Supplemental Material

Figure S1. Newcastle Scales.

A. **Amoogzar 2012**

MODIFIED NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

COHORT STUDIES

Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability

No.	Criterion	Decision rule	Score (*=1, no*=0)	Location in text
SELECTION				
1	Representativeness of the exposed cohort	a) Consecutive eligible participants were selected, participants were randomly selected, or all participants were invited to participate from the source population* b) Not satisfying requirements in part (a), or not stated.	0	
2	Selection of the non-exposed cohort	a) Selected from the same source population* b) Selected from a different source population c) No description	1	
3	Ascertainment of exposure	a) Structured injury data (e.g. record completed by medical staff)* b) Structured interview* c) Written self-report d) No description	1	
4	Demonstration that outcome of interest was not present at the start of the study	a) Yes* b) No or not explicitly stated	1	
COMPARABILITY				
1	Comparability of cohorts on the basis of the design or analysis	a) Study controls for previous injury* b) Study controls for age* Note: Exposed and non-exposed individuals must be matched in the design and/or confounders must be adjusted for in the analysis. Alone statements of no differences between groups or that differences were not statistically significant are not sufficient.	0	
OUTCOME				
1	Assessment of outcome	a) Independent or blind assessment stated, or confirmation of the outcome by reference to secure records (e.g. imaging, structured injury data, etc.)* b) record linkage (e.g. identified through ICD codes on database records)* c) Self-report with no reference to original structured injury data or imaging d) No description	1	
2	Was follow-up long enough for outcomes to occur?	a) Yes ($\geq$3 months)* b) No (<3 months)	1	
3	Adequacy of follow up of cohorts	a) Complete follow up – all participants accounted for* b) Subjects lost to follow up unlikely to introduce bias (<15% lost to follow up, or description provided of those lost*) c) Follow up rate <85% and no description of those lost provided d) No statement	1	
		SCORE:	6	

B. Bentham 2018

MODIFIED NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

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		SCORE:	8	

C. Glatz 2018

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		SCORE:	8	

3

D. Mallula 2014

MODIFIED NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

COHORT STUDIES

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2	Was follow-up long enough for outcomes to occur?	a) Yes (≥ 3 months)* b) No (<3 months)	1	
3	Adequacy of follow up of cohorts	a) Complete follow up – all participants accounted for* b) Subjects lost to follow up unlikely to introduce bias ($<15\%$ lost to follow up, or description provided of those lost*) c) Follow up rate $<85\%$ and no description of those lost provided d) No statement	1	
		SCORE:	7	

E. McMullan 2014

MODIFIED NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE
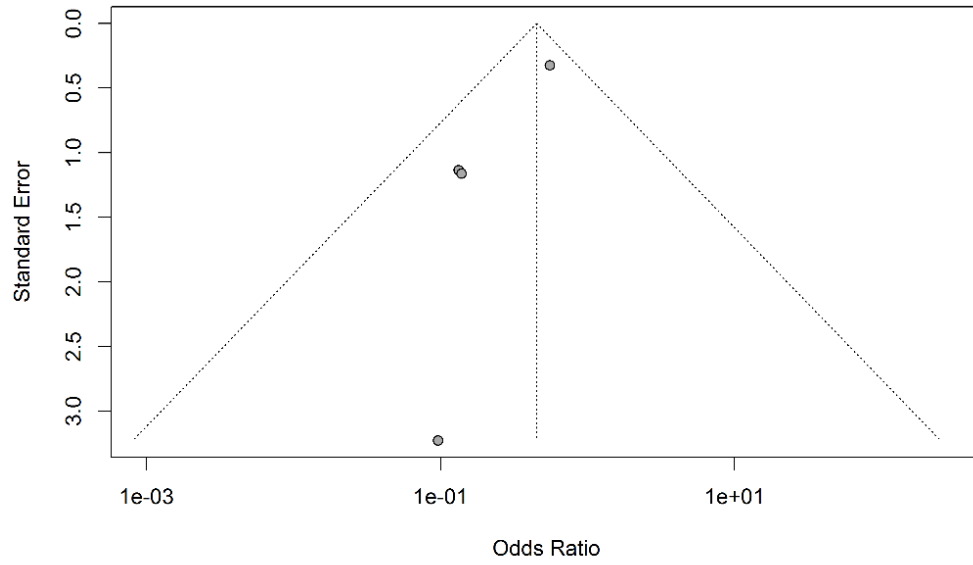
COHORT STUDIES

