' OR plasmakinetic\* OR plasmasect\* OR PKRP OR gyus OR bipolar):ti,ab,kw AND (TURP OR Transurethral prostatectom\* OR Transurethral prostate resection\* OR 'transurethral resection of the prostate'):ti,ab,kw

## Supplementary Information 2

Fig S1 Forest plots for International Prostate Symptom Score (IPSS) at 3, 6, 12, 24, 36 months of follow up. WMD=weight mean difference; CI=confidence interval. Random effects model used

Fig S2 Trial sequential analysis of maximum flow rate (Q<sub>max</sub>) at 12 months. The required information size for Q<sub>max</sub> at 12 months was calculated based on a two side  $\alpha=5\%$ ,  $\beta=20\%$  (power 80%), a minimal relevant difference of 0.5 ml/s, a standard deviation of 28.39 ml/s, and  $D^2=61\%$  as estimated in a random effects model

Fig S3 Forest plots for quality of life (QoL) at 3, 6, 12, 24, 36 months of follow up. WMD=weight mean difference; CI=confidence interval. Random effects model used

Fig S4 Forest plots for post-void residual volume urine (PVR) at 3, 6, 12, 24, 36 months of follow up. WMD=weight mean difference; CI=confidence interval. Random effects model used

Fig S5 Forest plot of operative time. WMD=weight mean difference; CI=confidence interval. Random effects model used

Fig S6 Forest plot of hemoglobin decrease. WMD=weight mean difference; CI=confidence interval. Random effects model used

Fig S7 Trial sequential analysis of hemoglobin decrease. The required information size for hemoglobin decrease was calculated based on a two side  $\alpha=5\%$ ,  $\beta=20\%$  (power 80%), a minimal relevant difference of 0.5 g/dl, a standard deviation of 0.92 g/dl, and  $D^2=98\%$  as estimated in a random effects model

Fig S8 Forest plot of serum sodium decrease. WMD=weight mean difference; CI=confidence interval. Random effects model used

Fig S9 Trial sequential analysis of serum sodium decrease. The required information size for serum sodium decrease was calculated based on a two side  $\alpha=5\%$ ,  $\beta=20\%$  (power 80%), a minimal relevant difference of 1.0 mmol/L, a standard deviation of 1.57 mmol/L, and  $D^2=98\%$  as estimated in a random effects model

Fig S10 Forest plot of time catheter removal. WMD=weight mean difference; CI=confidence interval. Random effects model used

Fig S11 Trial sequential analysis of time catheter removal. The required information size for serum sodium decrease was calculated based on a two side  $\alpha=5\%$ ,  $\beta=20\%$  (power 80%), a minimal relevant difference of 5 h, a standard deviation of 15.23 h, and  $D^2=97\%$  as estimated in a random effects model

Fig S12 Forest plot of hospital stay. WMD=weight mean difference; CI=confidence interval. Random effects model used

Fig S13 Trial sequential analysis of hospital stay. The required information size for serum sodium decrease was calculated based on a two side  $\alpha=5\%$ ,  $\beta=20\%$  (power 80%), a minimal relevant difference of 0.5 d, a standard deviation of 0.53 d, and  $D^2=99\%$  as estimated in a random effects model

Fig S14 Forest plots of long-term postoperative complications. RR=relative risk; CI=confidence interval. Fixed effects model used

