**Appendix 2** Risk of Bias of Included Studies [posted as supplied by author]

| Name | Randomisation Sequence Generation | Allocation Concealment | Blinding of Participants or Personnel | Blinding of Outcome Assessment | Incomplete Outcome Data | Selective Reporting | Other Bias |
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| 1 Adhikary, L | Unclear. Reported only as assigned to two groups | Unclear. No method of allocation concealment | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Unclear. 90 participants included in outcome analysis but number randomised not reported | Unclear. Primary and secondary end-points not reported in methodology | Unclear. Analysis not reported as intention-to-treat, differences in baseline Hb between groups |
| 2 Agarwal, R | Low. Computer-generated randomisation schedule | Low. Central randomisation | High. Open-label study. | Unclear. No reporting of blinding of outcome assessment | Unclear. 89 participants randomised, 75 included in intention-to-treat analysis | Low. Data provided on all prespecified outcomes | Low. Intention to treat analysis, good baseline balance, administration of ESA prohibited |
| 3 Aggarwal, HK | High. Patients only described as divided into two groups | High. Patients only described as divided into two groups | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Follow up was complete | Low. Data provided on all prespecified outcomes | Unclear. All patients given stable dose of ESA, good baseline balance but whether analysis was intention to treat not reported |
| 4 Al, RA | Low. Use of a computer-generated randomisation table | Low. Use of consecutively numbered opaque envelopes | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Follow up was complete | Low. Data was provided on all prespecified outcomes | Low. Intention to treat analysis, potential effect of prior use of oral iron explored |
| 5 Al-Momen, AK | High. Sequential selection | High. Sequential selection | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Unclear. Participant numbers differed by 7 in the two groups despite sequential selection | Unclear. List of prespecified outcomes not reported | Unclear. Co-interventions and whether analysis was intention to treat not described. |
| 6 Allen, RP | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | Low. Study staff and participants blinded | Unclear. Described as independently evaluated | Low. Outcome data not available on only 3 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis was intention to treat but co-interventions not described. |
| 7 Anker, SD | Low. Computer-generated permuted block randomisation | Low. Central randomisation | Low. Study staff and participants blinded | Low. Outcome assessment blinded | Low. withdrawal of 37 participants from a total of 459 randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention to treat and co-interventions described |
| 8 Auerbach, M | Unclear. | Unclear. | High. Open- | Unclear. No | Low. Outcome data | Low. Data was | High. Enrolment |

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| | Randomisation sequence generation not described | Allocation concealment not described | label study | reporting of blinding of outcome assessment | available on 155 of 157 participants randomised | provided on all prespecified outcomes | ceased before target enrolment reached due to slow recruitment |
| 9 Auerbach, M | Low. Randomisation list created and maintained by an independent group | Low. Allocation by central telephone system | High. Open-label study | Unclear. Study blinded for ESA whilst ongoing but unblinded after all participants completed the study | Low. Outcome data available for 238 out of 243 participants randomised | Low. Prespecified outcome measures reported | Unclear. Use of oral iron acceptable but not protocolised in non-IV iron group, no interaction detected between ESA and iron but power low |
| 10 Bastit, L | Low. Randomisation sequence stratified by site | Low. Allocation concealed using an interactive voice response system | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Safety data analysed on all patients randomised | Low. Data was provided on all prespecified outcomes | Low. All participants received fixed dose ESA, intention to treat analysis provided |
| 11 Bayoumeu, F | Low. Randomisation table used | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available on 47 of 50 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention to treat, co-interventions described |
| 12 Beck-Da-Silva, L | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | Low. Participants and study personnel blinded to allocation | Unclear. No reporting of blinding of outcome assessment | High. Primary outcome available for 18 out of 23 participants randomised | Low. Data was provided on all prespecified outcomes | High. Study terminated early with <30% of planned sample size recruited |
| 13 Benacaiova, G | Low. Computer-generated randomisation sequence | Low. Consecutively numbered opaque envelopes | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | High. Outcome data not available for 31 of 260 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention to treat, co-interventions described |
| 14 Bhandal, N | Low. Computer-generated randomisation sequence. | Low. Consecutively numbered opaque | High. Open-label study | Unclear. No reporting of blinding of outcome | Low. Outcome data available in 43 out of 44 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis was intention-to-treat but co-interventions were not described |

