Online Supplementary Content

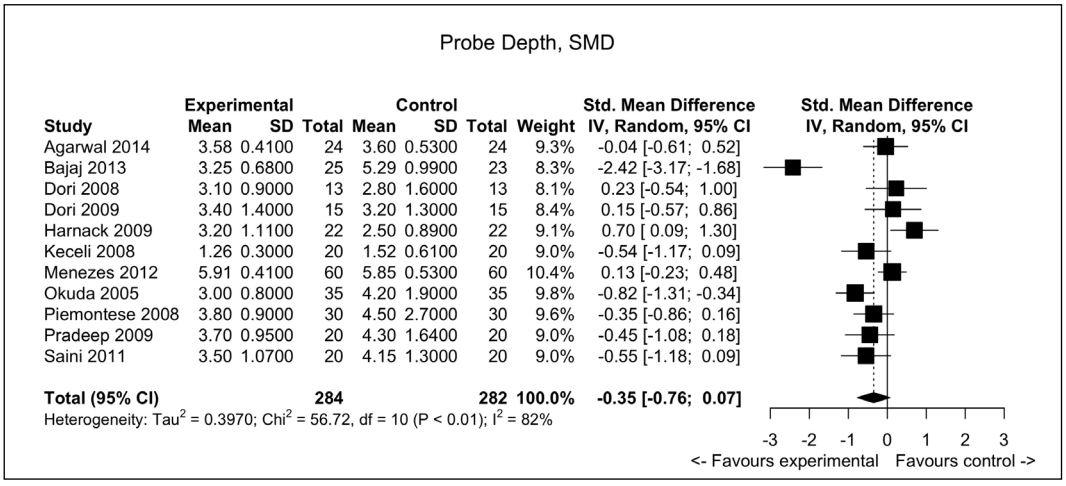

Figure S1 - Periodontal defects: forest plot for probing depths.
SMD: standardised mean difference; 95% CI: 95% confidence interval.

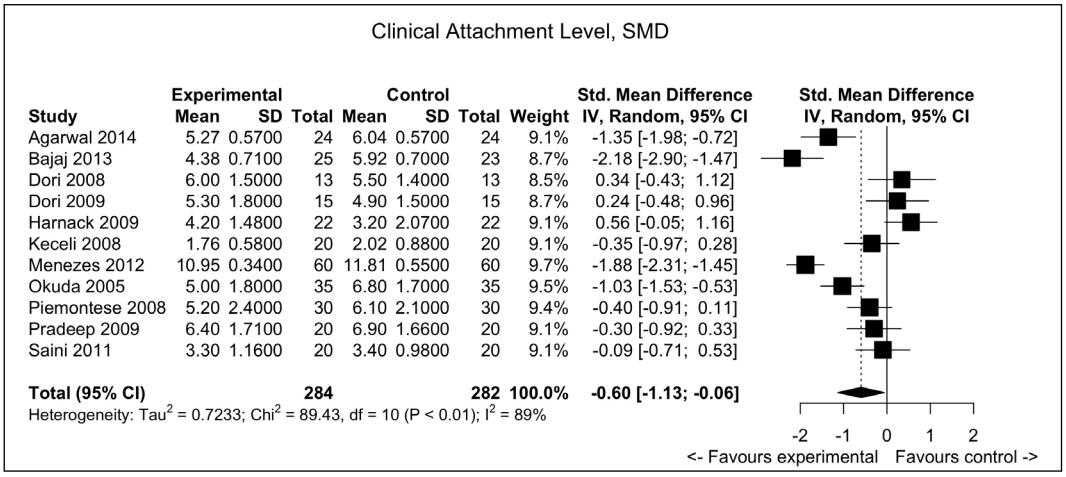

Figure S2 - Periodontal defects: forest plot for clinical attachment level.
SMD: standardised mean difference; 95% CI: 95% confidence interval.