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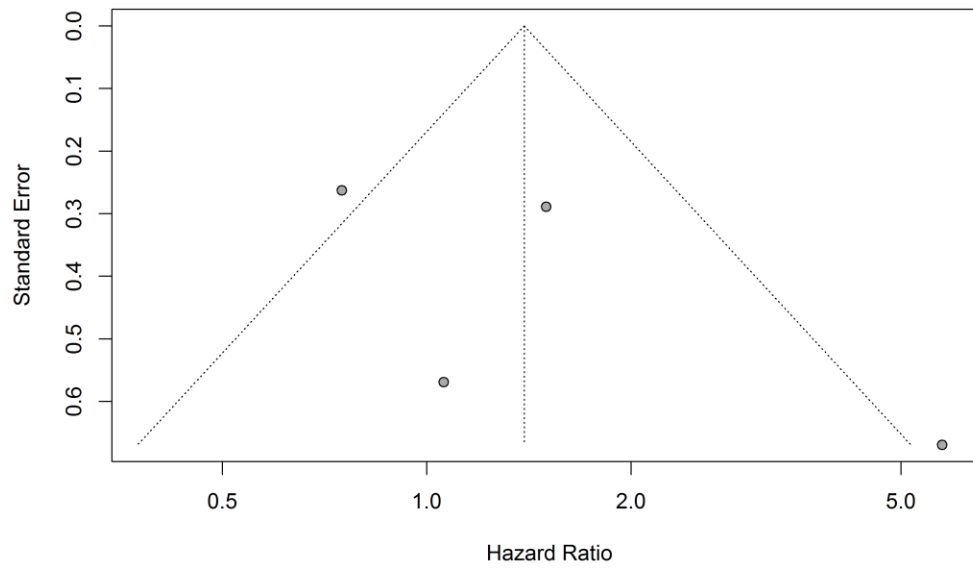
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F. Santoro 2009

MODIFIED NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

COHORT STUDIES

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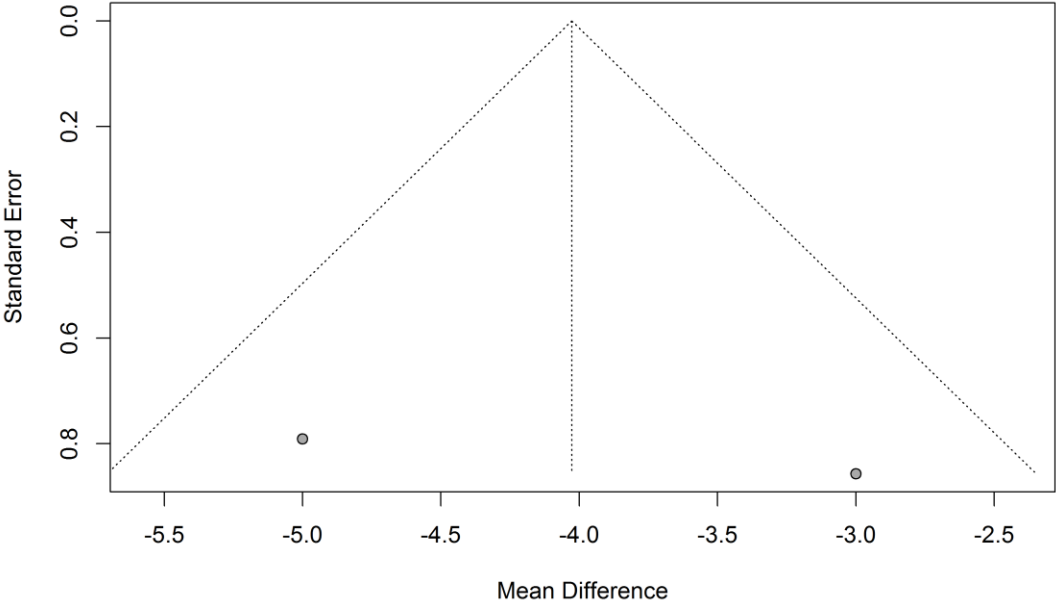| No.	Criterion	Decision rule	Score (*=1, no*=0)	Location in text
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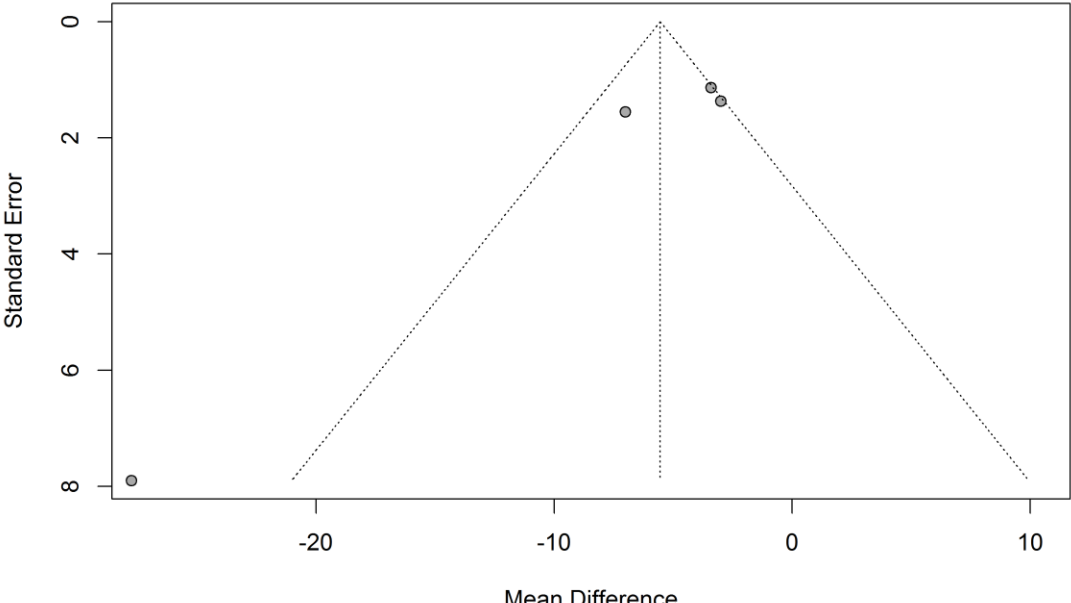**Figure S2. Funnel Plots.**

