THE LANCET Respiratory Medicine

Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

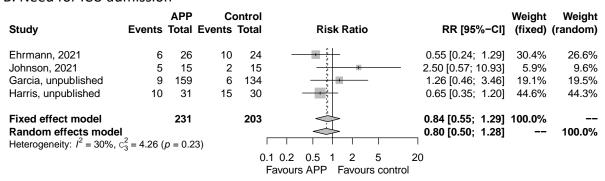
Supplement to: Luo J, Pavlov I, Tavernier E, et al. Rethinking the efficacy of awake prone positioning in COVID-19-related acute hypoxaemic respiratory failure—Authors' reply. *Lancet Respir Med* 2022; **10:** e54.

Figure 1. Secondary outcomes for included RCTs after exclusion of cluster-RCTs

A. Need for escalation of respiratory support

Study	Events	APP Total	Co Events	ontrol Total	Risk Ratio	RR [95%-CI]	Weight (fixed)	Weight (random)
Ehrmann. 2021	205	564	243	557	+	0.83 [0.72; 0.96]	78.8%	32.3%
Jayakumar, 2021	20	30	13	30	3	1.54 [0.95; 2.49]	4.2%	17.9%
Johnson, 2021	12	15	7	15		1.71 [0.94; 3.12]	2.3%	14.2%
Garcia, unpublished	16	159	18	134		0.75 [0.40; 1.41]	6.3%	13.2%
Fralick, unpublished	18	126	17	122	- 1	1.03 [0.55; 1.90]	5.6%	13.7%
Harris, unpublished	7	31	9	30		0.75 [0.32; 1.76]	2.9%	8.8%
Fixed effect model		925		888	•	0.89 [0.78; 1.01]	100.0%	
Random effects model				_	<u> </u>	1.04 [0.77; 1.39]		100.0%
Heterogeneity: $I^2 = 55\%$,	$c_5^2 = 11.00$	(p = 0.	.05)					
				0.01	0.1 0.5 1 2 10	20		
Favours APP Favours control								

B. Need for ICU admission



C. Hospital length of stay

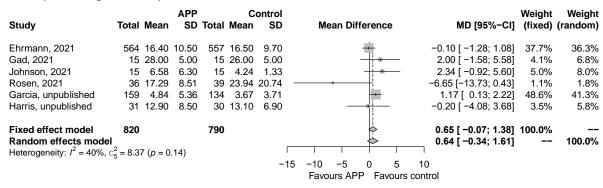
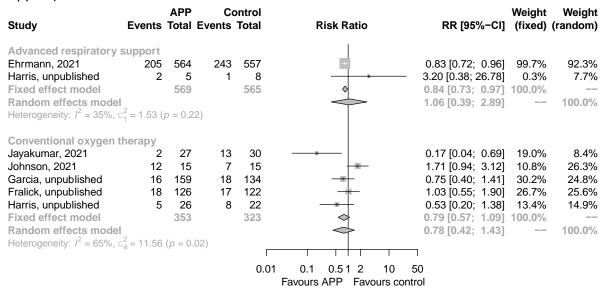


Figure 2. Subgroup analysis of need for escalation of respiratory support for included RCTs after exclusion of cluster-RCTs

A. Need for escalation of respiratory support (Advanced vs. Conventional respiratory support)



B. Need for escalation of respiratory support (ICU vs. Non-ICU)

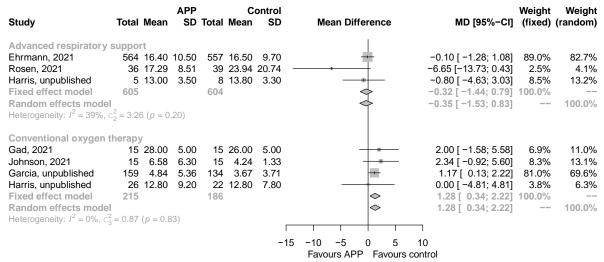
Study	Events 1	APP Total		ntrol Total	Weight Weight Risk Ratio RR [95%-CI] (fixed) (random)
Ehrmann, 2021 Jayakumar, 2021 Fixed effect model Random effects mode Heterogeneity: $I^2 = 82\%$,		538 30 568	238 13	533 30 563	0.84 [0.72; 0.97] 94.8% 65.6% 1.54 [0.95; 2.49] 5.2% 34.4% 0.87 [0.76; 1.00] 100.0% — 1.08 [0.60; 1.96] — 100.0%
Non ICU Ehrmann, 2021 Johnson, 2021 Garcia, unpublished Fralick, unpublished Harris, unpublished Fixed effect model Random effects mode Heterogeneity: I ² = 13%, (26 15 159 126 31 357	5 7 18 17 9	24 15 134 122 30 325	0.74 [0.22; 2.43] 8.9% 9.0% 1.71 [0.94; 3.12] 12.0% 26.0% 0.75 [0.40; 1.41] 33.6% 24.1% 1.03 [0.55; 1.90] 29.7% 25.1% 0.75 [0.32; 1.76] 15.7% 15.8% 0.95 [0.69; 1.31] 100.0% 1.01 [0.70; 1.46] 100.0%
				0.01	0.1 0.5 1 2 10 Favours APP Favours control

Figure 3. Subgroup analysis of need for ICU admission for included RCTs after exclusion of cluster-RCTs

Study	Events	APP Total	Co Events	ntrol Total	Risk Ratio	RR [95%-CI]	Weight (fixed)	Weight (random)
Advanced respiratory Ehrmann, 2021 Rosen, 2021 Harris, unpublished Fixed effect model Random effects mode Heterogeneity: $I^2 = 51\%$,	47 10 4	36 5 269	75 8 8	218 39 8 265	**************************************	0.60 [0.44; 0.82] 1.35 [0.60; 3.05] 0.82 [0.55; 1.21] 0.68 [0.52; 0.89] 0.77 [0.53; 1.11]	8.4% 7.5%	45.2% 16.4% 38.4% 100.0%
Conventional oxygen of Johnson, 2021 Garcia, unpublished Harris, unpublished Fixed effect model Random effects mode Heterogeneity: $I^2 = 1\%$, convenience of the second state of the second se	5 9 6	159 26 200	6 7	15 134 22 171	0.5 1 2 5 urs APP Favours contro	- 2.50 [0.57; 10.93] 1.26 [0.46; 3.46] 0.73 [0.29; 1.84] 1.16 [0.63; 2.14] 1.11 [0.60; 2.07]	40.5% 47.1%	19.4% 37.7% 42.8% 100.0%

Figure 4. Subgroup analysis of hospital length of stay for included RCTs after exclusion of cluster-RCTs

A. Hospital length of stay (Advanced vs. Conventional respiratory support)



B. Hospital length of stay (ICU vs. Non-ICU)