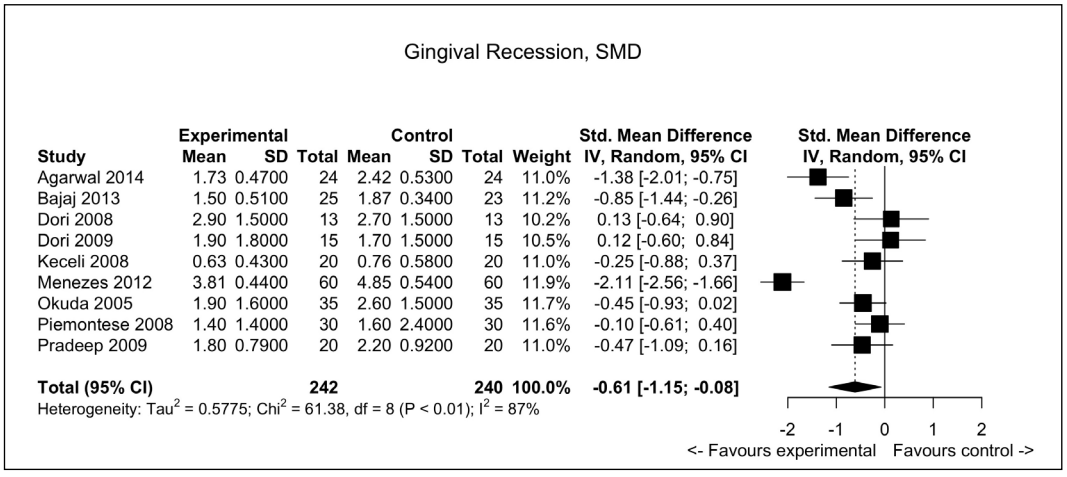

Figure S3 - Periodontal defects: forest plot for gingival recession.
SMD: standardised mean difference; 95% CI: 95% confidence interval.

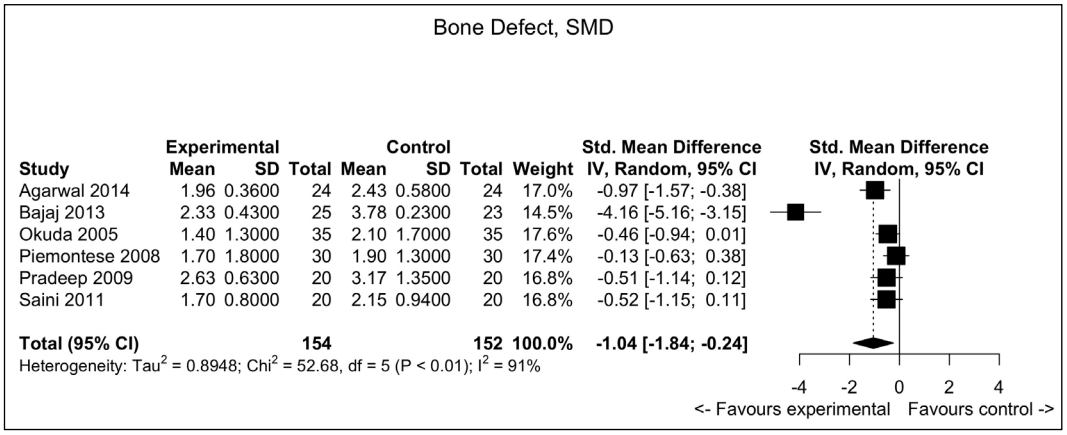

Figure S4 - Periodontal defects: forest plot for bone defects.
SMD: standardised mean difference; 95% CI: 95% confidence interval.

Table SI - Risk of bias table.