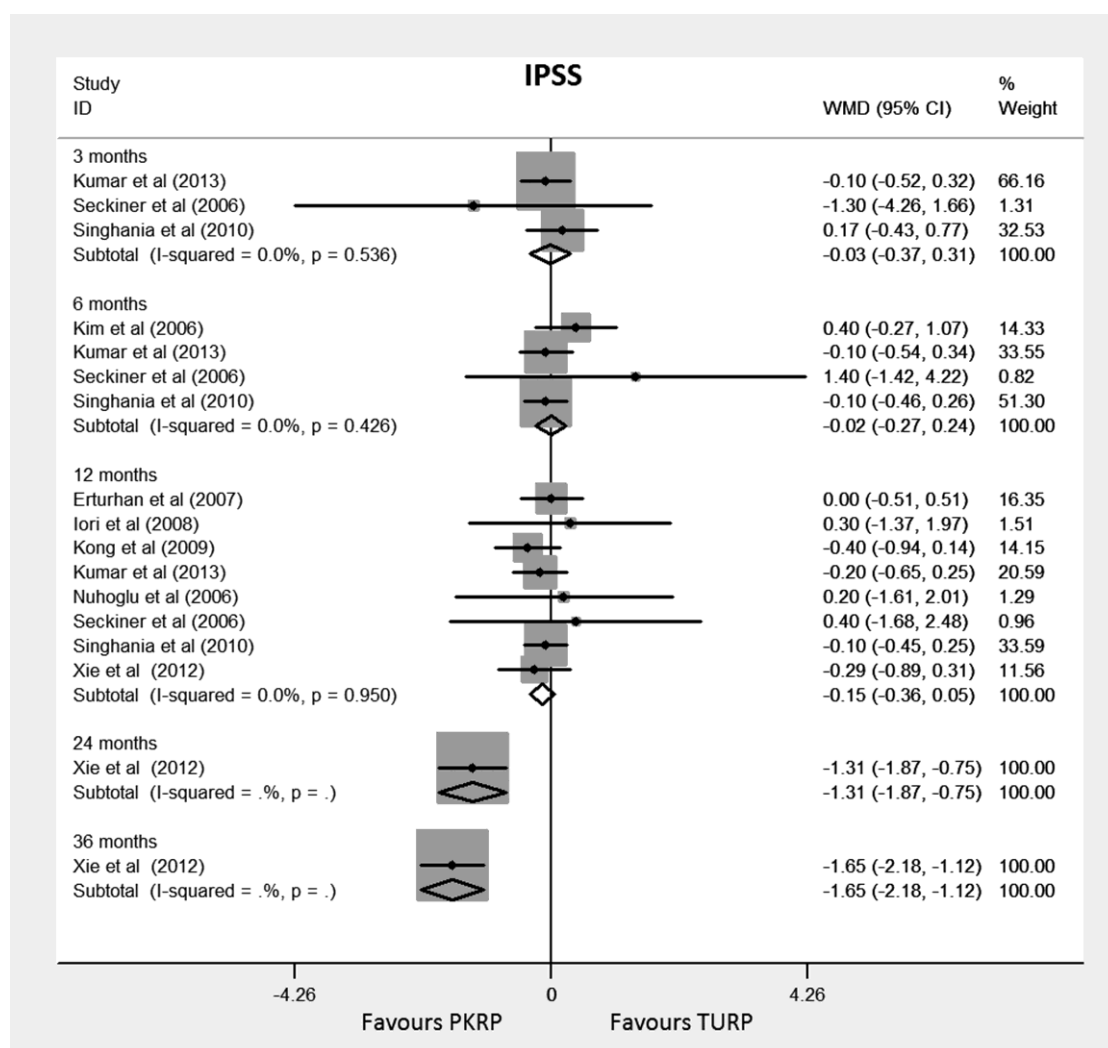


Fig S1 Forest plots for IPSS at 3, 6, 12, 24, 36 mo of follow-up

RIS is a Two-sided graph

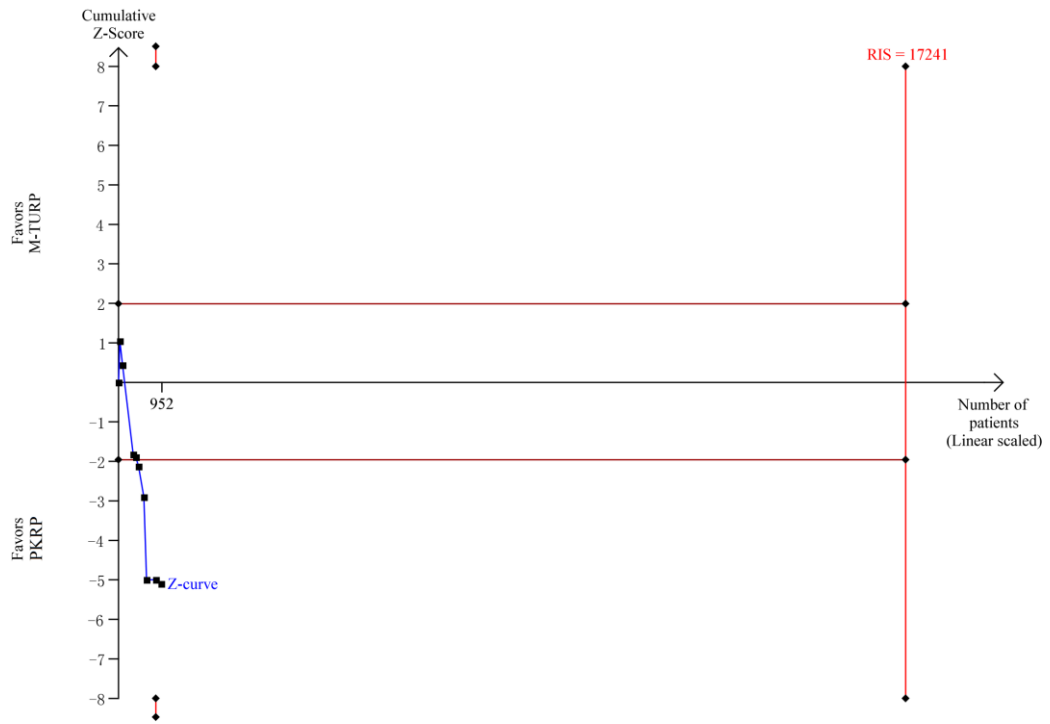


