

Supplemental Online Content

Osborn AJ, Roberts RM, Dorstyn DS, Grave BG, David DJ. Sagittal synostosis and its association with cognitive, behavioral, and psychological functioning: a meta-analysis. *JAMA Netw Open*. 2021;4(9):e2121937. doi:10.1001/jamanetworkopen.2021.21937

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eReferences

This supplemental material has been provided by the authors to give readers additional information about their work.

eTable 1*Electronic Search Strategy***Pubmed**

(craniosynostos*[mh] OR craniosynostos*[tw] OR sagittal[tw] OR scaphocephal*[tw])

AND

(quality of life[tw] OR satisfaction with life[tw] OR life satisfaction[tw] OR anxiety[mh] OR anxiety[tw] OR anxious[tw] OR depression[mh] OR depress*[tw] OR mood[tw] OR affect[tw] OR emotion*[tw] OR psychol*[tw] OR psychiat*[TW] OR psychosocial[tw] OR psychopath*[tw] OR body, physical appearance[mh] OR appearance[tw] OR function*[tw] OR mental processes[mh] OR mental*[tw] OR cognit*[tw] OR neuropsychol*[tw] OR learning[tw] OR neurodevelopment*[tw] OR development*[tw] OR behaviour[mh] OR behav*[tw] OR neurobehav*[tw] OR memory[tw] OR language[tw] OR verbal[tw] OR visuospatial[tw] OR attention[tw] OR information processing[tw] OR academic[tw] OR intellectual[tw] OR intelligen*[tw] OR speech[tw])

PsycINFO

(craniosynostos* or sagittal or scaphocephal*).mp AND (outcome* or quality of life or satisfaction with life or life satisfaction or anxiety or anxious or depress* or mood or affect or emotion* or psychol* or psychiat* or psychosocial or psychopath* or appearance or function* or mental* or cognit* or neuropsychol* or learning or neurodevelopment* or development* or behav* or neurobehav* or memory or language or verbal or visuospatial or attention or information processing or academic or intellectual or intelligen* or speech).mp

SCOPUS

(craniosynostos* OR sagittal OR scaphocephal*)

AND

(outcome* OR “quality of life” OR “satisfaction with life” OR “life satisfaction” OR anxiety OR anxious OR depress* OR mood OR affect OR emotion* OR psychol* OR psychiat* OR psychosocial OR psychopath* OR appearance OR function* OR mental* OR cognit* OR neuropsychol* OR learning OR neurodevelopment* OR development* OR behav* OR neurobehav* OR memory OR language OR verbal OR visuospatial OR attention OR “information processing” OR academic OR intellectual OR intelligen* OR speech)

Embase

'craniofacial synostosis'/syn OR craniosynostos* OR sagittal OR scaphocephal*

AND

outcome OR 'quality of life'/syn OR 'satisfaction with life' OR 'life satisfaction' OR 'mental disease assessment'/syn OR 'mental disease'/syn OR 'mental function assessment'/syn OR 'physical appearance'/syn OR 'cognition'/syn OR 'individual behavior assessment'/syn OR 'behavior'/syn OR 'cognitive function test'/syn OR 'psychological and psychiatric procedures'/syn OR 'learning'/syn OR 'neuropsychology'/syn OR 'memory'/syn OR 'speech and language assessment'/syn OR 'academic achievement'/syn OR neurodevelopment* OR development* OR anxiety OR anxious OR depress* OR psychol* OR psychiat* OR psychosocial OR psychopath* OR appearance OR function* OR mood OR affect OR emotion OR mental* OR cognit* OR neuropsychol* OR learning OR behav* OR neurobeh* OR memory OR language OR verbal OR visuospatial OR attention OR intellect* OR intelligen* OR speech

eTable 2*Summary Details of the Meta-analyzed Studies*

Author (year)	N	Mean age (yrs)	% male	Study origin	Surgical status of patients				Craniosynostosis risks reported		Cognitive risks reported		Outcome: domain
					CM	pre	post	mixed	Genetic status	Family history	SES	Neonatal /perinatal	
Arnaud et al., 1995 ¹	193	T1: 1.0 T2: -	-	France	51	142	47						general cognition, global development
Bellew et al., 2005 ² Bellew et al., 2011 ³ Bellew et al., 2015 ⁴ Bellew et al., 2019 ⁵	67	Surgical: T1: 0.6 T2: 1.3 CM: T1: 2.1 T2: 2.9	83	UK	13	28	54	47				✓	general cognition, motor functioning, verbal, visuospatial, adaptive & social skills, global development
Boltshauser et al., 2003 ⁶	30	9.3	77	Switzerland	30						✓		general cognition, verbal, visuospatial, arithmetic, attention, executive function, memory: shorter term, processing speed, quality of life, behavior: externalizing/internalizing/total
Byun et al., 2018 ⁷	67	-	69	Sth Korea				67	✓				general cognition, motor functioning
Cabrejo et al., 2019 ⁸	10	12.1	80	US			10						verbal, visuospatial
Care et al., 2019 ⁹	140	3.3	-	UK			140		✓				motor functioning, verbal, adaptive & social skills, behavior: externalizing/internalizing/total
Chandler et al., 2020 ¹⁰	75	10.3	64	US			75				✓	✓	executive function, memory-shorter term, behavior: externalizing/internalizing/total
Chieffo et al., 2010 ¹¹	35	13.4	77	Italy			35		✓		✓		visuospatial, processing speed
Chieffo et al., 2020 ¹²	87	T1: 0.5 T2: 1.2	-	Italy		87	63						global development, motor functioning, verbal, visuospatial, adaptive & social skills
Chuang et al., 2018 ¹³	9	0.4	-	US		9						✓	general cognition, verbal

Chuang et al., 2021 ¹⁴	47	-	-	US			47					general cognition, verbal, visuospatial, motor functioning, executive function, behaviour: externalizing/internalizing
Da Costa et al., 2006 ¹⁵	6	-	-	Australia			6			✓		general cognition
Da Costa et al., 2012 ¹⁶ Da Costa et al., 2013 ¹⁷	26	T1: 0.7 T2: 1.8	88	Australia		26	26			✓	✓	general cognition, motor functioning
Engel et al., 2012 ¹⁸	46	-	80	Germany		46						global development
Gewalli et al., 2001 ¹⁹	26	T1: 0.5 T2: 1.4	81	Sweden		26	26					motor functioning, verbal, visuospatial, adaptive & social skills, global development
Hashim et al., 2014 ²⁰ Patel et al., 2014 ²¹	70	10.0	-	US			70			✓		general cognition, motor functioning, verbal, visuospatial, learning difficulties, behavior: externalizing/internalizing/total, memory: shorter term
Imahiyerobo et al., 2019 ²²	77	0.4	78	US		77				✓	✓	general cognition, motor functioning, verbal
Infant Learning Project Kapp-Simon et al., 2005 ²³ Ruiz-Correa et al., 2007 ²⁴ Speltz et al., 2007 ²⁵ Starr et al., 2007 ²⁶ Toth et al., 2008 ²⁷ Naumann et al., 2012 ²⁸ Starr et al., 2012 ²⁹ Cradock et al., 2015 ³⁰ Speltz et al., 2015 ³¹ Speltz et al., 2016 ³² Kapp-Simon et al., 2016 ³³ Collett et al., 2017 ³⁴ Wallace et al., 2016 ³⁵	94	T1: 0.5 T2: 1.5 T3: 3.0 T4: 7.0	83	US		62	94	✓	✓	✓	general cognition, motor functioning, verbal, visuospatial, arithmetic, attention, executive function, learning difficulties, memory: shorter term, memory: longer term, behavior: externalizing/internalizing/total	
Kapp-Simon et al., 1993 ³⁶ Kapp-Simon et al., 1998 ³⁷	24	T1: 0.7 T2: 1.5 T3: 4.2	86	US	4	20	20					general cognition, learning difficulties
Kljajic et al., 2019 ³⁸ Kljajic et al., 2020 ³⁹	41	11.5	68	Sweden			41				✓	general cognition, verbal, visuospatial, attention, memory: shorter term, processing speed

Korpilahti et al., 2012 ⁴⁰	18	3.4	90	Finland			18				✓	verbal
Lee et al., 2015 ⁴¹ Lee et al., 2017 ⁴²	37	-	75	Sth Korea		37	25		✓			general cognition, motor functioning,
Magge et al., 2002 ⁴³	16	10.3	-	US			16					learning difficulties
Mazzaferro et al., 2018 ⁴⁴	5	-	-	US			5					quality of life
Moreno-Villagomez et al., 2020 ⁴⁵	10	4.5	80	Mexico			10					general cognition, motor functioning, verbal, visuospatial, arithmetic, memory: shorter term, processing speed
Noetzel et al., 1985 ⁴⁶	3	-	-	US			3					general cognition
Salokorpi et al., 2018 ⁴⁷	40	27.4	63	Finland			40					satisfaction with appearance
Scheuerle et al., 2004 ⁴⁸	3	-	-	US		3	3					verbal
Shipster et al., 2003 ⁴⁹	76	0.4	80	UK			76			✓	✓	general cognition, verbal, visuospatial, learning difficulties
Speltz et al., 1993 ⁵⁰	7	5.8	86	US			7			✓		behavior: externalizing/internalizing/total, self-concept
Speltz et al., 1997 ⁵¹	19	0.3	-	US		18	19					general cognition, motor functioning
Virtanen et al., 1999 ⁵²	18	12.2	72	Finland			18					motor functioning, verbal, visuospatial, attention, memory: shorter term

Note: N = sagittal synostosis participants; descriptive statistics reflect non-syndromic metopic synostosis patient details extracted from each paper; data from non-independent papers combined & treated as a single study in analyses as appropriate. Study details above refer to the *specific* sagittal sample data extracted from each study & used in the current meta-analysis (which may differ from overall study details)

eTable 3

Studies Using Overlapping Samples - Combined and Treated as Non-independent Studies in the Current Meta-analysis

Study ‘name’ in meta-analysis	Papers using overlapping samples
Bellew 2005/2011/2015/2019	Bellew et al, 2005 ² Bellew et al, 2011 ³ Bellew et al, 2015 ⁴ Bellew et al, 2019 ⁵
Da Costa 2012/2013	Da Costa et al, 2012 ¹⁶ Da Costa et al, 2013 ¹⁷
Hashim 2014/Patel 2014	Patel et al, 2014 ²¹ Hashim et al, 2014 ²⁰
Infant Learning Project (ILP)	Collett et al, 2017 ³⁴ Cradock et al, 2015 ³⁰ Kapp-Simon et al, 2005 ²³ Kapp-Simon et al, 2016 ³³ Naumann et al, 2012 ²⁸ Ruiz-Correa et al, 2007 ²⁴ Speltz et al, 2007 ²⁵ Speltz et al, 2015 ³¹ Speltz et al, 2016 ³² Starr et al, 2007 ²⁶ Starr et al, 2012 ²⁹ Toth et al, 2008 ²⁷ Wallace et al, 2016 ³⁵
Kapp-Simon 1993/1998	Kapp-Simon et al, 1993 ³⁶ Kapp-Simon et al, 1998 ³⁷
Kljajic 2019/2020	Kljajic et al, 2019 ³⁸ Kljajic et al, 2020 ³⁹
Lee 2015/2017	Lee et al, 2015 ⁴¹ Lee et al, 2017 ⁴²

eTable 4

Data Extracted From Studies Included in the Meta-analysis (Where Reported)

- Article title, year and authors
- Sample size
- Country of origin
- Age at assessment
- Sex
- Type of craniosynostosis
- Surgical status
- Type of surgical treatment
- Age at surgery
- Number of surgeries
- Criteria for surgery
- Length of post-surgery follow-up
- Sagittal synostosis diagnosis confirmation
- Status of genetic disorders
- Socio-economic status
- Family history of craniosynostosis
- Method of identification and recruitment
- Outcome
- Measures
- Outcome data

eTable 5

Summary of the Cognitive Tests That Were Used by the Studies and Their Corresponding Cognitive Domain

Domain	Test
General cognition	BSID, BSID-II, BSID-III: mental development index, cognitive scale McCarthy's Scale of Children's Abilities: general cognitive index K-ABC: IQ WPPSI-III, WPPSI-R-UK, WISC-III, WISC-IV, WASI, WAIS-R: FSIQ Brunet-Lezine; Nouvelle Echelle Metrique de L'Intelligence Cattell Infant Intelligence Scale; Stanford-Binet Intelligence Scale
Verbal Functions & Language Skills	British Picture Vocabulary Scale BSID, BSID-III: language , receptive, expressive CTOPP: phonological awareness composite Denver Developmental Screening Test: language Griffiths Mental Development Scale: hearing & speech/language NEPSY-II: Word generation (semantic, initial letter) PLS-3: receptive, expressive Renfrew Action Picture Test: grammar, information Renfrew Word Finding Vocabulary Scale Clinical Evaluation of Language Fundamentals: expressive, receptive Reynell Scales: receptive, expressive Token Test-II TOWRE: total words
	WPPSI-III, WPPSI-R-UK, WISC-III, WISC-III-UK, WISC-IV, WISC-R, WASI, WAIS-R: Verbal Comprehension Index, Verbal IQ, general language composite, information, vocabulary, similarities WRAT-4: reading composite, spelling Wechsler Fundamentals: reading-related
	<i>Subjective/proxy-rated:</i> <i>ASQ-3: Communication; CCC-2: general communication composite</i>
Motor functioning	Beery-VMI: total, motor co-ordination index BSID, BSID-II, BSID-III: psychomotor development index, fine motor, gross motor Griffiths Mental Development Scale: locomotor, eye/hand co-ordination Purdue Pegboard Test: preferred, non-preferred, both, assembly WPPSI-III: motor index
	<i>Subjective/proxy-rated:</i> <i>ASQ-3: gross motor skills; fine motor skills</i>
Visuospatial	Beery-VMI: visual perception Developmental Test of Visual Perception-2: motor-reduced visual perception index, visual closure Griffiths Mental Development Scale: performance Hooper Visual Organisation Test NEPSY-II: arrows Rey Complex Figure Test
	WPPSI-III, WPPSI-R-UK, WISC-III, WISC-III-UK, WISC-R, WISC-IV, WASI, WAIS-R: Performance IQ, Perceptual Reasoning Index, perceptual organisation, picture arrangement, picture completion, object assembly, block design Design fluency (5 point test)

