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
	1.1 Was the allocation sequence random?			Y	Randomized, controlled, double-blind, 2-
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	d assigned to interventions?	PY	treatment, parallel-group study
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	N	Groups were balanced on demographics & baseline plaque and gingivitis scores
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	Daubla blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	Double-blind
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	entions balanced across intervention groups?	NA	
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	PN		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	Y	74 of the 84 subjects randomized completed the study	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value?	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	ne outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	propriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	l in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	scales, definitions, time p	oints) within the outcome domain?	N	
reported result	5.3 multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

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Unique ID	2	Study ID	Nachhani 2018, S3	Assessor	
Ref or Label	Nachnani 2018, S3	Aim	effect)	intervention	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
	1.1 Was the allocation sequence random?			Y	After one week of acclimation subjects were randomly assigned to one of two groups. Test
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	d assigned to interventions?	Y	products were dispensed in blinded over- labeled kits.
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	PN	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	rention during the trial?		N	The assigned paste and brush were
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	dispensed in a blinded kit box
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	Y	47 of 49 subjects randomized completed the study	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	ppropriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	d in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	N	
reported result	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'	The effect of adhering to	non-adherence to their assigned
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	1	1	Response	Comments
	1.1 Was the allocation sequence random?			Y	Randomized, controlled, examiner-blinded
Pige origing from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	d assigned to interventions?	Y	hypersensitivity and gingivitis over a 2-week
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	N	Baseline # of bleeding sites was balanced
	Risk of bias judgement			Low	across treatment groups
	2.1 Were participants aware of their assigned interv	ention during the trial?		PY	Text does not say if subject was blind. Only
	2.2 Were carers and people delivering the intervent	ons aware of participants'	assigned intervention during the trial?	PY	says examiner blind.
	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	entions balanced across intervention groups?	NA	
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regi	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	Y	69 of 70 subjects randomized completed the study	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value'	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	ne outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	propriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	N	
reported result	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
	1.1 Was the allocation sequence random?			Y	Randomized, controlled, blinded clinical trial.
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	d assigned to interventions?	Y	over-labelled product.
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	N	Baseline number of bleeding sites were balanced across treatment groups
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	The assigned paste and brush were
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	dispensed in a blinded kit box
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	entions balanced across intervention groups?	NA	
from intended	2.4. [If applicable:] Were there failures in implemen	ing the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	Y	All 61 subjects randomized completed the study	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value'	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	ne outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inag	propriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	l in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	scales, definitions, time p	oints) within the outcome domain?	N	
reported result	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'	The effect of adhering to intervention	non-adherence to their assigned intervention
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
	1.1 Was the allocation sequence random?			Y	Randomized, controlled, 3-treatment, double-
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled an	d assigned to interventions?	Y	blind study
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem v	vith the randomization process?	N	Groups were balanced on demographics and baseline gingivitis scores.
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	Davida klimat
	2.2 Were carers and people delivering the intervent	ions aware of participants'	N	Double-blind	
Pige due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	entions balanced across intervention groups?	NA	
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regi	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rand	Y	All 116 subjects randomized completed the study	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on i	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	opropriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	tion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome 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	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	d in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	N	
reported result	5.3 multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

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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
	1.1 Was the allocation sequence random?			Y	Eligible subjects were randomly assigned to one of 2 treatments. Test products were
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled an	d assigned to interventions?	Y	dispensed blinded and over-labeled in blinded test kits
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem v	vith the randomization process?	Ν	Groups were balanced on bleeding sites at baseline
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	Double blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interv	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regi	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rand	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 w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on i	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	propriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwe	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	icipants?	Ν	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome 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	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	d in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	N	
reported result	5.3 multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	

	7	Otrada ID	Carlash & Arrisi 2042		
Unique ID	7	Study ID	Gerlach & Amini, 2012	Assessor	
Ref or Label	Gerlach & Amini, 2012	Aim	effect)	The effect of adhering to 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
	1.1 Was the allocation sequence random?			Y	3-month, randomized, controlled, blinded
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled an	d assigned to interventions?	Y	study
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem v	vith the randomization process?	N	Groups were balanced on the number of gingival bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	rention during the trial?		N	The assigned paste and brush were