Fig S2 Trial sequential analysis of Qmax at 12 months

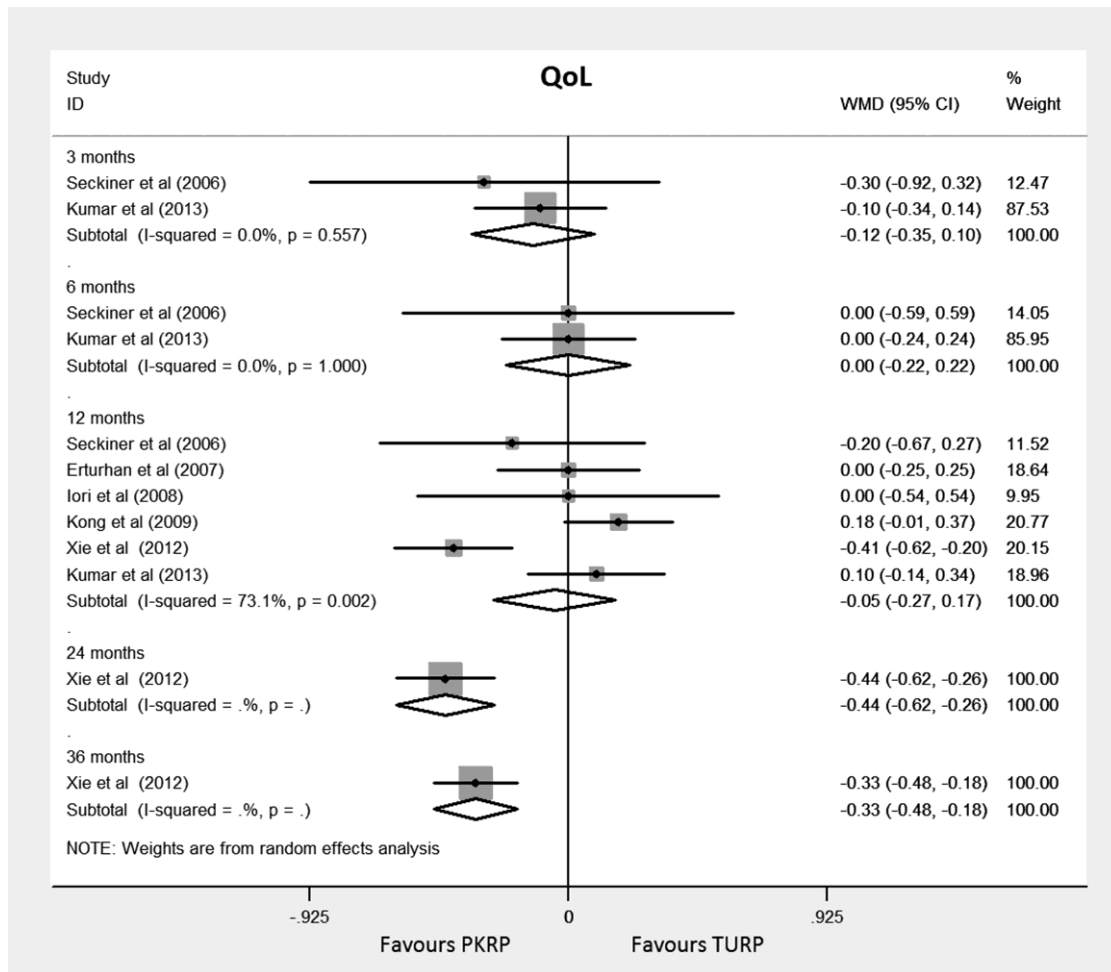


Fig S3 Forest plots for QoL at 3, 6, 12, 24, 36 mo of follow-up