Attention	CCPT-3: C, detectability, omissions, commissions, perseveration, HRT, HRT-SD, Variability, HRT-BC, HRT-iC Corsi Block Tapping Test K-ABC: sequential processing index, hand movements, number recall Mottier Test TAP: alertness tonic, alertness phasic, Go/Nogo (selective attention), divided attention, sustained attention TEA-Ch: sky search, score!, sky search DT, score DT WISC-III, WISC-IV, WISC-R, WAIS-R: digit span, digits forward, letter-number sequencing, freedom from distractibility
Processing speed	WPPSI-III, WISC-III, WISC-IV, WAIS-R: processing speed index, processing speed quotient, coding, digit symbol, symbol search
Executive Function	NEPSY-II: Inhibition Stroop test
Arithmetic	McCarthy Scale of Children's Abilities: quantitative index K-ABC: arithmetic WRAT-4: math computation Wechsler Fundamentals: numerical operations
Memory – short-term	Benton's Visual Retention: Multiple Choice Form McCarthy Scale of Children's Abilities: memory scale CMS: stories (immediate, immediate thematic); word lists (learning) Rey Visual Design Learning Test: immediate memory span, new learning ability, memory Verbal learning + memory test (VLMT): immediate memory span, susceptibility to interference WISC-IV: working memory index
Memory – longer-term	CMS: stories (delayed, delayed recognition, delayed thematic); word lists (delayed, delayed recognition) CTOPP: rapid naming composite
Global development	BSID-II, BSID-III: mental/motor developmental delays, developmental delays Griffiths Mental Development Scale: general quotient, global development quotient Developmental Brunet-Lezine Scale
Learning/literacy problems	reading-related learning disability, mathematic-related learning disability, reading learning disability, spelling learning disability, literacy impairment, learning problems (<25 th percentile on standardized tests)
<i>Subjective/proxy-rated behavioral and psychological measures</i>	
Behavior	ASEBA/CBCL externalizing index, internalizing index Behavior Assessment System for Children - 2: externalizing index, internalizing index Strengths & Difficulties Questionnaire: externalizing, internalizing
Adaptive /functional/social	Ages & Stages Questionnaire-3: personal-social, problem solving Strengths & Difficulties Questionnaire: prosocial Griffiths Mental Development Scale: personal-social Behavior Assessment System for Children - 2: adaptive skills index
Satisfaction with Appearance	Visual analog scale

Self-concept	Method used by Eder
Quality of Life	TACQOL: EMOPOS, EMONEG, body, motor, auto, cognition, social WHOQOL: physical health, psychological, social, environmental
Attention	ASEBA/CBCL: parent/teacher
Executive function	BRIEF: behavioural regulation index, metacognition index, global executive composite
Memory - shorter-term	BRIEF: working memory

Note: all cognitive measures are categorised in meta-analyses as ‘objective’ except where noted above; general cognition = test scores on measures of IQ; global developmental delay = poor developmental progress in multiple domains (e.g cognition, language, motor skills); BSID = Bayley Scales of Infant Development; K-ABC = Kaufman Assessment Battery for Children; WASI: Wechsler Abbreviated Scale Intelligence; WPPSI: Wechsler Preschool and Primary Scale of Intelligence; WISC = Wechsler Intelligence Scale for Children; WAIS = Wechsler Adult Intelligence Scale; CTOPP = Comprehensive Test of Phonological Processing; WRAT-4 = Wide Range Achievement Test 4; TOWRE = Test of Word Reading Efficiency; PLS = Preschool Language Scale; NEPSY-II = A Developmental Neuropsychological Assessment; CCC-2 = Children’s Communication Checklist-2; Tea-CH = Test of Everyday Attention in Children; BRIEF = Behavioral Rating Inventory of Executive Function; CMS = Children’s Memory Scale; Beery-VMI = Beery-Buktenica Test of Visual-Motor Integration; ASQ = Ages & Stages Questionnaire ; CCPT = Connor’s Continuous Performance Test; TAP = Tests for Attentional Performance; ASEBA = Achenbach System of Empirically Based Assessment; CBCL = Child Behavior Checklist; TACQOL = TNO AZL Children’s Quality of Life; WHOQOL = World Health Organization Quality of Life.

eTable 6

Adapted NIH Quality Assessment of Observational Cohort and Cross-Sectional Studies

Study (lead author, year)	Item 1	Item 2	Item 3	Item 4a	Item 4b	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Item 11
Arnaud 1995 ¹	Y	N	Y	Y	Y	N	Y	N	N	NR	NA	N
Bellew 2005, 2011, 2015, 2019 ²⁻⁵	Y	Y	NR	Y	N	N	Y	Y	Y	NR	N	N
Byun 2018 ⁷	N	N	NR	Y	Y	N	Y	N	Y	NR	NA	N
Care 2019 ⁹	N	Y	Y	Y	Y	N	Y	Y	Y	NR	NA	N
Chandler 2020 ¹⁰	Y	N	NR	NR	Y	N	Y	Y	Y	NR	NA	Y
Chieffo 2020 ¹²	Y	N	Y	NR	N	N	Y	Y	N	NR	N	N
Chuang 2021 ¹³	Y	Y	N	Y	Y	N	Y	Y	Y	NR	NA	Y
Da Costa 2006 ¹⁵	Y	N	NR	NR	Y	N	Y	Y	Y	NR	NA	Y
Da Costa 2012/2013 ^{16,17}	Y	N	Y	NR	Y	N	Y	Y	Y	NR	NA	N
Engel 2012 ¹⁸	Y	Y	NR	Y	Y	N	Y	Y	Y	NR	NA	N
Gewalli 2001 ¹⁹	Y	Y	NR	Y	N	N	Y	Y	Y	NR	Y	N
Hashim 2014 / Patel 2014 ^{20,21}	Y	Y	Y	Y	Y	N	Y	Y	Y	NR	NA	Y
Imahiyerobo 2019 ²²	Y	Y	Y	Y	N	N	Y	N	Y	NR	NA	Y
Kapp-Simon 1993/1998 ^{36,37}	Y	N	Y	Y	Y	N	Y	Y	Y	NR	N	N
Kljajic 2019/2020 ^{38,39}	Y	Y	Y	Y	Y	N	Y	Y	Y	NR	NA	Y
Korpilahti 2012 ⁴⁰	Y	N	NR	NR	Y	N	Y	Y	Y	NR	NA	N
Lee 2015 / 2017 ^{41,42}	Y	N	NR	Y	N	N	Y	Y	Y	NR	N	N
Magge 2002 ⁴³	Y	Y	N	Y	Y	N	Y	Y	Y	NR	NA	N
Mazzaferro 2018 ⁴⁴	Y	N	N	NR	Y	N	Y	Y	Y	NR	NA	Y
Moreno-Villagomez 2020 ⁴⁵	Y	N	NR	NR	Y	N	Y	Y	Y	NR	NA	N
Noetzel 1985 ⁴⁶	N	N	NR	Y	N	N	Y	N	N	NR	NA	N
Scheuerle 2004 ⁴⁸	N	N	NR	N	N	N	Y	Y	N	NR	NA	N
Shipster 2003 ⁴⁹	Y	Y	Y	Y	Y	N	Y	Y	Y	NR	NA	N

NIH = National Institutes of Health; Y = yes; N = no; NR = not reported; NA = not applicable

- Was the research question or objective in this paper clearly stated?
- Was the study population clearly specified & defined (including demographics, location and time period)?
- Was the participation rate of eligible persons at least 50%?
- Were all the subjects selected or recruited from the same or similar populations (including the same time period)?
- Were inclusion and exclusion criteria for being in the study prespecified, reported and applied uniformly to all participants?
- Was a sample size justification, power description, or variance and effect estimates provided?
- Was sagittal synostosis diagnosed prior to the outcome(s) being measured?

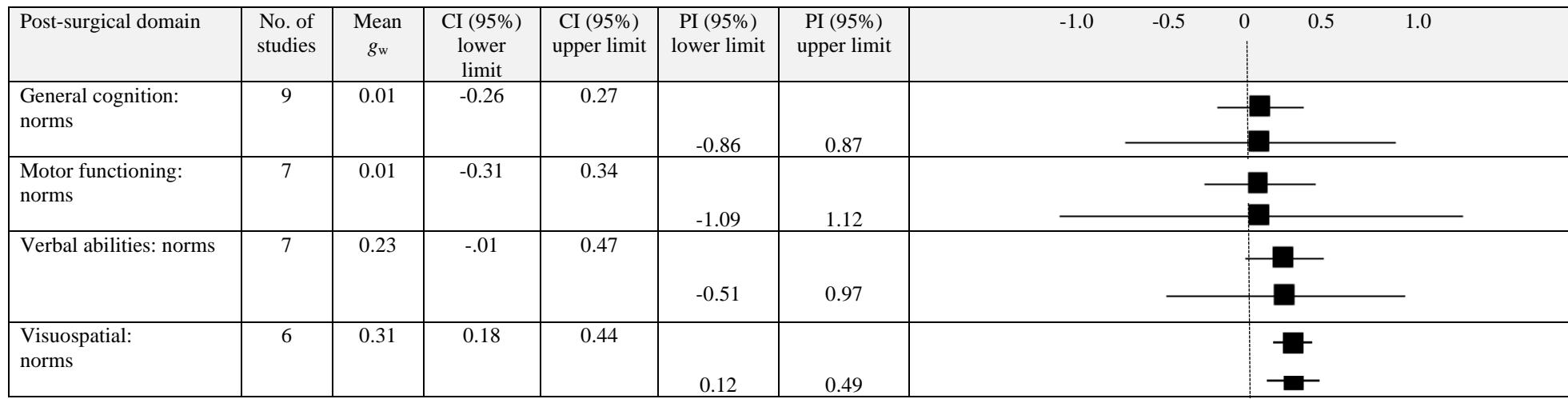
8. Was the diagnosis of sagittal synostosis (independent variable) clearly defined, valid, reliable, and implemented consistently across all study participants?
9. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
10. Were the outcome assessors blinded to the exposure status of participants?
11. Was loss to follow-up after baseline 20% or less?
12. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?

eTable 7*NIH Quality Assessment of Case-Control Studies*

Study (lead author, year)	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Item 11	Item 12a	Item 12b	Item 12c
Boltshauser, 2003 ⁶	Y	N	N	NR	NR	Y	NR	NR	Y	Y	NR	N	N	NA
Cabrejo, 2019 ⁸	Y	N	N	NR	Y	Y	NR	NR	Y	Y	NR	N	Y	N
Chieffo, 2010 ¹¹	Y	N	N	NR	NR	Y	NR	NR	Y	Y	NR	N	Y	N
Chuang, 2018 ¹³	N	N	N	NR	NR	Y	NR	NR	Y	N	NR	N	N	NA
Infant Learning Project ²³⁻³⁷	Y	Y	N	Y	Y	Y	NR	NR	Y	Y	NR	Y	Y	Y
Salokorpi, 2018 ⁴⁷	Y	Y	N	Y	Y	Y	NR	NR	Y	N	NR	N	Y	N
Speltz, 1993 ⁵⁰	Y	N	N	NR	NR	Y	NR	NR	Y	Y	NR	Y	Y	NR
Speltz, 1997 ⁵¹	Y	N	N	NR	Y	Y	NR	NR	Y	Y	NR	Y	Y	Y
Virtanen, 1999 ⁵²	Y	Y	N	Y	Y	Y	NR	NR	Y	Y	NR	N	Y	N

NIH = National Institutes of Health; Y = yes; N = no; NR = not reported; NA = not applicable

1. Was the research question or objective in this paper clearly stated & appropriate?
2. Was the study population clearly specified & defined (including details of demographics, time period, location)?
3. Did the authors include a sample size justification?
4. Were controls selected or recruited from the same or similar population that gave rise to the cases (including the same timeframe)?
5. Were the definitions, inclusion and exclusion criteria, algorithms or processes used to identify or select cases and controls valid, reliable, and implemented consistently across all study participants?
6. Were the cases clearly defined and differentiated from controls?
7. If less than 100 percent of eligible cases and/or controls were selected for the study, were the cases and/or controls randomly selected from those eligible?
8. Was there use of concurrent controls?
9. Was the diagnosis of sagittal synostosis clearly defined, valid, reliable, and implemented consistently (including the same time period) across all study participants?
10. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across participants?
11. Were the assessors of outcomes blinded to the case or control status of participants?
12. Were key potential confounding variables measured and adjusted statistically in the analyses?
13. Were cases and controls matched?
14. If matching was used, did the investigators account for matching during study analysis?

