

Supplementary Material

Risk of bias in studies on prediction models developed using supervised machine learning techniques: systematic review and critical appraisal

Constanza L Andaur Navarro^{1,2} *doctoral student* (c.l.andaurnavarro@umcutrecht.nl, 0000-0002-7745-2887), Johanna AA Damen^{1,2} *assistant professor* (j.a.a.damen@umcutrecht.nl, 0000-0001-7401-4593), Toshihiko Takada¹ *assistant professor* (t.takada@umcutrecht.nl, 0000-0002-8032-6224), Steven W J Nijman¹ *doctoral student* (S.W.J.Nijman@umcutrecht.nl, 0000-0001-6798-2078), Paula Dhiman^{3,4} *research fellow* (paula.dhiman@ndorms.ox.ac.uk, 0000-0002-0989-0623), Jie Ma³ *medical statistician* (jie.ma@csm.ox.ac.uk, 0000-0002-3900-1903), Gary S Collins^{3,4} *professor* (gary.collins@csm.ox.ac.uk, 0000-0002-2772-2316), Ram Bajpai⁵ *research fellow* (r.bajpai@keele.ac.uk, 0000-0002-1227-2703), Richard D Riley⁵ *professor* (r.riley@keele.ac.uk, 0000-0001-8699-0735), Karel GM Moons^{1,2} *professor* (k.g.m.moons@umcutrecht.nl, 0000-0003-2112-004X), Lotty Hooft^{1,2} *professor* (l.hooft@umcutrecht.nl, 0000-0002-7950-2980)

¹Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.

²Cochrane Netherlands, University Medical Center Utrecht, Utrecht University, Utrecht, The Netherlands.

³Center for Statistics in Medicine, Nuffield Department of Orthopaedics, Rheumatology & Musculoskeletal Sciences, University of Oxford, Oxford, United Kingdom.

⁴NIHR Oxford Biomedical Research Centre, Oxford University Hospitals NHS Foundation Trust, Oxford, United Kingdom

⁵Centre for Prognosis Research, School of Medicine, Keele University, Keele, United Kingdom.

Supplemental file 1: Search strategy

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1. Machine Learning[MeSH Terms]
2. Deep learning[MeSH Terms]
3. supervised machine learning[MeSH Terms]
4. "Neural Networks, Computer"[Mesh]
5. data mining[MeSH Terms]
6. machine[tiab] AND (learn* OR model*)
7. (statistical[tiab] OR "statistical to learning"[tiab]) AND (strateg*[tiab])
8. multilayer perceptron*[tiab] OR random forest*[tiab] OR bayes* network*[tiab] OR support vector machine*[tiab] OR nearest neighbor*[tiab] OR k nearest neighbor*[tiab] OR elastic net[tiab] OR naive bayes*[tiab]
9. (classification[tiab] OR regression[tiab] OR estimation[tiab] OR decision[tiab]) AND tree[tiab]
10. ridge[tiab] OR kernel[tiab] OR ensemble[tiab] OR bagging[tiab] OR bagged[tiab] OR boosting[tiab] OR boosted[tiab] OR fuzzy[tiab]
11. #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10

12. (Validat* OR Predict* OR Rule*). [tiab]
13. (Predict* AND (Outcome* OR Risk* OR Model*). [tiab]
14. ((History OR Variable* OR Criteria OR Scor* OR Characteristic* OR Finding* OR Factor*) AND (Predict* OR Model* OR Decision* OR Identif* OR Prognos*)). [tiab]
15. (Decision* AND (Model* OR Clinical*). [tiab]
16. (Prognostic AND (History OR Variable* OR Criteria OR Scor* OR Characteristic* OR Finding* OR Factor* OR Model*). [tiab]
17. #12 OR #13 OR #14 OR #15 OR #16

18. (discrimination[tiab] OR discriminative[tiab] OR discriminatory[tiab]) AND (accuracy[tiab] OR ability[tiab] OR performance[tiab] OR value[tiab] OR model[tiab] OR models[tiab] OR power[tiab] OR capacity[tiab] OR capabilit*[tiab] OR efficiency[tiab])
19. (discriminability[tiab] OR c to index[tiab] OR c to statistic[tiab] OR concordance[tiab] OR DCA[tiab])
20. "decision curve"[tiab]

21. calibrat*[tiab] AND (plot*[tiab] OR curve*[tiab] OR slope*[tiab] OR model[tiab] OR models[tiab])
 22. performance[tiab] AND (classification[tiab] OR classifier[tiab] OR clinical[tiab] OR accuracy[tiab] OR validation[tiab] OR metrics[tiab] OR diagnostic[tiab] OR AUC[tiab])
 23. (sensitivity[tiab] OR specificity[tiab] OR PPV[tiab] OR NPV[tiab])
 24. "correctly classified"[tiab]
 25. "clinical accuracy"[tiab]
 26. positive predictive value*[tiab]
 27. negative predictive value*[tiab]
 28. classification[tiab] OR classifier[tiab]
 29. Area Under Curve[Mesh]
 30. "Area under the curve"[tiab]
 31. "Area under the ROC"[tiab]
 32. "Area Under the Receiver"[tiab]
 33. (ROC[tiab] OR AUC[tiab] OR AUROC[tiab])
 34. ROC Curve [Mesh]
 35. "Hosmer to Lemeshow"[tiab] OR "H to L test"[tiab]
 36. "expected ratio"[tiab] OR "observed ratio"[tiab] OR "E:O ratio"[tiab]
 37. #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36
-
38. #11 AND #17
 39. #11 AND (#17 OR #37)
 40. #39 AND ("2018/01/01"[PDat]: "2019/12/31"[PDat])
 41. #40 NOT "review"[pt]
 42. #39 AND ("2019/01/01"[PDat]: "2019/12/31"[PDat])
 43. #42 NOT "review"[pt]

Results #41= **24732**

Results #43= **12977**

Supplemental file 2: Summary table with criteria to judge risk of bias per domain