Characteristics of studies

Characteristics of included studies

Agarwal 2014

Methods	Defined as RCT, double masked
Participants	Patients with chronic periodontitis and periodontal intrabony defects
Interventions	Demineralised freeze-dried bone allograft (DFDBA) + PRP compared to DFDBA + saline solution
Outcomes	Probing pocket depht, CAL, REC and radiographic measurements were made at baseline and at 12 months
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Randomised by the flip of coin
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	Unclear risk	No information provided
Blinding of outcome assessment (detection bias)	Low risk	The examiner was blind to the treatment assignment
Incomplete outcome data (attrition bias)	Low risk	All patients completed the study
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Alissa 2010

Methods	This was a randomised, controlled, parallel-group study
Participants	Patients undergoing tooth extraction under intravenous sedation. Twelve patients (15 sockets) were randomly allocated to the PRP group and 11 patients (14 sockets) to the control group
Interventions	Autologous platelet concentrates were prepared from the patients' blood and autologous thrombin was produced
Outcomes	Outcome measures were: pain level, analgesic consumption, oral function (ability to eat food, swallowing, mouth opening and speech), general activity, swelling, bruising, bleeding, bad taste or halitosis, food stagnation, patient satisfaction, healing complications, soft tissue healing, trabecular pattern of newly formed bone in extraction sockets,trabecular bone volume, trabecular separation, trabecular length, trabecular width, and trabecular number
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	A computer-generated randomisation schedule was created by a statistician
Allocation concealment (selection bias)	Low risk	The randomisation codes were enclosed in sealed, opaque and sequentially numbered envelopes. The patient's allocation to either group was revealed by the investigator just before venous cannulation on the day of the patient's appointment for extraction
Blinding of participants and personnel (performance bias)	High risk	Open label. The patients were then randomly allocated to one of two groups, test or control receiving PRP in the extraction socket or treated in the conventional manner without PRP. Blood samples were only taken for patients randomised to the PRP group. The sockets in patients allocated to the PRP group were filled with PRP. In the control group, no PRP was added
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided
Incomplete outcome data (attrition bias)	Unclear risk	Two patients from the control group dropped out of the study. The latter did not attend any of the scheduled appointments following tooth extraction, and were recalled on several occasions, but no response was obtained. Additionally, one more patient from the control group and four patients from the PRP group did not attend their appointments at 12 weeks after extraction for radiographic assessment
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Continued on next page.

Table SI - Risk of bias table. *(continued from previous page)*

Arenaz-Bua 2012

Methods	A prospective, controlled (with a split- mouth design) and double blinded study
Participants	The defect that remains after extraction of mandibular impacted third molar. The study design is based on the extraction of two mandibular impacted third molars in a patient during the same surgical procedure by the same surgeon
Interventions	The patients were divided into 5 groups. In two groups (groups 1 and 2) we compared the control socket (no biomaterial) with the study socket (platelet-rich plasma). These two groups differ in the methodology used in obtaining the PRP (methods 1 and 2 respectively). In groups 3, 4 and 5, we administered PRP obtained by the same method (method 1) on the control side, compared with the study side in which we administered a combination of PRP with another product: - autologous bone obtained from aspiration and filtering during the osteotomy (group 3) - a synthetic material based on synthetic calcium hydroxyapatite (Novabone® Porex Surgical Inc, MTF, USA) (group 4) - allogeneic demineralised bone matrix (DBX®, Synthes, USA) (group 5)
Outcomes	"We assessed several response variables on the postoperative evolution in two ways. On the one hand, through a clinical questionnaire that each patient completed daily throughout the first postoperative week. This questionnaire asssesed pain (using two methods: an analog pain scale from 1 to 10 points, and the number of analgesics to control pain consumed on each of the first 7 postoperative days) as well as the number of days that passed until the restart of a normal diet. On the other hand, a single clinical observer performed a clinical assessment in the 7th postoperative day. This observer assessed the most inflamed side, decreased mouth opening measured in mm compared to that observed at the time of the intervention, and the occurrence of infectious events. In addition we compared the bone formation on both sides using digital panoramic obtained in the immediate postoperative period, at the 3 and in 6 months after the surgery. The measurement of bone neoformation was performed subjectively but blindly, recording the score in a radiopaque increasing scale (1, minimal or radiopaque bone formation 5, maximum or radiopaque bone formation) by 4 blinded observers, who were staff surgeons of the research team."
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	The study is defined as randomised, but no further information is provided
Allocation concealment (selection bias)	Unclear risk	As above
Blinding of participants and personnel (performance bias)	Unclear risk	The study is defined as double blind, but no further information is provided
Blinding of outcome assessment (detection bias)	Low risk	This clinical observer was blinded for whether or not socket grafting was performed, and the type of grafted material. The measurement of bone neoformation was performed subjectively but blindly, recording the score in a radiopaque increasing scale by 4 blinded observers
Incomplete outcome data (attrition bias)	Unclear risk	No information on withdrawals provided
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Bajaj 2013