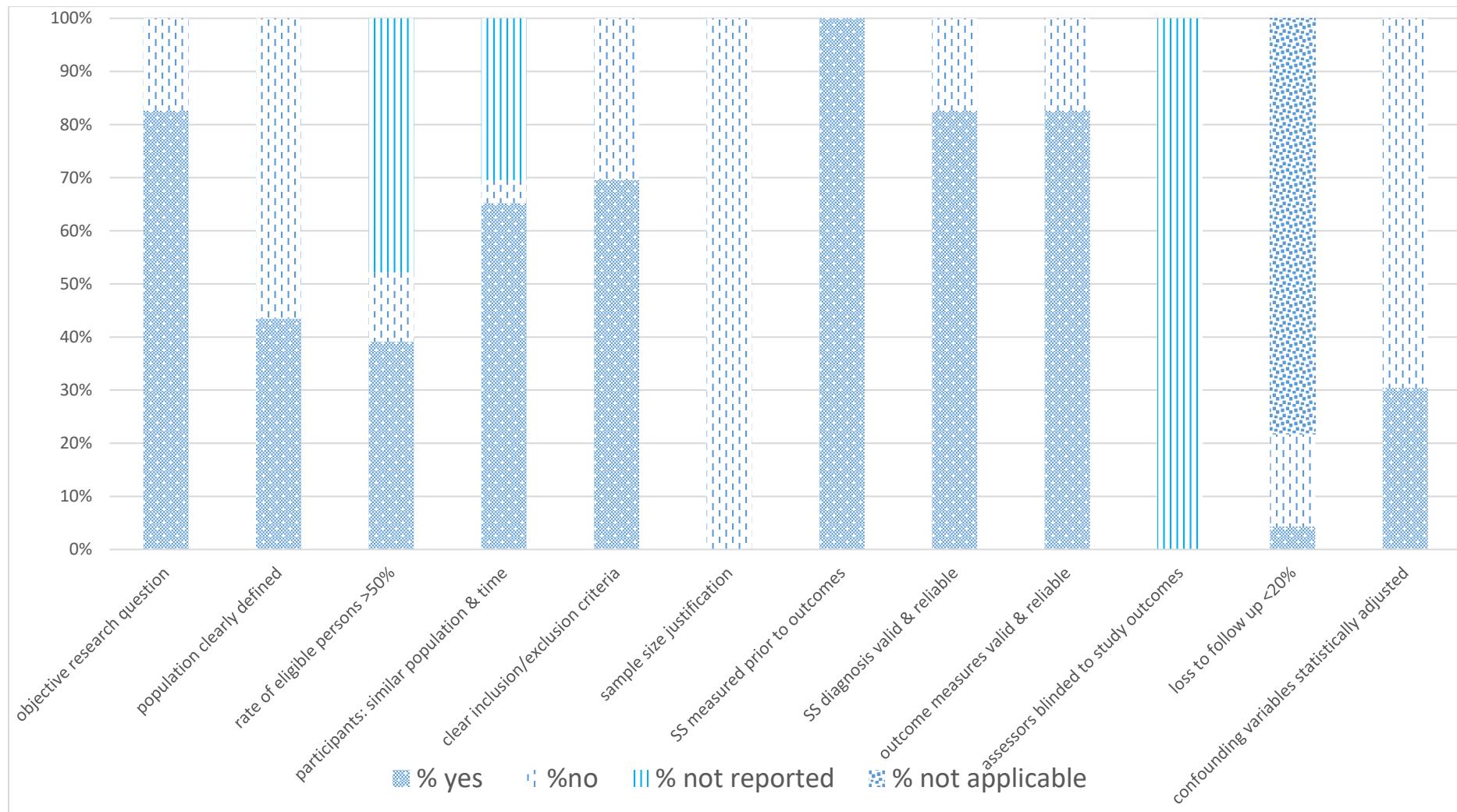
eTable 8*Prediction Intervals for Pooled Analyses With ≥ 5 Included Studies*

Note: CI = confidence intervals; PI = prediction intervals

eTable 9

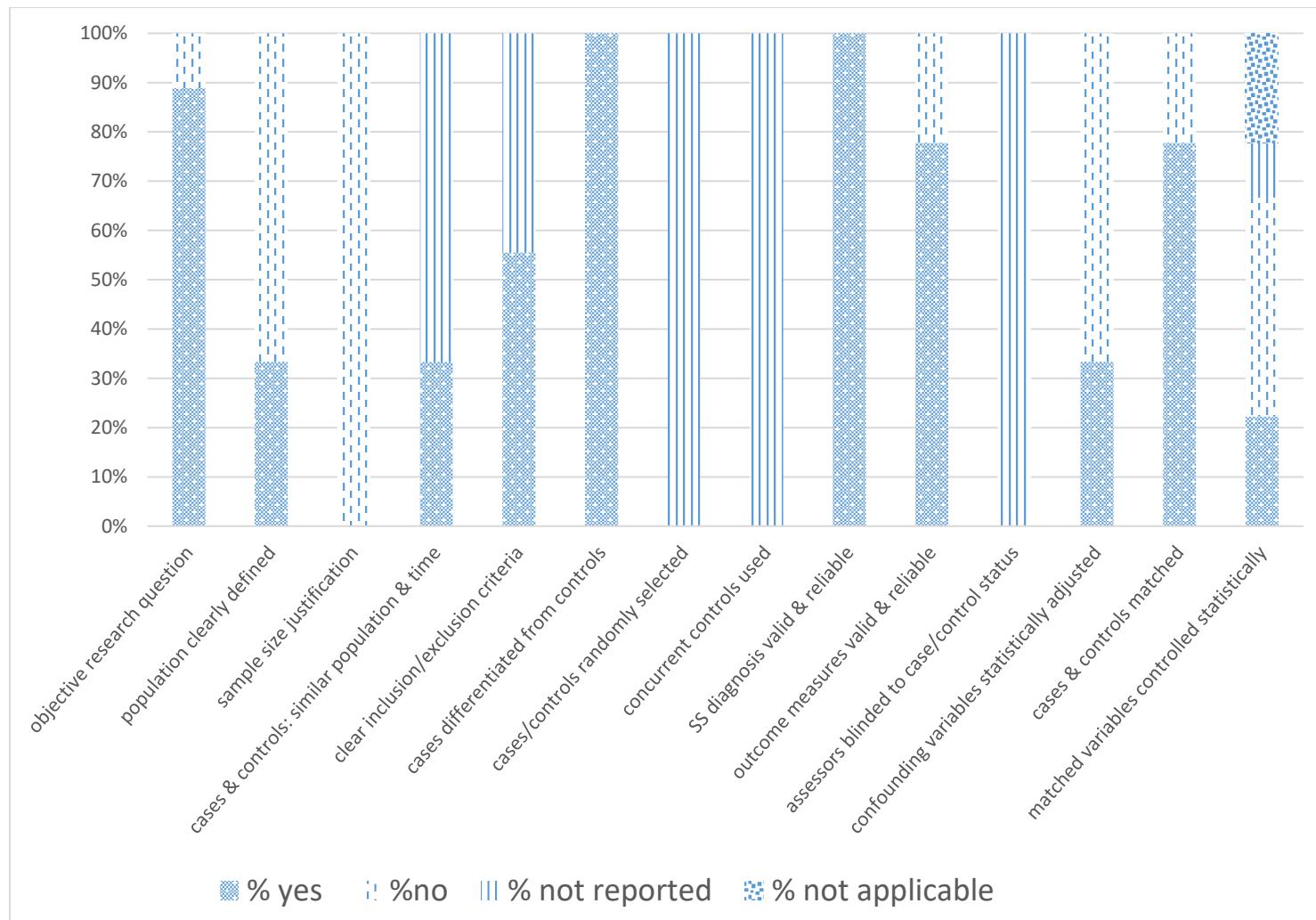
Outcomes of Mixed (Conservatively Managed + Presurgical + Postsurgical) Samples of Children With Sagittal Synostosis

COMBINED SAMPLES (combined conservatively managed, pre- and post-surgery participants)																
Domain	Standardized Mean Group Differences										Prevalence rates					
	Comparison data	N _{studies}	N _{Ss}	Hedges' g	Lower 95% CI	Upper 95% CI	p	I ²	tau	N _{fs}	N _{studies}	N _{Ss}	Prevalence (95% CI)	N _{studies}	N _{Ss}	Odds ratio (95% CI) logarithmic scale
General cognition	norms	3	185	-.33	-1.17	.51	.44	95.08	.72	2	2	73	0.20 (0.12 – 0.30)			
Motor functioning	norms	1	67	-.93	-1.18	-.69	.00	-	-	-						
Verbal abilities	norms	2	123	.12	-.24	.49	.51	47.63	.19	0	1	76	0.37 (0.27 – 0.48)			
Visuospatial abilities	norms	2	84	-.03	-.50	.44	.90	65.53	.28	0						



eFigure 1

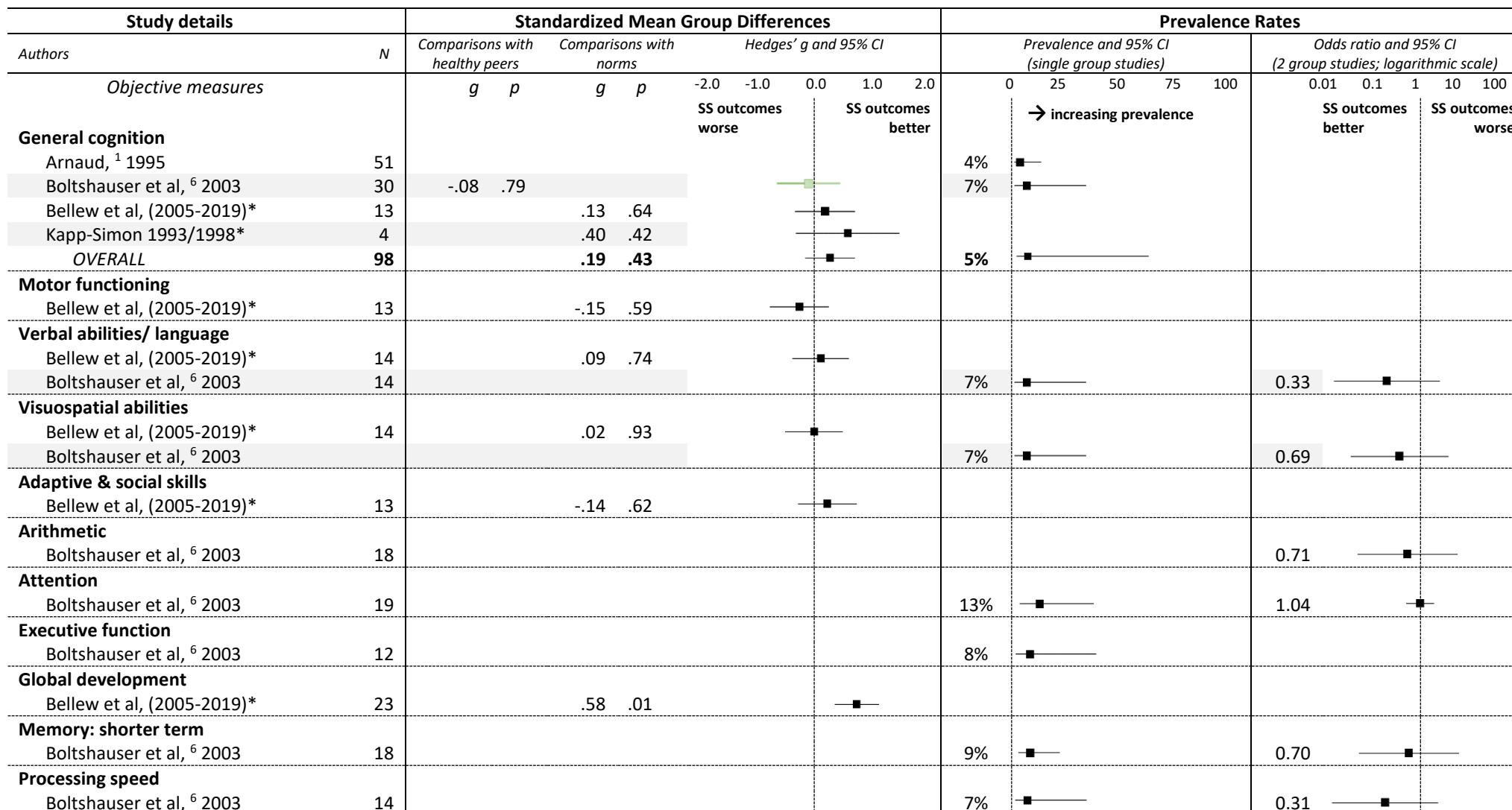
Percentage of Observational Cross-Sectional and Cohort Studies Meeting Each of the Adapted NIH Study Quality Criteria ($N_{\text{studies}} = 23$).
 SS = sagittal synostosis

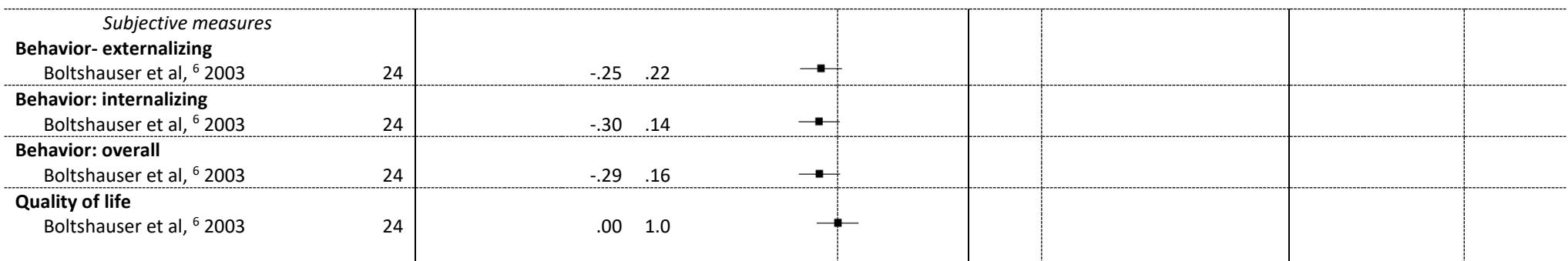


eFigure 2

Percentage of Case-Control Studies Meeting Each of the Adapted NIH Study Quality Criteria ($N_{\text{studies}} = 9$). SS = sagittal synostosis.