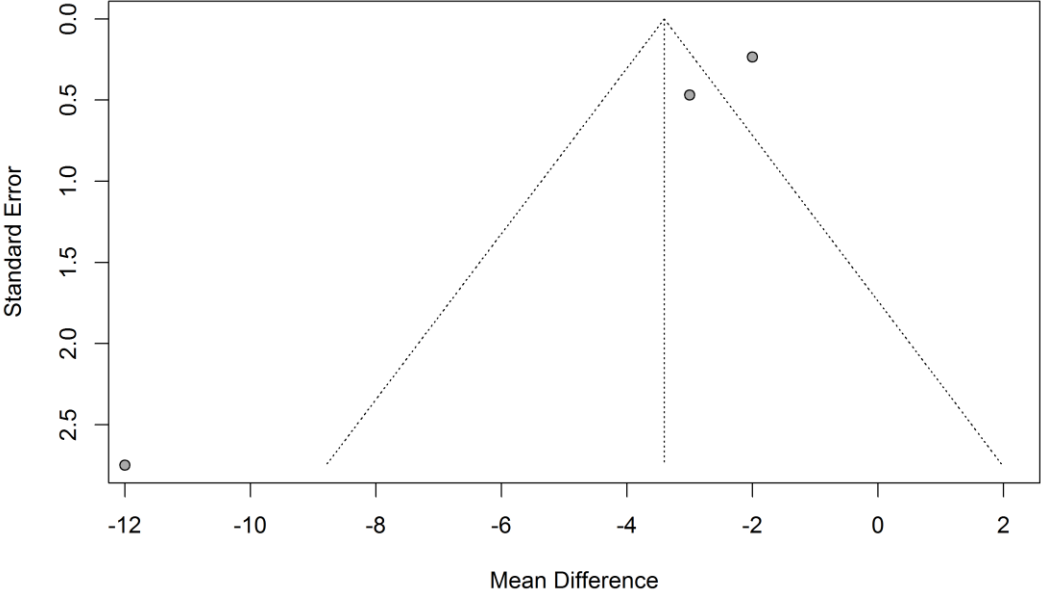**A. Complications**

B. Unplaned reinterventions

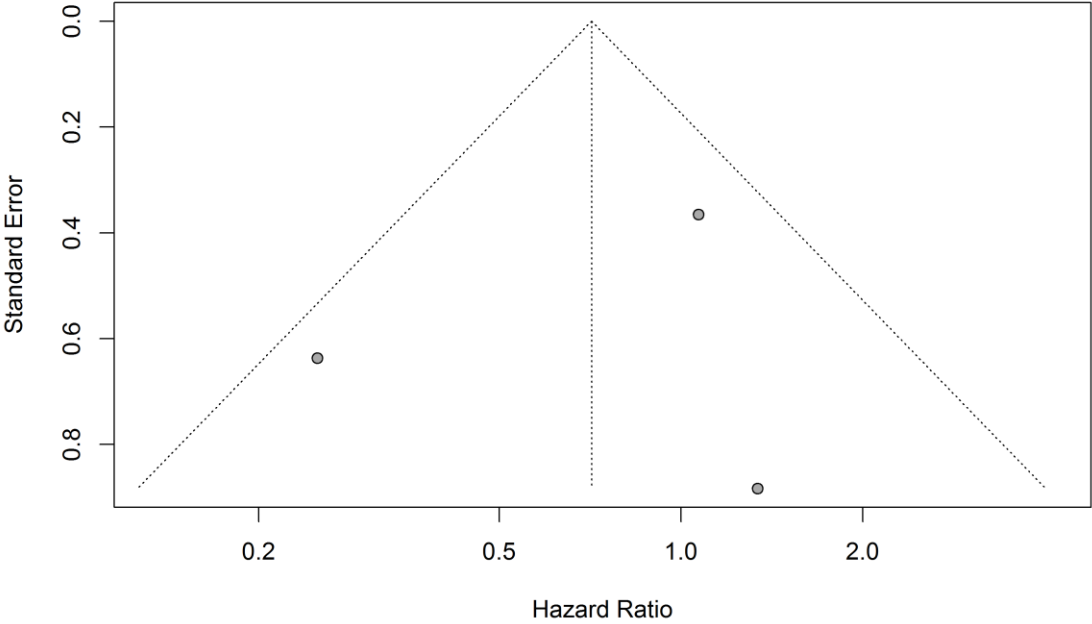## C. Intensive care unit length of stay