| | | |
|--|--|---|
| PARTICIPANTS | 1.1 Were appropriate data sources used, e.g., cohort, RCT or nested case-control study? | |
| | <i>↓ Decreases RoB (Y/PY)</i> | <i>↑ Increases RoB (N/PN)</i> |
| | <ul style="list-style-type: none"> Prospective longitudinal cohorts (or proper registry) with consistent methods for inclusion and exclusion of participants, predefined predictors, and outcome determination across a predefined follow-up. RCTs with broader inclusion criteria and including treatment as predictor. Nested case-control or case-cohort studies adjusted for the original outcome frequency (e.g., inverse sampling fraction) | <ul style="list-style-type: none"> Existing cohorts with potentially inconsistent participant inclusion/exclusion criteria (i.e., data collected for other purposes than developing and validating a prediction model) RCTs with narrower eligibility for participants. Non-nested case-control design |
| | 1.2 Were all inclusions and exclusions of participants during enrolment appropriate? | |
| | | |
| <i>↓ Decreases RoB (Y/PY)</i> | | <i>↑ Increases RoB (N/PN)</i> |
| <ul style="list-style-type: none"> Inclusion/exclusion of participants is appropriate to obtain a representative sample of target population | <ul style="list-style-type: none"> Inappropriate inclusion/exclusion of participants of the target population Include participants who have already had the outcome | |
| PREDICTORS | 2.1 Were predictors defined and assessed in a similar way for all participants? | |
| | | |
| | <i>↓ Decreases RoB (Y/PY)</i> | <i>↑ Increases RoB (N/PN)</i> |
| | <ul style="list-style-type: none"> Predictors defined and assessed in the same way for all participants | <ul style="list-style-type: none"> Different definitions or assessment of predictors (e.g., pre-op Hb measured using blood test or blood gas) Assessment of predictors involved subjective judgement or skilled training which was done by assessors with different experience |
| | <ul style="list-style-type: none"> Data collected for non-research purposes from multiple sources (i.e., routinely collected data) needs to be scrutinized on the likelihood to have used different definitions. | |
| | 2.2 Were predictor assessments made without knowledge of outcome data? | |
| | | |
| <i>↓ Decreases RoB (Y/PY)</i> | <i>↑ Increases RoB (N/PN)</i> | |
| <ul style="list-style-type: none"> Outcome information was clearly not (yet) available to those assessing predictors Blinding of the outcome | <ul style="list-style-type: none"> Outcome information was used when assessing predictors Lack of blinding of the outcome Retrospectively recorded predictors | |
| 2.3 Are all predictors available at the time the model is intended to be used? | | |
| | | |
| <i>↓ Decreases RoB (Y/PY)</i> | <i>↑ Increases RoB (N/PN)</i> | |
| <ul style="list-style-type: none"> Included predictors would be available at the time the model is intended to be applied | <ul style="list-style-type: none"> Included predictors would be unavailable at the time the model is intended to be applied | |

| | | |
|---|---|--|
| | | <ul style="list-style-type: none"> For validation studies, predictor data needed for the model is missing from the validation dataset. |
| OUTCOME | 3.1 Was the outcome determined appropriately? | |
| | ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) |
| | <ul style="list-style-type: none"> Outcome determination is considered optimal or acceptable by guidelines or previous publications on the topic. | <ul style="list-style-type: none"> Suboptimal method to determine outcome, leading to errors in determining the status of participants Subjective outcomes (e.g., imaging outcomes, outcomes at surgeon discretion, or ones which need special skill training) |
| | 3.2 Was a prespecified or standard outcome definition used? | |
| | ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) |
| | <ul style="list-style-type: none"> Prespecified or standard outcome definition is used and substantiated by a definition from clinical guidelines, previously published studies, or a published study protocol | <ul style="list-style-type: none"> Atypical threshold on a continuous scale has been used Composite outcomes that exclude atypical components Consensus-based outcomes |
| | 3.3 Were predictors excluded from the outcome definition? | |
| | ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) |
| | <ul style="list-style-type: none"> Outcome determined without using predictors information | <ul style="list-style-type: none"> Any predictor forms part of the outcome definition Outcome determined using consensus panel |
| | 3.4 Was the outcome defined and determined in a similar way for all participants | |
| | ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) |
| | <ul style="list-style-type: none"> Outcome was defined and determined in a similar way for all participants | <ul style="list-style-type: none"> Outcome was clearly defined and determined in different way for some participants |
| 3.5 Was the outcome determined without knowledge of predictor information? | | |
| ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) | |
| <ul style="list-style-type: none"> Information about predictors is not known when determining the outcome status Studies clearly reported outcome status was determined without knowledge of predictor information Objective outcome | <ul style="list-style-type: none"> Information about predictors is used to determine the outcome status | |
| 3.6 Was the time interval between predictor assessment and outcome determination appropriate? | | |
| ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) | |

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|-----------------|---|--|
| | <ul style="list-style-type: none"> Time interval between predictor assessment and outcome determination enables to correctly record the outcome and achieve a representative number of events. | <ul style="list-style-type: none"> Time interval between predictor assessment and outcome determination is either too long or too short to correctly record the outcome and achieve a representative number of events. |
| ANALYSIS | 4.1 Were there a reasonable number of participants with the outcome? | |
| | ↓ <i>Decreases RoB (Y/PY)</i> | ↑ <i>Increases RoB (N/PN)</i> |
| | <ul style="list-style-type: none"> For model development studies, if the number of participants with the outcome relative to the number of candidate predictor parameters (EPV) is ≥ 20 For model validation studies, if the number of participants with the outcome is ≥ 100 | <ul style="list-style-type: none"> For model development studies, if the number of participants with the outcome relative to the number of candidate predictor parameters is < 10 For model validation studies, if the number of participants with the outcome is < 100 |
| | 4.2 Were continuous and categorical handled appropriately? | |
| | ↓ <i>Decreases RoB (Y/PY)</i> | ↑ <i>Increases RoB (N/PN)</i> |
| | <ul style="list-style-type: none"> Continuous predictors are not dichotomized Continuous predictors are categorized based on clinical cut-points Continuous predictors are examined for nonlinearity For validation studies, predictors are collected using same definitions or categorized using same cut-points | <ul style="list-style-type: none"> Continuous predictors are dichotomised Continuous predictors are categorised using widely accepted clinical cut-points or data driven cut-points For validation studies, predictors are collected using different definitions or categorized using different cut-points |
| | 4.3 Were enrolled participants included in the analysis? | |
| | ↓ <i>Decreases RoB (Y/PY)</i> | ↑ <i>Increases RoB (N/PN)</i> |
| | <ul style="list-style-type: none"> All participants who met the inclusion criteria in the study are included in the analysis, or a very low number are excluded | <ul style="list-style-type: none"> Some participants or subgroups are inappropriately excluded from the analysis (e.g., participants with 'unclear' findings, missing data, outliers, incomplete follow-up) |
| | 4.4 Were participants with missing data handled appropriately? | |
| | ↓ <i>Decreases RoB (Y/PY)</i> | ↑ <i>Increases RoB (N/PN)</i> |
| | <ul style="list-style-type: none"> No missing values of predictors or outcomes. The study explicitly reports that participants are not excluded based on missing data Missing data are handled using multiple imputation Comparing results with and without missing data | <ul style="list-style-type: none"> Missing data are omitted from the analysis (e.g., complete-case analysis) Method for handling missing data is clearly flawed (e.g., missing indicator method or inappropriate use of last value carried forward) Study had no explicit mention of methods to handle missing data |