CONSERVATIVELY MANAGED SAGITTAL SYNOSTOSIS



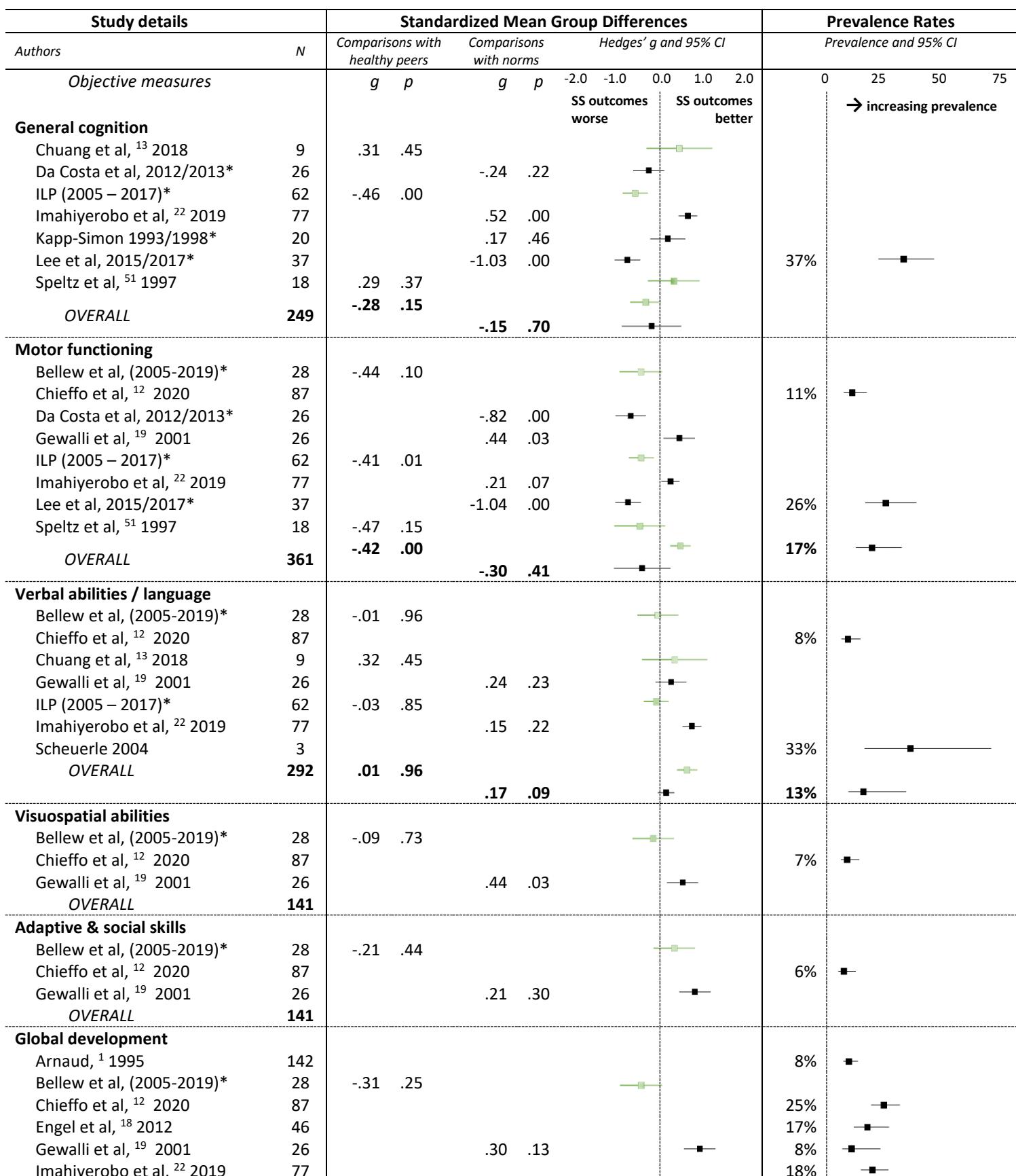


Note: *N* refers to sagittal synostosis participants; * = details for studies comprising the same participants across multiple papers are provided in eTable 2 in the Supplement; green forest plots = comparisons between SS and healthy norms; black forest plots = comparisons between SS and normative data.

eFigure 3

Outcomes of Children With Conservatively Managed Sagittal Synostosis.

PRE-SURGICAL SAGITTAL SYNOSTOSIS

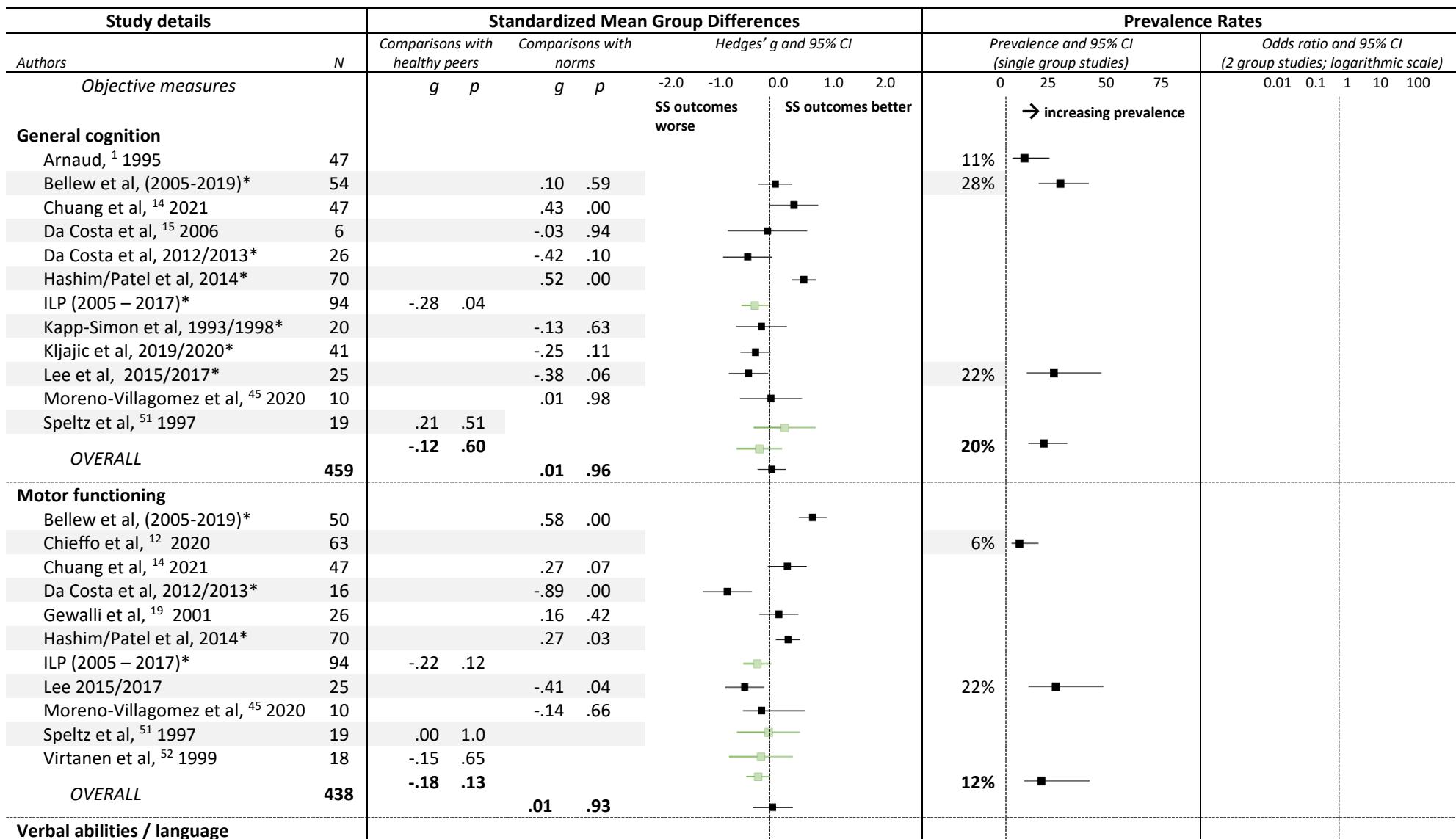


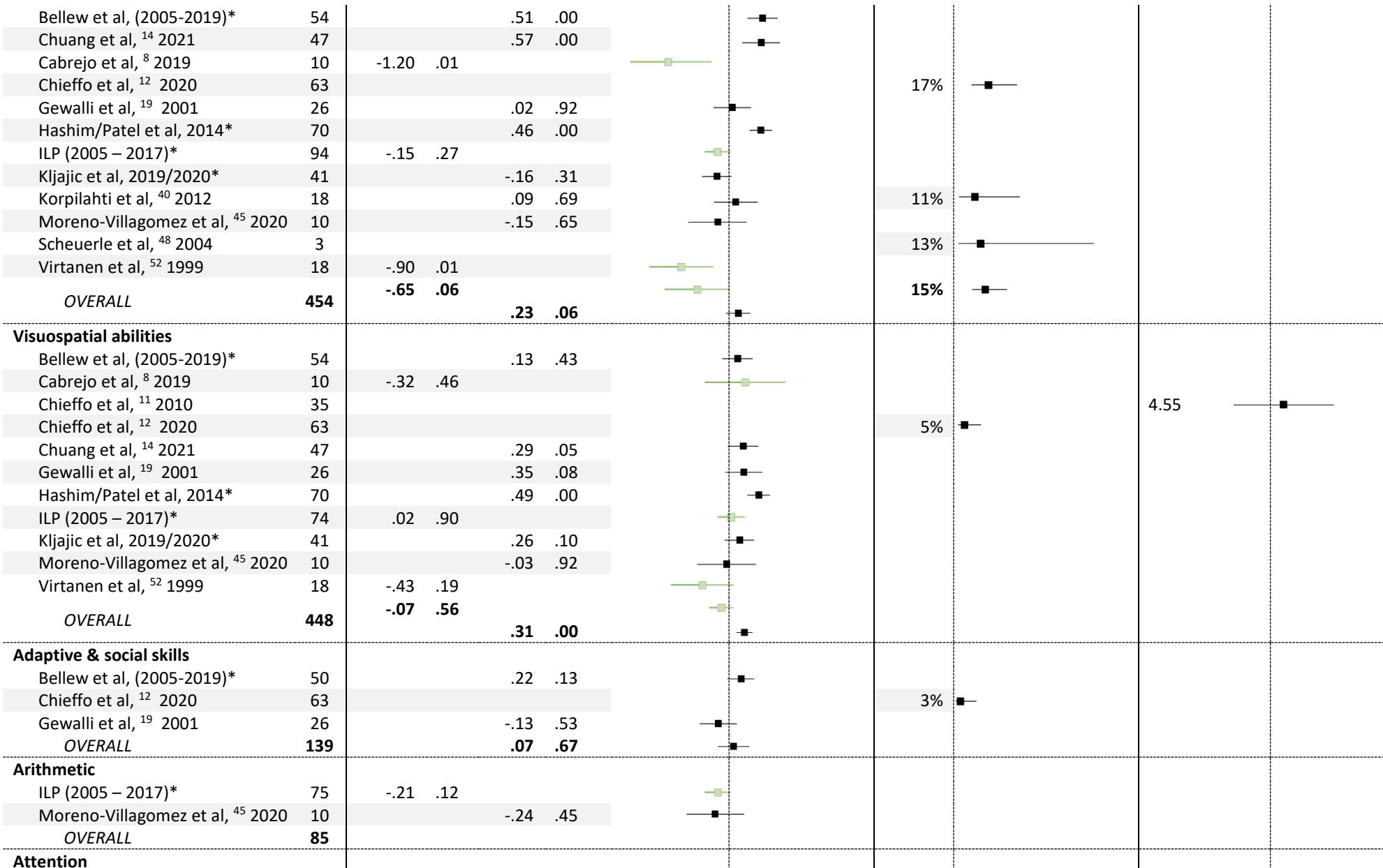
Note: N refers to sagittal synostosis participants; ILP = Infant Learning Project combined papers; * = details for studies comprising the same participants across multiple papers are provided in eTable 2 in the Supplement; green forest plots = comparisons between SS and healthy norms; black forest plots = comparisons between SS and normative data.