Methods	A randomised study
Participants	Seventy-two mandibular degree II furcation defects
Interventions	either autologous PRF with open flap debridement (OFD; 24 defects) or autologous PRP with OFD (25), or OFD alone (23)
Outcomes	The primary outcome of the study was complete clinical closure of the defect and bone defect fill. The secondary outcomes included RVCAL, RHCAL, PD, GML, PI and SBI. Clinical and radiological parameters such as probing depth, relative vertical clinical attachment level and horizontal clinical attachment level along with gingival marginal level were recorded at baseline and 9 months post-operatively
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The selected sites were divided randomly (computer-generated tables) into the control and test groups (PRF or PRP)
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	Unclear risk	"Patients were blinded for allocation to a particular group and treatment". Not clear if the personnel was blind (see also below)
Blinding of outcome assessment (detection bias)	Low risk	One operator (PB) performed all the surgeries while another operator (ARP) performed all the clinical and radiographic measurements without knowledge of the groups
Incomplete outcome data (attrition bias)	Low risk	Thirty-seven (72 sites) of 42 subjects completed the study
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

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Table SI - Risk of bias table. *(continued from previous page)*

Dori 2008

Methods	Prospective, randomised, controlled clinical trial. Parallel-design study (i.e. 13 patients in each group)
Participants	Twenty-six patients suffering from advanced chronic periodontitis, and each of whom displayed one advanced intrabony defect
Interventions	Enamel matrix protein derivative (EMD) + natural bone mineral (NBM) + platelet-rich plasma (PRP) or EMD + NBM
Outcomes	The following clinical parameters were evaluated at baseline and at 1 year after treatment: plaque index (PI), gingival index (GI), bleeding on probing (BOP), probing depth (PD), gingival recession (GR) and clinical attachment level (CAL). The primary outcome variable was CAL
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The defects were randomly assigned before surgery to the two treatment groups with a randomised block approach. Blocking to control for the effects of the prognostic variables INTRA and CAL was used to decrease outcome variability
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Unclear risk	In each case, the surgeon was informed of the assigned treatment option after completion of flap elevation and defect debridement
Incomplete outcome data (attrition bias)	Low risk	All the subjects completed the study
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Dori 2009

Methods	Using a randomised block approach, the defects were randomly assigned before surgery to the two treatment groups
Participants	Thirty patients with advanced chronic periodontal disease and displaying one intrabony defect
Interventions	PRP + anorganic bovine bone mineral (ABBM) or ABBM alone
Outcomes	The following clinical parameters were evaluated at baseline and 1 year after treatment: plaque index (PI), gingival index (GI), bleeding on probing (BOP), probing depth (PD), gingival recession (GR), and clinical attachment level (CAL). The primary outcome variable was CAL
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	A randomised block approach. Blocking to control for the effects of the prognostic variables, the distance from the alveolar bone crest to the bottom of the defect (INTRA) and CAL were used to decrease outcome variability
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided
Incomplete outcome data (attrition bias)	Low risk	All patients complied with the monthly recall appointments throughout the 1-year study period. No dropouts occurred
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Continued on next page.

Table SI - Risk of bias table. *(continued from previous page)*

Dutta 2015

Methods	Randomised study (in the abstract authors state that the patients would be allocated to the groups randomly)
Participants	This study involved both male and female patients, who were referred to the department of oral and maxillofacial surgery for removal of mandibular 3rd molar
Interventions	Group A consists of the 30 patients where PRP will be placed in the extraction socket before closure of the socket. Group B consists of 30 patients who will be the control group where the extraction sockets will be closed without any intra socket medicaments
Outcomes	Patient of both the groups will be assessed on day 3, 7 and 14 for dry socket and soft tissue healing. Radiographic assessment for bone healing will be done at 3rd week, 2nd month and 4th month. All these evaluations using specific criteria and indexes
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	"The patients would be allocated to the groups randomly". No other information provided
Allocation concealment (selection bias)	High risk	As above
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided
Incomplete outcome data (attrition bias)	Unclear risk	Authors state that In case group there were 30 patients and in control group also there were 30 patients, but no further information provided
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Eskan 2014