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| <ul style="list-style-type: none"> For validation studies, omitting systematically missing predictors. | |
| 4.5 Was selection of predictors based on univariable analysis avoided? † | |
| ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) |
| <ul style="list-style-type: none"> Predictors selected on existing knowledge and forced into the model Any methods not based on prior statistical test between predictor and outcome (e.g., principal component analysis) Multivariable selection strategy during modelling needs to be testing for overfitting | <ul style="list-style-type: none"> Predictors are selected based on univariable analysis prior to multivariable modelling |
| 4.6 Were complexities in the data (e.g., censoring, competing risks, sampling of control participants) accounted for appropriately? | |
| ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) |
| <ul style="list-style-type: none"> Case-cohort or nested case-control design account for sampling fractions. Cox regression is used for long-term outcomes in which censoring occurs. Multilevel or random effects models for multiple events for the same outcome | <ul style="list-style-type: none"> Complexities in the data are not accounted for appropriately Competing risk are ignored |
| 4.7 Were relevant model performance measures evaluated appropriately? | |
| ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) |
| <ul style="list-style-type: none"> Both calibration and discrimination are evaluated appropriately Performance measures accounting for censoring are used in models predicting survival outcomes (e.g., D-statistics, Harrell's c-index) | <ul style="list-style-type: none"> Both calibration and discrimination are not evaluated Only goodness-of-fit tests are used to evaluate calibration (e.g., Hosmer–Lemeshow) Performance measures accounting for censoring are not used in models predicting survival outcomes Classification measures (e.g., sensitivity, specificity, or predictive values) were presented using predicted probability thresholds derived from the data set at hand or based on non-clinical cut-points |
| 4.8 Was model overfitting and optimism in model performance accounted for?† | |
| ↓ Decreases RoB (Y/PY) | ↑ Increases RoB (N/PN) |
| <ul style="list-style-type: none"> Internal validation using bootstrapping or cross-validation, and subsequent adjustment of the model performance estimates have been applied, if necessary. | <ul style="list-style-type: none"> No internal validation has been performed, or if internal validation consists only of a single random split-sample of participant data |

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| | <ul style="list-style-type: none">• Bootstrapping or cross-validation did not include all model development procedures (e.g., variable selection procedure) |
|--|---|

We removed signalling question 4.9 -Do predictors and their assigned weights in the final model correspond to the results from the reported multivariable analysis?

Unclear RoB: if relevant information is missing for some of the signalling questions and all other signalling questions in the domain were answer as Y/PY.

† Signalling questions applicable only to development studies

Criteria are based on PROBAST tool. For details, please visit www.probast.org

Abbreviations: RoB, risk of bias; Y, yes; PY, probably yes; N, no; PN, probably no; EPV, events per variable.

Supplemental file 3: Characteristics of included studies

Table S1. Characteristics of included studies (n=152)

| First Author | Journal | Impact factor ^a | Publication year | Clinical field | Outcome | Study design |
|------------------------|--|----------------------------|------------------|-------------------------|---|---|
| Prognosis | | | | | | |
| X Jiang(1) | PLoS ONE | 2.740 | 2019 | Oncology | 5-year breast cancer metastasis | Development with external validation (same model) |
| L Adhikari(2) | PLoS ONE | 2.740 | 2019 | Nephrology | Acute kidney injury at first 7 days after surgery | Development only (including internal validation) |
| G Lorenzoni(3) | Journal of Clinical Medicine | 3.303 | 2019 | Cardiovascular medicine | First hospitalization in heart failure patients | Development only (including internal validation) |
| L-K Pries(4) | Schizophrenia Bulletin | 7.958 | 2019 | Psychiatry | Schizophrenia | Development with external validation (same model) |
| I Sánchez Fernández(5) | Journal of Child Neurology | 2.092 | 2018 | Neurology | In-hospital mortality in critically ill children monitored with cEEG in the ICU | Development only (including internal validation) |
| GGP Garcia(6) | American Journal of Ophthalmology | 4.483 | 2018 | Ophthalmology | progression normal tension glaucoma | Development only (including internal validation) |
| A Tam(7) | GigaScience | 5.993 | 2019 | Neurology | Progression to Alzheimer's dementia | Development with external validation (same model) |
| V Bhat(8) | Mayo Clinic Proceeding | 7.091 | 2018 | Surgery | New-onset diabetes after transplant | Development only (including internal validation) |
| KG Friedman(9) | Ultrasound in Obstetrics & Gynecology | 5.595 | 2018 | Neonatology | Circulation type | Development only (including internal validation) |
| H Duan(10) | BMC Medical Informatics and Decision Making | 2.317 | 2019 | Cardiovascular medicine | Major adverse cardiac event | Development only (including internal validation) |
| J Kwon(11) | Resuscitation | 4.215 | 2019 | Cardiovascular medicine | neurological recovery after ROSC | Development only (including internal validation) |
| R Hammond(12) | PLoS ONE | 2.740 | 2019 | Nutrition | Obesity status at the age of five | Development only (including internal validation) |
| AL Nobles(13) | Proceedings of the SIGCHI Conference on Human Factor in Computing Systems(°) | - | 2018 | Psychiatry | Suicidality | Development only (including internal validation) |

| | | | | | | |
|-------------------|---|-------------------|------|-------------------------|---|--|
| NW Sterling(14) | International Journal of Medical Informatics | 3.025 | 2019 | Emergency medicine | ED disposition | Development only (including internal validation) |
| FB Bouallegue(15) | Journal of Alzheimer's Disease | 3.517 | 2018 | Neurology | Alzheimer's disease | Development only (including internal validation) |
| T-L Tsai(16) | Journal of Clinical Medicine | 3.303 | 2019 | Critical care | Successful extubation | Development only (including internal validation) |
| RR Lopes(17) | Netherlands Heart Journal | 1.933 | 2019 | Cardiovascular medicine | Mortality | Development only (including internal validation) |
| G Maragatham(18) | Journal of Medical Systems | 3.058 | 2019 | Cardiovascular medicine | Heart failure | Development only (including internal validation) |
| C-Y Shao(19) | Thoracic Cancer | 2.610 | 2019 | Surgery | anastomosis leakage after esophagectomy | Development only (including internal validation) |
| M Cearns(20) | Translational Psychiatry | 5.280 | 2019 | Psychiatry | Re-hospitalization within 2 years of major depressive episode | Development only (including internal validation) |
| NB Huben(21) | Journal of Endourology | 2.267 | 2018 | Urology | Operative time for RARP | Development only (including internal validation) |
| AT Hale(22) | Neurosurgical focus | 2.891 | 2018 | Critical care | Death or alive with GOS score ≤ 3 | Development only (including internal validation) |
| C Salvatore(23) | Journal of Neuroscience Methods | 2.785 | 2018 | Neurology | Cognitive status (HC; ncMCI; cMCI; AD) | Development only (including internal validation) |
| M Zhou(24) | BMC Medical Informatics and Decision Making | 2.317 | 2019 | Preventive care | Exercise relapse | Development only (including internal validation) |
| X Kang(25) | Journal of Maternal-Fetal & Neonatal Medicine | 1.737 | 2019 | Obstetrics & Gynecology | Gestational diabetes mellitus with macrosomia | Development only (including internal validation) |
| CM Sauer(26) | PLoS ONE | 2.776 | 2018 | Infectious diseases | Tuberculosis treatment failure | Development only (including internal validation) |
| LW Thornblade(27) | Journal for Electronic Health data and Methods ^(c) | - | 2018 | Surgery | Elective colon resection | Development only (including internal validation) |
| VJ Lei(28) | Studies in Health Technology and Informatics | 0.71 ^b | 2019 | Surgery | All-cause in-hospital mortality | Development only (including internal validation) |
| SJ Lee(29) | Studies in Health Technology and Informatics | 0.71 ^b | 2019 | Oncology | Cancer recurrence | Development only (including internal validation) |
| GB Auffenberg(30) | European Urology | 18.728 | 2019 | Urology | Prostate cancer treatment option | Development only (including internal validation) |
| Z Wang(31) | Journal of Biomedical Informatics | 3.526 | 2019 | Cardiovascular medicine | 1-year mortality | Development only (including internal validation) |