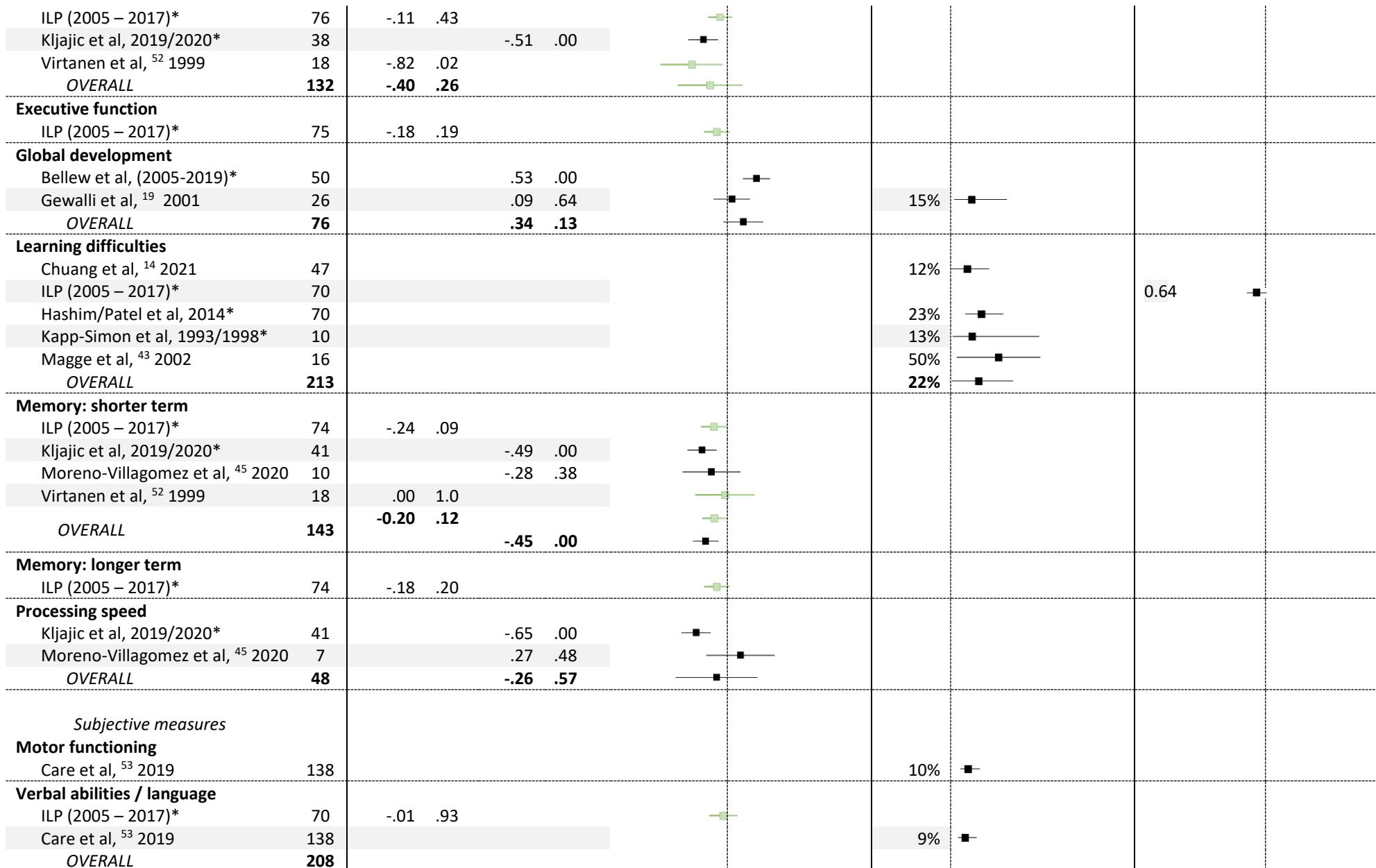
eFigure 4

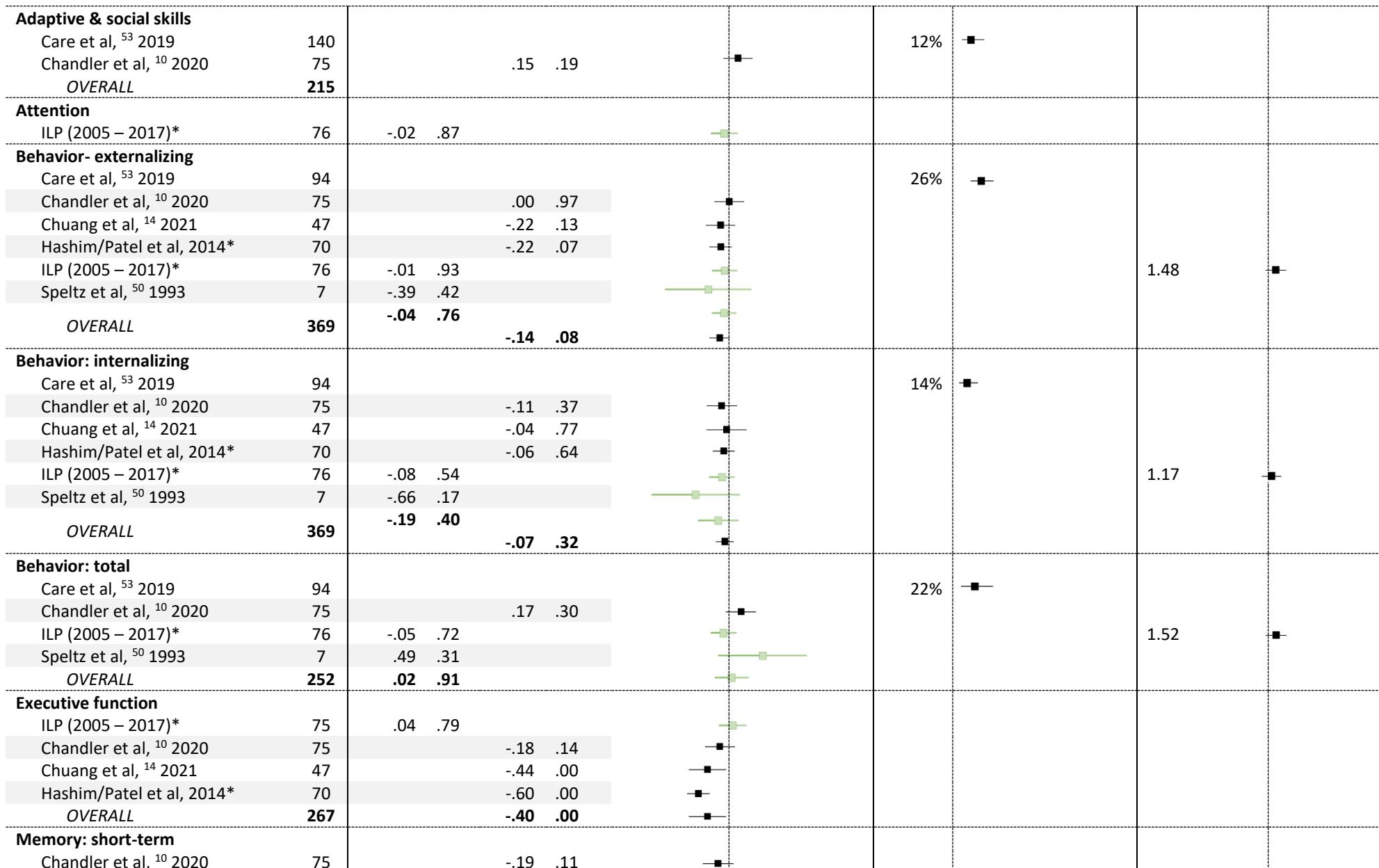
Presurgical Functioning of Children With Sagittal Synostosis: Had Not Yet Undergone Surgery Prior to Being Assessed.

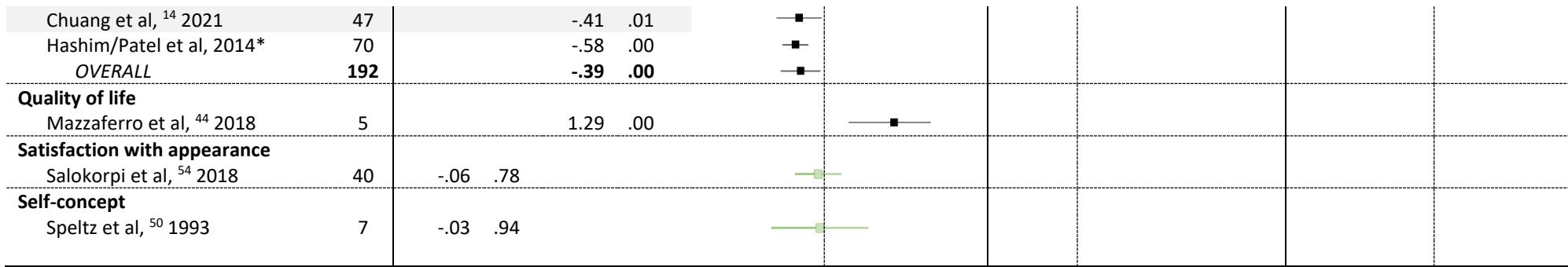
POST-SURGICAL SAGITTAL SYNOSTOSIS











Note: N refers to sagittal synostosis participants; ILP = Infant Learning Project combined papers; * = details for studies comprising the same participants across multiple papers are provided in eTable 2 in the Supplement; green forest plots = comparisons between SS and healthy norms; black forest plots = comparisons between SS and normative data.

eFigure 5

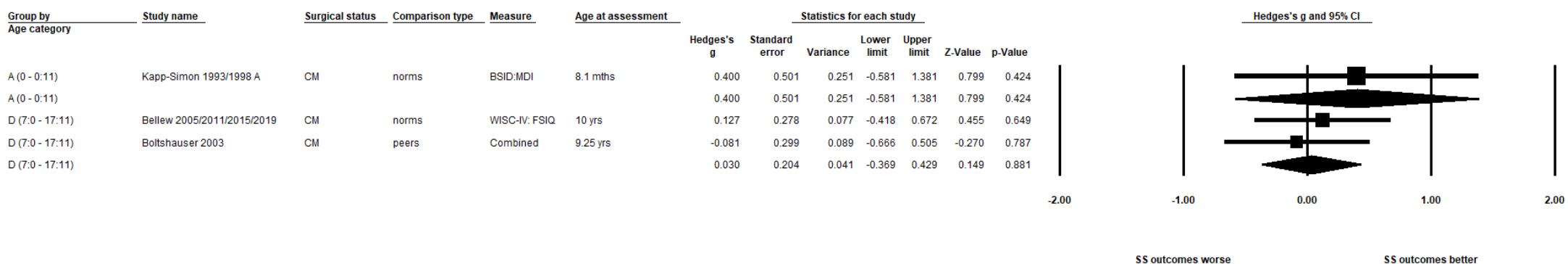
Outcomes of Children With Operated Sagittal Synostosis: Had Undergone Surgery Prior to Being Assessed.

eFigure 6

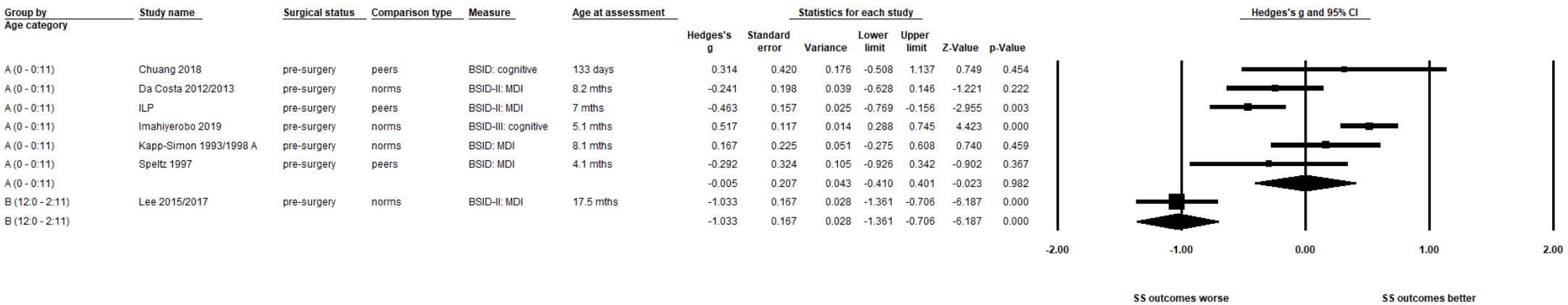
Pooled Analyses for Each Cognitive, Behavioral and Psychological Domain, Partitioned According to Surgical Status (Conservatively Managed, Presurgical, Postsurgical) and Age at Assessment: A (0 – 0.11); B (1:0 – 2:11); C (3:0 – 6:11); D (7:0 – 17:11); E (>18:0)

OBJECTIVE MEASURES

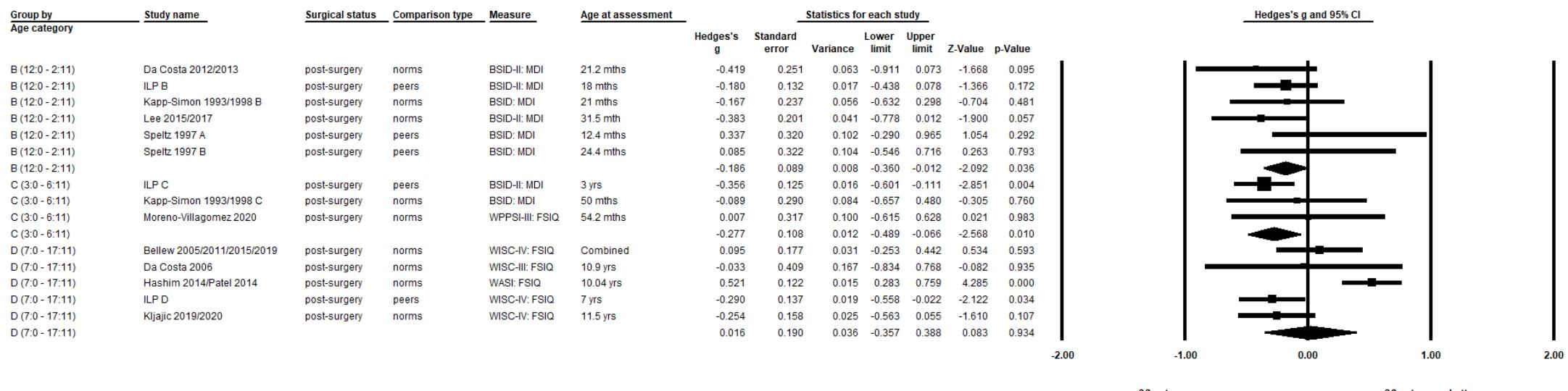
3a. General cognition: conservatively managed samples



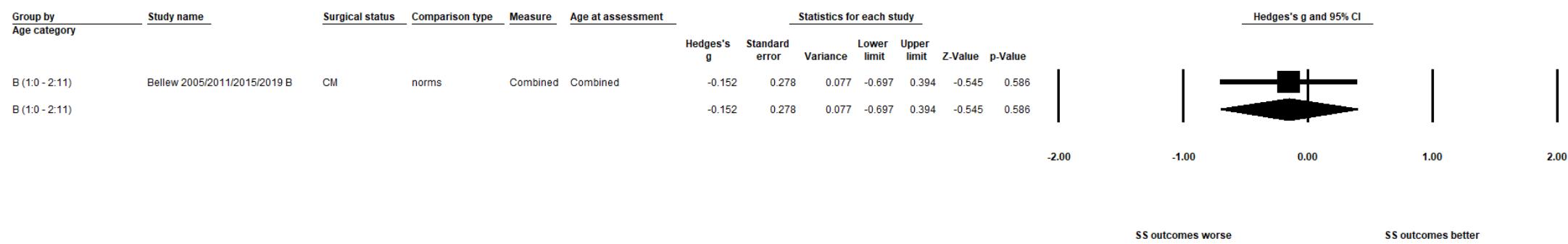
3b. General cognition: pre-surgical samples



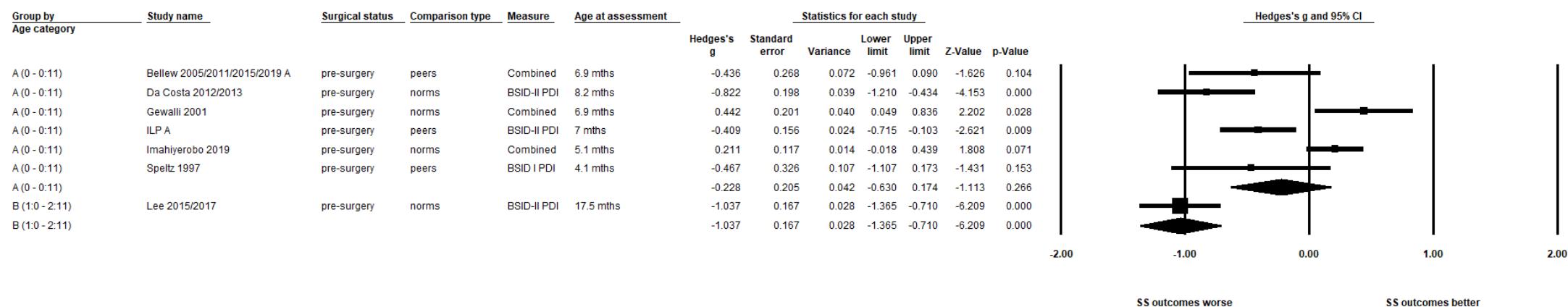
3c. General cognition: post-surgical samples



