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Appendix 1. MOOSE Checklist for Meta-analyses of Observational Studies

| | | Reported | | | | |
|-------------------------------------|-------------------------------------------------------------------------|-----------|--|--|--|--|
| Item No | Recommendation | on Page | | | | |
| | | No | | | | |
| Reporting o | f background should include | | | | | |
| 1 | Problem definition | 3 | | | | |
| 2 | Hypothesis statement | N/A | | | | |
| 3 | Description of study outcome(s) | 4 | | | | |
| 4 | Type of exposure or intervention used | 4 | | | | |
| 5 | Type of study designs used | 4 | | | | |
| 6 | Study population | 4 | | | | |
| Reporting o | f search strategy should include | | | | | |
| 7 | Qualifications of searchers (e.g., librarians and investigators) | 3,4 | | | | |
| 0 | Search strategy, including time period included in the synthesis and | | | | | |
| 0 | key words | 5, 25-27 | | | | |
| 9 | Effort to include all available studies, including contact with authors | 3,4 | | | | |
| 10 | Databases and registries searched | 4 | | | | |
| 11 | Search software used, name and version, including special features | N/A | | | | |
| 11 | used (e.g., explosion) | 11/21 | | | | |
| 12 | Use of hand searching (e.g., reference lists of obtained articles) | 4 | | | | |
| 13 | List of citations located and those excluded, including justification | 16, 28-30 | | | | |
| 14 | Method of addressing articles published in languages other than | | | | | |
| 14 | English | 1V/A | | | | |
| 15 | Method of handling abstracts and unpublished studies | 4 | | | | |
| 16 | Description of any contact with authors | 4 | | | | |
| Reporting of methods should include | | | | | | |
| 17 | Description of relevance or appropriateness of studies assembled for | 5 | | | | |
| 17 | assessing the hypothesis to be tested | 5 | | | | |
| 18 | Rationale for the selection and coding of data (e.g., sound clinical | 5 | | | | |
| 10 | principles or convenience) | | | | | |
| 19 | Documentation of how data were classified and coded (e.g., | 5 | | | | |
| 17 | multiple raters, blinding and interrater reliability) | 5 | | | | |

