Supplementary Material. Annex B

List of eligible studies for inclusion in the meta-analysis of individual participant data (IPD).

A. Studies for whom IPD were not sought (Excluded studies)

i. Articles published before or during the 90's

E1. Maekelt GA. Evaluación clínica y serológica de la droga Bay 2502 en pacientes con infección chagásica crónica. *Bol Chil Parasitol* 1969; 24: 95–96.

E2. Vigliano C, Miguez G, Viotti R, Armenti A. Seguimiento longitudinal de pacientes con enfermedad de Chagas en el conurbano bonaerense. Efectos a largo plazo del tratamiento etiológico. Premio Fundación Banco Mayo-Fundación Cardiológica 1989, Argentina, Buenos Aires.

E3. Cerisola JA, Neves da Silva N, Prata A, Schenone H, Rohwedder R. Evaluation of the efficacy of nifurtimox in chronic human chagasic infection by using xenodiagnosis. *Bol Chil Parasitol*. 1977; 32: 51–62.

E4. Neves da Silva N, Kuhn G, Cardoso dos Santos JF, Von Eye G, Braga Chaher JA. Eficácia e tolerancia do nitrofurfurilidene (1) na fase crónica da Moléstia de Chagas. *Rev Soc Bras Med Trop*. 1974; 18: 325–334.

E5. Levi GC, Amato NetoV. Observacóes sôbre o tratamento de pacientes com a forma crónica da doença de Chagas, mediante emprêgo do composto nitrofurânico "Bayer 2503" ou "Lampit". *Rev Inst Med Trop Sao Paulo* 1971; 13: 369–372.

ii. Principal investigator passed away

E6. de Oliveira Ferreira H. Tratamento da forma in determinada da doença de Chagas com nifurtimox e benzonidazol. *Rev Soc Bras Med Trop*. 1990; 23: 209–211.

E7. Cançado JR. Long term evaluation of etiological treatment of Chagas disease with benznidazole. *Rev Inst Med Trop Sao Paulo* 2002; 44: 29–37.

iii. Only parasitological outcomes

E8. Cançado JR, Salgado AA, Batista SM, Chiari C. Segundo ensaio terapéutico com o nifurtimox na doença de Chagas. *Rev Goiana Med*. 1976; 22: 203–233.

E9. Schenone H, Rojas A, Alfaro E, Concha L, Aranda R. Longitudinal study of the persistence of the therapeutic action of nifurtimox and benznidazole in patients with chronic chagas infection. *Bol Chil Parasitol*. 1981; 36: 59–62.

E10. Britto C, Silveira C, Cardoso MA, et al. Parasite Persistence in Treated Chagasic Patients Revealed by Xenodiagnosis and Polymerase Chain Reaction. *Mem Inst Oswaldo Cruz* 2001; 96: 823–826.

E11. Galvão LMC, Chiari E, Macedo AM, Luquetti AO, Silva SA, Andrade AL. PCR assay for

monitoring Trypanosoma cruzi parasitemia in childhood after specific chemotherapy. *J Clin Microbiol*. 2003; 41: 5066–5070.

B. Studies for whom IPD were not provided (Not Obtainable)

i. Agreed initially, but not response

N1. Gallerano RR, Sosa RR. Interventional study in the natural evolution of Chagas disease. Evaluation of specific antiparasitic treatment. Retrospective-prospective study of antiparasitic therapy. *Rev Fac Cienc Med Univ Nac Córdoba* 2000; 57: 135–162.

ii. IPD no longer available

N2. Galvão LMC, Nunes RMB, Cançado JR, Brener Z, Krettli AU. Lytic antibody titre as a means of assessing cure after treatment of Chagas disease: a 10 years follow-up study. *Trans R Sos Trop Med Hyg*.1993; 87: 220–223.

N3. Moretti E, Cervetta L, Basso B, Castro I, Santamarina N. Enfermedad de Chagas crónica: efectos del tratamiento en los niveles de anticuerpos hacia antígenos crudos y semipurificados del Trypanosoma cruzi. *Bol Chil Parasitol*. 1998; 53: 3–9.

N4. Solari A, Contreras MC, Lorca M, et al. Rendimiento del xenodiagnóstico y el PCR para evaluar el tratamiento quimioterápico específico de la enfermedad de Chagas en niños. *Bol Chil Parasitol*. 1998; 53: 27–29.

N5. Andrade AL, Martelli CM, Oliveira RM, et al. Short report: benznidazole efficacy among Trypanosoma cruzi-infected adolescents after a six-year follow-up. *Am J Trop Med Hyg*. 2004; 71: 594–597.

N6. Lacunza CD, Sánchez Negrete O, Celia Mora MC, et al. Use of the Polymerase Chain Reaction (PCR) for early evaluation of etiological treatment in young adults chronically infected with Trypanosoma cruzi. *Rev Patol Trop*. 2006; 35: 227–232.