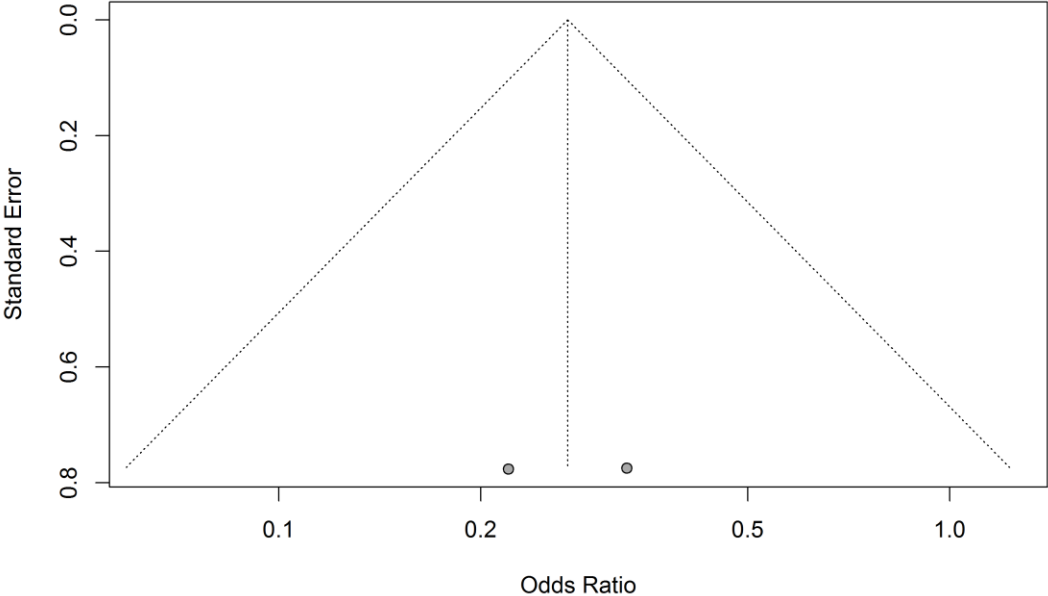
D. Hospital length of stay

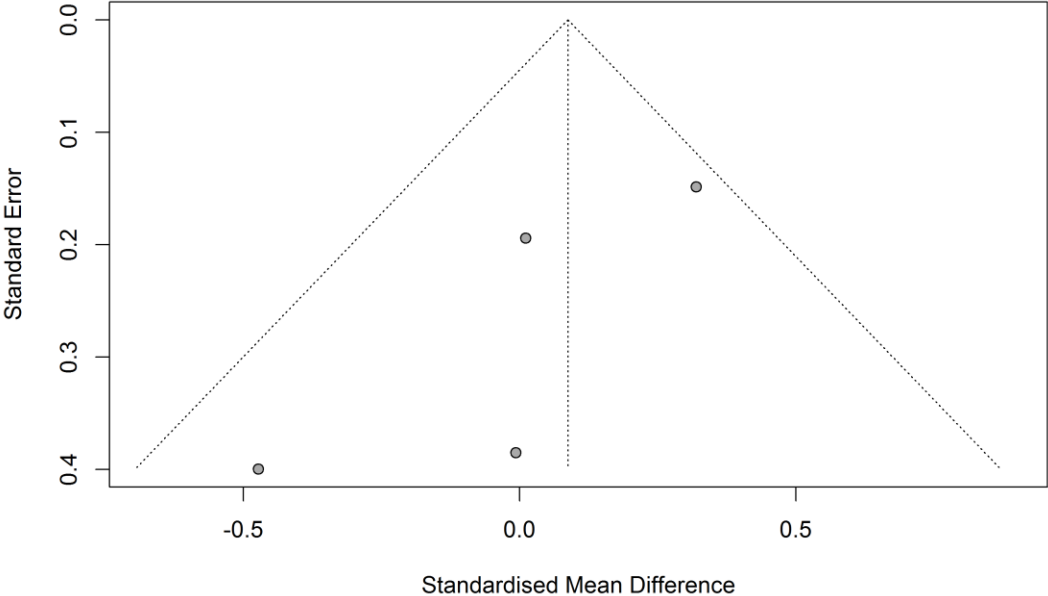**E. Duration of mechanical ventilation**