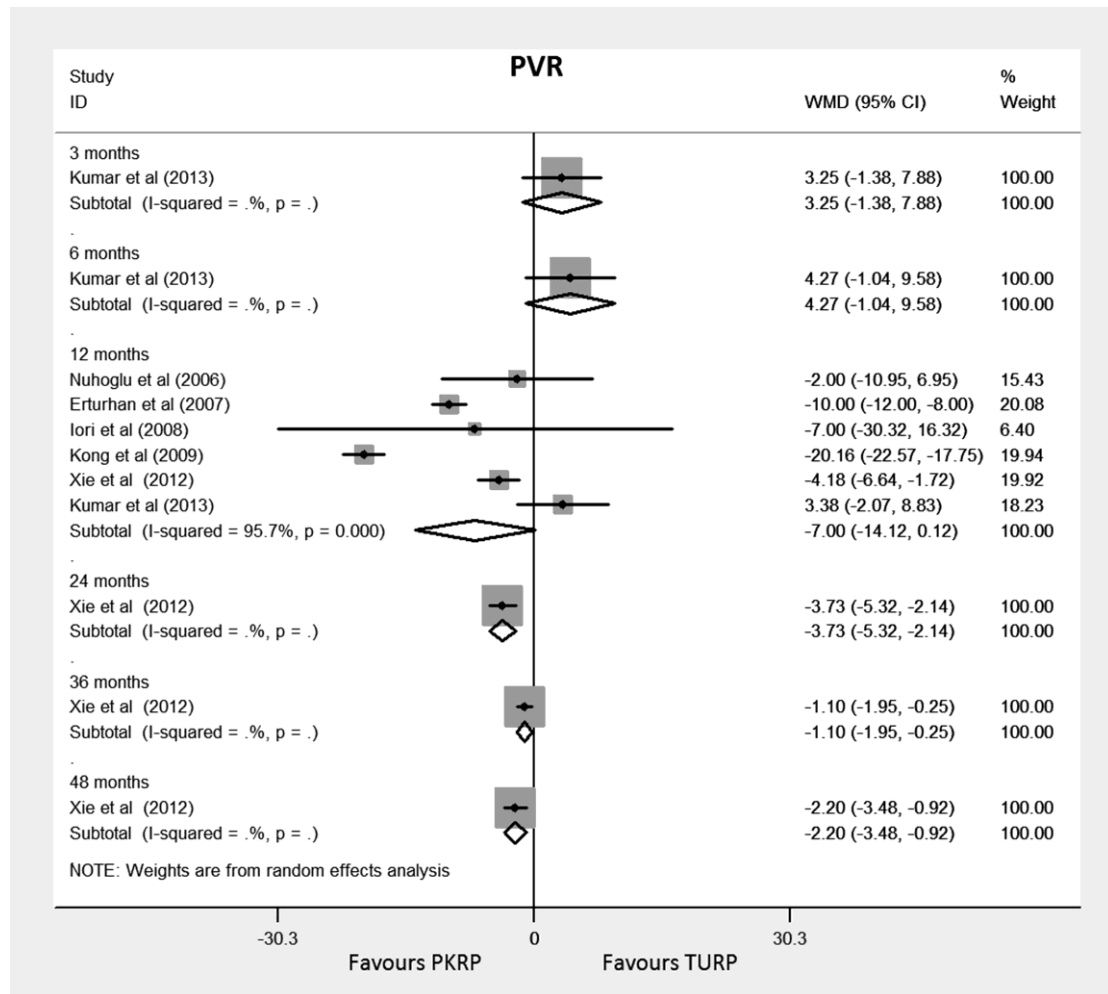


Fig S4 Forest plots for PVR (ml) at 3, 6, 12, 24, 36 mo of follow-up

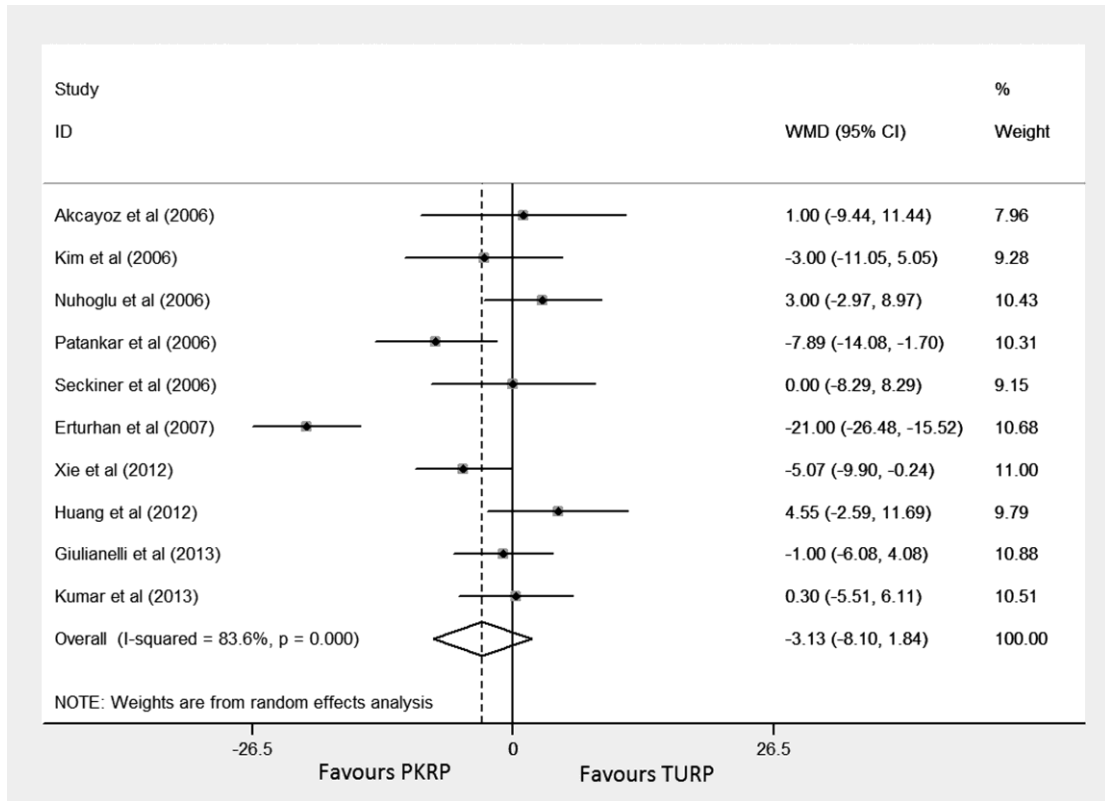


Fig S5 Forest plot of operative time (mins)