| 20controls in studies where appropriate)N/A21Assessment of study quality, including blinding of quality assessors, stratification or regression on possible predictors of study results522Assessment of heterogeneityN/A23Description of statistical methods (e.g., complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicatedN/A24Provision of appropriate tables and graphics16-22Reporting of results should includeN/A25Graphic summarizing individual study estimates and overall estimateN/A26Table giving descriptive information for each study included1727Results of sensitivity testing (e.g., subgroup analysis)N/A28Indication of statistical uncertainty of findingsN/A29Quantitative assessment of bias (e.g., publication bias)N/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of alternative explanations for observed results12-1433Generalization of alternative explanations for observed results1434Guidelines for future research1435Disclosure of funding source16 | 20 | Assessment of confounding (e.g., comparability of cases and | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------|--------|--|--|--|--|
| 21Assessment of study quality, including blinding of quality assessors, stratification or regression on possible predictors of study results522Assessment of heterogeneityN/A23Description of statistical methods (e.g., complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicatedN/A24Provision of appropriate tables and graphics16-22Reporting of results should include1725Graphic summarizing individual study estimates and overall estimateN/A26Table giving descriptive information for each study included1727Results of sensitivity testing (e.g., subgroup analysis)N/A28Indication of statistical uncertainty of findingsN/A29Quantitative assessment of bias (e.g., publication bias)N/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)14 | 20 | controls in studies where appropriate) | 11/A | | | | |
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| 22Assessment of heterogeneityN/A23Description of statistical methods (e.g., complete description of fixed or random effects models, justification of whether the chosen models account for predictors of study results, dose-response models, or cumulative meta-analysis) in sufficient detail to be replicatedN/A24Provision of appropriate tables and graphics16-22Reporting or results should includeN/A25Graphic summarizing individual study estimates and overall estimateN/A26Table giving descriptive information for each study included1727Results of sensitivity testing (e.g., subgroup analysis)N/A28Indication of statistical uncertainty of findingsN/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of puality of included studies33, 34Reporting of conclusions should include12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | 21 | stratification or regression on possible predictors of study results | 5 | | | | |
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| 25Graphic summarizing individual study estimates and overall estimateN/A26Table giving descriptive information for each study included1727Results of sensitivity testing (e.g., subgroup analysis)N/A28Indication of statistical uncertainty of findingsN/A29Quantitative assessment of bias (e.g., publication bias)N/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include12-1432Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | Reporting o | f results should include | | | | | |
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| 26Table giving descriptive information for each study included1727Results of sensitivity testing (e.g., subgroup analysis)N/A28Indication of statistical uncertainty of findingsN/A29Quantitative assessment of bias (e.g., publication bias)N/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include12-1432Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research14 | 23 | estimate | | | | | |
| 27Results of sensitivity testing (e.g., subgroup analysis)N/A28Indication of statistical uncertainty of findingsN/AReporting of discussion should include29Quantitative assessment of bias (e.g., publication bias)N/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include12-1432Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | 26 | Table giving descriptive information for each study included | 17 | | | | |
| 28Indication of statistical uncertainty of findingsN/AReporting of discussion should include29Quantitative assessment of bias (e.g., publication bias)N/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include33, 3432Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | 27 | Results of sensitivity testing (e.g., subgroup analysis) | N/A | | | | |
| Reporting of discussion should include29Quantitative assessment of bias (e.g., publication bias)N/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include32Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | 28 | Indication of statistical uncertainty of findings | N/A | | | | |
| 29Quantitative assessment of bias (e.g., publication bias)N/A30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include32Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | Reporting o | f discussion should include | | | | | |
| 30Justification for exclusion (e.g., exclusion of non-English language citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include32Consideration of alternative explanations for observed results12-1432Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | 29 | Quantitative assessment of bias (e.g., publication bias) | N/A | | | | |
| 30citations)N/A31Assessment of quality of included studies33, 34Reporting of conclusions should include32Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | 30 | Justification for exclusion (e.g., exclusion of non-English language | N/A | | | | |
| 31Assessment of quality of included studies33, 34Reporting of conclusions should include32Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | 50 | citations) | 11/17 | | | | |
| Reporting of conclusions should include32Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | 31 | Assessment of quality of included studies | 33, 34 | | | | |
| 32Consideration of alternative explanations for observed results12-1433Generalization of the conclusions (i.e., appropriate for the data presented and within the domain of the literature review)1434Guidelines for future research1435Disclosure of funding source16 | Reporting of conclusions should include | | | | | | |
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| 34Guidelines for future research1435Disclosure of funding source16 | 55 | presented and within the domain of the literature review) | | | | | |
| 35Disclosure of funding source16 | 34 | Guidelines for future research | 14 | | | | |
| | 35 | Disclosure of funding source | 16 | | | | |

From: Stroup DF, Berlin JA, Morton SC, et al, for the Meta-analysis Of Observational Studies in Epidemiology (MOOSE) Group. Meta-analysis of Observational Studies in Epidemiology. A Proposal for Reporting. *JAMA*. 2000;283(15):2008-2012. doi: 10.1001/jama.283.15.2008

Appendix 2. Search strategy example – MEDLINE.

Database searched = OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

- 1. *Attitude to Health/
- 2. *Patient Participation/
- 3. preference*.ti,ab.
- 4. *Patient Preference/
- 5. choice.ti.
- 6. choices.ti.
- 7. value*.ti.
- 8. health state values.ti,ab.
- 9. valuation*.ti.
- 10. expectation*.ti,ab.
- 11. attitude*.ti,ab.
- 12. acceptab*.ti,ab.
- 13. knowledge.ti,ab.
- 14. point of view.ti,ab.
- 15. user participation.ti,ab.
- 16. users participation.ti,ab.
- 17. users' participation.ti,ab.
- 18. user's participation.ti,ab.
- 19. patient participation.ti,ab.
- 20. patients' participation.ti,ab.
- 21. patients participation.ti,ab.
- 22. patient's participation.ti,ab.
- 23. patient perspective*.ti,ab.
- 24. patients perspective*.ti,ab.
- 25. patients' perspective*.ti,ab.