F. Mortality

G. Extracorporeal membrane oxygenation

H. Nakata index
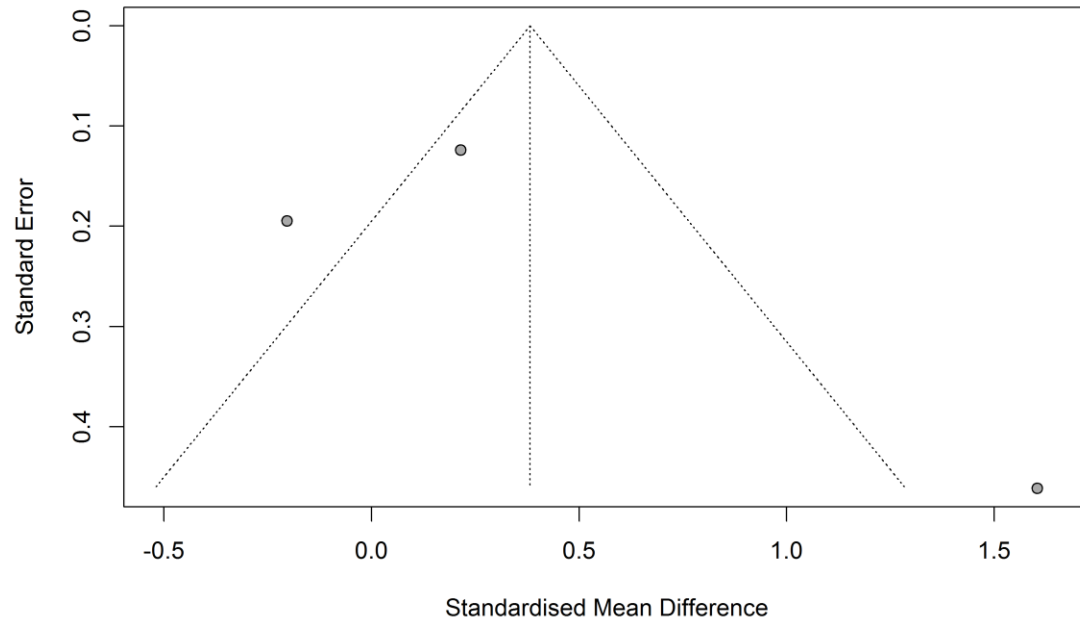