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| | | envelopes | | assessment | | | |
| 15 Birgregard, G | Low. Minimisation method used | Low. Centralised randomisation via web-based system | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available in 112 out of 120 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat |
| 16 Breymann, C | Unclear. Randomised in 2:1 ratio, stratified by country and severity of anaemia by method of sequence generation not reported | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available in 344 out of 349 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis was intention-to-treat, co-interventions not reported |
| 17 Charytan , C | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | High. 83 participants out of a total of 102 randomised completed the study | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat, participants stratified according to previous ESA use |
| 18 Coyne, DW | Low. Computer-generated randomisation scheme. | Low. Central randomisation | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available in 129 out of 134 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat, ESA dose changes accounted for in study design |
| 19 Dangsuwan, P | Low. Random table used | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available on all 44 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat, all patients received RBC transfusion according to standardised protocol |
| 20 Edwards, TJ | Low. Computer-generated randomisation sequence used | Low. Sealed, sequentially numbered opaque envelopes | Low. Participants blinded, chief investigator and perioperative clinicians blinded, | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for 60 out of 62 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat, potential confounders collected, RBC transfusion in accordance with a strict protocol |

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| | | | investigator administering infusion not blinded | | | | |
| 21 Evstatiev, R | Low. Randomised 1:1 according to predefined computer-generated list | Low. Sequentially numbered envelopes used | Low. Participants blinded | Unclear. No reporting of blinding of outcome assessment | High. Outcome data not available for 52 out of 256 participants randomised | Low. Data provided on all prespecified outcome measures | Unclear. Unclear whether full analysis participant set was intention-to-treat. |
| 22 Friel, JK | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Unclear. Outcome data available for 26 participants, total number randomised not reported | Unclear. Specific primary and secondary a priori-defined end-points not reported | Unclear. Unclear whether analysis was intention to treat and co-interventions such as ESA use not reported |
| 23 Froessler, B | Low. 1:1 randomisation via telephone service | Low. Telephone service used | High. Open-label study | Low. Data were analysed by a statistician blinded to the treatment group | High. No outcome data for 77 out of 271 participants randomised | Low. Data provided on all prespecified outcome measures | Low. Intention-to-treat analysis performed, transfused patients excluded from further Hb analysis |
| 24 Garrido-Martin, P | Low. Random number list used | Low. Assigned to intervention in pharmacy department | Low. Blinding by placebo | Unclear. No reporting of blinding of outcome assessment | High. No outcome data for 51 out of 210 participants randomised | Unclear. Discussion states no increase in infection but data not provided | Low. Analysis was intention-to-treat |
| 25 Grote, L | Low. Minimisation method used | Unclear. Allocation concealment not described. | Low. Participants and study staff blinded | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for all 60 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Intention-to-treat analysis provided, co-interventions not described |
| 26 Hedenus, M | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described. | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for 60 of 67 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis included per-protocol and intention-to-treat, ESA dosing accounted for |
| 27 Henry, DH | Low. Central randomisation | Low. Central randomisation | High. Open-label study | Unclear. No reporting of blinding of | Low. Safety population evaluated with 187 out of 189 participants | Low. Data was provided on all prespecified outcomes | Low. Analysis included per-protocol and intention-to-treat, |