- 26. patient's perspective*.ti,ab.
- 27. patient perce*.ti,ab.
- 28. patients perce*.ti,ab.
- 29. patients' perce*.ti,ab.
- 30. patient's perce*.ti,ab.
- 31. health perception*.ti,ab.
- 32. user view*.ti,ab.
- 33. users view*.ti,ab.
- 34. users' view*.ti,ab.
- 35. user's view*.ti,ab.
- 36. patient view*.ti,ab.
- 37. patients view*.ti,ab.
- 38. patients' view*.ti,ab.
- 39. patient's view*.ti,ab.
- 40. or/1-39
- 41. patient*.ti.
- 42. user*.ti.
- 43. men.ti.
- 44. women.ti.
- 45. or/41-44
- 46. exp *Decision Making/
- 47. decision mak*.ti,ab.
- 48. decisions mak*.ti,ab.
- 49. decision*.ti.
- 50. mak*.ti.
- 51. 49 and 50
- 52. avoidance learning/
- 53. 46 or 47 or 48 or 51 or 52
- 54. 45 and 53
- 55. discrete choice.ti,ab.
- 56. decision board*.ti,ab.

- 57. decision analy*.ti,ab.
- 58. decision-support.ti,ab.
- 59. decision tool*.ti,ab.
- 60. decision aid*.ti,ab.
- 61. discrete-choice*.ti,ab.
- 62. decision*.ti,ab.
- $63.\ 55\ or\ 56\ or\ 57\ or\ 58\ or\ 59\ or\ 60\ or\ 61\ or\ 62$
- 64. 45 and 63
- 65. 54 or 64
- 66. decision support techniques/
- 67. (health and utilit*).ti.
- 68. gamble*.ti,ab.
- 69. prospect theory.ti,ab.
- 70. preference score.ti,ab.
- 71. preference elicitation.ti,ab.
- 72. health utilit*.ti,ab.

73. (utility and (value* or score* or estimate*)).mp. [mp=title, abstract,

original title, name of substance word, subject heading word, floating sub-

heading word, keyword heading word, organism supplementary concept word,

protocol supplementary concept word, rare disease supplementary concept

word, unique identifier, synonyms]

- 74. health state.ti,ab.
- 75. feeling thermometer*.ti,ab.
- 76. best-worst scaling.ti,ab.
- 77. best worst scaling.mp.
- 78. best worst.ti,ab.
- 79. TTO.ti,ab.
- 80. time trade-off.ti,ab.
- 81. probability trade-off.ti,ab.
- 82. or/66-81
- 83. Choice Behavior/

- 84. or/66-83
- 85. preference based.ti,ab.
- 86. preference score.ti,ab.
- 87. multiattribute.ti,ab.
- 88. multi attribute.mp.
- 89. EuroQoL 5D.mp.
- 90. EuroQoL5D.ti,ab.
- 91. EQ5D.mp.
- 92. EQ 5D.ti,ab.
- 93. SF6D.ti,ab.
- 94. SF 6D.ti,ab.
- 95. HUI.ti,ab.
- 96. 15D.ti,ab.
- 97. or/85-96
- 98. SF36.ti,ab.
- 99. SF 36.ti,ab.
- 100. SF12.ti,ab.
- 101. SF 12.mp.
- 102. HRQoL.ti,ab.
- 103. QoL.ti,ab.
- 104. quality of life.ti,ab.
- 105. "Quality of Life"/
- 106. or/98-105
- 107. 40 or 65 or 84 or 97 or 106

108. Aortic Stenosis.mp. or exp Aortic Valve Stenosis/

109. (aortic valve implantation or TAVR or transcatheter or transfemoral or transapical or transaxillary or SAVR or heart valve replacement or surgical aortic valve replacement or surgical AVR or SAVR or TAVI or aortic valve replacement or transvascular).af.