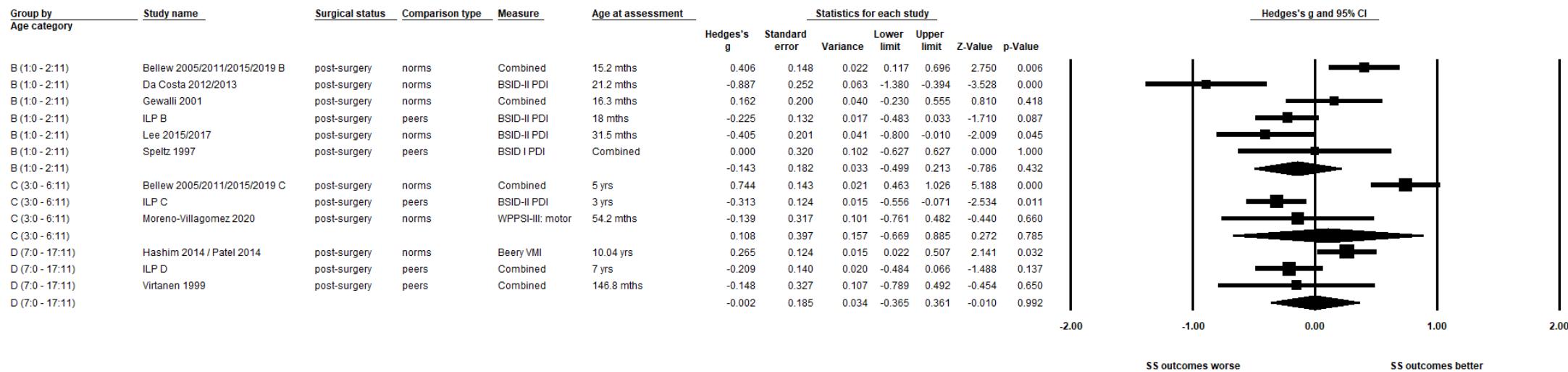
3d. Motor functioning: conservatively managed samples



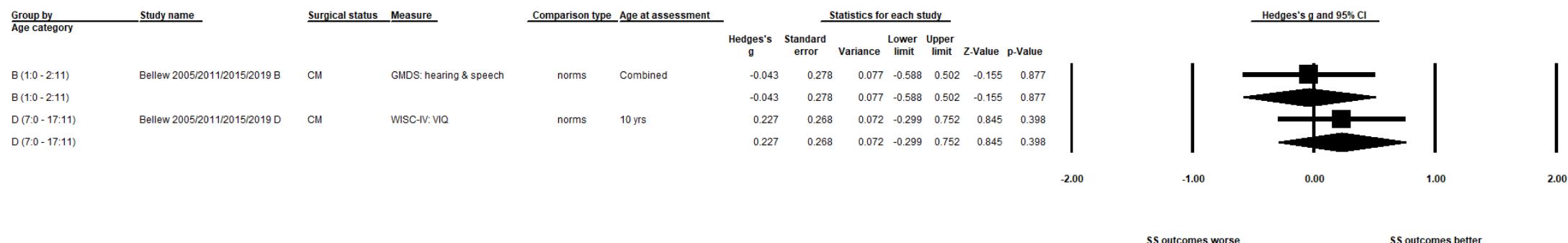
3e. Motor functioning: pre-surgical samples



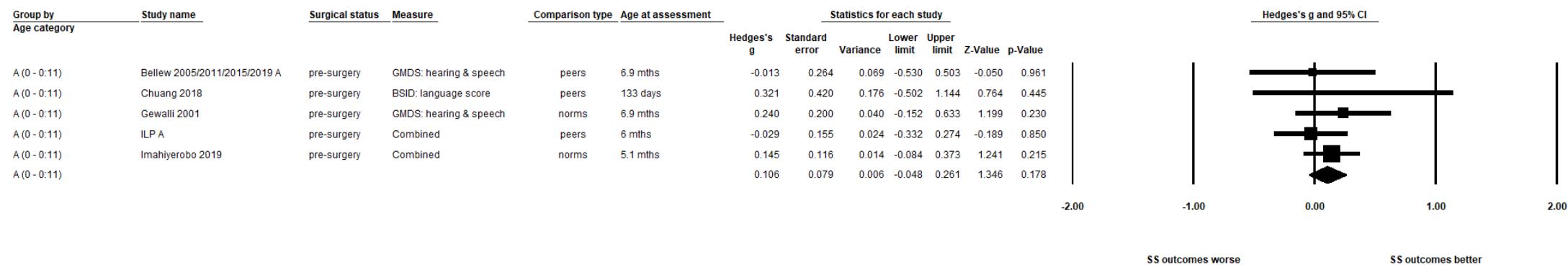
3f. Motor functioning: post-surgical samples



3g. Verbal ability / language: conservatively managed samples



3h. Verbal ability / language: pre-surgical samples



3i. Verbal ability / language: post-surgical samples

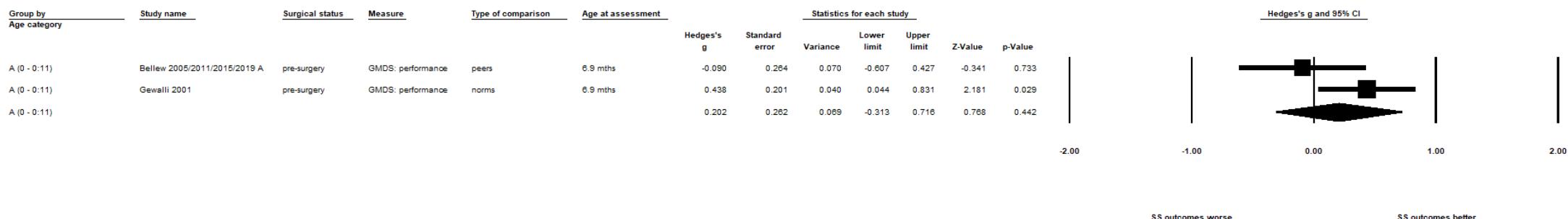
The forest plot displays the effect size (Hedges' g) and 95% confidence interval (CI) for each study, categorized by age group (A, B, C, D) and surgical status (post-surgery). The x-axis ranges from -2.00 to 2.00, with a vertical line at 0.00 indicating no effect. A diamond represents the overall mean effect size for each age group.

Group by Age category	Study name	Surgical status	Measure	Comparison type	Age at assessment	Statistics for each study						Hedges's g and 95% CI
						Hedges's g	Standard error	Variance	Lower limit	Upper limit	Z-Value	
B (1:0 - 2:11)	Bellew 2005/2011/2015/2019 B	post-surgery	GMDS: hearing & speech	norms	15.2 mths	0.231	0.147	0.022	-0.058	0.520	1.570	0.116
B (1:0 - 2:11)	Gewalli 2001	post-surgery	GMDS: hearing & speech	norms	16.3 mths	0.020	0.200	0.040	-0.373	0.412	0.099	0.921
B (1:0 - 2:11)	ILP B	post-surgery	Combined	peers	18 mths	-0.219	0.132	0.017	-0.477	0.039	-1.663	0.096
B (1:0 - 2:11)						0.004	0.147	0.022	-0.284	0.291	0.026	0.979
C (3:0 - 6:11)	Bellew 2005/2011/2015/2019 C	post-surgery	GMDS: hearing & speech	norms	5 yrs	1.103	0.144	0.021	0.821	1.385	7.670	0.000
C (3:0 - 6:11)	ILP C	post-surgery	Combined	peers	36 mths	-0.437	0.125	0.016	-0.683	-0.192	-3.491	0.000
C (3:0 - 6:11)	Korpilahti 2012	post-surgery	Combined	norms	3.4 yrs	0.094	0.238	0.056	-0.372	0.560	0.395	0.693
C (3:0 - 6:11)	Moreno-Villagomez 2020	post-surgery	Combined	norms	54.2 mths	-0.148	0.317	0.101	-0.768	0.475	-0.461	0.645
C (3:0 - 6:11)						0.161	0.432	0.187	-0.686	1.008	0.372	0.710
D (7:0 - 17:11)	Bellew 2005/2011/2015/2019 D	post-surgery	WISC-IV: VIQ	norms	Combined	0.355	0.177	0.031	0.007	0.702	2.000	0.046
D (7:0 - 17:11)	Cabrejo 2019	post-surgery	WISC-III: VIQ	peers	12.1 yrs	-1.197	0.468	0.219	-2.115	-0.279	-2.557	0.011
D (7:0 - 17:11)	Hashim 2014/Patel 2014	post-surgery	WASI: VIQ	norms	10.5 yrs	0.459	0.121	0.015	0.221	0.697	3.778	0.000
D (7:0 - 17:11)	ILP D	post-surgery	Combined	peers	7 yrs	-0.104	0.138	0.019	-0.374	0.165	-0.757	0.449
D (7:0 - 17:11)	Kljajic 2019/2020	post-surgery	WISC-IV: VCI	norms	11.5 yrs	-0.160	0.158	0.025	-0.469	0.149	-1.015	0.310
D (7:0 - 17:11)	Virtanen 1999	post-surgery	Combined	peers	146.8 mths	-0.897	0.343	0.117	-1.589	-0.225	-2.617	0.009
D (7:0 - 17:11)						-0.124	0.193	0.037	-0.504	0.255	-0.642	0.521

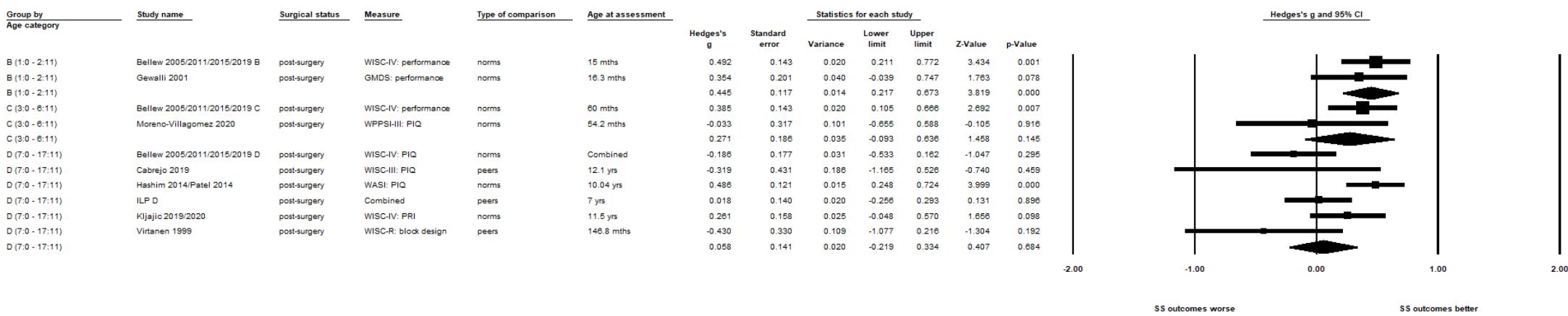
3j. Visuospatial ability / language: conservatively managed samples

Group by Age category	Study name	Surgical status	Measure	Type of comparison	Age at assessment	Statistics for each study						Hedges's g and 95% CI	
						Hedges's g	Standard error	Variance	Lower limit	Upper limit	Z-Value	p-Value	
B (1:0 - 2:11)	Bellew 2005/2011/2015/2019 B	CM	GMDS: performance	norms	Combined	0.086	0.278	0.077	-0.459	0.631	0.311	0.756	
B (1:0 - 2:11)						0.086	0.278	0.077	-0.459	0.631	0.311	0.756	
D (7:0 - 17:11)	Bellew 2005/2011/2015/2019 D	CM	WISC-IV: PIQ	norms	10 yrs	-0.040	0.268	0.072	-0.565	0.485	-0.149	0.881	
D (7:0 - 17:11)						-0.040	0.268	0.072	-0.565	0.485	-0.149	0.881	
											-2.00	-1.00	SS outcomes worse
											0.00	1.00	SS outcomes better

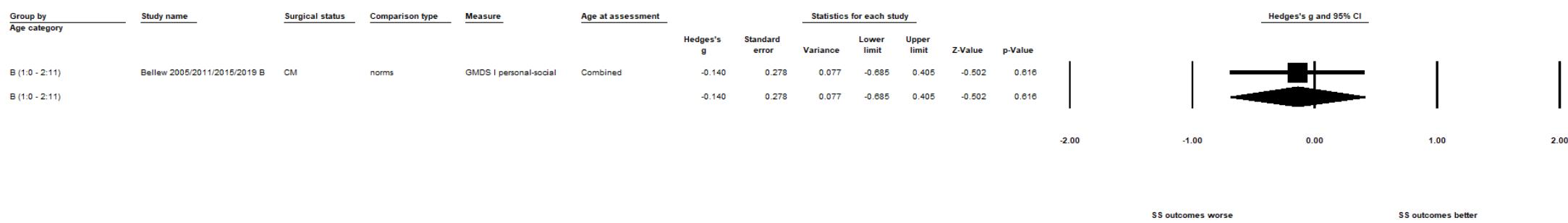
3k. Visuospatial ability / language: pre-surgical samples