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| | | | | outcome assessment | randomised | | oral iron, ESA dosing and RBC transfusion accounted for in methodology |
| 28 Hulin, S | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described. | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available on 47 of 50 participants randomised | Unclear. Specific primary and secondary a priori-defined end-points not reported | Unclear. Analysis not reported as intention-to-treat, co-interventions not described |
| 29 Karkouti, K | Low. Computer-generated randomisation sequence used | Low. Sequentially numbered sealed, opaque envelopes | Low. Participants and study staff blinded | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data missing for 7 of 38 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis was intention-to-treat, transfusion guidelines provided but co-interventions not described |
| 30 Kasper, SM | Unclear. Randomisation sequence described as blocks of 5 | Unclear. Allocation concealment not described. | Low. Participants and study staff blinded | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for 108 out of 128 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis not reported as intention-to-treat, co-interventions not described |
| 31 Khalafallah | Low. Randomised in blocks of 10 | Low. Assignment performed by pharmacy department | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for 183 out of 200 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis was intention-to-treat but co-interventions not described |
| 32 Kim, YH | Low. Computer-generated randomisation sequence | Unclear. Allocation concealment not described | High. Open-labelstudy | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data missing for 20 out of 76 participants enrolled but safety data analysed on all participants | Unclear. No secondary outcomes measures reported as pre-specified | Unclear. Analysis not reported as intention-to-treat, co-interventions not described |
| 33 Kim, YT | Unclear. Randomisation sequence generation not described. | Low. Envelope procedure described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Unclear. Number of participants randomised not reported | Unclear. A-priori endpoints not reported | Unclear. Protocol for RBC transfusion provided, analysis not reported as intention-to-treat |
| 34 Kochhar, PK | Low. Randomisation table used | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome | Low. Outcome data available for 98 out of 100 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis not reported as intention-to-treat, co-interventions not |

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| | | | | assessment | | | described |
| 35 Krayenbuehl, PA | Low. Randomisation schedule generated by external provider | Low. Randomisation schedule generated by external provider | Low. participants and study staff blinded | Low. Investigators blinded to study group | Low. Outcome data available on all 90 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Intention-to-treat analysis conducted |
| 36 Kulnigg, S | Low. Randomisation schedule generated by external provider | Low. Central randomisation system | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for 196 out of 200 participants randomised | Low. Data was provided on all prespecified outcomes, no post-hoc analyses performed | Low. Intention-to-treat analysis conducted, co-interventions described |
| 37 Li, H (1) | Low. Computer-generated randomisation sequence | Unclear. Allocation concealment not described. | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for all 46 participants randomised | Unclear. Clearly defined a-priori endpoints not reported | Uncertain. Titration of ESA allowed but not reported as an outcome, analysis not reported as intention-to-treat |
| 38 Li, H (2) | Low. Computer-generated random number list used | Unclear. Allocation concealment not described. | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for all 136 participants randomised | Unclear. Clearly defined a-priori secondary end-points not reported. | Uncertain. Titration of ESA allowed but not reported as an outcome, analysis not reported as intention-to-treat |
| 39 Li, H (3) | Low. Computer-generated randomisation sequence | Unclear. Allocation concealment not described. | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for all 194 participants randomised | Unclear. Clearly defined a-priori secondary end-points not reported | Uncertain. Titration of ESA allowed but not reported as an outcome, analysis not reported as intention-to-treat |
| 40 Lindgren, S | Low. Minimisation method used. | Low. Internet used for allocation to treatment arm | High. Open-label study | Unclear. final assessment done from computerized information only | Unclear. 13 participants out of total of 91 randomised were withdrawn | Low. Data was provided on all prespecified outcomes | Low. Intention-to-treat analysis performed, co-intervention data collected |
| 41 Maccio, A | Unclear. Sequence generation not described | Unclear. Randomisation 1:1 but allocation | High. Open-label study | Unclear. No reporting of blinding of outcome | Low. Outcome data available for all 148 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Study design controlled for co-interventions |