- 110. 107 and 108 and 109
- 111. limit 110 to humans

Appendix Table 1. Excluded studies, with reasons.

| # | Title | First author | Year | Reason for |
|----|------------------------------------------------------|--------------|------|------------------|
| | | | | exclusion |
| 1 | Toronto Aortic Stenosis Quality of Life Scale | Styra | 2019 | Abstract only |
| | (TASQ): Development and quality of life in aortic | | | |
| | stenosis and TAVI patients | | | |
| 2 | Rapid-cycle development of decision support tools | Knoepke | 2018 | Abstract only |
| | for patients with symptomatic aortic stenosis | | | |
| 3 | Risk willingness and survival in patients with | Hussain | 2019 | Abstract only |
| | severe aortic stenosis | | | |
| 4 | A learning curve for shared decision making: The | Coylewright | 2018 | Abstract only |
| | impact of physician experience on decision aid | | | |
| | efficacy in severe aortic stenosis | | | |
| 5 | Subjective preferences and goal among the patients | Sugiura | 2019 | Abstract only |
| | treated with transaortic valvular replacement | | | |
| 6 | Patients and their physicians do not agree on shared | Coylewright | 2016 | Not about values |
| | decision making in transcatheter aortic valve | | | and preferences |
| | replacement | | | elicitation |
| 7 | | Wright | 2016 | Not about values |
| | Is it worth it? A collaborative clinical decision | | | and preferences |
| | making exercise using an old-school debate | | | elicitation |
| 8 | The medically managed patient with severe | Dharmarajan | 2017 | Not about values |
| | symptomatic aortic stenosis in the TAVR era: | | | and preferences |
| | Patient characteristics, reasons for medical | | | elicitation |
| | management, and quality of shared decision | | | |
| | making at heart valve treatment centers | | | |
| 9 | Patients' Decision Making About Undergoing | Olsson | 2016 | Not about values |
| | Transcatheter Aortic Valve Implantation for Severe | | | and preferences |
| | Aortic Stenosis | | | elicitation |
| 10 | | Hussain | 2017 | Not about values |
| | Determinants and Outcome of Decision Making | | | and preferences |
| | Among Patients with Severe Aortic Stenosis | | | elicitation |

| 11 | Patients' self-reported function, symptoms and | Olsson | 2017 | Not about values |
|----|-------------------------------------------------------|-----------|------|------------------|
| | health-related quality of life before and 6 months | | | and preferences |
| | after transcatheter aortic valve implantation and | | | elicitation |
| | surgical aortic valve replacement | | | |
| 12 | Self-reported health status, treatment decision and | Oterhals | 2017 | Not about values |
| | survival in asymptomatic and symptomatic patients | | | and preferences |
| | with aortic stenosis in a Western Norway | | | elicitation |
| | population undergoing conservative treatment: a | | | |
| | cross-sectional study with 18 months follow-up | | | |
| 13 | [ANMCO/SIC/SICI-GISE/SICCH Consensus | Pulignano | 2016 | Not about values |
| | document: Risk stratification in elderly patients | | | and preferences |
| | undergoing cardiac surgery and transcatheter aortic | | | elicitation |
| | valve implantation] | | | |
| 14 | Patients and informal caregivers' experience of | Rosseel | 2019 | Not about values |
| | surgical and transcatheter aortic valve replacement: | | | and preferences |
| | Real-world data contributing to establish value- | | | elicitation |
| | based medicine in Denmark | | | |
| 15 | Current decision making and short-term outcome in | Van | 2016 | Not about values |
| | patients with degenerative aortic stenosis: the | Mieghem | | and preferences |
| | Pooled-RotterdAm-Milano-Toulouse In | | | elicitation |
| | Collaboration Aortic Stenosis survey | | | |
| 16 | Factors influencing the choice between | Tarantini | 2020 | Not about values |
| | transcatheter and surgical treatment of severe aortic | | | and preferences |
| | stenosis in patients younger than 80 years: Results | | | elicitation |
| | from the OBSERVANT study | | | |
| 17 | Transforming the experience of aortic valve disease | Kirk | 2019 | Not about values |
| | in older patients: A qualitative study | | | and preferences |
| | | | | elicitation |
| 18 | Long-term outcomes of transcatheter versus | Kang | 2019 | Not about values |
| | surgical aortic valve replacement in low risk, | | | and preferences |
| | elderly patients with severe aortic stenosis | | | elicitation |