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|-----------------|---|-------|------|-------------------------|--|---|
| A Nelson(32) | np Digital Medicine | 0.00 | 2019 | Healthcare services | Schedule appointment attendance | Development only (including internal validation) |
| T Shibahara(33) | JCO Clinical Cancer Informatics(P) | 0.43 | 2018 | Oncology | Blood cell count | Development only (including internal validation) |
| R Chen(34) | Circulation-Cardiovascular Quality and Outcomes | 5.071 | 2019 | Cardiovascular medicine | Heart failure | Development only (including internal validation) |
| Y Fan(35) | Endocrine | 3.235 | 2019 | Surgery | Tumor remission after transphenoidal surgery (TSS) | Development only (including internal validation) |
| A Ferre(36) | Journal of Clinical Sleep Medicine | 3.586 | 2019 | Neurology | RDI equal to or above 10 events/h | Development with external validation (same model) |
| F Zhang(37) | Metabolomics | 3.167 | 2018 | Oncology | Recurrence of Epithelial Ovarian Cancer at 5-years | Development only (including internal validation) |
| AHS Harris(38) | The Journal of Arthroplasty | 3.524 | 2018 | Surgery | 30-day mortality | Development only (including internal validation) |
| KM Kuo(39) | BMC Medical Informatics and Decision Making | 2.317 | 2019 | Psychiatry | Hospital-acquired pneumonia | Development only (including internal validation) |
| Y Arai(40) | Blood advances | 4.910 | 2019 | Immunology | Acute graft-versus-host disease | Development only (including internal validation) |
| L Liu(41) | BMC Systems Biology | 2.048 | 2018 | Traumatology | Side effects of analgesics | Development only (including internal validation) |
| C Shappell(42) | Critical Care Medicine | 6.971 | 2018 | Critical care | In-hospital mortality | Development only (including internal validation) |
| X Niu(43) | Scientific Reports | 4.011 | 2018 | Cardiovascular medicine | MACEs within 1-year follow-up | Development only (including internal validation) |
| F Ge(44) | Journal of Affective Disorders | 3.892 | 2019 | Psychiatry | Posttraumatic stress disorder at 3 months | Development only (including internal validation) |
| B Rohaut(45) | Scientific Reports | 3.998 | 2019 | Medical imaging | Consciousness at ICU discharge | Development only (including internal validation) |
| JM Karnuta(46) | The Journal of Arthroplasty | 3.524 | 2019 | Surgery | Inpatient payments prior to lower extremity arthroplasty | Development only (including internal validation) |
| S Cohen(47) | Autism Research | 3.697 | 2018 | Psychiatry | Daytime challenging behaviors | Development only (including internal validation) |
| SHA Faruqui(48) | JMIR MHealth and UHealth | 4.313 | 2019 | Endocrinology | Blood glucose level for type 2 Diabetes Mellitus | Development only (including internal validation) |
| M Molinari(49) | Transplantation | 4.546 | 2019 | Surgery | 90-day mortality | Development only (including internal validation) |

| | | | | | | |
|------------------|---|--------|------|-------------------------|---|---|
| VE Staartjes(50) | Neurosurgical Focus | 2.891 | 2018 | Surgery | Gross-total resection in transspheinoideal surgery for pituitary adenoma at 3 months | Development only (including internal validation) |
| N Park(51) | PLoS ONE | 2.776 | 2018 | Oncology | AKI occurrence in 14 days | Development only (including internal validation) |
| D Chen(52) | Clinical Cancer Informatics | 0.43) | 2019 | Oncology | Time to first treatment in Chronic Lymphocytic Leukemia | Development only (including internal validation) |
| J Malycha(53) | Resuscitation | 4.215 | 2019 | Critical care | FiO2 Added value | Development only (including internal validation) |
| Z Xie(54) | Preventing chronic disease | 2.144 | 2019 | Endocrinology | type 2 diabetes risk | Development only (including internal validation) |
| A Rozet(55) | Journal of Medical Internet Research | 5.034 | 2019 | Psychiatry | Self-reported stress over 100 days | Development only (including internal validation) |
| AV Karhade(56) | The Spine Journal | 3.191 | 2019 | Surgery | Prolonged opioid prescription after surgery for lumbar disc herniation to at least 90 to 180 days postoperatively | Development only (including internal validation) |
| M Mulder(57) | Archives of Physical Medicine and Rehabilitation | 3.098 | 2019 | Neurology | Community walkers after stoke | Development only (including internal validation) |
| J Debedat(58) | Diabetes Care | 15.270 | 2018 | Endocrinology | Type 2 diabetes relapse after Gastric Bypass | Development with external validation (same model) |
| JCR Alcantud(59) | PLoS ONE | 2.740 | 2019 | Oncology | 5-years survival rate | Development only (including internal validation) |
| A Sandstrom(60) | PLoS ONE | 2.740 | 2019 | Obstetrics & Gynecology | Preeclampsia with delivery <34 weeks of gestation | Development only (including internal validation) |
| JN Cooper(61) | Journal of surgical research | 1.872 | 2018 | Surgery | 30-day postoperative neonatal mortality | Development with external validation (same model) |
| C-S Rau(62) | PLoS ONE | 2.776 | 2018 | Surgery | In-hospital mortality after severe traumatic brain injury | Development only (including internal validation) |
| RS Anand(63) | AMIA Joint Summits on Translational Sciences Proceedings(°) | - | 2018 | Critical care | All cause in-hospital mortality | Development only (including internal validation) |
| Y Aperstein(64) | PLoS ONE | 2.740 | 2019 | Critical care | ICU mortality | Development only (including internal validation) |
| J Park(65) | Journal of Medical Internet Research | 5.034 | 2019 | Cardiovascular medicine | Cardio-cerebrovascular event in patients with hypertension | Development with external validation (same model) |