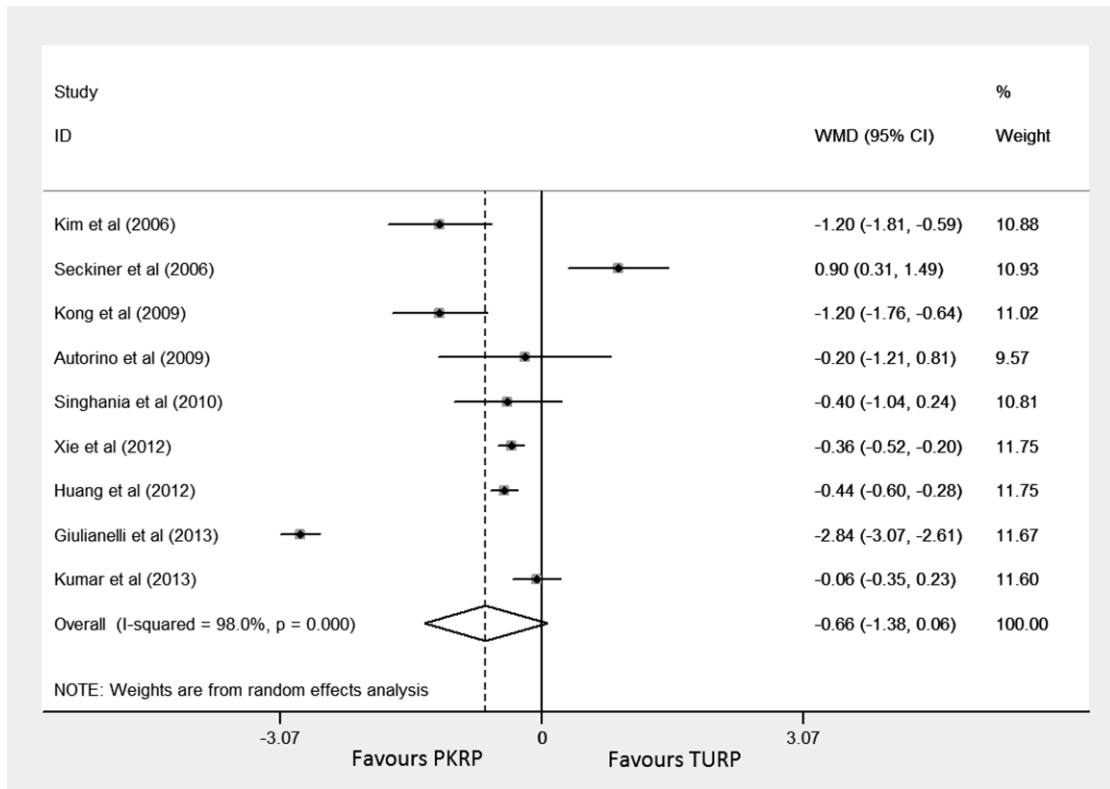


Fig S6 Forest plot of hemoglobin decrease



RIS is a Two-sided graph

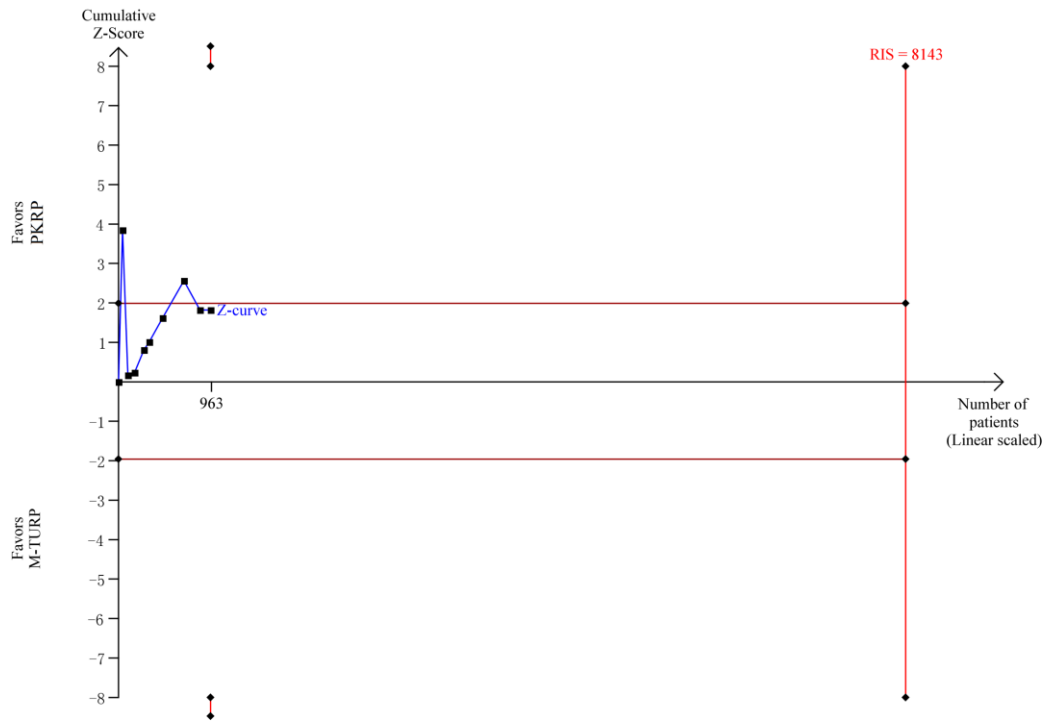


Fig S7 Trial sequential analysis of hemoglobin decrease