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| | | concealment not described | | assessment | | | |
| 42 Macdougall, IC | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for 37 out of 38 participants randomised | Unclear. Principle end-points provided but without specifics, e.g. 'iron status' | Uncertain. Analysis not reported as intention-to-treat |
| 43 Madi-Jebara, SN | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | Low. Participants and study staff blinded | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for all 120 study participants | Low. Data was provided on all prespecified outcomes | Low. Participants receiving RBC transfusion excluded from further analysis |
| 44 McMahon, LP | Low. Block randomisation | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | High. Outcome data available for 85 out of 100 participants enrolled | Low. Data was provided on all prespecified outcomes | Unclear. 6 oral iron group patients received infrequent IV iron, analysis not reported as intention-to-treat |
| 45 Meyer, MP | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for 39 out of 42 participants randomised | Uncertain. Specific, a priori end-points not reported | Unclear. Analysis not described as intention-to-treat |
| 46 Na, HS | Unclear. Randomisation sequence generation not described. | Low. Sealed envelopes used | High. Open-label study | Unclear. No reporting of blinding of outcome assessment | Low. Outcome data available for 108 out of 113 participants randomised | Low. Data was provided on all prespecified outcomes | Low. RBC transfusion guideline used |
| 47 Neeru, S | Unclear. Block randomisation but no further description of methods | Unclear. No description of allocation concealment | High. Open-label study | Unclear. No blinding reported of outcome assessment | Low. Outcome data available for 89 out of 100 participants randomised | Unclear. RBC transfusion reported only for one group, unclear whether primary outcome prespecified | Unclear. 6 participants crossed over from oral to IV iron |
| 48 Okonko, DO | Low. Computer-generated randomisation in a 2:1 ratio | Low. Treatment allocation concealed from the investigators | Low. Study investigators blinded | Low. outcome assessment by blinded investigators | Unclear. Outcome data available for 30 out of 35 participants | Low. Data was provided on all prespecified outcomes | Low. Missing data imputed but sensitivity analysis conducted without imputation |

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| 49 Olijhoek, G | Low. randomisation schedule used, 1:1:1:1 ratio | Unclear. Allocation concealment not described | Low. Administration of ESA blinded | Unclear. No outcome assessment blinding reported | Low. Outcome data available for 107 out of 110 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat |
| 50 Onken, JE | Low. Randomised 1:1 using interactive voice system | Low. Use of an interactive voice system | High. Open-label | Low. Composite safety events adjudicated by a blinded clinical committee | Low. Outcome data available in 495 out of 507 participants | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat |
| 51 Pedrazzoli, P | Unclear. Randomisation sequence generation not described | Low. Central randomisation | High. Open-label study | Unclear. No outcome assessment blinding reported | High. 33 participants out of a total of 149 randomised were exclude from per protocol population | Low. Data was provided on all prespecified outcomes | Unclear. Study stopped early with 149 out of 420 planned participants recruited |
| 52 Pollack, A | Unclear. Randomisation sequence generation not described. | Low. Sequentially numbered sealed envelopes | High. Open-label study | Unclear. No outcome assessment blinding reported | High. No outcome data for 9 out of 38 participants enrolled | Unclear. Specific a priori-defined primary and secondary end-points not reported | Unclear. Characteristics of participants disqualified did not differ from those who completed study but data not provided |
| 53 Provenzano, P | Low. Telephone system | Low. Telephone system | Low. Open-label study | Unclear. No outcome assessment blinding reported | Low. Outcome data available for 224 out of 230 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Intention-to-treat analysis conducted, safety population included all patients receiving at least one dose of study medication |
| 54 Qunibi, WY | Low. Interactive voice-response system used. | Low. Centralised system | High. Open-label study | Unclear. No outcome assessment blinding reported | Low. Outcome data available for 245 out of 255 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Initial 2:1 randomisation ratio, changed to 1:1 due to slow recruitment |
| 55 Schaller, G | Low. Computer-generated randomisation sequence | Unclear. Allocation concealment not reported. | Low. Participants and study staff blinded | Low. Laboratory personnel blinded to | Low. Outcome data available for all 38 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Potential differential use of ESA. |