| | | | | | | |
|-----------------------|---|-------------------|------|--------------------------|---|---|
| R Gupta(66) | Canadian Journal of Ophthalmology | 1.369 | 2019 | Ophthalmology | Visual outcome after open globe injury | Development only (including internal validation) |
| A Kilic(67) | Annals of Thoracic Surgery | 3.639 | 2019 | Surgery | Operative mortality | Development only (including internal validation) |
| C Campillo-Artero(68) | PLoS One | 2.776 | 2018 | Obstetrics & Gynaecology | Emergency cesarean section | Development only (including internal validation) |
| WS Hong(69) | PLoS One | 2.776 | 2018 | Healthcare services | patient's disposition (discharge, admission) | Development only (including internal validation) |
| O Beauchet(70) | Journal of Nutrition Health and Aging | 2.660 | 2018 | Geriatric | Fall in acute care medical wards | Development only (including internal validation) |
| Z Ma(71) | PLoS One | 2.776 | 2018 | Cardiovascular medicine | Warfarin dose | Development only (including internal validation) |
| SPK Veeranki(72) | Studies in Health Technology and Informatics | 0.71 ^b | 2019 | Neurology | Delirium | Development only (including internal validation) |
| H Maharlou(73) | Healthcare Informatics Research | 2.939 | 2018 | Healthcare services | Length of stay in ICU after cardiac surgery | Development only (including internal validation) |
| A Talaei-Khoei(74) | International Journal of Medical Informatics | 2.731 | 2018 | Endocrinology | Type 2 diabetes risk at 1, 3 and 8 years | Development only (including internal validation) |
| D Bertsimas(75) | Annals of Surgery | 9.476 | 2018 | Surgery | 30-day mortality | Development with external validation (same model) |
| C Liu(76) | Abdominal Radiology | 2.429 | 2019 | Oncology | Lymphadenectomy extension in gastric cancer before surgical resection | Development only (including internal validation) |
| G Luo(77) | JMIR Medical Informatics | 2.577 | 2019 | Healthcare services | Appropriate hospital admission for patients with bronchiolitis | Development with external validation (same model) |
| M Takeuchi(78) | Journal of Gastrointestinal Surgery | 2.686 | 2018 | Oncology | Post-operative overall survival and disease-free survival | Development only (including internal validation) |
| H Kiiski(79) | Brain Topography | 3.104 | 2018 | Neurology | Cognitive functioning and processing speed over 2-year | Development only (including internal validation) |
| Z Hasnain(80) | PLoS ONE | 2.740 | 2019 | Oncology | Post-cystectomy recurrence | Development only (including internal validation) |
| J Dean(81) | Clinical and Translational Radiation Oncology | 1.439 | 2018 | Oncology | Severe acute dysphagia resulting from head and neck radiotherapy | Development with external validation (same model) |
| M Cheung(82) | Surgery | 3.476 | 2018 | Surgery | Mortality in burn patients | Development only (including internal validation) |

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| JL Gowin(83) | NeuroImage: Clinical | 4.350 | 2019 | Psychiatry | Relapse rate at 12 months after treatment | Development with external validation (same model) |
| JC Rojas(84) | Annals of the American Thoracic Society | 4.026 | 2018 | Healthcare services | Intensive care unit readmission | Development with external validation (same model) |
| J Balani(85) | Obstetric Medicine | 0.389 ^b | 2018 | Endocrinology | Gestational diabetes mellitus | Development only (including internal validation) |
| L Gao(86) | Journal of Neurotrauma | 4.056 | 2019 | Critical care | Mortality after severe traumatic brain injury at 6 months | Development only (including internal validation) |
| A Garcia-Arce(87) | Journal for Healthcare Quality | 1.092 | 2018 | Healthcare services | Preventable readmission within 30-days | Development only (including internal validation) |
| CV Cosgriff(88) | npj Digital Medicine(°) | - | 2019 | Critical care | Illness severity score | Development only (including internal validation) |
| J Lotsch(89) | Breast Cancer Research and Treatment | 3.471 | 2018 | Oncology | Persistent pain after breast cancer surgery at 3 years | Development only (including internal validation) |
| Il Spyroglou(90) | BMC Research Notes | 1.38 ^b | 2018 | Immunology | Asthma exacerbation | Development only (including internal validation) |
| A Facciorusso(91) | Pancreatology | 3.629 | 2019 | Oncology | Pain response to repeat echoendoscopic celiac plexus neurolysis | Development only (including internal validation) |
| DW Kim(92) | Bone | 4.360 | 2018 | Dentistry | Occurrence of BRONJ associated with dental extraction | Development only (including internal validation) |
| AV Karhade(93) | Spine Journal | 3.191 | 2019 | Surgery | In-hospital and 90-day post-discharge mortality in SEA | Development only (including internal validation) |
| T van Steenkiste(94) | Artificial Intelligence in Medicine | 4.383 | 2019 | Critical care | Positive blood culture at 72hr | Development only (including internal validation) |
| N Paliwal(95) | Neurosurgical Focus | 2.891 | 2018 | Surgery | Diverters treatment outcome (Occlusion vs. residual) | Development only (including internal validation) |
| Diagnosis | | | | | | |
| WP Chen(96) | BioMed Research International | 2.276 | 2018 | Dentistry | Periodontitis | Development only (including internal validation) |
| H Zhang(97) | GigaScience | 4.688 | 2018 | Neurology | Alzheimer's disease | Development with external validation (same model) |
| A Koivu(98) | Computers in Biology and Medicine | 2.286 | 2018 | Obstetrics & Gynecology | First trimester prenatal down's syndrome | Development with external validation (same model) |

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| K Kajiwara(99) | Journal of Vascular and Interventional Radiology | 2.828 | 2018 | Oncology | Insulinomas | Development only (including internal validation) |
| LC Chambers(100) | Sexually Transmitted Diseases | 2.270 | 2018 | Healthcare services | Need for a standard visit | Development only (including internal validation) |
| H Won Choi(101) | American Journal of Roentgenology | 3.161 | 2018 | Medical imaging | Early prediction of the severity of acute pancreatitis | Development only (including internal validation) |
| A Ogunleye(102) | IEEE/ACM Transactions on Computational Biology and Bioinformatics | 3.015 ^b | 2019 | Nephrology | Chronic kidney disease | Development only (including internal validation) |
| CC Wu(103) | Computer Methods and Programs in Biomedicine | 3.424 | 2018 | Hepatology | Early fatty liver disease | Development only (including internal validation) |
| D Shigemi(104) | The Journal of Maternal-Fetal & Neonatal Medicine | 1.737 | 2019 | Obstetrics & Gynecology | Macrosomia | Development only (including internal validation) |
| M Ansart(105) | Statistical Methods in Medical Research | 2.291 | 2019 | Neurology | Brain amyloidosis | Development with external validation (same model) |
| S Zamboni(106) | World Journal of Urology | 3.217 | 2019 | Oncology | Adverse pathologic features | Development only (including internal validation) |
| R Tse(107) | American Journal of Forensic Medicine and Pathology | 0.539 | 2018 | Forensic pathology | Salt water drowning with immersion time of less than 1 hour (SWD1) | Development only (including internal validation) |
| S Perveen(108) | Scientific Reports | 4.011 | 2018 | Hepatology | Non-alcoholic fatty liver disease risk | Development only (including internal validation) |
| Z Pei(109) | Interdisciplinary Sciences-Computational life Sciences | 1.418 | 2018 | Primary care | Essential hypertension | Development only (including internal validation) |
| V Sacca(110) | Brain Imaging and Behavior | 3.418 | 2018 | Neurology | Early multiple sclerosis | Development only (including internal validation) |
| MJRJ Bouts(111) | Human Brain Mapping | 4.421 | 2019 | Neurology | Mild cognitive impairment | Development with external validation (same model) |
| H Yang(112) | IEEE Journal of Biomedical and Health Informatics | 5.223 | 2019 | Neurology | Dementia | Development only (including internal validation) |
| S Liang(113) | Schizophrenia Research | 4.569 | 2018 | Psychiatry | Schizophrenia/depression/Healthy/controls | Development only (including internal validation) |
| E Klang(114) | Neuroradiology | 2.238 | 2019 | Medical imaging | Use of non-contrast CT in ED department | Development only (including internal validation) |
| R Ferrer-Peña(115) | Journal of Manipulative and Physiological Therapeutics | 1.230 | 2019 | Physical medicine | Needle length | Development only (including internal validation) |

