

Unique ID	1	Study ID	Nachnani 2018, S2	Assessor	JD
Ref or Label	Nachnani 2018, S2	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Conference abstract(s) about the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question		Response		Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?		Y		Randomized, controlled, double-blind, 2-treatment, parallel-group study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?		PY		
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?		N		Groups were balanced on demographics & baseline plaque and gingivitis scores
	Risk of bias judgement		Low		
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?		N		Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?		N		
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?		NA		
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?		NA		
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?		PN		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?		NA		
	Risk of bias judgement		Low		
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?		Y		74 of the 84 subjects randomized completed the study
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?		NA		
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?		NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?		NA		
	Risk of bias judgement		Low		
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?		N		Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?		N		
	4.3 Were outcome assessors aware of the intervention received by study participants?		N		The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?		NA		
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?		NA		
	Risk of bias judgement		Low		
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?		PY		
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?		N		
	5.3 ... multiple eligible analyses of the data?		N		
	Risk of bias judgement		Low		
Overall bias	Risk of bias judgement		Low		

Unique ID	2	Study ID	Nachnani 2018, S3	Assessor	JD
Ref or Label	Nachnani 2018, S3	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Conference abstract(s) about the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	After one week of acclimation subjects were randomly assigned to one of two groups. Test products were dispensed in blinded over-labeled kits. Treatment groups were well balanced with respect to baseline bleeding sites
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			PN	
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	The assigned paste and brush were dispensed in a blinded kit box
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	47 of 49 subjects randomized completed the study
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used The study was double-blind or examiner-blinded
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	3	Study ID	Amini 2016, S4	Assessor	JD
Ref or Label	Amini 2016, S4	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Conference abstract(s) about the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Randomized, controlled, examiner-blinded study to assess changes in dental hypersensitivity and gingivitis over a 2-week period.
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Baseline # of bleeding sites was balanced across treatment groups
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			PY	Text does not say if subject was blind. Only says examiner blind.
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			PY	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	69 of 70 subjects randomized completed the study
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	4	Study ID	Amini, 2018	Assessor	JD
Ref or Label	Amini, 2018	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Randomized, controlled, blinded clinical trial. Subjects were dispensed blinded test kits with over-labelled product.
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Baseline number of bleeding sites were balanced across treatment groups
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	The assigned paste and brush were dispensed in a blinded kit box
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	All 61 subjects randomized completed the study
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement				Low

Unique ID	5	Study ID	Goyal 2017, S5	Assessor	JD
Ref or Label	Goyal 2017, S5	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Conference abstract(s) about the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Randomized, controlled, 3-treatment, double-blind study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Groups were balanced on demographics and baseline gingivitis scores.
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	All 116 subjects randomized completed the study
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	6	Study ID	Garcia-Godoy 2015, S6	Assessor	JD
Ref or Label	Garcia-Godoy 2015, S6	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Conference abstract(s) about the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Eligible subjects were randomly assigned to one of 2 treatments. Test products were dispensed blinded and over-labeled in blinded test kits Groups were balanced on bleeding sites at baseline
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	56 of 57 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used The study was double-blind or examiner-blinded
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	7	Study ID	Gerlach & Amini, 2012	Assessor	JD
Ref or Label	Gerlach & Amini, 2012	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	3-month, randomized, controlled, blinded study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Groups were balanced on the number of gingival bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	The assigned paste and brush were dispensed in a blinded kit box
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	97 of 100 subjects randomized completed the study
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	8	Study ID	Gerlach 2016, S7	Assessor	JD
Ref or Label	Gerlach 2016, S7	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Conference abstract(s) about the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Randomized, controlled, examiner-blind, 2-treatment parallel group study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			PN	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	The assigned paste and brush were dispensed in a blinded kit box
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	84 of 91 subjects randomized completed the study
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	9	Study ID	Mallatt, 2007	Assessor	JD
Ref or Label	Mallatt, 2007	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Randomized, 6-month, stratified, single-center, double-blind, parallel group, clinical study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	132 of 140 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	10	Study ID	Mankodi, 2005	Assessor	JD
Ref or Label	Mankodi, 2005	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Randomized, 6-month, stratified, single-center, double-blind, parallel group, clinical study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	133 of 143 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	11	Study ID	McClanahan, 1997	Assessor	JD
Ref or Label	McClanahan, 1997	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Parallel-group, double-blind, placebo-controlled study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	546 of 570 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	12	Study ID	Beiswanger, 1995	Assessor	JD
Ref or Label	Beiswanger, 1995	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Negative Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Parallel-group, double-blind, placebo-controlled, 6-month study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	542 of 620 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	13	Study ID	He, 2017b	Assessor	JD
Ref or Label	He, 2017b	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Positive Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	2-month, randomized, double-blind, parallel group study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	197 of 200 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	14	Study ID	He, 2013b	Assessor	JD
Ref or Label	He, 2013b	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Positive Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	2-month, randomized, double-blind, parallel group study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	148 of 150 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	15	Study ID	He, 2012a	Assessor	JD
Ref or Label	He, 2012a	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Positive Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	2-month, randomized, double-blind, parallel group study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	All 150 subjects randomized completed the study
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement				Low

