Supplemental Online Content

Rhee TG, Shim SR, Forester BP, et al. Efficacy and safety of ketamine vs electroconvulsive therapy among patients with major depressive episode: a systematic review and meta-analysis. *JAMA Psychiatry*. Published online October 19, 2022. doi:10.1001/jamapsychiatry.2022.3352

eFigure 1. Study selection flowchart

eFigure 2. Funnel plot for publication bias (or small study effects) assessment
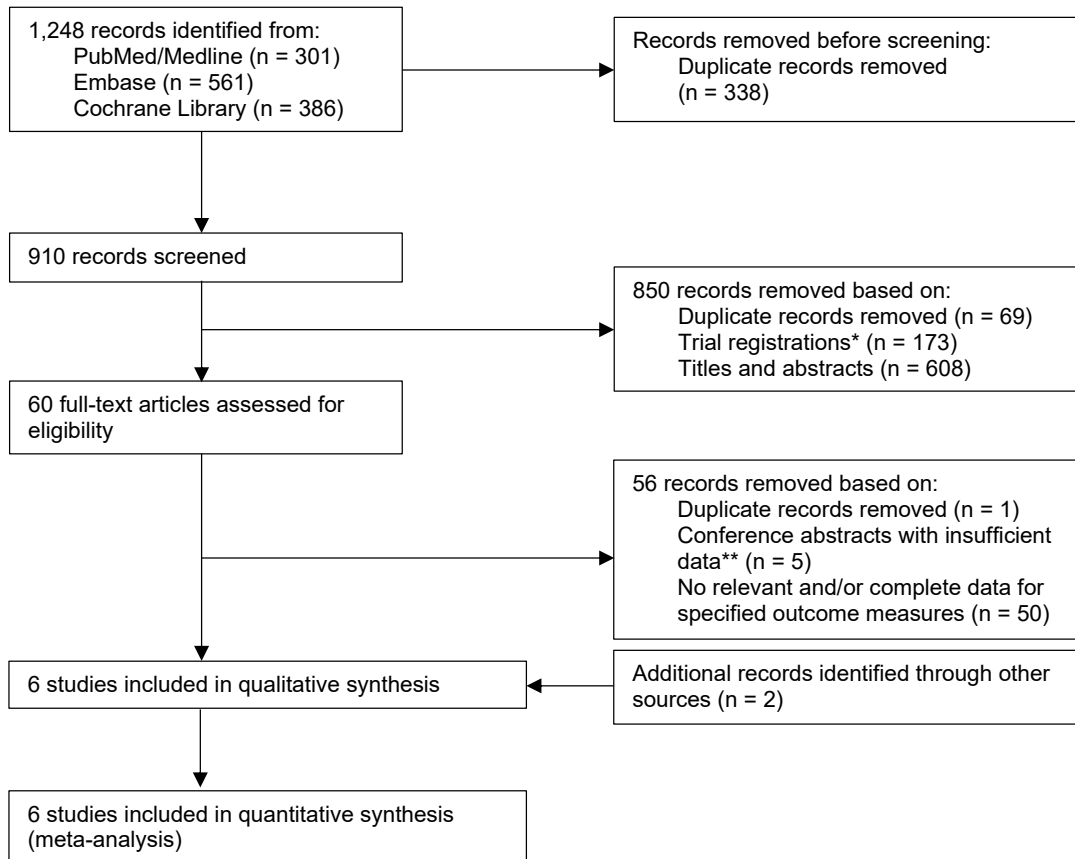
eTable 1. Search strategy