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|-----------------------|---|-------------------|------|-----------------|--|---|
| JM Cameron(116) | Analyst | 3.978 | 2019 | Oncology | Brain tumor | Development only (including internal validation) |
| JK Paul(117) | Computers in Biology and Medicine | 3.434 | 2019 | Neurology | Fibromyalgia | Development only (including internal validation) |
| B Dhondt(118) | World Journal of Urology | 3.217 | 2019 | Oncology | Pligometastic vs polymetastatic in prostatic cancer | Development only (including internal validation) |
| MB Wilson(119) | Otolaryngology-Head and Neck Surgery | 2.341 | 2019 | Otolaryngology | Peritonsillar abscess | Development only (including internal validation) |
| B Lu(120) | Sensors | 3.275 | 2019 | Oncology | Lung cancer | Development only (including internal validation) |
| Y Xu(121) | BMC Cancer | 3.150 | 2019 | Oncology | Breast cancer recurrence | Development only (including internal validation) |
| Y Wang(122) | Academic Radiology | 2.488 | 2019 | Medical imaging | Differentiation between T2 and T3/T4 stage in gastric cancer | Development only (including internal validation) |
| A Mortezagholi(123) | Asian pacific journal of cancer prevention | 0.00 | 2019 | Oncology | Gastric cancer | Development only (including internal validation) |
| UJ Muehlematter(124) | European Radiology | 3.962 | 2018 | Medical imaging | Vertebral insufficiency fractures | Development only (including internal validation) |
| JP Jeon(125) | Clinical Neurology and Neurosurgery | 1.672 | 2018 | Surgery | Persistent hemodynamic depression following CAS | Development only (including internal validation) |
| C-F Lu(126) | Clinical Cancer Research | 8.911 | 2018 | Medical imaging | Glioblastoma vs lower grade gliomas | Development with external validation (same model) |
| T Ballarini(127) | NeuroImage: Clinical 21 | 4.350 | 2019 | Neurology | Individual treatment response | Development only (including internal validation) |
| B Thanathornwong(128) | Health Informatics Research | 2.939 | 2018 | Dentistry | Need of orthodontic treatment in permanent dentition | Development only (including internal validation) |
| CQ Ngo(129) | Annual International Conference of the IEEE Engineering in Medicine and Biology Society | 1.01 ^b | 2018 | Endocrinology | Hypoglycemia episode | Development only (including internal validation) |
| SH Hyun(130) | Clinical Nuclear Medicine | 6.622 | 2019 | Oncology | adenocarcinoma vs squamous cell carcinoma | Development only (including internal validation) |
| MS Mellem(131) | Biological Psychiatry: CNI | 5.335 | 2019 | Psychiatry | Transdiagnostic Symptom Severity | Development only (including internal validation) |
| F Zhang(132) | Neuroscience | 5.679 | 2019 | Neurology | Alzheimer's disease | Development only (including internal validation) |

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|----------------------|---|-------------------|------|-------------------------|---|---|
| D Leightley(133) | Journal of Mental Health | 2.604 | 2018 | Psychiatry | Post-traumatic stress disorder | Development only (including internal validation) |
| A Sandstrom(60) | PLoS ONE | 2.740 | 2019 | Obstetrics & Gynecology | Preeclampsia with delivery <34 weeks of gestation | Development only (including internal validation) |
| C Xiao(134) | Annual International Conference of the IEEE Engineering in Medicine and Biology Society | 1.01 ^b | 2018 | Neurology | Parkinson's disease | Development only (including internal validation) |
| D Gökçay(135) | IEEE Journal of Biomedical and Health Informatics | 5.223 | 2019 | Rheumatology | Fibromyalgia | Development only (including internal validation) |
| AH Butt(136) | BioMedical Engineering OnLine | 2.013 | 2018 | Neurology | Patients with Parkinson disease | Development only (including internal validation) |
| HS Hunter-Zinck(137) | Journal of the American Medical Informatics Association | 4.112 | 2019 | Healthcare services | Emergency department orders | Development only (including internal validation) |
| ML Zhang(138) | American Journal of Clinical Pathology | 2.094 | 2019 | Pathology | PBFC with current/recent CBC/differential | Development only (including internal validation) |
| C Castillo-Olea(139) | International Journal of Environmental Research and Public Health | 2.468 | 2019 | Geriatric | Sarcopenia | Development only (including internal validation) |
| C Sa-ngamuang(140) | PLoS neglected tropical diseases | 4.487 | 2018 | Infectious diseases | Dengue | Development only (including internal validation) |
| K Meena(141) | Artificial Intelligence in Medicine | 4.383 | 2019 | Pediatrics | Anemia status in children | Development only (including internal validation) |
| R Wei(142) | Technology in Cancer Research & Treatment | 2.074 | 2019 | Medical imaging | Pre-operative serous cystic neoplasms | Development with external validation (same model) |
| S Papini(143) | Journal of Anxiety Disorders | 3.472 | 2018 | Psychiatry | Posttraumatic stress disorders screening status 3 months post hospitalization | Development only (including internal validation) |
| B-S Jang(144) | Scientific Reports | 4.011 | 2018 | Medical imaging | Pseudoprogression in patients with glioblastoma | Development with external validation (same model) |
| H Kim(145) | JMIR MHealth and UHealth | 4.313 | 2019 | Psychiatry | Depression | Development only (including internal validation) |
| B Goudey(146) | Scientific Reports | 3.998 | 2019 | Neurology | Abnormal CSF A β 1-42 level | Development only (including internal validation) |
| W Tu(147) | Journal of NeuroVirology | 2.354 | 2019 | Neurology | HIV-associated neurocognitive disorder | Development only (including internal validation) |

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| M Bronsert(148) | American Journal of Surgery | 2.125 | 2019 | Surgery | Postoperative complications | Development only (including internal validation) |
| A Eill(149) | Brain Connectivity | 5.263 | 2019 | Neurology | Autism spectrum disorders | Development only (including internal validation) |
| F Cook(150) | British Journal of Anaesthesia | 6.880 | 2019 | Surgery | Intubation difficulty | Development only (including internal validation) |
| B Eggleston(151) | Brain Injury | 1.690 | 2019 | Healthcare services | Service-connected disability (SCD) ≥50 among a cohort of veterans with previous combat deployment | Development only (including internal validation) |
| YR Villarreal(152) | Social Work in Public Health | 0.607 | 2019 | Primary care | Hepatitis C Virus Incidence | Development only (including internal validation) |

^a Value is based on the Journal Citation Report from the year of publication of the article.