Methods	"Randomised, controlled, masked clinical study"
Participants	Patients with one ridge-deficient site treatment planned to receive a dental implant that was judged to have inadequate horizontal dimensions for implant placement
Interventions	Fourteen patients received a cancellous allograft (CAN group) and the other 14 received a cancellous allograft mixed with PRP (PRP group)
Outcomes	The primary clinical outcome variable was crestal horizontal ridge width, and the power analysis was based on this variable. The primary histologic outcome variable was percentage of vital bone. Other variables evaluated included horizontal ridge width 5 mm apical to the crest, vertical ridge dimension change, loss of augmented ridge width, and histologic assessment of non-vital bone (residual graft particles) and trabecular space
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Patients were randomly selected using a coin toss
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	Unclear risk	No information provided
Blinding of outcome assessment (detection bias)	Low risk	All measurements were performed by a masked examiner, who was unaware of the treatment assignment at all time points
Incomplete outcome data (attrition bias)	High risk	Of the 32 patients entered in this study, four were excluded, for a total of 28 included for data analysis. One patient failed to return for implant placement (CAN group), and three did not follow the post-treatment protocol (one CAN and two PRP)
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

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Table SI - Risk of bias table. *(continued from previous page)*

Geurs 2014

Methods	"Participants were randomised into 4 groups"
Participants	41 patients whose treatment plan included extraction of anterior or premolar teeth
Interventions	4 groups: 1) collagen plug (control); 2) mineralised freeze-dried bone allograft (FDBA/beta-tricalcium phospate) collagen plug; 3) FDBA/beta-tricalcium phospate collagen plug + PRP; 4) FDBA/β-tricalcium phospate + rhPDGF-BB/collagen plug
Outcomes	Histomorphometric analysis
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	The study is defined as randomised in the abstract, and in the M&M there is a sub-heading "randomisation". No further information were provided
Allocation concealment (selection bias)	High risk	Allocation was probably not concelead
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Low risk	Laboratory technicians were blinded and unaware of specimen group
Incomplete outcome data (attrition bias)	Low risk	Outcome data available from all the included patients
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Harnack 2009

Methods	A prospective randomised double blind clinical trial
Participants	Twenty-two patients showing contralateral intrabony defects were included
Interventions	Defects were randomised to β-TCP (Cerasorb®) in combination with PRP (test) or alone (control)
Outcomes	Probing pocket depth (PPD), clinical attachment level (CAL), and relative AL (RAL) were assessed at the first, initial, reevaluation (or basis examinations) and 6 months after surgery
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	A random list was established by an independent investigator who did not participate in the clinical part of the study
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	Unclear risk	Defined as double blind, but no information provided
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided
Incomplete outcome data (attrition bias)	Unclear risk	No information provided on dropouts and rates of study completion
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

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Table SI - Risk of bias table. *(continued from previous page)*

Keceli 2008

Methods	A randomised study
Participants	Forty systemically healthy patients, each with one Miller's Class I or II buccal recession defect
Interventions	Connective tissue graft (CTG) + PRP with CTG alone in the treatment of gingival recession
Outcomes	The following measurements were taken at baseline, 6 weeks, 6 months and 12 months: - recession depth (RD) distance from cemento-enamel junction (CEJ) to the gingival margin; - probing depth (PD): distance from the gingival margin to the base of the gingival crevice; - clinical attachment level (CAL): distance from CEJ to the base of the gingival crevice; - keratinised tissue width (WKT): distance from the gingival margin to the mucogingival junction (MGJ); - recession width (RW): horizontal distance from one border of the recession to another at a line tangent to CEJ; - localisation of the MGJ (MGJL): distance from CEJ to MGJ - plaque index (PI) and gingival index (GI) were also assessed
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	The first patient was selected in one of the two experimental groups by coin toss, and the next patient was consecutively added to the opposite group by one of the authors
Allocation concealment (selection bias)	High risk	As above. The sequence can be easily anticipated
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Low risk	All measurements were performed by one of the investigators not aware of the type of surgical procedure
Incomplete outcome data (attrition bias)	Low risk	All patients (40) participated until the end of 6 months; 17 patients from the CTG+PRP group and 19 patients from the CTG group could complete the 12-month follow up
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Menezes 2012