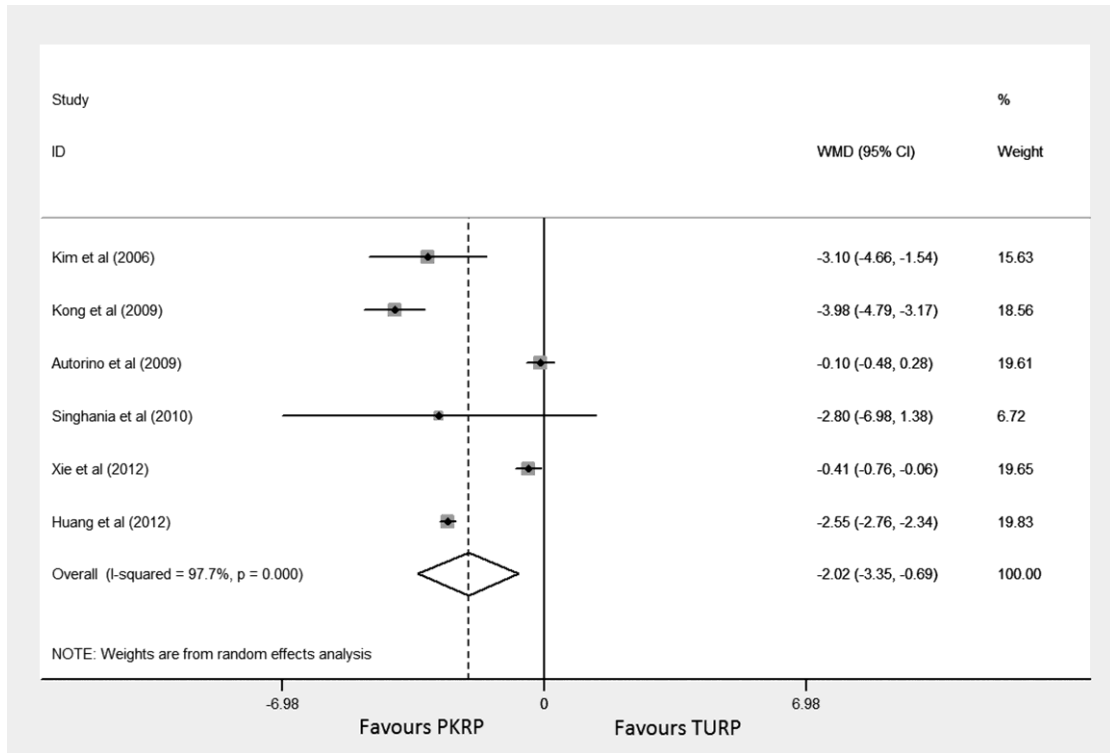


Fig S8 Forest plot of serum sodium decrease

RIS is a Two-sided graph

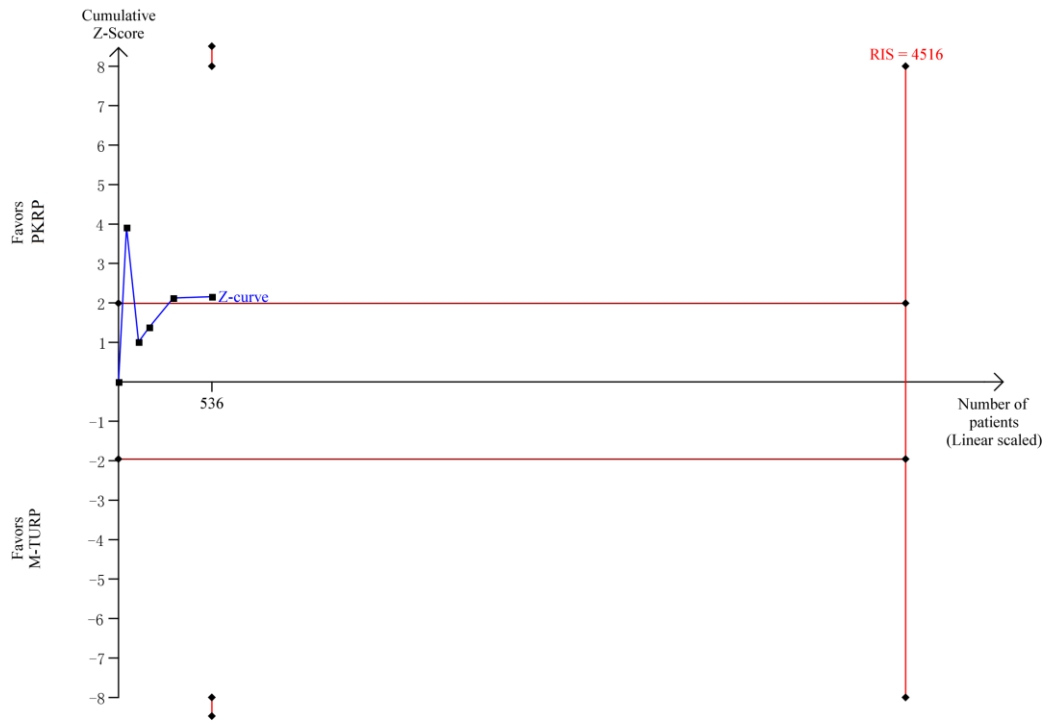


Fig S9 Trial sequential analysis of serum sodium decrease

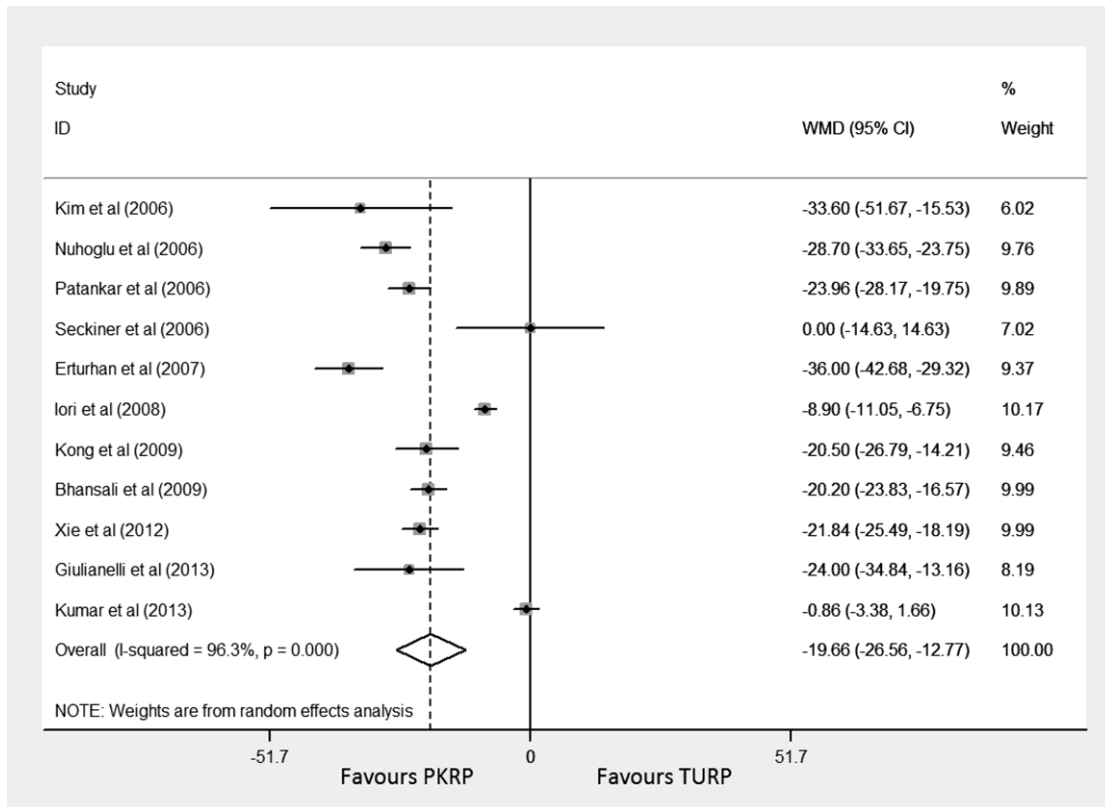