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	dispensed in a blinded kit box
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	entions balanced across intervention groups?	NA	
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regi	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rand	Y	97 of 100 subjects randomized completed the study	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on i	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	opropriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome 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	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	d in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	N	
reported result	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	Vegative Control	Source	Conference abstract(s) about the trial
Outcome	Number of Bleeding Sites	Results	Mean treatment difference	Weight	1
Domain	Signalling question			Response	Comments
	1.1 Was the allocation sequence random?			Y	Randomized, controlled, examiner-blind, 2-
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled an	d assigned to interventions?	Y	treatment parallel group study
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem v	vith the randomization process?	PN	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	The assigned paste and brush were
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	dispensed in a blinded kit box
Riss due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol intervo	entions balanced across intervention groups?	NA	
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regi	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rand	Y	84 of 91 subjects randomized completed the study	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on i	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	ppropriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	tion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome 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	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	d in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	N	
reported result	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
	1.1 Was the allocation sequence random?			Y	Randomized, 6-month, stratified, single-
Bias arising from the	1.2 Was the allocation sequence concealed until part	rticipants were enrolled and	d assigned to interventions?	Y	study
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	
	2.2 Were carers and people delivering the intervention	ions aware of participants'	assigned intervention during the trial?	N	
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were imp	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or n	early all, participants rando	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 wa	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value?	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the	ne outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	propriate?		Ν	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis?	I in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g.	scales, definitions, time p	oints) within the outcome domain?	N	
reported result	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
Bef er Lebel	Mankadi 2005	Aim	adhering to intervention (the 'per-protocol'	The effect of adhering to	non-adherence to their assigned intervention
		Aim	effect)	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
	1.1 Was the allocation sequence random?			Y	Randomized, 6-month, stratified, single-
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	d assigned to interventions?	Y	study
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	Ν	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	rention during the trial?		N	Daubla blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	Double-billio
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	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 w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value'	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	ppropriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	d in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	N	
reported result	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	McClanaban 1997	Assessor	JD
Pof or Labol	McClanaban 1007	Aim	adhering to intervention (the 'per-protocol'	The effect of adhering to	non-adherence to their assigned intervention
			effect)	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
	1.1 Was the allocation sequence random?			Y	Parallel-group, double-blind, placebo-
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	d assigned to interventions?	Y	controlled study
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	rention during the trial?		Ν	Daubla blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	Donnie-pilling
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	entions balanced across intervention groups?	NA	
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	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 w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value'	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	ppropriate?		N	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	N	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	tion received by study parti	cipants?	N	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	d in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	Ν	
reported result	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
	1.1 Was the allocation sequence random?			Y	Parallel-group, double-blind, placebo-
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	d assigned to interventions?	Y	controlled, 6-month study
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	Ν	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	rention during the trial?		N	Daubla blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	Donnie-pilling
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	entions balanced across intervention groups?	NA	
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	ed to estimate the effect of adhering to the	NA	
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	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 w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value?	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	ppropriate?		Ν	Standard dentistry bleeding site assessments were used
	4.2 Could measurement or ascertainment of the out	come have differed betwee	en intervention groups?	Ν	
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	tion received by study partie	cipants?	Ν	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	by knowledge of intervention received?	NA	
	Risk of bias judgement			Low	
	5.1 Were the data that produced this result analysed unblinded outcome data were available for analysis	d in accordance with a pre- ?	specified analysis plan that was finalized before	PY	
Bias in selection of the	5.2 multiple eligible outcome measurements (e.g	. scales, definitions, time p	oints) within the outcome domain?	N	
reported result	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
	1.1 Was the allocation sequence random?		Y	2-month, randomized, double-blind, parallel	
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled an	Y	group study	
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem v	vith the randomization process?	Ν	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	Double blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	N		
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regi	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rand	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 w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	ne outcome depended on i	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	propriate?	N	Standard dentistry bleeding site assessments were used	
	4.2 Could measurement or ascertainment of the out	come have differed betwee	N		
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	N	The study was double-blind or examiner- blinded	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me 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	ne outcome was influenced	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 p	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
	1.1 Was the allocation sequence random?		Y	2-month, randomized, double-blind, parallel	