N7. Yun O, Lima MA, Ellman T, et al. Feasibility, Drug Safety, and Effectiveness of Etiological Treatment Programs for Chagas Disease in Honduras, Guatemala, and Bolivia: 10-Year Experience of Medecins Sans Frontieres. *PLoS Negl Trop Dis*. 2009; 3: e–488.

iii. IPD not provided

- *Administrative constraints*

N8. Fabbro D, Velazquez E, Bizai ML, et al. Evaluation of the ELISA F29 test as an early marker of therapeutic efficacy in adults with chronic Chagas disease. *Rev Inst Med Trop Sao Paulo* 2013; 55: 167–172.

Fabbro DL, Bizai ML. Confirmation of the use fullness of chemotherapy in the treatment of chronic Chagas disease. *Salud (i) Ciencia* 2010; 17: 786–788.

Fabbro DL, Streiger ML, Arias ED, Bizai ML, del Barco M, Amicone NA. Trypanocide treatment among adults with chronic Chagas disease living in Santa Fe city (Argentina), over a mean follow up of 21 years: parasitological, serological and clinical evolution. *Rev Inst Med Trop Sao Paulo* 2007; 40: 1–10.

Fabbro De Suasnábar D, Arias E, Streiger M, et al. Evolutive behavior towards cardiomyopathy of treated (nifurtimox or benznidazole) and untreated chronic chagasic patients. *Rev Inst Med Trop Sao Paulo* 2000; 42: 99–109.

- *No interest in participating*

N9 Viotti R, Vigliano C, Armenti A, Segura EL. Treatment of chronic Chagas' disease with benznidazole: clinical and serologic evolution of patients with long-term follow-up. *Am Heart* J. 1994; 127: 151–161.

Viotti R, Vigliano C, Lococo B, et al. Long-term cardiac outcomes of treating chronic Chagas disease with benznidazole versus no treatment: a non-randomized trial. *Ann Intern Med*. 2006; 144: 724–734.

Viotti R, Vigliano C, Lococo B. Improvement of clinic and serological long-term evolution of chronic Chagas disease patients treated with benznidazole. *Salud (i) Ciencia* 2009; 16: 855–859.

Viotti R, Vigliano C, Alvarez MG, et al. Impact of aetiological treatment on conventional and multiplex serology in chronic Chagas disease. *PLoS Negl Trop Dis* 2011; 5: e1314.

- *No time to participate*

N10 Coura JR, de Abreu LL, Willcox HP, Petana W. Comparative controlled study on the use of benznidazole, nifurtimox and placebo, in the chronic form of Chagas' disease, in a field area with interrupted transmission. I. Preliminary evaluation. *Rev Soc Bras Med Trop*.1997; 30: 139–144.

- *Potential risk of ethical problems*

N11 Guhl F, Nicholls R, Montoya F, et al. Rapid Negativization of Serology After Treatment withBenznidazole for Chagas Disease in a Group of Colombian School child. *IX European Multicolloquium of Parasitology*, Spain 2004.

N12 Pérez-Ayala A, Pérez-Molina JA, Norman F, Navarro M, et al. Chagas disease in Latin American migrants: a Spanish challenge. *Clin Microbiol Infect* 2011; 17: 1108–1113.

N13 Bianchi F, Cucunubá Z, Guhl F, et al. Follow-up of an Asymptomatic Chagas Disease Population of Children after Treatment with Nifurtimox (Lampit) in a Sylvatic Endemic Transmission Area of Colombia. *PLoS Negl Trop Dis*. 2015; 9: e0003465.

- *Full-text not available*

N14 Oliveira, CCS de. Acompanhamento da parasitemia, dos níveis sorológicos e da evolução clínica de portadores da Doença de Chagas crónica residentes no Mato Grosso do Sul, onze anos após tratamento com benznidazol. Instituto Oswaldo Cruz, Rio de Janeiro, 2013.

C. Studies for whom IPD is uncertain (Pending studies)

i. Principal investigator invited by mail

P1. Diniz Marques R, da Silva Marques R, Diniz Marques R, Diniz Marques M, de Menezes Dias P. Efficacy of benznidazole in the treatment of young people in the indeterminate phase of Chagas disease. *Rev Bras Med*. 2003; 60: 748–754.

ii. Principal investigator invited by e-mail

P2. Andrade MC, Oliveira M de F, Nagao-Dias AT, et al. Clinical and serological evolution in chronic Chagas disease patients in a 4-year pharmacotherapy follow-up: a preliminary study. *Rev Soc Bras Med Trop*. 2013; 46: 776–778.

iii. Awaiting assessment

P3. Niborski L L, Grippo V, Lafón S O, et al. Serological based monitoring of a cohort of patients with chronic Chagas disease treated with benznidazole in a highly endemic area of northern Argentina. *Mem. Inst. Oswaldo Cruz* 2016; 111: 365–371.

P4. Brum-Soares L, Cubides JC, Burgos I, et al. High seroconversion rates in Trypanosoma cruzi chronic infection treated with benznidazole in people under 16 years in Guatemala. *Rev Soc Bras Med Trop*. 2016; 49: 721–727.

P5. Murcia L, Carrilero B, Ferrer F, Roig M, Franco F, Segovia M. Success of benznidazole chemotherapy in chronic Trypanosoma cruzi-infected patients with a sustained negative PCR result. *Eur J Clin Microbiol Infect Dis*. 2016; 35: 1819–1827.