Methods	Randomised, comparative controlled trial; a bilateral split-mouth design was used
Participants	Subjects with chronic periodontitis
Interventions	Intaosseous defects were surgically treated with a combination of PRP and porous hydroxyapatite or a mixture of hydroxyapatite and saline
Outcomes	Clinical measurements and radiographic evaluation were performed at baseline, 1 and 4 yrs postoperatively. They included GI (gingival index), PD (probing depht), RAL (relative attachment level), gingival recession (GR) and RDD (relative depht of the defect)
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Patients defects were randomised by a coin toss to the test or control
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided
Incomplete outcome data (attrition bias)	Low risk	All enrolled patients completed the study
Selective reporting (reporting bias)	Unclear risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

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Table SI - Risk of bias table. *(continued from previous page)*

Nakkeeran 2018

Methods	Randomised prospective comparative study
Participants	Patients with periapical cystic lesions involving the maxillary and mandible anterior region
Interventions	In the first group (study group) the bone defect was filled with PRP, calcium sulfate and autologous bone graft. In the second group (control group) defect was allowed to heal without PRP, calcium sulfate and autogenous bone graft
Outcomes	Digital orthopantogram (OPG) were taken to analyse the bone density and bone regeneration
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Twenty patients were randomly assigned into two groups with 10 patients each forming the study and control groups.
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Low risk	The measurement of bone formation was performed subjectively but blindly, recording the score in a radiopacity increasing scale by four independent blinded observers.
Incomplete outcome data (attrition bias)	Unclear risk	All patients complied with the recall appointments throughout the study period. No dropouts reported
Selective reporting (reporting bias)	Unclear risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Ogundipe 2011

Methods	A prospective randomised comparative clinical study
Participants	Consecutive patients requiring surgical extraction of a single impacted third molar
Interventions	PRP or no treatment
Outcomes	The outcome variables were pain, swelling, and maximum mouth opening, which were measured using a 10-point visual analog scale, tape, and millimeter caliper, respectively. Socket healing was assessed radiographically by allocating scores for lamina dura, overall density, and trabecular pattern
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The patients were randomly allocated by the Unit House Officer through a single-blind technique where the operator was blinded to the patient allocation. The patients were allocated alternatively into test and control groups
Allocation concealment (selection bias)	Low risk	As above
Blinding of participants and personnel (performance bias)	High risk	The test group received topical application of PRP, whereas the control group was left to heal without PRP
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided
Incomplete outcome data (attrition bias)	Unclear risk	No information provided on dropouts and rates of study completion
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	High risk	Unbalance between groups (duration of surgery significantly higher in control group)

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Table SI - Risk of bias table. *(continued from previous page)*

Okuda 2005

Methods	Defined as randomised in the abstract
Participants	Seventy interproximal intrabony osseous defects in 70 healthy, non-smoking subjects diagnosed with chronic periodontitis were included in this study
Interventions	The aim of the present controlled clinical study was to compare platelet-rich plasma (PRP) combined with a biodegradable ceramic, porous hydroxyapatite (HA) with a mixture of HA and saline in the treatment of human intrabony defects. Thirty-five subjects each were randomly assigned to either the test group (PRP and HA) or control group (HA with saline)
Outcomes	Gingival index, bleeding on probing, probing depth, clinical attachment level, and intrabony defect fill; clinical and radiographic measurements were determined at baseline and the 12-month evaluation
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	High risk	The study is defined as randomised in the abstract, but no other information is provided
Allocation concealment (selection bias)	High risk	As above
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Low risk	All radiographs were evaluated by a single examiner who was masked to the treatment group to which a patient was assigned.
Incomplete outcome data (attrition bias)	Low risk	"Each subject participating in the study demonstrated excellent oral hygiene and a generally healthy gingival condition throughout the entire study"
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Piemontese 2008