^b Value is based on the Scientific Journal Ranking from the year of publication of the article.

^c Value is unavailable.

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List of assessed supervised machine learning techniques

Adaptive Boosting (Adaboost)
ADTree
Bagged Classification Tree
Bayesian Network
CatBoost
Boosted regression
Classification and regression tree (CART)
Conditional inference tree (URP-CTREE)
Dense Convolutional Network (DenseNet)
Elastic Net
Gaussian Naïve Bayes (GMB)
Generalized Linear Model (GLM)
Gradient Boosting Decision Tree (GBDT)
Gradient Boosting Machine (GBM)
Keras-based convolutional neural network (K-CNN)
K-Nearest Neighbour
LASSO
Light gradient boosting machine (LGB)
Linear regression
Logistic Regression
Logitboost
Long short-term memory (LSTM)
Multilayer perceptron (MLP)
Multiple Kernel Learning (MultiK-MHKS)
Nadir-weighted SVM (NwSVM)
Naïve Bayes (NB)
Neural Network (NN)
Optimal Classification Tree (OCT)
Random Forest (RF)
Random Survival Forest (RSF)
Regularized Greedy forests (RGF)
Ridge Regression
RUSBoost
Support Vector Machine (SVM)
Tree-augmented Naive Bayes

Supplemental file 4: Characteristics of included studies stratified by study type

Table S2. PROBAST Signaling questions for model development and validation analyses in 94 included prognostic studies

| | | Developed models (n=94) | | | External validations (n=12) | | |
|---------------------|---|------------------------------------|----------------------------------|---------------------------------|------------------------------------|----------------------------------|---------------------------------|
| | | Yes, probably yes n (%; 95% CI) | No, probably no n (%; 95% CI) | No information n (%; 95% CI) | Yes, probably yes n (%; 95% CI) | No, probably no n (%; 95% CI) | No information n (%; 95% CI) |
| <i>Participants</i> | | | | | | | |
| 1.1 | Were appropriate data sources used, e.g. cohort, RCT or nested case-control study data? | 70 (75, 65 to 82) | 21 (22, 15 to 32) | 3 (3, 1 to 9) | 10 (83, 55 to 95) | 2 (17, 5 to 45) | 0 (0.0) |
| 1.2 | Were all inclusions and exclusions of participants appropriate? | 57 (61, 51 to 70) | 12 (13, 8 to 21) | 25 (27, 19 to 36) | 5 (41, 19 to 68) | 0 (0.0) | 7 (58, 32 to 81) |
| <i>Predictors</i> | | | | | | | |
| 2.1 | Were predictors defined and assessed in a similar way for all participants? | 63 (67, 57 to 76) | 14 (15, 9 to 24) | 17 (18, 11 to 27) | 3 (25, 9 to 53) | 1 (8, 0 to 35) | 8 (67, 39 to 86) |
| 2.2 | Were predictor assessments made without knowledge of outcome data? | 61 (65, 55 to 74) | 2 (2, 1 to 7) | 31 (33, 24.3 to 43) | 7 (58, 32 to 81) | 1 (8, 0 to 35) | 4 (33, 14 to 61) |
| 2.3 | Are all predictors available at the time the model is intended to be used? | 74 (79, 69 to 86) | 2 (2, 1 to 7) | 18 (19, 13 to 28) | 8 (67, 39 to 86) | 0 (0.0) | 4 (33, 14 to 61) |
| <i>Outcome</i> | | | | | | | |
| 3.1 | Was the outcome determined appropriately? | 73 (78, 68 to 85) | 4 (4, 1 to 10) | 17 (18, 11 to 27) | 8 (67, 39 to 86) | 0 (0.0) | 4 (33, 13.8 to 61) |
| 3.2 | Was a prespecified or standard outcome definition used? | 76 (81, 72 to 88) | 3 (3, 1 to 9) | 15 (16, 10 to 25) | 10 (83, 55 to 95) | 0 (0.0) | 2 (17, 4.7 to 45) |
| 3.3 | Were predictors excluded from the outcome definition? | 63 (67, 57 to 76) | 6 (6, 3 to 13) | 25 (27, 19 to 36) | 8 (67, 39 to 86) | 0 (0.0) | 4 (33, 13.8 to 61) |
| 3.4 | Was the outcome defined and determined in a similar way for all participants? | 78 (83, 74 to 89) | 6 (6, 3 to 13) | 10 (11, 6 to 19) | 7 (58, 32 to 81) | 1 (8, 1 to 35) | 4 (33, 13.8 to 61) |
| 3.5 | Was the outcome determined without knowledge of predictor information? | 43 (46, 36 to 56) | 7 (7.4, 3.7 to 15) | 44 (47, 37 to 57) | 3 (25, 9 to 53) | 1 (8, 1 to 35) | 8 (67, 39.1 to 86) |
| 3.6 | Was the time interval between predictor assessment and outcome determination? | 67 (71, 61 to 79) | 2 (2, 1 to 7) | 25 (27, 19 to 36) | 7 (58, 32 to 81) | 1 (8, 1 to 35) | 4 (33, 14 to 61) |
| <i>Analysis</i> | | | | | | | |
| 4.1 | Were there a reasonable number of participants with the outcome? | 36 (38, 29 to 48) | 45 (48, 38 to 58) | 13 (14, 8 to 22) | 5 (42, 19 to 68) | 4 (33, 14 to 61) | 3 (25, 9 to 53) |
| 4.2 | Were continuous and categorical predictors handled appropriately? | 22 (23, 16 to 33) | 20 (21, 14 to 31) | 52 (55, 45 to 65) | 0 (0.0) | 1 (8, 1 to 35) | 11 (92, 65 to 100) |
| 4.3 | Were all enrolled participants included in the analysis? | 48 (51, 41 to 61) | 21 (22, 15 to 32) | 25 (27, 19 to 36) | 6 (50, 25 to 75) | 2 (17, 5 to 45) | 4 (33, 14 to 61) |
| 4.4 | Were participants with missing data handled appropriately? | 14 (15, 9 to 24) | 47 (50, 40 to 60) | 33 (35, 26 to 45) | 2 (17, 5 to 45) | 6 (50, 25 to 75) | 4 (33, 14 to 61) |
| 4.5 | Was selection of predictors based on univariable analysis avoided? | 63 (67, 57 to 76) | 18 (19, 13 to 28) | 13 (14, 8 to 22) | | NA | |
| 4.6 | Were complexities in the data (e.g., censoring, competing risks, sampling of control participants) accounted for appropriately? | 42 (45, 35 to 55) | 19 (20, 13 to 29) | 33 (35, 26 to 45) | 5 (42, 19 to 68) | 2 (17, 5 to 45) | 5 (42, 19 to 68) |
| 4.7 | Were relevant model performance measures evaluated appropriately? | 14 (15, 9 to 24) | 23 (25, 17 to 34) | 57 (61, 51 to 70) | 3 (25, 9 to 53) | 2 (17, 5 to 45) | 7 (58, 32 to 81) |
| 4.8 | Were model overfitting and optimism in model performance accounted for? | 50 (53, 43 to 63) | 32 (34, 25 to 44) | 12 (13, 8 to 21) | | NA | |