| symptomatic patients with severe aortic stenosis - Observations from the CURRENT AS registryand preferences elicitation20Patient disposition and clinical outcome after referral to a dedicated TAV1 clinicGorecka2019Not about values and preferences elicitation21Validation of a Heart Team Performance for Patients with Severe Aortic StenosisD'Aronco2019Not about values and preferences clicitation22The Learning Curve for Shared Decision-making in Symptomatic Aortic StenosisCoylewright symptomatic Aortic StenosisNot about values and preferences clicitation23Pilot Study of a Patient Decision Aid for Valve Choices in Surgical Aortic Valve Replacement uduts and their informal caregivers (Dissertation)Anaya2019Not about values and preferences clicitation24Exploring the experience of carly discharge after transcatheter aortic valve implantation for older aduts and their informal caregivers (Dissertation)Knoll2018Not about values and preferences clicitation25Living with Aortic Stenosis: AP henomenological Meant Mether Aortic Stenosis: Who Benefils From and Critical Aortic Stenosis: Hard ChoicesBaungarten2019Not primary study26Low Gradient Aortic Stenosis: Hard ChoicesBayliss2019Not primary study27TAVR in Patients With End-Stage Renal Disease and Critical Aortic Stenosis: Hard ChoicesBayliss2019Not primary study27TAVR in Adout Fix Bury refacementBangarten2019Not primary study28Quity of If after transcatheter ao | 19 | Reasons for choosing conservative management in | Ishii | 2019 | Not about values |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------|-------------|------|-------------------|
| Observations from the CURRENT AS registryImage: Constant of the const | | symptomatic patients with severe aortic stenosis - | | | and preferences |
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| adults and their informal caregivers (Dissertation)Image: Constraint of the c | | transcatheter aortic valve implantation for older | | | and preferences |
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| replacementBonow201729TAVR: A Good Fix, But It Cannot Fix EverythingCarabello2016Not primary study30Treating of aortic valve stenosis in real-life: A multifaceted decision-making challengeFranken2017Not primary study31Are transcatheter procedures the treatment of choice for all patients with severe aortic stenosis?Hernandez- VaqueroNot primary study | 28 | Quality of life after transcatheter aortic valve | | | Not primary study |
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| 30Treating of aortic valve stenosis in real-life: A multifaceted decision-making challengeNot primary study31Are transcatheter procedures the treatment of choice for all patients with severe aortic stenosis?Hernandez- VaqueroNot primary study | 29 | TAVR: A Good Fix, But It Cannot Fix Everything | Carabello | 2016 | Not primary study |
| multifaceted decision-making challengeFranken201731Are transcatheter procedures the treatment of choice for all patients with severe aortic stenosis?Hernandez- VaqueroNot primary study | 30 | Treating of aortic valve stenosis in real-life: A | | | Not primary study |
| 31Are transcatheter procedures the treatment of choice for all patients with severe aortic stenosis?Hernandez- VaqueroNot primary study | | multifaceted decision-making challenge | Franken | 2017 | |
| choice for all patients with severe aortic stenosis? Vaquero 2017 | 31 | Are transcatheter procedures the treatment of | Hernandez- | | Not primary study |
| | | choice for all patients with severe aortic stenosis? | Vaquero | 2017 | |

