Criteria for scoring (title and abstract)		
Criterion	**Outcome**	**Description**
Full-text available	Yes / No	Is a full-text available from pubmed?
Veterinary study	Yes / No	Is the paper a study with animals?
Overdiagnosis as a dominant theme	Yes / No	Is overdiagnosis discussed as a specific dominant theme **Include:** Prognostic / prediction studies relating to disease progression **Include:** Trend studies. Index test will often be not addressed **Include:** Active surveillance studies that assess what the impact is of having a in-between category, next to treat and do not treat **Exclude:** Studies in which no diagnostic method is evaluated **Exclude:** Erratums **Exclude:** Case-studies (n = < 10) **Exclude:** Overview articles without a specific focus on diagnostics **Exclude:** Articles not mentioning overdiagnosis or only briefly commenting on it (particularly in the discussion) Example: Exclude article which states: "When Diagnostic test X is replaced with Diagnostic test Y sensitivity and specificity may be improved. As a result overdiagnosis of Disease Z may be reduced"
Clinical field	Bone & connective tissue	Examples: Myopathy, osteoporosis, dental problems
	Cancer	Examples: Prostate cancer, breast cancer, leukemia **Exclude:** cervical cancer caused by HPV (=infection)
	Cardiovascular	Examples: Pulmonary embolism, angina
	Congenital	Examples: Down syndrome, hypospadia
	Ear	Example: Tinitus
	Eye	Example: Jungevitis
	Gastrointestinal	Examples: Crohn's disease, reflux disease, liver failure
	Gynaecology & Obstetrics	Example: Preeclampsia
	Immune system	Examples: Allergic reactions, autoimmune disorders, Heparin induced thrombocytepenia (HIT), PANDA's, Rheumatoid arthritis
	Infection	Examples: Malaria, HIV, HPV, Clostridicum difficile, pneumonia
	Mental	Examples: ADHD, autism, depression, schizophrenia, bipolar disorder, (vascular) dementia **Include:** Diseases that are primarily psychiatric disorders and often result in impaired cognitive function **Exclude:** See neurological disorders
	Metabolic	Examples: Diabetes, hypogonadism, hypothyroidism, growth related 'disorders', nutrition status
	Neurological	Example: Multiple sclerosis, Parkinsons, Alzheimer **Include:** Diseases of the central / periphial nervous systema, that often have motorical implications **Exclude:** See mental disorders
	Perinatal	Example: Malnutrition of the unborn child, child specific problems during pregnancy **Include:** disease in the unborn child
	Respiratory	Examples: COPD, asthma, nasal disorders
	Skin	Example: Eczema
	Trauma	Examples: Car accidents, cuts, fractures, sprains, injury during surgery
	Urogenital	Examples: Chronic kidney failure, kidney stones
	No specific clinical field	Multiple clinical domains are assessed **OR** it is unclear if the paper focusses on a specific clinical domains Example: a methodological paper on how we should quantify overdiagnosis
Study aim	Methodological	Papers desribing a theoretical framework for assessing overdiagnosis **Include:** Commentaries discussing the way overdiagnosis was determined in a different empirical primary study **Include:** Combination papers; Papers that are empirical, but also have a strong methodological focus on overdiagnosi **Include:** Modelling studies
	Non-methodological	Results from a primary study or assessment of outcomes by a review / overview paper
Article type	Commentary	A comment, reply or rebuttal on a previously published paper or commentary
	Narrative review	A paper giving a broad oversight of a specific topic, often from one particular authors view **Include:** editorials **Include:** opinion pieces **Include:** interviews **Include:** guidelines **Exclude:** Overviews that only refer to 1 or 2 accuracy studies, without further discussion on the topic of overdiagnosis
	Primary paper	Consists of a collection of original primary data collected by the researcher
	Systematic review	Collection and synthesis of available evidence on a topic. **Include:** Systematic assessments / meta-analyses of various articles within a specific domain **Exclude:** General discussions and exposes about a subject without a clear structural approach
Type of diagnostic test	Biomarker	Any measurement of chemicals in the human body as well as genotyping **Include:** immunohistochemistry (even though this may be assessed via microscopy in some cases) **Include:** Rapid diagnostic test for malaria
	Histology	Qualitative visual assessment of a target tissue through biopsy under a microscope (or similar devices) **Exclude:** Rapid diagnostic test for malaria (biomarker) **Exclude:** Scopy's (medical examination)
	Imaging	Any form of digital visualisation of the human body, such as MRI, CT, EKG, EEG, etc **Exclude:** Scopy's (medical examination)
	Medical examination	(Quick) medical tests that are performed directly by the clinician, either with or without specific medical equipment **Include:** Endoscopy, coloscopy, spirometry, reflex test, exploratory surgery, DSM-V assessment, psychological evaluations, skin prick tests (for allergy), blood pressure measurement **Include:** Assessment of medical history of the patient by a clinician, such as age, gender, smoking habits, exercise pattern, etc
	Prediction model	List of predictors used in a prediction model **Exclude:** Overall assessments using multiple tests (="none") **Exclude:** Modelling studies that evaluate one particular index test, while using input on transition predictions in the rest of that model **Note:** Other index tests can not be checked with a prediction model, since they will be part of that model
	None	Not one specific test is studied (so a broad range of tests or no specific one is addressed) **Include:** Overview papers that only discuss the general topic of overdiagnosis **Include:** Papers discussing various tests (hence there is no specific index test)

Screening	Yes / No	Is the primary focus of the study on diagnosis or detection in asymptomatic patients? **Include:** Screening is mentioned multiple times and explicitely **Exclude:** Screening as an example in an overview / review paper **Exclude:** Progostic studies in patients that already received diagnosis
Overdiagnosis context	Overdiagnosis estimation	Overdiagnosis relating to the effect that a diagnostic test has on the number of excess cases found **Include:** Overdiagnosis mentioned in the results **Include:** Accuracy studies quantifying false-positive findings or % of overdiagnosis **Include:** Modelling papers that quantify overdiagnosis **Exclude:** Comparison of two diagnostic tests, without explicit quantification / assessment of overdiagnosis **Exclude:** Misdiagnosis / misclassification (= disease definition) **Exclude:** Overview papers that only briefly mention results from other primary studies **Exclude:** Overview papers that mention some quantitative results of overdiagnosis, but predominantly have a more broad discussion in general (=other)
	Disease definition	Overdiagnosis as a result of shifting the disease definition in terms of biomarker threshold or criteria in a scoring list **Include:** Misclassification / misdiagnosis **Include:** Papers assessing pathologic / biologic / mechanistic background of the disease in context with overdiagnosis. *However be critical whether these directly link particular biologic subclassifications of a disease to overdiagnosis*
	Overdiagnosis communication	Overdiagnosis as subject of communication between clinicians and/or patients **Include:** Studies that assess overdiagnosis communication to patients before or after diagnostic tests **Include:** Studies assessing people's general understanding of the concept of overdiagnosis
	Incidental findings	Overdiagnosis as a coincidental finding resulting from diagnostic testing of an unrelated illness
	Genomics	Overdiagnosis resulting from genome (screening) assessments, determining high-risk groups
	Other	Overdiagnosis that can not be related to any of the categories above **Include:** Overview paper describing multiple aspects of overdiagnosis (e.g. accuracy, definition, litigation, methodology) **Include:** Studies looking at the downstream consequences of overdiagnosis (e.g. quality of life) **Include:** Studies looking at overall reasons for clinians to overdiagnose (e.g. litigation risk, carefullness, unaware of negative consequences) **Include:** Trend studies **Include:** Studies on drivers and consequences of overdiagnosis