Methods	Randomised, double-masked, clinical trial
Participants	Sixty interproximal intrabony osseous defects in 60 healthy, non-smoking subjects diagnosed with chronic periodontitis were treated in this study
Interventions	Thirty subjects each were randomly assigned to platelet-rich plasma (PRP) combined with a demineralised freeze-dried bone allograft (DFDBA) or the control group (DFDBA + saline)
Outcomes	The outcome variables included: the gingival index (GI); plaque index (PI); probing depth (PD); clinical attachment level (CAL); gingival recession (REC), considered the distance of the gingival margin from the cemento-enamel junction (CEJ); and bleeding on probing (BOP). Clinical and radiographic measurements were made at baseline and at the 12-month evaluation
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Randomisation was performed by the toss of a coin immediately following defect debridement
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel(performance bias)	Unclear risk	Defined as double-masked, but not enough information are provided. One hour before surgery, 60 mL blood was drawn from all subjects through a venipuncture in the antecubital vein, so it is likely that participants were blinded, but this is not clear for personnel
Blinding of outcome assessment (detection bias)	Low risk	On the day of the surgical procedure, baseline clinical measurements were recorded by the same calibrated examiner (SDA) masked to the treatment; measurements were repeated 12 months post-surgery using the same type of probe
Incomplete outcome data (attrition bias)	Low risk	All enrolled subjects completed the study
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Continued on next page.

Table SI - Risk of bias table. *(continued from previous page)*

Pradeep 2009

Methods	A randomised study. Split-mouth design
Participants	40 mandibular degree II furcation defects
Interventions	Autologous PRP or open flap debridement (OFD)
Outcomes	Plaque index, sulcus bleeding index, vertical probing depth, relative vertical and horizontal clinical attachment level and gingival marginal level were recorded at baseline and 6 months post-operatively. Vertical and horizontal defect depths were also recorded using spiral computed tomography
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	The selected sites were divided randomly (toss of a coin) into control and test sites according to a split-mouth design, where the control sites were treated with OFD and the test sites with flap surgery, followed by placement of autologous PRP
Allocation concealment (selection bias)	Low risk	A coin toss (done by a person other than the surgeon and the examiner) was used to determine the site to be operated first
Blinding of participants and personnel (performance bias)	Low risk	On the day of surgery, 20 mL blood was drawn from each patient by venipuncture of the antecubital vein. Patients underwent the two surgical procedures at the same appointment. The test and control sites were not revealed to the patients
Blinding of outcome assessment (detection bias)	Low risk	One surgeon performed all the surgeries. An examiner other than the operator performed all the clinical measurements without knowledge of the treatment groups
Incomplete outcome data (attrition bias)	Low risk	All patients completed the study
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

Saini 2011

Methods	A randomised study
Participants	Twenty systemically healthy consecutive patients showing clinical evidence of almost identical bilateral infrabony defects, as determined by clinical and radiographic evaluation, were selected
Interventions	The purpose of this study was to compare the efficacy of autologous PRP in combination with β-tricalcium phosphate (β-TCP) *versus* β-TCP alone in the treatment of human infrabony defects
Outcomes	
Notes	The right infrabony defects of the patient were designated as Group A and the left infrabony defects of the same patient were designated as Group B. Group A was control side where defects were treated by the placement of β-TCP graft alone

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	The treatment order followed was random
Allocation concealment (selection bias)	Unclear risk	No information provided
Blinding of participants and personnel (performance bias)	Low risk	There was single observer other than the operator who performed all clinical measurements, preoperatively as well as postoperatively, in the whole study without the knowledge of the treatment groups. The patients were also not aware of the case or control side
Blinding of outcome assessment (detection bias)	Low risk	Blinding of observer/examiner as well as statistician was done
Incomplete outcome data (attrition bias)	Unclear risk	No information provided on dropouts and rates of study completion
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