| 32 | The less complex the case is, the more complex is it | | | Not primary study |
|----|------------------------------------------------------|-----------|------|-------------------|
| | to choose? The case of lower risk patients with | | | |
| | aortic valve stenosis | Lemos | 2018 | |
| 33 | Elevating Aortic Stenosis Treatment? | McCabe | 2018 | Not primary study |
| 34 | Transcatheter aortic valve implantation in patients | | | Not primary study |
| | with severe aortic stenosis: Does lower-risk profile | | | |
| | mean a young patient? | Michel | 2019 | |
| 35 | Transcatheter aortic valve replacement: Suitable for | | | Not primary study |
| | all? | Minakata | 2018 | |
| 36 | Aortic stenosis: Treat the patient not the numbers | Otto | 2018 | Not primary study |
| 37 | Surgical or transcatheter aortic-valve replacement | Reyes | 2017 | Not primary study |
| 38 | From knowledge to wisdom | Sousa-Uva | 2018 | Not primary study |
| 39 | TAVR - The future of aortic stenosis management | Ullah | 2016 | Not primary study |

| Study | Data | Setting | Funding source | Conflicts of interest |
|----------------------|------------|-------------|--------------------------------|---------------------------------------|
| | collection | | | |
| | period | | | |
| Quantitative st | tudies | | | |
| Marsh 2020 | July- | Not | Edwards Lifesciences | Two authors are employees of |
| | August | applicable | | Edwards Lifesciences. Three studies |
| | 2018 | (online | | are employees of Evidera. Evidera |
| | | survey) | | received funding from Edwards |
| | | | | Lifesciences to conduct the study and |
| | | | | develop the manuscript. |
| Hussain | May 2010- | Large | Norwegian Health Association | No conflict of interest |
| 2016 | April 2014 | university | and Inger and John Fredriksen | |
| | | hospital | | |
| Qualitative stu | idies | 1 | 1 | 1 |
| Coylewright | June 2012- | Tertiary | No funding sources | No conflict of interest |
| 2015 | August | academic | | |
| | 2014 | medical | | |
| | | institution | | |
| Olsson 2016 | May 2010- | Large | Vasterbotten's County Council, | No conflict of interest |
| | June 2011 | university | Umea°University, and The | |
| | | hospital | Heart Foundation of Northern | |
| | | | Sweden | |
| Skaar 2017 | February | Large | Grieg Foundation, Department | NR |
| | 2014-April | university | of Heart Disease, Haukeland | |
| | 2015 | hospital | University Hospital and Kavli | |
| | | | Research Centre for Geriatrics | |
| | | | and Dementia, Haraldsplass | |
| | | | Deaconess Hospital, Bergen. | |
| Lauck 2016 | NR | Provincial | Providence Health Care Nursing | Four authors are consultants to |
| | | cardiac | Research Competition | Edward Lifesciences. One author is a |
| | | TAVI | | consultant for Edward Lifesciences, |
| | | center | | St. Jude Medical and Abbott Inc., |
| | | | | HearthWare, and Norvasc. |
| Ontario | NR | Not | Health Quality Ontario | NR |
| Health Technology | | applicable | | |
| Assessment | | (phone | | |
| 2018 | | interview) | | |
| 2010 | | | | |

| A | ppendix | Table 2. | Additional | study and | participant | demographics. |
|---|---------|-----------|---------------|-----------|-------------|---------------|
| | ppenain | 1 4010 20 | 1 I M MITTOIL | Study und | participant | active |

| Frank | 2015-2017 | Tertiary | Partially funded from Edwards | NR |
|------------|-----------|-------------|-------------------------------|----|
| 2019/Styra | | academic | Lifesciences (manufacturer of | |
| 2019 | | medical | TAVI valves) | |
| | | institution | | |

NR = Not reported.