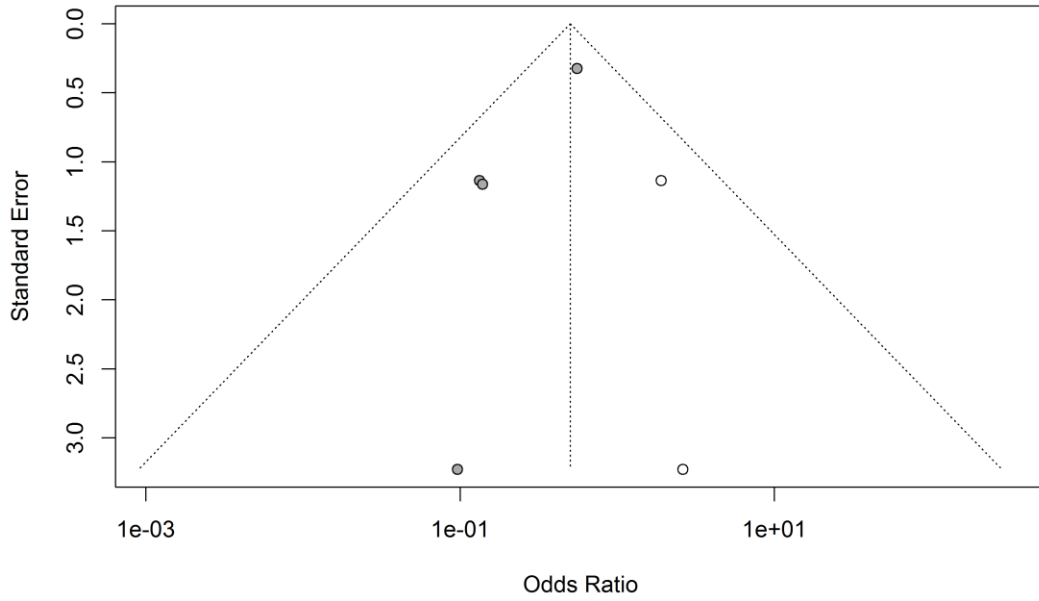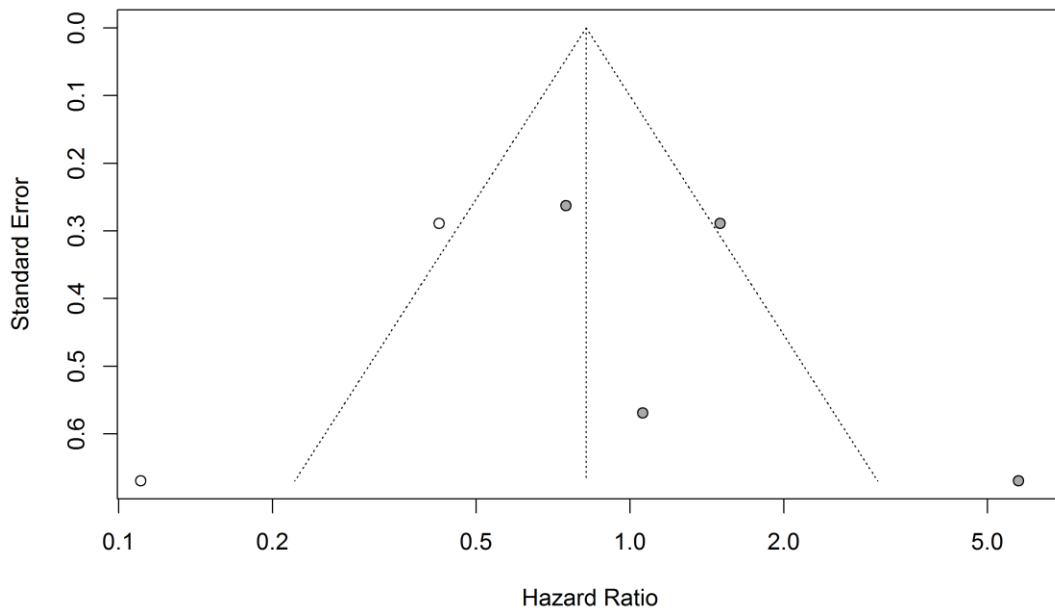
I. Pulmonary artery symmetry index