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| | | | | group assignment | | | |
| 56 Schindler, E | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data available for all 60 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis not described as intention-to-treat |
| 57 Schroder, MD | Low. Computer-generated random number table | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | High. Outcome data not available for 11 out of 46 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Differential distribution of inflammatory bowel disease type |
| 58 Seid, MH | Low. 1:1 randomisation, stratified by baseline Hb | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. All 291 participants randomised included in the intention-to-treat analysis | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat |
| 59 Serrano-Trenas, JA | Low. Randomisation list used with 1:1 ratio | Low. Sealed, opaque envelopes | Lowoutcome data assessor blinded | Unclear. No blinding of outcome assessment reported | Unclear. Outcome data available for 179 out of 200 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat, protocol provided for RBC transfusion |
| 60 Shafi, D | Low. Computer generated randomisation sequence | Low. Sequentially numbered sealed opaque envelopes | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data available on all enrolled participants | Low. Data provided on all prespecified outcome measures | Unclear. All participants analyses in group to which randomised but RBC transfusion not described |
| 61 Singh, H | Unclear. Randomisation 2:1 but sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data available for 121 out of 126 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Analysis was intention-to-treat |
| 62 Singh, K | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | Unclear. 100 participants randomised but number with outcome data not reported | Unclear. Primary outcome specified but not specifics of secondary outcome measures | Unclear. 12 participants in oral iron group switched to IV iron |
| 63 Sloand, JA | Unclear. Randomisation | Unclear. Allocation | Low. participants | Unclear. No blinding of | Low. Outcome data available for 23 out of | Low. Data was provided on all | Unclear. Plan to recruit 30 participants |

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| | sequence generation not described | concealment not described | and study staff blinded | outcome assessment reported | 25 participants randomised | prespecified outcomes | but study stopped after 25 recruited |
| 64 Spinowitz, BS | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data available for all 304 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Intention-to-treat analysis performed |
| 65 Steensma, DP | Low. 1:1:1 stratified randomisation | Low. Central allocation concealment | Low. Patients and investigators blinded to oral or no iron | Unclear. No blinding of outcome assessment reported | Low. Outcome data available for 490 out of 502 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Stopped early due to excess serious adverse events in IV iron arm |
| 66 Stoves, J | Low. Computer-generated randomisation schedule | Low. Computer-based allocation | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data available for all 45 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. Analysis not reported as intention-to-treat |
| 67 Toblli, JE | Low. Random number table used | Unclear. Allocation concealment not described | Low. Participants and study staff blinded | Low. Physicians performing echocardiography blinded | Low. Outcome data available for all 40 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Baseline balance and co-interventions described |
| 68 Van Iperen, CE | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data available for all 36 participants enrolled | Low. Data was provided on all prespecified outcomes | Low. Co-interventions described, intention-to-treat analysis performed |
| 69 Van Wyck, DB (1) | Low. Computerised random number generation | Low. Interactive voice-response system | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data for safety evaluation available for 352 out of 361 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Intention-to-treat analysis performed |
| 70 Van Wyck, DB (2) | Low. Computerised random number generation | Low. Interactive voice-response system | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data for safety evaluation available for 456 out of 477 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Intention-to-treat analysis performed |
| 71 Van Wyck, DB (3) | Low. Computerised | Low. Interactive | High. Open-label study | Unclear. No blinding of | Low. Outcome data available for 182 out of | Low. Data was provided on all | Low. Intention-to-treat analysis |

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| | random number generation | voice-response system | | outcome assessment reported | 188 participants randomised | prespecified outcomes | performed |
| 72 Verma, S | Unclear. Randomisation sequence generation not described | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | Unclear. 150 participants included in outcome analysis but number randomised not reported | Unclear. No prespecified outcome parameters other than Hb | Unclear. Analysis not reported as intention-to-treat, co-interventions not described |
| 73 Warady, BA | Low. Random number table used | Unclear. Allocation concealment not described | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data available for all 35 participants randomised | Low. Data was provided on all prespecified outcomes | Unclear. 1 patient in oral iron group received IV iron, analysis not reported as intention-to-treat |
| 74 Weisbach, V | Unclear. Randomisation list used | High. Chronological enrollment with sequential order of trial medication | High. Open-label study | Unclear. No blinding of outcome assessment reported | High. Outcome data not available for 33 out of 123 participants randomised | Unclear. Secondary end-points not specifically reported | Unclear. Analysis not reported as intention-to-treat |
| 75 Westad, S | Low. Minimisation used | Low. Central randomisation | High. Open-label study | Unclear. No blinding of outcome assessment reported | Low. Outcome data available for 117 out of 129 participants randomised | Low. Data was provided on all prespecified outcomes | Low. Intention-to-treat analysis performed |