Appendix Table 3. Qualitative study quality.

| Study | Coylewright 2016 | Ontario Health Technology Assessment Series 2018 | Lauck 2015 | Olsson 2019 | Skaar 2019 | Styra/Frank 2019 |
|------------------------------------------|---------------------|-----------------------------------------------------------------|------------|----------------|------------|---------------------|
| 1. Was there a clear statement of the | Yes | Yes | Yes | Yes | Yes | Yes |
| aims of the research? | | | | | | |
| 2. Is a qualitative methodology | Yes | Yes | Yes | Yes | Yes | Yes |
| appropriate? | | | | | | |
| 3. Was the research design appropriate | Yes | Yes | Yes | Yes | Yes | Yes |
| to address the aims of the research? | | | | | | |
| 4. Was the recruitment strategy | No | Can't tell | No | Yes | Yes | Yes |
| appropriate to the aims of the research? | | | | | | |
| 5. Was the data collected in a way that | Yes | Yes | Yes | Yes | Yes | Can't tell |
| addressed the research issue? | | | | | | |
| 6. Has the relationship between | Can't tell | No | No | No | Yes | No |
| researcher and participants been | | | | | | |
| adequately considered? | | | | | | |
| 7. Have ethical issues been taken into | Yes | Can't tell | Yes | Yes | Yes | Yes |
| consideration? | | | | | | |
| 8. Was the data analysis sufficiently | No | Can't tell | Yes | Yes | Yes | Can't tell |
| rigorous? | | | | | | |
| 9. Is there a clear statement of | Yes | Yes | Yes | Yes | Yes | Yes |
| findings? | | | | | | |
| Overall methodological limitations | Moderate | Serious | Moderate | No or very | No or very | No or very |
| | | | | minor | minor | minor |

| Appendix | Table 4. | Quantitative | study | quality. |
|----------|-----------|--------------|-------|----------|
| прренита | 1 anic 7. | Quantitative | stuuy | quanty |

| Risk of bias criteria | | Hussain 2016 | Marsh 2020 |
|----------------------------|------------------------------------------------|---------------|---------------|
| Selection of participants | Was an appropriate study sample selected | Moderate risk | Serious risk |
| into the study | from the sampling frame? | of bias | of bias |
| Completeness | Was the attrition sufficiently low to minimize | Moderate risk | Serious risk |
| of data | the risk of bias? | of bias | of bias |
| Measurement | Was the instrument used for eliciting relative | Moderate risk | Low risk of |
| Instrument: Choice of the | importance of outcomes valid and reliable? | of bias | bias |
| methodology | | | |
| Measurement | Was the instrument administered in the | Low risk of | Moderate risk |
| Instrument: Administration | intended way? | bias | of bias |
| of the methodology | | | |
| Measurement | Was a valid representation of the outcome | Moderate risk | Serious risk |
| Instrument: Outcome | (health state) utilized? | of bias | of bias |
| presentation | | | |
| Measurement | Did the researchers check the understanding | Moderate risk | Low risk of |
| Instrument: Understanding | of the instrument? | of bias | bias |
| of the methodology | | | |
| Data analysis | Were the results analyzed appropriately to | Moderate risk | Serious risk |
| | avoid influence of bias and confounding? | of bias | of bias |