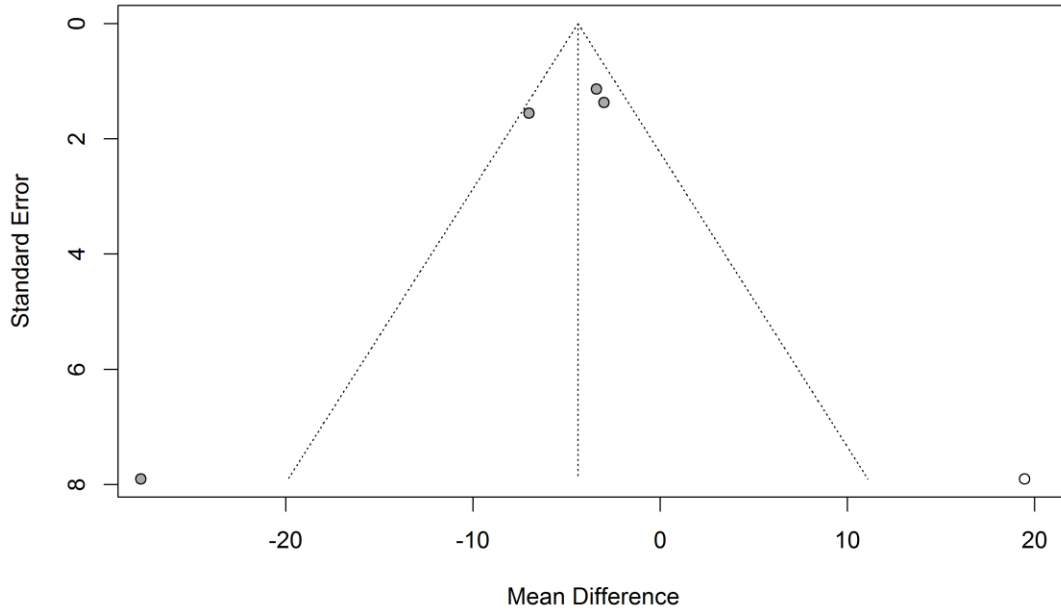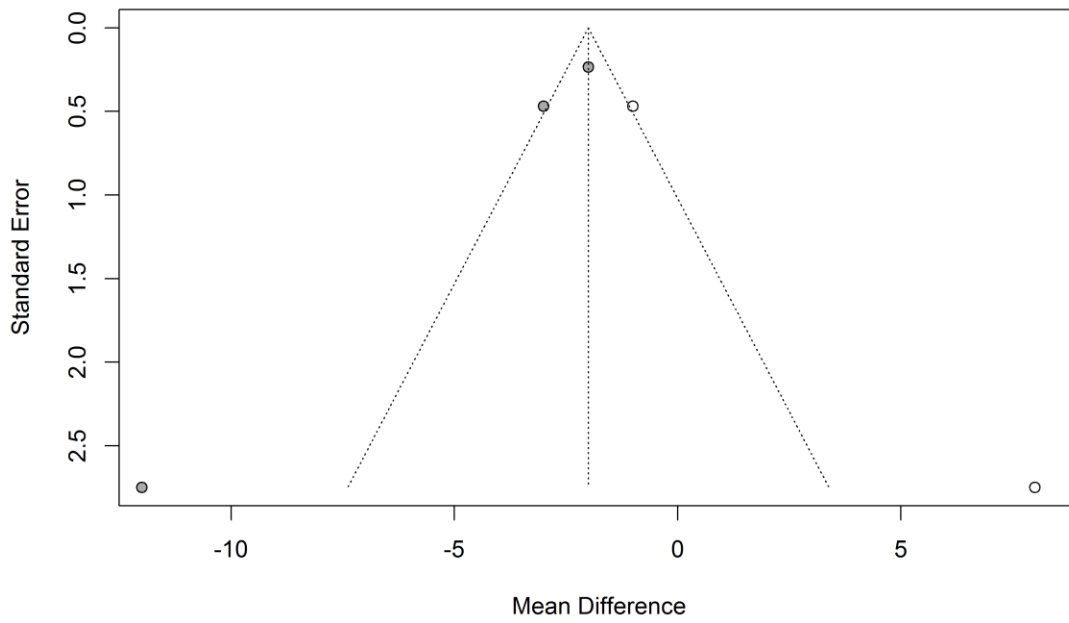
Figure S3. 'Trim and Fill' Analysis.