eTable 2. PRISMA 2020 checklist

**eTable 3**. Rationale for risk of bias for individual studies

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

eFigure 1. Study selection flowchart

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┌─────────────────────────────────────┐          ┌─────────────────────────────────────┐
│ 1,248 records identified from:       │          │ Records removed before screening:   │
│     PubMed/Medline (n = 301)         │ ───────► │     Duplicate records removed       │
│     Embase (n = 561)                 │          │     (n = 338)                       │
│     Cochrane Library (n = 386)       │          │                                     │
└─────────────────────────────────────┘          └─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐          ┌─────────────────────────────────────┐
│ 910 records screened                 │          │ 850 records removed based on:       │
│                                      │ ───────► │     Duplicate records removed (n = 69)│
└─────────────────────────────────────┘          │     Trial registrations* (n = 173)  │
                  │                                │     Titles and abstracts (n = 608)  │
                  ▼                                └─────────────────────────────────────┘
┌─────────────────────────────────────┐
│ 60 full-text articles assessed for   │          ┌─────────────────────────────────────┐
│ eligibility                          │          │ 56 records removed based on:        │
└─────────────────────────────────────┘ ───────► │     Duplicate records removed (n = 1)│
                  │                                │     Conference abstracts with       │
                  │                                │     insufficient data** (n = 5)     │
                  │                                │     No relevant and/or complete data│
                  │                                │     for specified outcome measures  │
                  │                                │     (n = 50)                        │
                  │                                └─────────────────────────────────────┘
                  ▼                                ┌─────────────────────────────────────┐
┌─────────────────────────────────────┐           │ Additional records identified through│
│ 6 studies included in qualitative    │ ◄──────── │ other sources (n = 2)                │
│ synthesis                            │           └─────────────────────────────────────┘
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│ 6 studies included in quantitative   │
│ synthesis (meta-analysis)            │
└─────────────────────────────────────┘
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Note: *These were URL links for trial registrations (https://ClinicalTrials.gov), and we have reviewed them separately. **We reviewed theses qualitatively separately.

eFigure 2. Funnel plot for publication biases (or small study effects) assessment
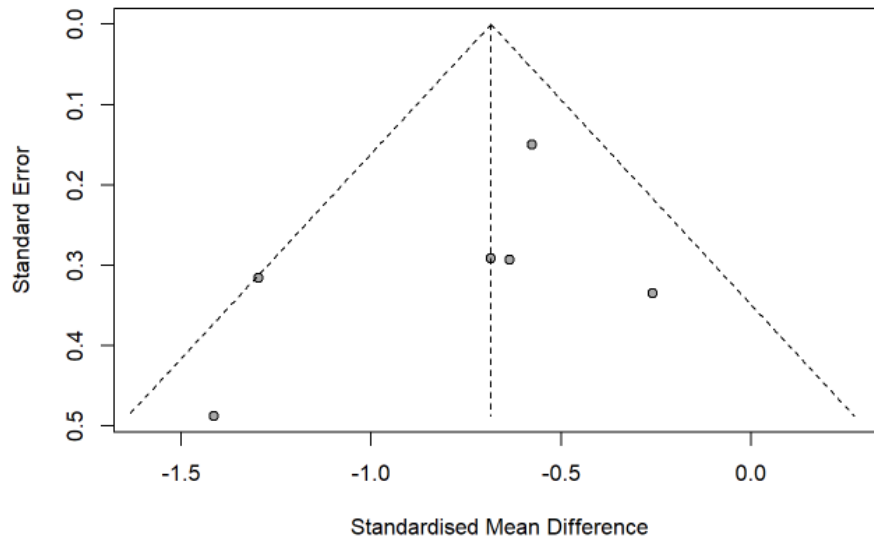
Note: Using an inverse variance weighting method, τ^2 (tau-squared), multiplicative residual heterogeneity variance, was 1.549. Using Egger's test (i.e., linear regression test of funnel plot asymmetry), we did not find evidence for publication bias (p=0.324). Using Begg and Mazumdar's test (i.e., rank correlation test of funnel plot asymmetry), we did not find evidence for publication bias (p=0.573).