Appendix Table 5. Qualitative results - CERQual Summary of Findings

| Summary of Qualitative Review Findings | Reference | Explanation of CERQual assessment | | | |
|---------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------|--|--|--|
| | | | | | |
| Values and preferences concerning perioperative mortality risk of procedure | | | | | |
| Patients with severe aortic stenosis viewed declining | 23 | Limited, thin data to support this finding, only one study that | | | |
| treatment to be worse than accepting the risk related to the | | did address both TAVI and SAVR | | | |
| procedure | | | | | |
| Risk willingness varied considerably, but many patients | 21 23 | Limited, thin data to support this finding, not enough studies, | | | |
| were generally willing to accept a high perioperative | | not enough settings, and studies did not address both TAVI and | | | |
| mortality risk when undergoing aortic valve replacement | | SAVR. | | | |
| Values and preferences concerning health-related quality of life when deciding on treatment | | | | | |
| Function/ activities of daily living | | | | | |
| Patients aimed for improved body function, better health | 21 27 23 22 | Studies with methodological limitations, limited, thin data to | | | |
| and activities of daily living when deciding on treatment. | | support this finding, not enough studies, not enough settings and | | | |
| | | all but one study did not address both TAVI and SAVR, and | | | |
| | | when it was reported it was separate | | | |
| Patient-defined goals central to decision-making included | 21 27 23 24 | Studies with methodological limitations, limited, thin data to | | | |
| specific activities and hobbies. | | support this finding, not enough studies, not enough settings and | | | |
| | | studies did not address both TAVI and SAVR. | | | |
| | | | | | |
| Patients emphasized importance of managing by oneself | 21 27 24 22 | Studies with methodological limitations, limited, thin data to | | | |
| or be independent as reasons to undergo treatment. | | support this finding, not enough studies, not enough settings and | | | |
| | | studies did not address both TAVI and SAVR. | | | |
| Improve quality of life | | | | | |
| Patients hoped the procedure would improve their quality | 27 22 23 24 | Studies with methodological limitations, limited, thin data to | | | |
| of life, and spoke of their desire to get back to 'normal', | | support this finding, not enough studies, not enough settings and | | | |
| have a 'good life' or have a 'new lease on life' when | | studies and studies did not address both TAVI and SAVR | | | |
| deciding on treatment. | | | | | |
| | | | | | |
| Maintaining independence/ obligations | | | | | |
| Patients reported their sense of responsibility to maintain | 21 27 24 22 | Studies with methodological limitations, limited, thin data to | | | |
| the best possible health condition to be able to fulfill their | | support this finding, not enough studies, not enough settings and | | | |
| obligations, including on financial management, | | all but one study did not address both TAVI and SAVR, and | | | |
| maintaining one's home and participating in day-to-day | | when it was reported it was separate | | | |
| activities. | | | | | |

| Some patients reported that they felt an obligation to their | 27 23 | Studies with methodological limitations, limited, thin data to | | |
|----------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------|--|--|
| relatives to accept a treatment that was recommended. | | support this finding, uncommon, but important finding, not | | |
| | | enough studies, not enough settings and all but one study did not | | |
| | | address both TAVI and SAVR, and when it was reported it was | | |
| | | separate | | |
| Values and preferences concerning pain and risk of stroke | | | | |
| Some patients were concerned about pain or getting a | 22 | Study with methodological limitations, uncommon, but | | |
| stroke after the procedure. | | important finding, only one study and TAVI and SAVR was | | |
| | | reported separately | | |
| Values and preferences related to decision-making guidance on treatment and practical issues | | | | |
| Patients stressed the importance of a trusting relationship | 21 27 23 | Studies with methodological limitations, thin data to support | | |
| with their physician(s) as essential sources of information, | | this finding, not enough studies, not enough settings and studies | | |
| decision-making guidance and facilitators of referral and | | did not address both TAVI and SAVR, and when it was reported | | |
| decision-making | | it was separate | | |
| There was a high degree of variability on the reliance on | 21 27 23 | Studies with methodological limitations, thin data to support | | |
| informal social support provided by family, friends and | | this finding, not enough studies, not enough settings and studies | | |
| community members on their decision making. | | did not address both TAVI and SAVR, and when it was reported | | |
| | | it was separate | | |
| Patients and caregivers noted that the costs involved with | 22 21 23 27 | All but one study did not address both TAVI and SAVR, and | | |
| travel and a longer hospital stay were an additional | | when it was reported it was separate | | |
| burden and a potential barrier to receiving SAVR. | | | | |
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