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Table SI - Risk of bias table. *(continued from previous page)*

Schaaf 2008

Methods	The study was conducted using a prospective, controlled, randomised design at two centres
Participants	Fifty-three patients who underwent osteoplastic bone grafting for sinus floor elevation were included over a period of 37 months
Interventions	The intervention group was treated with defined concentrations of PRP in addition to transplanted bone
Outcomes	Bone biopsy was performed 4 months after augmentation. Bone volume was then measured using the histomorphometric parameter bone volume
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Patients treated on both sides of the maxilla were distributed into two sequences: left side with PRP, right side without PRP, and left side without PRP, right side with PRP, per telephone randomisation in splitmouth method. Patients treated only on one side were stratified to the treated side of the maxilla
Allocation concealment (selection bias)	Unclear risk	See above
Blinding of participants and personnel (performance bias)	Low risk	Patients, as well as the immunologist involved in PRP preparation and the examining pathologist, were blinded to the treatment. All patients had blood taken for PRP preparation and underwent a two-stage surgical procedure
Blinding of outcome assessment (detection bias)	Low risk	See above
Incomplete outcome data (attrition bias)	High risk	Seven of the 34 patients (20.5 %) in the split-mouth evaluation were registered as dropout and 10 of the 19 (52%) patients in the unilateral analysis due to missing values
Selective reporting (reporting bias)	High risk	52% of patients in the unilateral analysis had missing values
Other bias	Low risk	No other potential sources of bias identified

Torres 2009

Methods	A randomised clinical trial
Participants	Eighty-seven patients recruited for this study underwent 144 sinus floor augmentation procedures. A total of 286 implants were placed in the augmented bone, and their evolution was followed up for a period of 24 months
Interventions	Anorganic bovine bone (ABB) alone or platelet-rich plasma (PRP) plus ABB (ABB+PRP)
Outcomes	Implant survival is defined as the implant remaining in situ during the entire observation period. Treatment success rate was defined as the rate of patients that presented complications during the observation period. Sinus membrane dehiscence.
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	A computerised random number generated using GraphPadQuickCalc software (GraphPad Software Inc., La Joya, CA, USA)
Allocation concealment (selection bias)	Low risk	Concealment of the allocation schedule until the assignment was made
Blinding of participants and personnel (performance bias)	Low risk	Patients included in the inter-patient clinical trial were allocated by a blinded assistant into two groups: the first was to be treated with ABB alone, and the second with ABB+PRP. On the other hand, each of the patients included in the split-mouth study was treated with ABB alone in the maxilla of one side and with ABB+PRP in the contralateral one. The graft materials were randomly allocated. The surgeon was blinded to the graft material applied to each patient before graft implantation. An assistant handled the PRP-ABB or the ABB group after the surgeon had already accessed the sinus and elevated the membrane
Blinding of outcome assessment (detection bias)	Low risk	The histologist was blinded to the samples' groups throughout the histomorphometrical analysis. See also above
Incomplete outcome data (attrition bias)	Unclear risk	No information provided on dropouts and rates of study completion
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified

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Table SI - Risk of bias table. *(continued from previous page)*

Wiltfang 2003

Methods	A randomised prospective trial
Participants	45 sinus floor elevations were performed in 39 patients
Interventions	In 22 sites, PRP was added to the β-tricalciumphosphate (β-TCP) granules, while in 23 sites β-TCP without PRP was used
Outcomes	Bone regeneration
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	Study defined as randomised in the abstract, but no further information were provided
Allocation concealment (selection bias)	Unclear risk	See above
Blinding of participants and personnel (performance bias)	High risk	Open label
Blinding of outcome assessment (detection bias)	Unclear risk	No information provided
Incomplete outcome data (attrition bias)	Low risk	All osseous biopsies of test and control groups could be included in the study
Selective reporting (reporting bias)	Low risk	Outcomes reported as described in methods
Other bias	Low risk	No other potential sources of bias identified