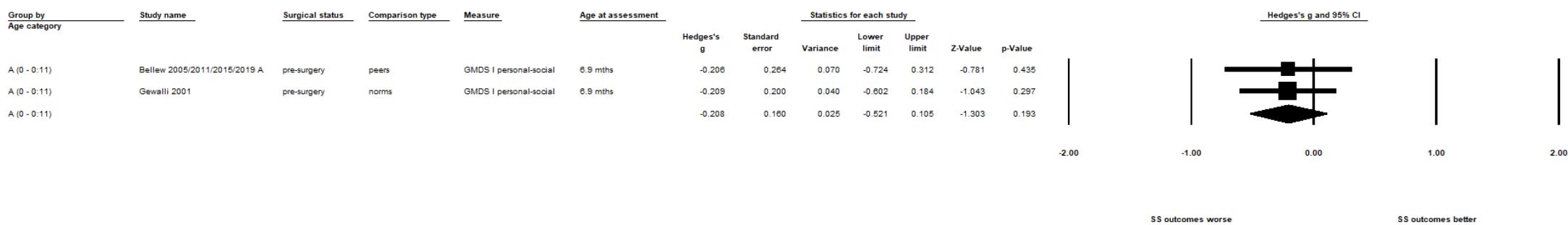
3l. Visuospatial ability / language: post-surgical samples



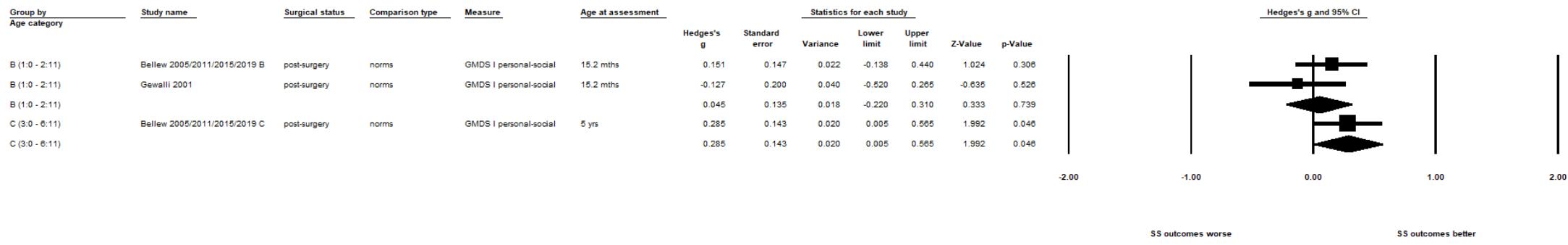
3m. Adaptive & social skills: conservatively managed samples



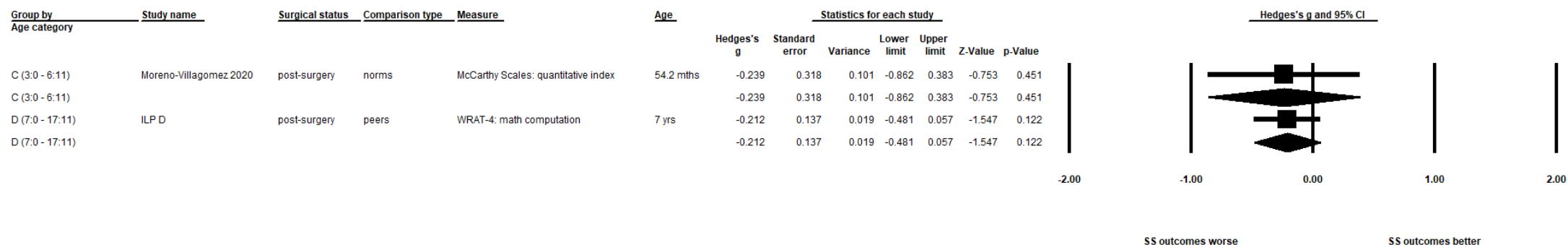
3n. Adaptive & social skills: pre-surgical samples



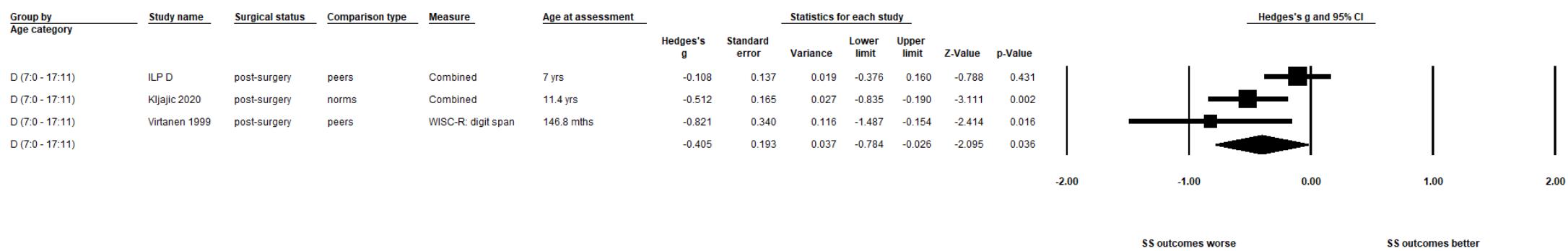
3o. Adaptive & social skills: post-surgical samples



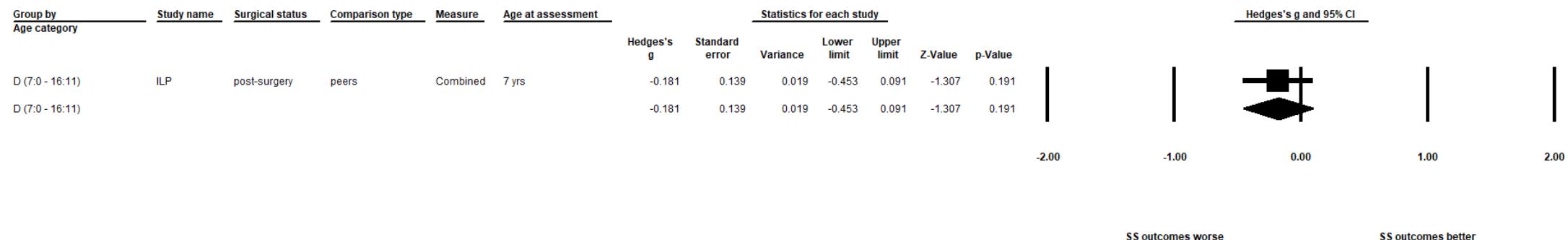
3p. Arithmetic: post-surgical samples



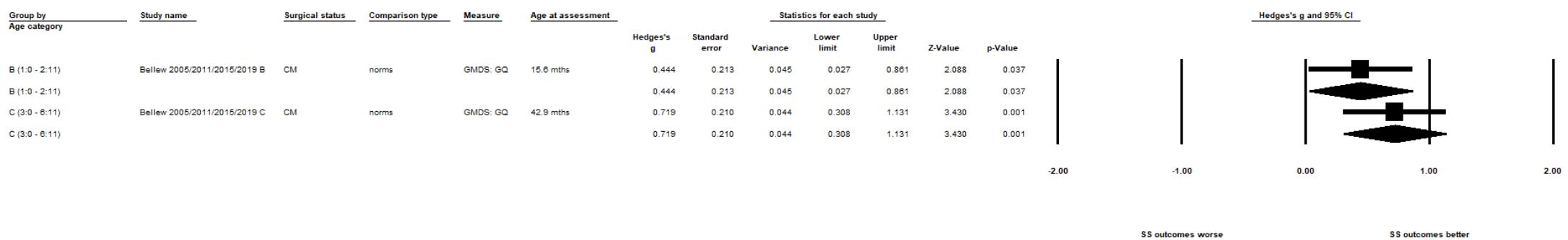
3q. Attention: post-surgical samples



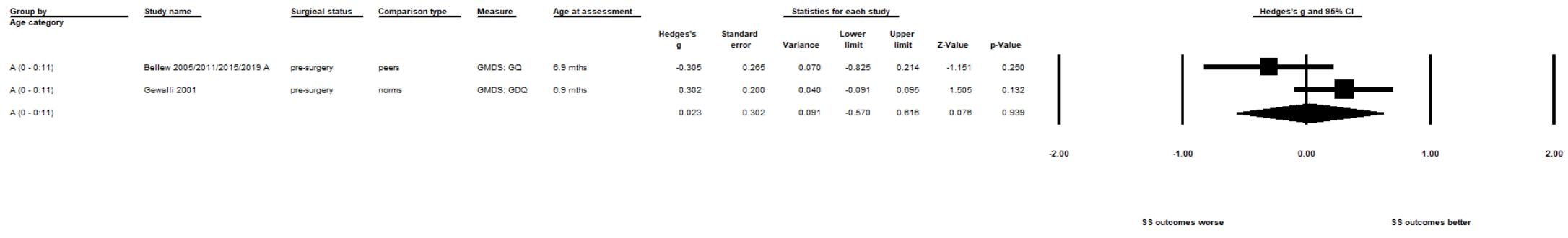
3r. Executive Function: post-surgical samples



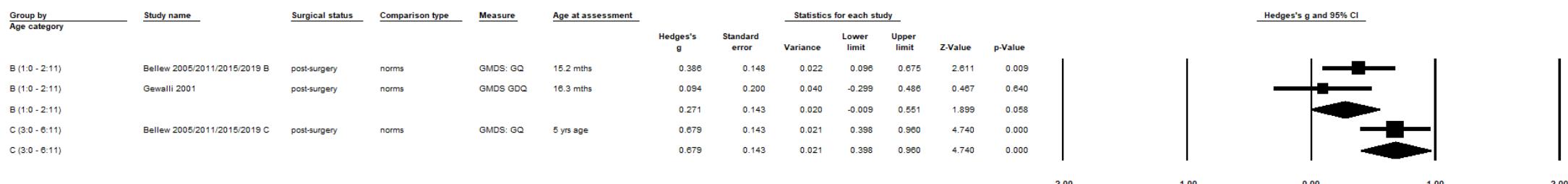
3s. Global development: conservatively managed samples



3t. Global development: pre-surgical samples



3u. Global development: post-surgical samples



SS outcomes worse

SS outcomes better

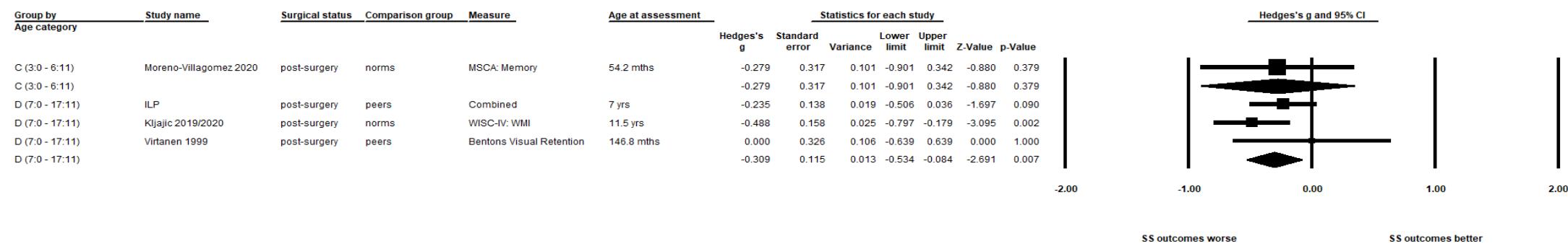
3v. Memory – longer-term: post-surgical samples



SS outcomes worse

SS outcomes better

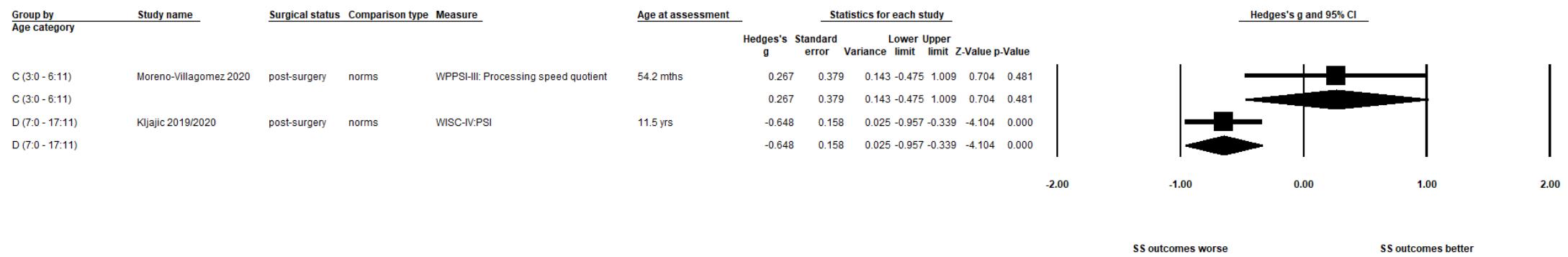
3w. Memory – shorter-term: post-surgical samples