Table S2. PROBAST Signaling questions for model development and validation analyses in 94 included prognostic studies

| | | Developed models (n=94) | | | External validations (n=12) | | |
|---------------------|---|--------------------------------------|------------------------------------|---------------------------------|--------------------------------------|------------------------------------|---------------------------------|
| | | Yes or probably yes n (%; 95% CI) | No or probably no n (%; 95% CI) | No information n (%; 95% CI) | Yes or probably yes n (%; 95% CI) | No or probably no n (%; 95% CI) | No information n (%; 95% CI) |
| <i>Participants</i> | | | | | | | |
| 1.1 | Were appropriate data sources used, e.g. cohort, RCT or nested case-control study data? | 70 (75, 65 to 82) | 21 (22, 15 to 32) | 3 (3, 1 to 9) | 10 (83, 55 to 95) | 2 (17, 5 to 45) | 0 (0.0) |
| 1.2 | Were all inclusions and exclusions of participants appropriate? | 57 (61, 51 to 70) | 12 (13, 8 to 21) | 25 (27, 19 to 36) | 5 (41, 19 to 68) | 0 (0.0) | 7 (58, 32 to 81) |
| <i>Predictors</i> | | | | | | | |
| 2.1 | Were predictors defined and assessed in a similar way for all participants? | 63 (67, 57 to 76) | 14 (15, 9 to 24) | 17 (18, 12 to 27) | 3 (25, 9 to 53) | 1 (8, 1 to 35) | 8 (67, 39 to 86) |
| 2.2 | Were predictor assessments made without knowledge of outcome data? | 61 (65, 55 to 74) | 2 (2, 1 to 7) | 31 (33, 24 to 43) | 7 (58, 32 to 81) | 1 (8, 1 to 35) | 4 (33, 14 to 61) |
| 2.3 | Are all predictors available at the time the model is intended to be used? | 74 (79, 69 to 86) | 2 (2, 1 to 7) | 18 (19, 13 to 28) | 8 (67, 39 to 86) | 0 (0.0) | 4 (33, 14 to 61) |
| <i>Outcome</i> | | | | | | | |
| 3.1 | Was the outcome determined appropriately? | 73 (78, 68 to 85) | 4 (4, 2 to 10) | 17 (18, 12 to 27) | 8 (67, 39 to 86) | 0 (0.0) | 4 (33, 14 to 61) |
| 3.2 | Was a prespecified or standard outcome definition used? | 76 (81, 72 to 88) | 3 (3, 2 to 9) | 15 (16, 10 to 25) | 10 (83, 55 to 95) | 0 (0.0) | 2 (17, 5 to 45) |
| 3.3 | Were predictors excluded from the outcome definition? | 63 (67, 57 to 76) | 6 (6, 3 to 13) | 25 (27, 19 to 36) | 8 (67, 39 to 86) | 0 (0.0) | 4 (33, 14 to 61) |
| 3.4 | Was the outcome defined and determined in a similar way for all participants? | 78 (83, 74 to 89) | 6 (6, 3 to 13) | 10 (11, 6 to 19) | 7 (58, 32 to 80.7) | 1 (8, 1 to 35) | 4 (33, 14 to 61) |
| 3.5 | Was the outcome determined without knowledge of predictor information? | 43 (46, 36 to 56) | 7 (7, 4 to 15) | 44 (47, 37 to 57) | 3 (25, 9 to 53.2) | 1 (8, 1 to 35) | 8 (67, 39 to 86) |
| 3.6 | Was the time interval between predictor assessment and outcome determination? | 67 (71, 61 to 79) | 2 (2, 1 to 7) | 25 (27, 19 to 36) | 7 (58, 32 to 80.7) | 1 (8, 1 to 35) | 4 (33, 14 to 61) |
| <i>Analysis</i> | | | | | | | |
| 4.1 | Were there a reasonable number of participants with the outcome? | 36 (38, 29 to 48) | 45 (48, 38 to 58) | 13 (14, 8 to 22) | 5 (42, 19 to 68.0) | 4 (33, 14 to 61) | 3 (25, 8.9 to 53) |
| 4.2 | Were continuous and categorical predictors handled appropriately? | 22 (23, 16 to 33) | 20 (21, 14 to 31) | 52 (55, 45 to 65) | 0 (0.0) | 1 (8, 1 to 35) | 11 (92, 65 to 100) |
| 4.3 | Were all enrolled participants included in the analysis? | 48 (51, 41 to 61) | 21 (22, 15 to 32) | 25 (27, 19 to 36) | 6 (50, 25 to 75) | 2 (17, 5 to 45) | 4 (33, 14 to 60.1) |
| 4.4 | Were participants with missing data handled appropriately? | 14 (15, 9 to 24) | 47 (50, 40 to 60) | 33 (35, 26 to 45) | 2 (17, 5 to 45) | 6 (50, 25 to 75) | 4 (33, 14 to 61) |
| 4.5 | Was selection of predictors based on univariable analysis avoided? | 63 (67, 57 to 78) | 18 (19, 13 to 28) | 13 (14, 8 to 22) | | NA | |
| 4.6 | Were complexities in the data (e.g., censoring, competing risks, sampling of control participants) accounted for appropriately? | 42 (45, 35 to 55) | 19 (20, 13 to 29) | 33 (35, 26 to 45) | 5 (42, 19 to 68) | 2 (17, 5 to 45) | 5 (42, 19 to 68) |
| 4.7 | Were relevant model performance measures evaluated appropriately? | 14 (15, 9 to 24) | 23 (25, 17 to 34) | 57 (61, 51 to 70) | 3 (25, 9 to 53) | 2 (17, 5 to 45) | 7 (58, 32 to 81) |
| 4.8 | Were model overfitting and optimism in model performance accounted for? | 50 (53, 43 to 63) | 32 (34, 25 to 44) | 12 (13, 8 to 21) | | NA | |