eTable 1. Search strategy

Database	Strategy		Results
PubMed/Medline	(("Depression"[Mesh] OR "Depressive Disorder"[Mesh] OR "depress*"[tiab]) AND ("Esketamine" [Supplementary Concept] OR "Esketamine" [tiab] OR "Ketamine"[Mesh] OR "Ketamine"[tiab])) AND (randomizedcontrolledtrial[Filter] AND humans[Filter])		**301**
Embase	(('depression'/exp OR 'depress*':ti,ab) AND ('esketamine'/exp OR 'esketamine':ti,ab OR 'ketamine'/exp OR 'ketamine':ti,ab)) AND 'randomized controlled trial'/de		**561**
Cochrane Library	#1	"Depress*":ti,ab	290
	#2	MeSH descriptor: [Depressive Disorder] explode all trees	13,169
	#3	MeSH descriptor: [Depression] explode all trees	13,789
	#4	#1 OR #2 OR #3	23,287
	#5	MeSH descriptor: [Ketamine] explode all trees	2,422
	#6	"Ketamine":ti,ab OR esketamine:ti,ab	5,816
	#7	#5 OR #6	5,899
	#8	#4 AND #7	**389**
		Total:	**1,248**

Note: All searches were completed on April 19, 2022. To prevent omission of literature search, we did not use an "electroconvulsive therapy" (ECT) in our search strategy. Authors directly screened for an ECT as an intervention.

eTable 2. PRISMA 2020 checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	4-5
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	4-5
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	6
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	5
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	5-6
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	6-7
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	6-7
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	6
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	6; 8
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	7-8
Effect	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or	7-8

Section and Topic	Item #	Checklist item	Location where item is reported
measures		presentation of results.	
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	7-8
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	7-8
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	7-8
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	7-8
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	7-8
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	7-8
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	7-8
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	7-8
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	8-9
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	8-9
Study characteristics	17	Cite each included study and present its characteristics.	8-9
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	11-12
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	8-10
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	9-10
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical	

Section and Topic	Item #	Checklist item	Location where item is reported
		heterogeneity. If comparing groups, describe the direction of the effect.	
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	9-10
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	9-10
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	11-12
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	11-12
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	12-13
	23b	Discuss any limitations of the evidence included in the review.	13-15
	23c	Discuss any limitations of the review processes used.	13-15
	23d	Discuss implications of the results for practice, policy, and future research.	13-15
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	1; 5
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	5
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	N/A
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	16-19
Competing interests	26	Declare any competing interests of review authors.	16-19
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	16; online supplementary document

Note: This checklist is from: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

eTable 3. Rationale for risk of bias for individual studies

Study	Random process	Deviations from the intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result
Basso (2020)	High risk; No random assignment	Low risk	Low risk	Low risk	Low risk
Ekstrand (2021)	Low risk; Randomized	Some concerns because blinding was not feasible.	Some concerns due to drop-outs.	Low risk	Low risk; An ITT analysis using the whole sample set, but the ketamine group has a higher dropout rate due to AEs.
Ghasemi (2014)	Low risk; Randomized	Some concerns because blinding was not feasible.	Low risk	Low risk	Low risk; Overall assumed ITT analysis using the whole sample set, and no drop-out patients in each group due to AEs.
Kheirabadi (2019)	Low risk; Randomized	Some concerns because blinding was not feasible.	Low risk	Low risk	Low risk; An ITT analysis using the whole sample set, and drop-out rates due to AEs were similar.
Kheirabadi (2020)	Low risk; Randomized	Some concerns because blinding was not feasible.	Low risk	Low risk	Low risk; An ITT analysis using the whole sample set, and no drop-out patients in each group due to AEs.
Sharma (2020)	Low risk; Assessor-blinded, randomized	Low risk	Low risk	Low risk	Low risk; An ITT analysis using the whole sample set, and drop-out rates due to AEs were similar.

Note: ITT, intent-to-treat; AEs, adverse events; IRB, institutional review board.