Fig S10 Forest plot of time catheter removal (hours)

RIS is a Two-sided graph



Fig S11 Trial sequential analysis of time catheter removal

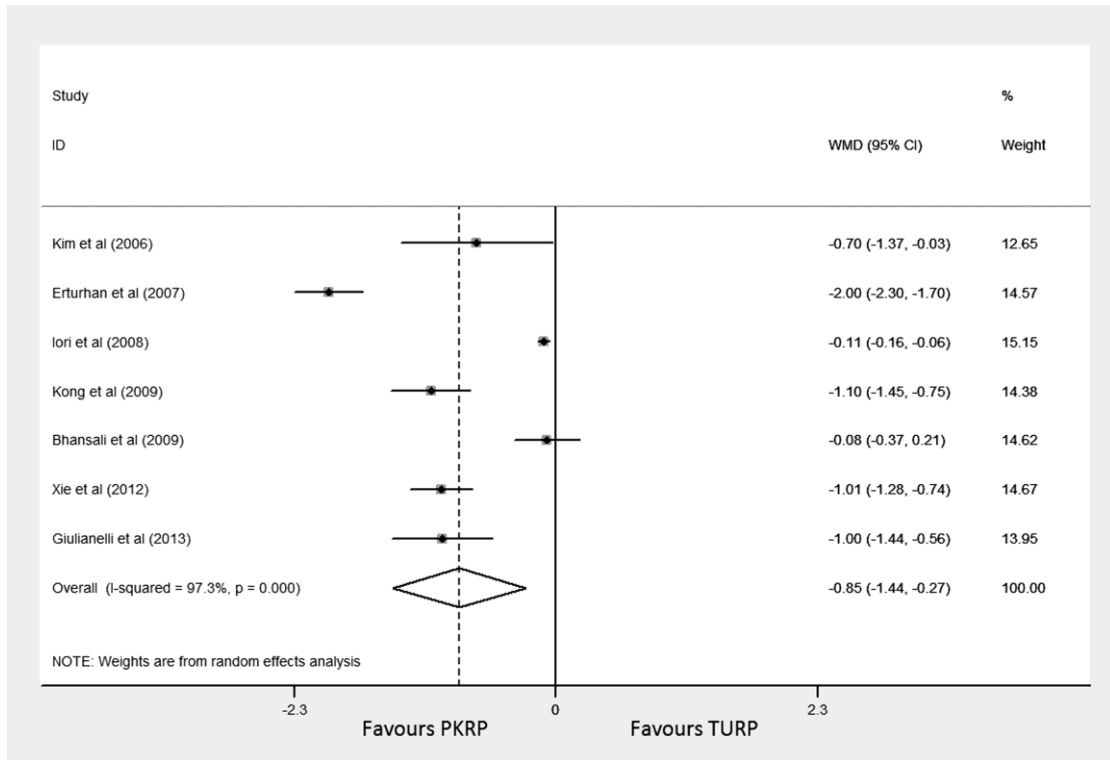


Fig S12 Forest plot of Hospital stay (days)