A. Complications

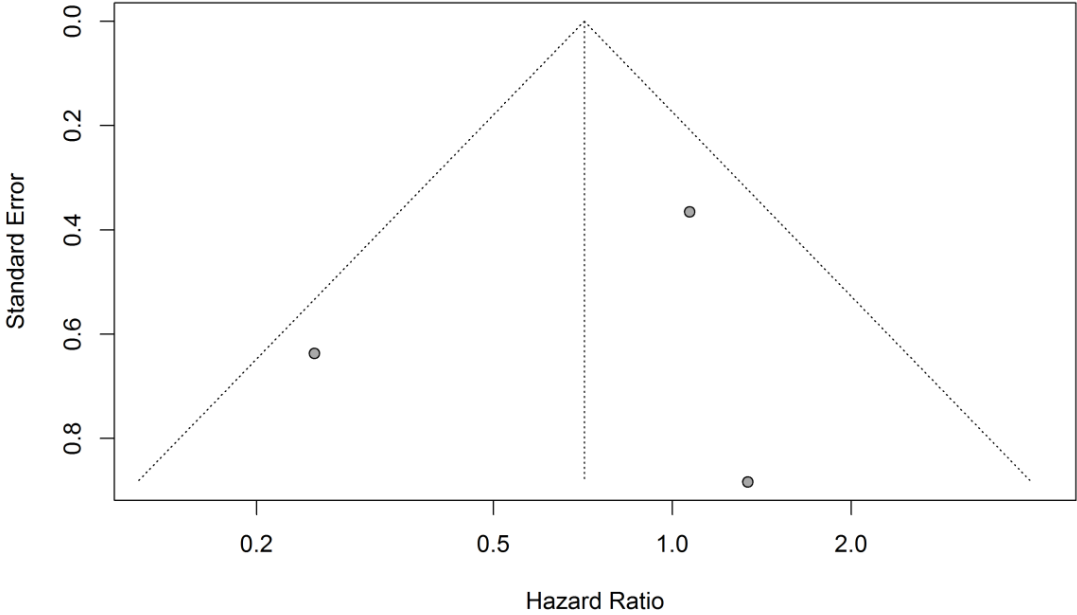**B. Unplaned reinterventions**

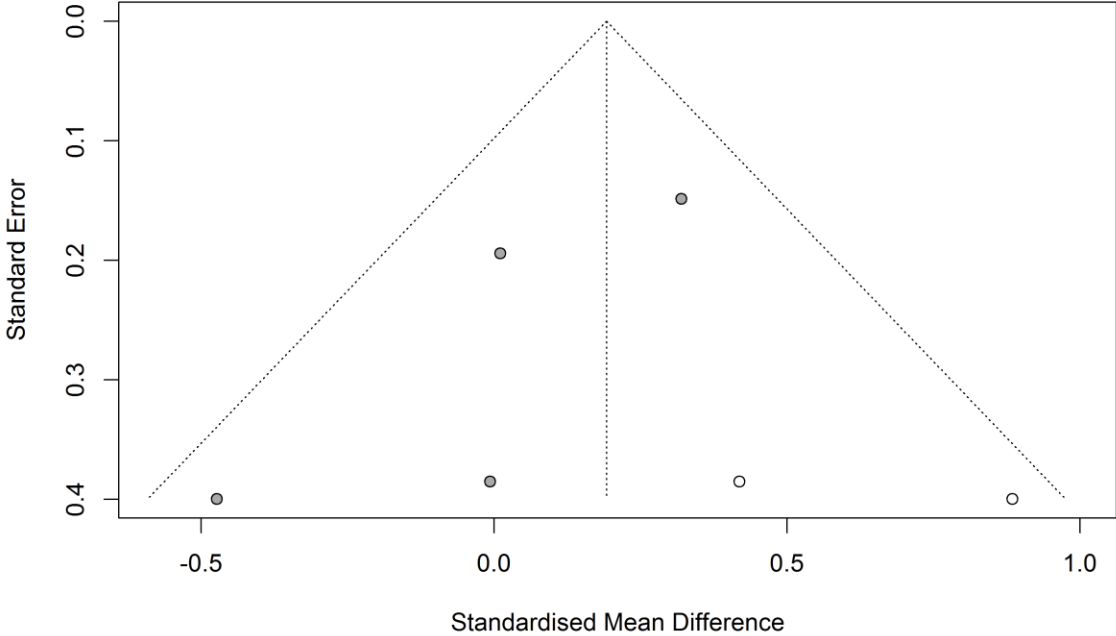**C. Hospital length of stay**

J. Duration of mechanical ventilation

K. Mortality

L. Nakata index

M. Pulmonary artery symmetry index