SS outcomes worse

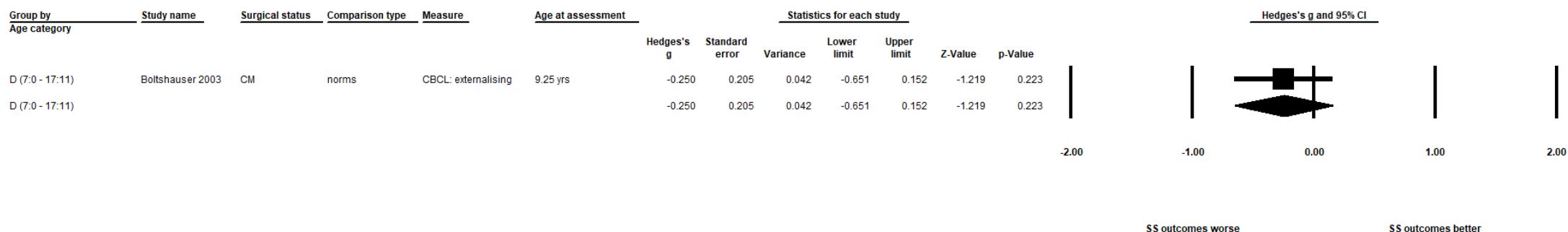
SS outcomes better

3x. Processing speed: post-surgical samples

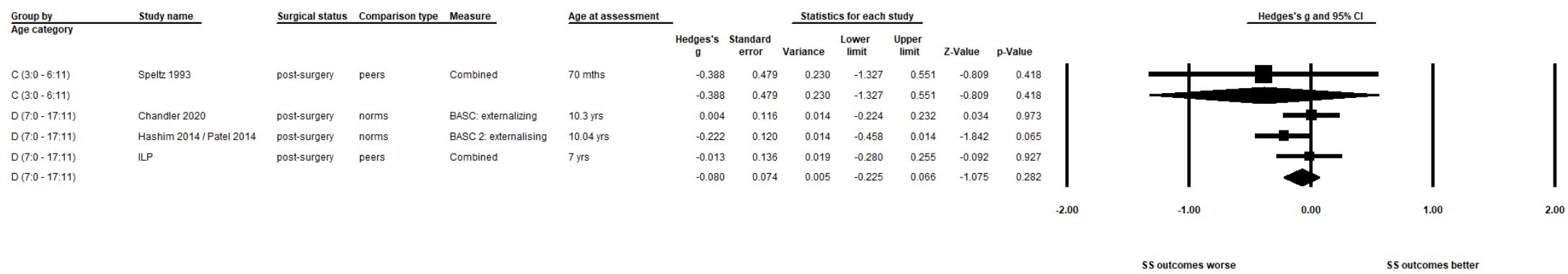


SUBJECTIVE MEASURES

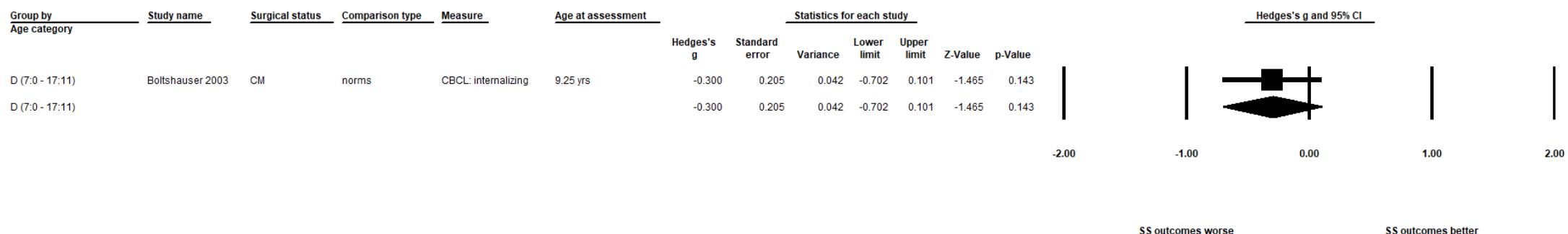
3y. Behavior - externalizing: conservatively managed samples



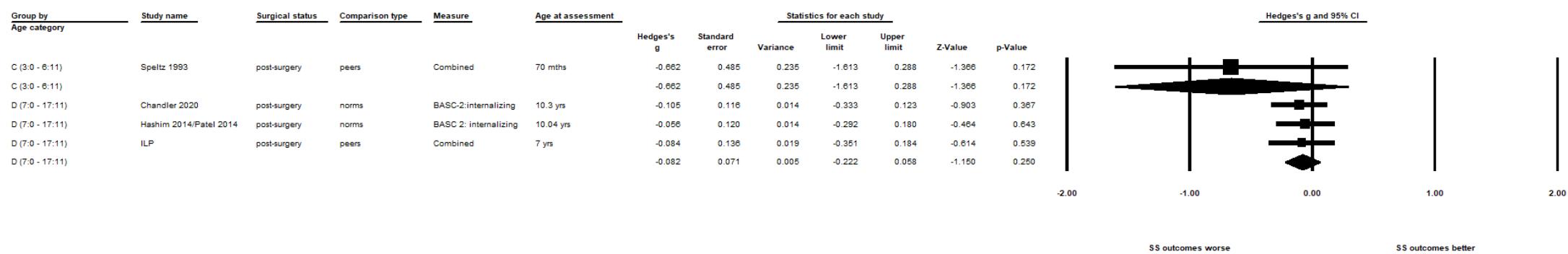
3z. Behavior - externalizing: post-surgical samples



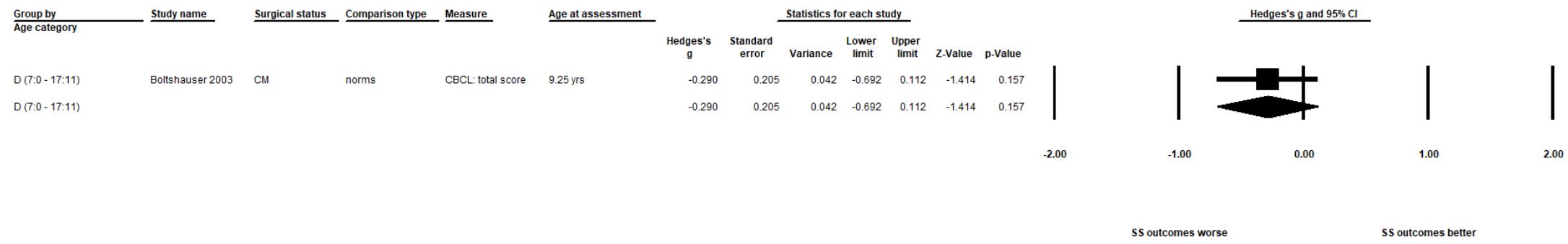
3aa. Behavior - internalizing: conservatively managed samples



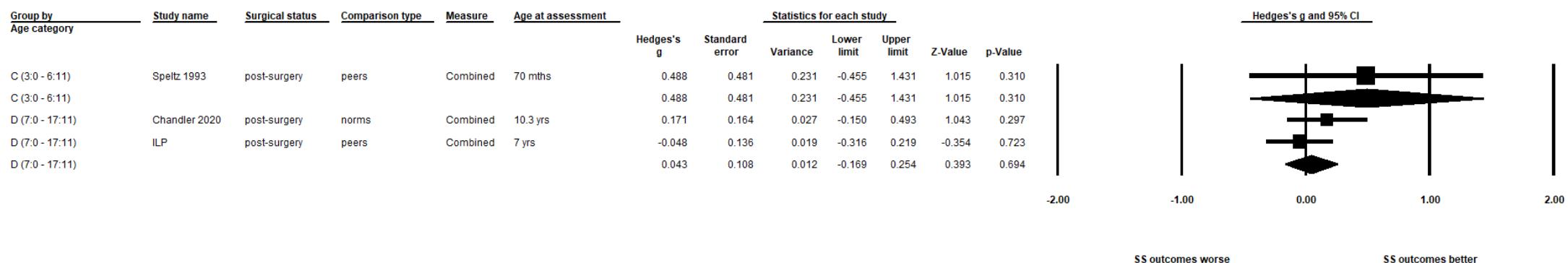
3ab. Behavior - internalizing: post-surgical samples



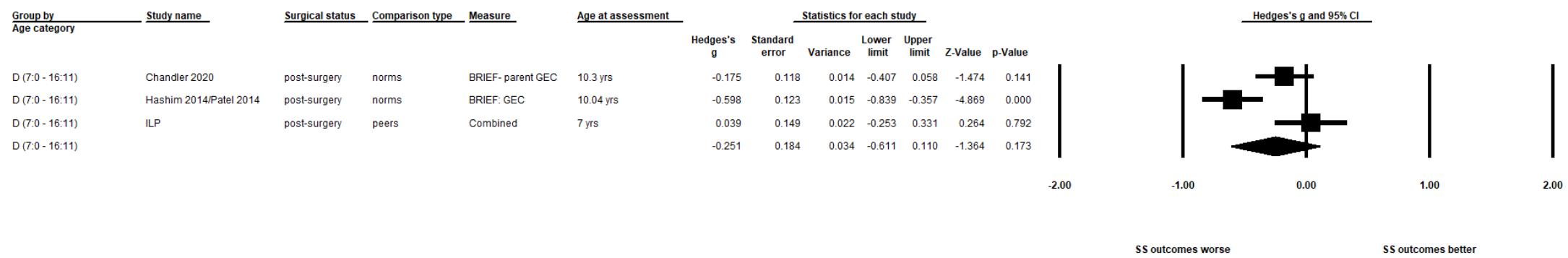
3ac. Behavior - total: conservatively managed samples



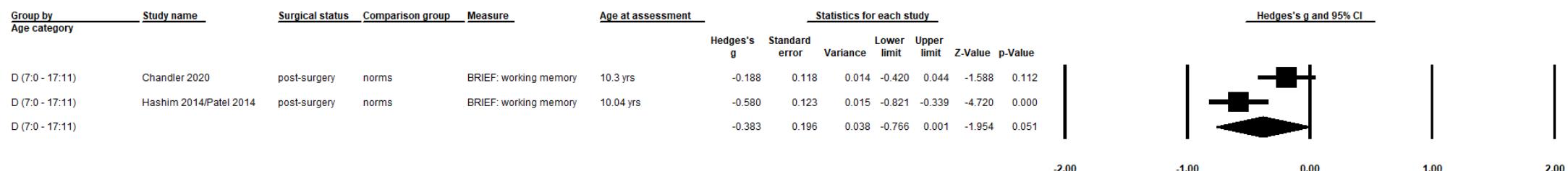
3ad. Behavior - total: post-surgical samples



3ae. Executive function: post-surgical samples

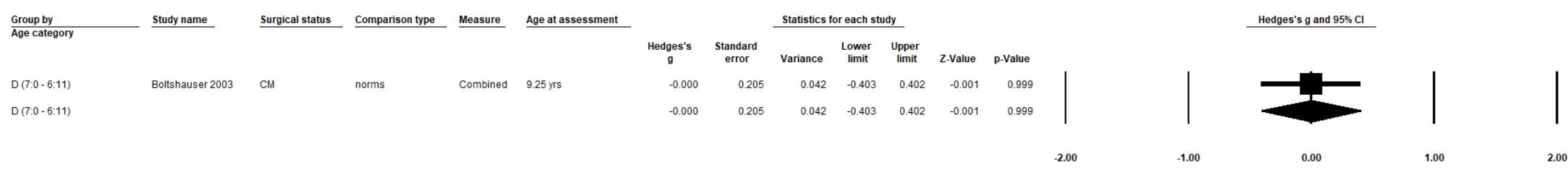


3af. Memory – shorter-term: post-surgical samples



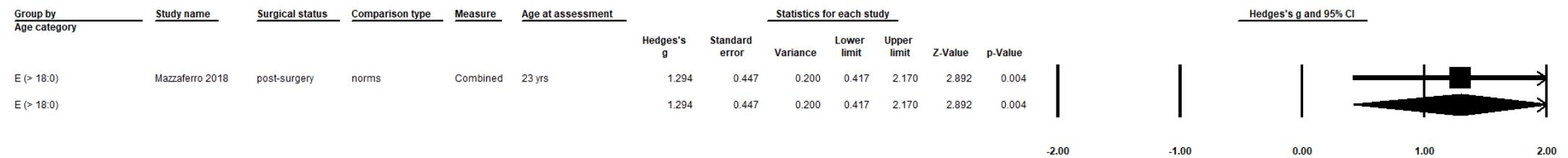
SS outcomes worse SS outcomes better

3ag. Quality of life: conservatively managed samples



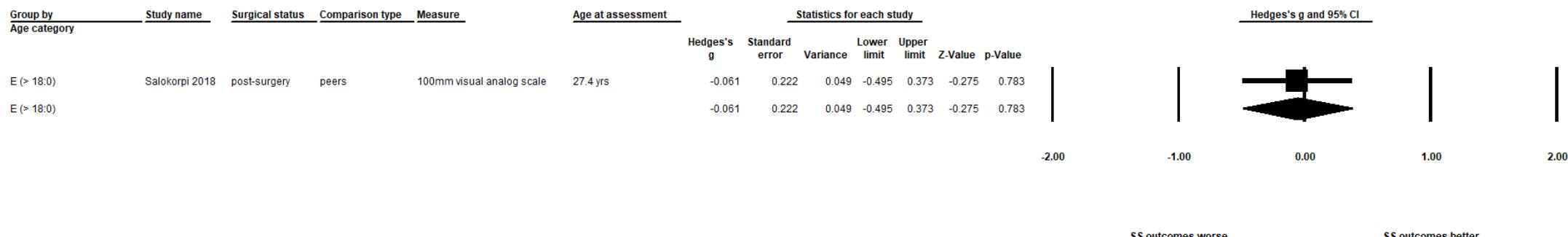
SS outcomes worse SS outcomes better

3ah. Quality of life: post-surgical samples

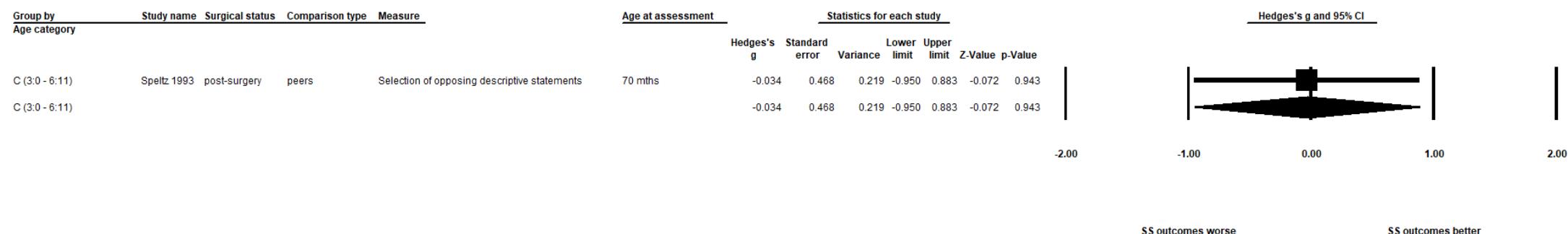


SS outcomes worse SS outcomes better

3ai. Satisfaction with appearance: post-surgical samples



3aj. Self-concept: post-surgical samples



eFigure 3

Pooled analyses for each cognitive, behavioral and psychological domain, partitioned according to surgical status (conservatively managed, presurgical, postsurgical) and age at assessment: A (0–0.11); B (1;0–2;11); C (3;0–6;11); D (7;0–17;11); E (>18;0)

Note: ILP = Infant Learning Project

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