Supplementary Material

A Comparative Effectiveness Systematic Review and Meta-analysis of Drugs for the Prophylaxis of Junctional Ectopic Tachycardia

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PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	1
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	1
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	N/A
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	2
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	2
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	2
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	2
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data	2

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and define all variables for which data were sought (e.g., PICOS, fund-sources) and any assumptions and simplifications made. Acribe methods used for assessing risk of bias of individual studies (inding specification of whether this was done at the study or outcome level), how this information is to be used in any data synthesis. The the principal summary measures (e.g., risk ratio, difference in means). The cribe the methods of handling data and combining results of studies, if e, including measures of consistency (e.g., I²) for each meta-analysis.	2 2 2
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ecify any assessment of risk of bias that may affect the cumulative evice (e.g., publication bias, selective reporting within studies).	N/A
scribe methods of additional analyses (e.g., sensitivity or subgroup anals, meta-regression), if done, indicating which were pre-specified.	N/A
re numbers of studies screened, assessed for eligibility, and included in review, with reasons for exclusions at each stage, ideally with a flow diam.	2, 7
each study, present characteristics for which data were extracted (e.g., dy size, PICOS, follow-up period) and provide the citations.	2, 9-10
sent data on risk of bias of each study and, if available, any outcome level essment (see item 12).	3, 7
all outcomes considered (benefits or harms), present, for each study: (a) ple summary data for each intervention group (b) effect estimates and fidence intervals, ideally with a forest plot.	3, 8, 11-12
sent results of each meta-analysis done, including confidence intervals measures of consistency.	3
sent results of any assessment of risk of bias across studies (see Item 15).	N/A
re results of additional analyses, if done (e.g., sensitivity or subgroup lyses, meta-regression [see Item 16]).	N/A
mmarize the main findings including the strength of evidence for each in outcome; consider their relevance to key groups (e.g., healthcare proers, users, and policy makers).	4-5
cuss limitations at study and outcome level (e.g., risk of bias), and at re-	5
" 10 vor (0.5., incomplete retrieval of identified research, reporting trias).	5
vide a general interpretation of the results in the context of other evice, and implications for future research.	
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r m d seiner sei	review, with reasons for exclusions at each stage, ideally with a flow diam. each study, present characteristics for which data were extracted (e.g., y size, PICOS, follow-up period) and provide the citations. eent data on risk of bias of each study and, if available, any outcome level ssment (see item 12). all outcomes considered (benefits or harms), present, for each study: (a) pole summary data for each intervention group (b) effect estimates and fidence intervals, ideally with a forest plot. eent results of each meta-analysis done, including confidence intervals measures of consistency. eent results of any assessment of risk of bias across studies (see Item 15). ee results of additional analyses, if done (e.g., sensitivity or subgroup yses, meta-regression [see Item 16]). entarize the main findings including the strength of evidence for each noutcome; consider their relevance to key groups (e.g., healthcare progres, users, and policy makers). entarize the study and outcome level (e.g., risk of bias), and at revelevel (e.g., incomplete retrieval of identified research, reporting bias).

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