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled an	Y	group study	
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem v	vith the randomization process?	N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	Double blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	N		
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regi	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rand	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 w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	ne outcome depended on i	NA		
	Risk of bias judgement		Low		
	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 out	come have differed betwee	N		
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	N	The study was double-blind or examiner- blinded	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me have been influenced	NA		
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	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 p	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
	1.1 Was the allocation sequence random?			Y	2-month, randomized, double-blind, parallel
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	Y	group study	
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned intervention during the trial?			N	
	2.2 Were carers and people delivering the intervent	ions aware of participants'	N		
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	Y	All 150 subjects randomized completed the study	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value?	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	ne outcome depended on it	NA		
	Risk of bias judgement		Low		
	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 out	come have differed betwee	Ν		
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	N	The study was double-blind or examiner- blinded	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome have been influenced l	NA		
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	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 p	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
	1.1 Was the allocation sequence random?			Y	2-month, randomized, double-blind, parallel
Bias arising from the	1.2 Was the allocation sequence concealed until part	ticipants were enrolled and	Y	group study	
randomization process	1.3 Did baseline differences between intervention g	oups suggest a problem w	vith the randomization process?	N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	
	2.2 Were carers and people delivering the intervention	ons aware of participants'	assigned intervention during the trial?	N	Double-blind
Rias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were imp	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regined intervention regined intervention regined intervention regined in the second s	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or n	early all, participants rando	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 wa	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value'	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in the	ne outcome depended on it	NA		
	Risk of bias judgement		Low		
	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 out	come have differed betwee	N		
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	N	The study was double-blind or examiner- blinded	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me have been influenced l	NA		
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	e outcome was influenced	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 p	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
	1.1 Was the allocation sequence random?		Y	Randomized, positive-controlled, double-blind,	
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled an	Y	parallel-group study	
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem v	vith the randomization process?	N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	rention during the trial?		N	Double blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	N		
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ting the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regi	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rand	Y	205 subjects randomized	
	3.2 If N/PN/NI to 3.1: Is there evidence that result w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	he outcome depended on i	NA		
	Risk of bias judgement		Low		
	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 out	come have differed betwee	N		
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	N	The study was double-blind or examiner- blinded	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	ome have been influenced	NA		
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	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 p	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
	1.1 Was the allocation sequence random?			Y	
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	Y		
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	Daubla blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	Donnie-pilling
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	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 w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value'	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	ne outcome depended on it	NA		
	Risk of bias judgement		Low		
	4.1 Was the method of measuring the outcome inap	propriate?	Ν	Standard dentistry bleeding site assessments were used	
	4.2 Could measurement or ascertainment of the out	come have differed betwee	Ν		
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	cipants?	Ν	The study was double-blind or examiner- blinded
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me have been influenced l	by knowledge of intervention received?	NA	
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	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 p	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'	The effect of adhering to	non-adherence to their assigned intervention
Function caber		Common and an	effect)	intervention	by trial participants
Experimental		Comparator		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
	1.1 Was the allocation sequence random?			Y	Parallel-group, double-blind, placebo-
Bias arising from the	1.2 Was the allocation sequence concealed until pa	rticipants were enrolled and	Y	controlled study	
randomization process	1.3 Did baseline differences between intervention g	roups suggest a problem w	vith the randomization process?	N	Treatment groups were well balanced with respect to baseline bleeding sites
	Risk of bias judgement			Low	
	2.1 Were participants aware of their assigned interv	ention during the trial?		N	Double blind
	2.2 Were carers and people delivering the intervent	ions aware of participants'	assigned intervention during the trial?	N	Double-billio
Bias due to deviations	2.3. [If applicable:] If Y/PY/NI to 2.1 or 2.2: Were im	portant non-protocol interve	NA		
from intended	2.4. [If applicable:] Were there failures in implement	ing the intervention that co	NA		
Interventions	2.5. [If applicable:] Was there non-adherence to the outcomes?	assigned intervention regin	N		
	2.6. If N/PN/NI to 2.3, or Y/PY/NI to 2.4 or 2.5: Was intervention?	an appropriate analysis us	NA		
	Risk of bias judgement		Low		
	3.1 Were data for this outcome available for all, or r	early all, participants rando	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 w	as not biased by missing o	NA		
Bias due to missing outcome data	3.3 If N/PN to 3.2: Could missingness in the outcom	e depend on its true value	NA		
	3.4 If Y/PY/NI to 3.3: Is it likely that missingness in t	ne outcome depended on it	NA		
	Risk of bias judgement		Low		
	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 out	come have differed betwee	N		
Bias in measurement of	4.3 Were outcome assessors aware of the intervent	ion received by study parti	N	The study was double-blind or examiner- blinded	
the outcome	4.4 If Y/PY/NI to 4.3: Could assessment of the outco	me have been influenced l	NA		
	4.5 If Y/PY/NI to 4.4: Is it likely that assessment of the	ne outcome was influenced	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 p	N		
	5.3 multiple eligible analyses of the data?			N	
	Risk of bias judgement			Low	
Overall bias	Risk of bias judgement			Low	