RIS is a Two-sided graph

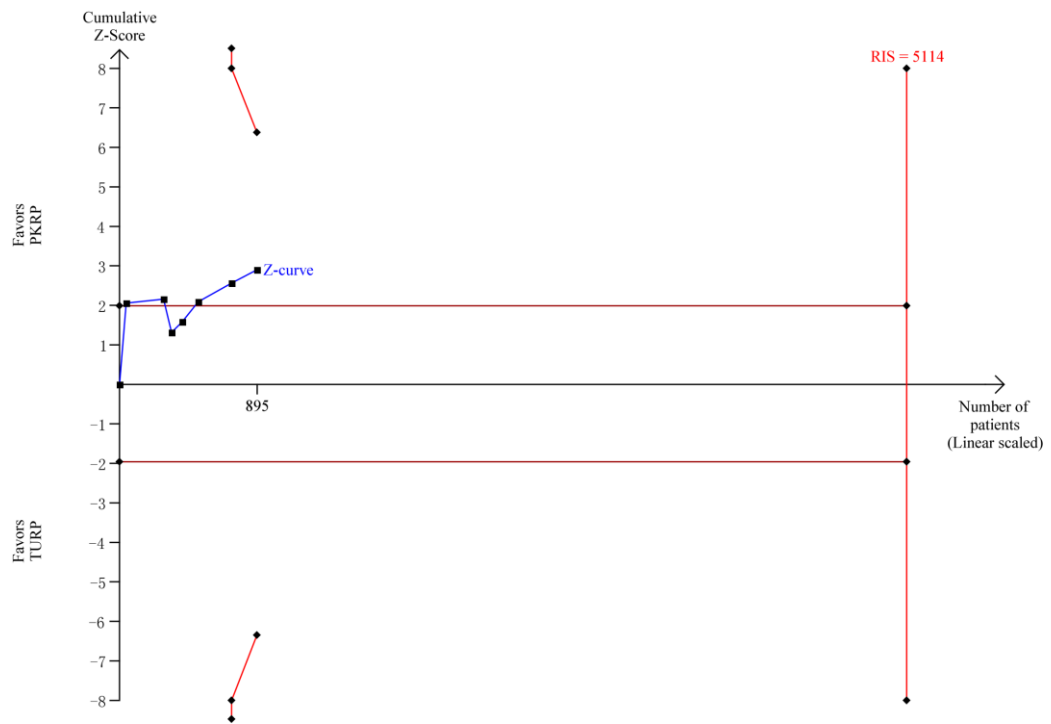


Fig S13 Trial sequential analysis of hospital stay

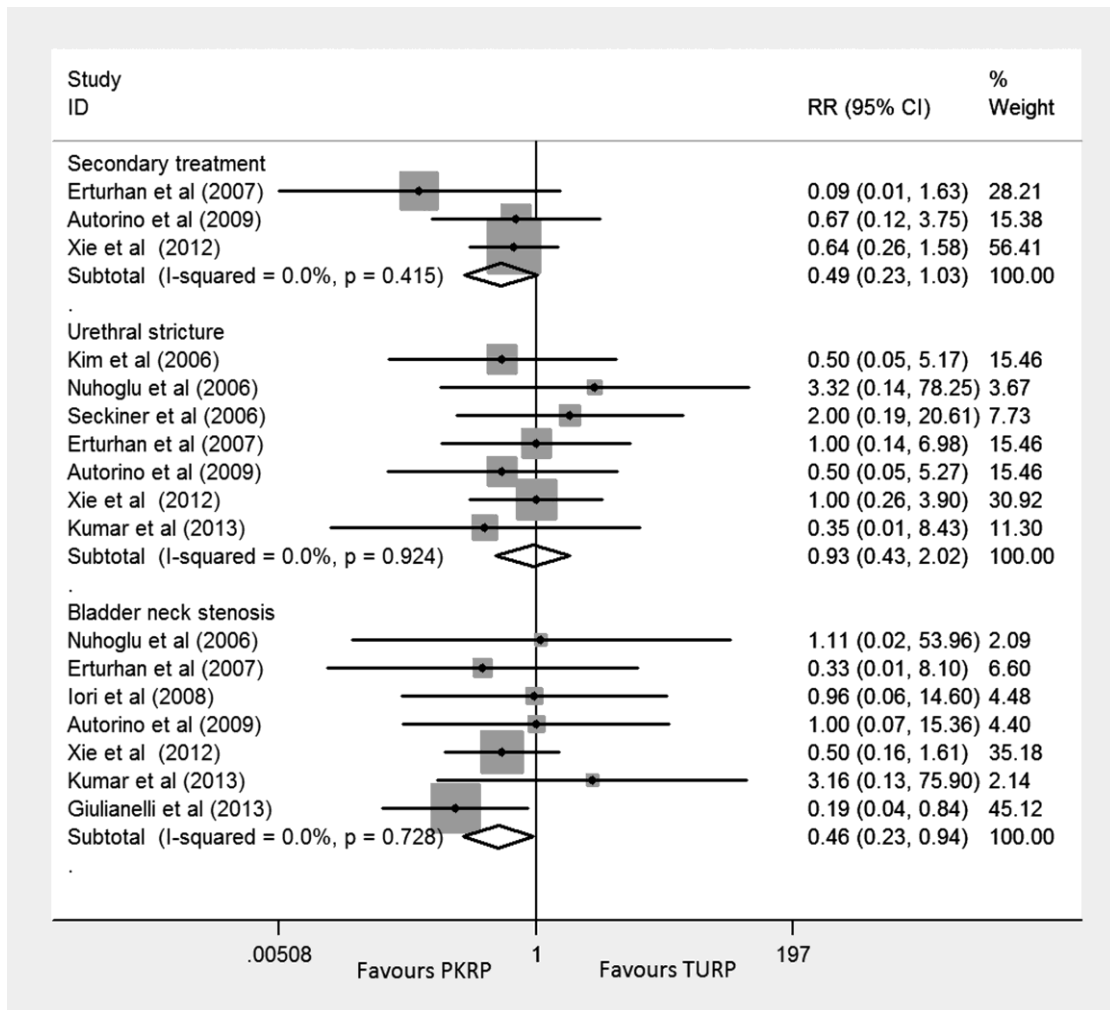


Fig S14 Forest plots of long-term postoperative complications