Unique ID	16	Study ID	He, 2012b	Assessor	JD
Ref or Label	He, 2012b	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Positive Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	2-month, randomized, double-blind, parallel group study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	196 of 200 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	17	Study ID	Mankodi 2009, S8	Assessor	JD
Ref or Label	Mankodi 2009, S8	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Positive Control	Source	Conference abstract(s) about the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Randomized, positive-controlled, double-blind, parallel-group study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	205 subjects randomized
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

Unique ID	18	Study ID	Archila, 2005	Assessor	JD
Ref or Label	Archila, 2005	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Positive Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Randomized, double-blind study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	196 of 199 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement				Low

Unique ID	19	Study ID	McClanahan, 1997	Assessor	JD
Ref or Label	McClanahan, 1997	Aim	adhering to intervention (the 'per-protocol' effect)	The effect of adhering to intervention...	non-adherence to their assigned intervention by trial participants
Experimental	SnF2	Comparator	Positive Control	Source	Journal article(s) with results of the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
Bias arising from the randomization process	1.1 Was the allocation sequence random?			Y	Parallel-group, double-blind, placebo-controlled study
	1.2 Was the allocation sequence concealed until participants were enrolled and assigned to interventions?			Y	
	1.3 Did baseline differences between intervention groups suggest a problem with the randomization process?			N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
Bias due to deviations from intended interventions	2.1 Were participants aware of their assigned intervention during the trial?			N	Double-blind
	2.2 Were carers and people delivering the interventions aware of participants' assigned intervention during the trial?			N	
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were important non-protocol interventions balanced across intervention groups?			NA	
	2.4. [If applicable:] Were there failures in implementing the intervention that could have affected the outcome?			NA	
	2.5. [If applicable:] Was there non-adherence to the assigned intervention regimen that could have affected participants' outcomes?			N	
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was an appropriate analysis used to estimate the effect of adhering to the intervention?			NA	
	Risk of bias judgement			Low	
Bias due to missing outcome data	3.1 Were data for this outcome available for all, or nearly all, participants randomized?			Y	546 of 570 subjects randomized were evaluated in the analysis
	3.2 If N/PN/NI to 3.1: Is there evidence that result was not biased by missing outcome data?			NA	
	3.3 If N/PN to 3.2: Could missingness in the outcome depend on its true value?			NA	
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the outcome depended on its true value?			NA	
	Risk of bias judgement			Low	
Bias in measurement of the outcome	4.1 Was the method of measuring the outcome inappropriate?			N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the outcome have differed between intervention groups?			N	
	4.3 Were outcome assessors aware of the intervention received by study participants?			N	The study was double-blind or examiner-blinded
	4.4 If Y/PY/NI to 4.3: Could assessment of the outcome have been influenced by knowledge of intervention received?			NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the outcome was influenced by knowledge of intervention received?			NA	
	Risk of bias judgement			Low	
Bias in selection of the reported result	5.1 Were the data that produced this result analysed in accordance with a pre-specified analysis plan that was finalized before unblinded outcome data were available for analysis?			PY	
	5.2 ... multiple eligible outcome measurements (e.g. scales, definitions, time points) within the outcome domain?			N	
	5.3 ... multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	