Supplementary Table 1: Quality of evidence and strength of recommendations

	EAU 2022	AUA/CUA/SUFU 2019	NICE 2018	SOGC 2010	AAFP 2016	COMEGO 2010	SSGO 2020	SEIMC 2017	AWMF 2017
General methodology comments	**The development of EAU guidelines in general are outlined on their website and involves a guideline development panel, systematic review of the literature and peer review with a minimum of 3-4 international experts and additional lay people from patient advocacy groups where applicable.** **Database searches included Medline, EMBASE and Cochrane Libraries.**	**The guideline methodology is extensively detailed in the supplementary unabridged guideline available on the Journal of Urology website.** **The rUTI Panel developed the guidelines and includes experts in the field as well as patient representation, selected by the AUA, CUA and SUFU groups.** **A research librarian performed searches (including publications until Sept 20, 2018) in Ovid MEDLINE, Cochrane Central Register of Controlled Trials and Embase, and suitable articles included following dual review and risk of bias assessment.** **An extensive peer review was conducted and a total of 50 reviewers provided comments, including 38 external reviewers.**	**The development of NICE guidelines in general are outlined on their website and involves a committee which includes a range of experts in the field as well as lay members, using the best available evidence, regular consultation with relevant organisations and individuals and periodic updates. The specific history of the development of the rUTI guidelines, including the minutes of committee meetings and documents created during the process are available on their website.**	**The guideline was prepared by the Urogynaecology Committee, reviewed by the Family Physicians Advisory Committee, and approved by the Executive and Council of the SOGC.** **PubMed and The Cochrane Library were searched for relevant literature.**	**A specific literature search was not discussed.**	**A literature search was performed using the Cochrane Database, PubMed, SUMSearch and TripDataBase. Using AGREE methodology a quality review was conducted by three evaluating groups. Evidence included in the guidelines includes existing clinical practice guidelines, meta-analyses, clinical-controlled studies, review and case series.**	**Guidelines developed by an expert panel comprising members of the SSGO, including gynaecologists, obstetricians, urogynaecologists and an infectiologist..**	**Guideline developed by a panel of experts over multiple meetings, based on a systematic critical review of the literature and in accordance with SEMIC guidelines for consensus statements and Agree Collaboration recommendations for quality assessment of clinical practice guidelines' methodology. Guidelines were available online for SEIMC members to peer review prior to publication.**	**Guidelines developed by an interdisciplinary panel group involving 17 representatives from 12 medical societies and a member of a patient organisation. Following a systematic literature search and risk of bias assessment (AGREE, AMSTAR or the Cochrane tool for RCT), recommendations were formalised via a consensus conference. An external guideline review was undertaken prior to final publication.**
Quality of evidence	Modified version of the Oxford Centre for Evidence-Based Medicine: Levels of Evidence 1a: meta-analyses of randomised controlled trials (RCT) 1b: at least one RCT	Where there is sufficient evidence, the quality of evidence was assigned A (high), B (moderate) or C (low)	No specific grading system used	An adapted version of the Classification of Recommendations criteria described in The Canadian Task Force on Preventative Health Care was used: I: if evidence is obtained from at least one properly randomised controlled trial	Strength-of-Recommendation Taxonomy (SORT): Grade A: consistent, good-quality patient-oriented evidence Grade B: inconsistent or limited-quality patient-oriented evidence	Not specified	Oxford Centre of Evidence-based Medicine (March 2009) **https://www.cebm.ox.ac.uk/resources/levels-of-evidence/ocebm-levels-of-evidence**	I: ≥1 randomised clinical trial II: ≥1 well designed non-randomised clinical trial, or cohort studies, or case-control studies, especially if performed at >1 centre III: expert opinions/documents, based	Oxford Centre of Evidence-based Medicine (March 2009) **https://www.cebm.ox.ac.uk/resources/levels-of-evidence/ocebm-levels-of-evidence**

	2a: one well-designed controlled trial without randomisation 2b: at least one other type of well-deisnged quasi-experimental study 3: well-designed non-experimental studies 4: expert committee reports, opinions or clinical experience of respected authorities			II-1 if it well-designed controlled trials without randomisation II-2 if well-designed cohort or case-control studies preferably from more than one centre or research group II-3 if evidence are from comparisons between times or places or without the intervention III if the evidence base is opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.	Grade C indicates consensus, disease-oriented evidence, usual practice, expert opinion or case series			in clinical experience or case series	
Strength of recommendations	"Strong" or "weak" depending on the quality of evidence, the pros and cons of alternative management strategies and the nature and variability of patient values and preferences	Strong, Moderate or Conditional Recommendations where there is sufficient evidence; guidance is provided on the basis of clinical principles or expert opinions where there is insufficient evidence	Recommendations are discussed in the context of available evidence but no specific evidence grading system was utilised	A: good evidence to recommend the clinical preventive action B: fair evidence recommend C: evidence is conflicting and does not allow a recommendation for or against although other factors may influence the decision-making D: fair evidence to recommend against the clinical preventive action E: good evidence to recommend against L: where there is insufficient evidence to make a recommendation although other factors may influence decision making.	Strength of recommendation was inferred based on the reported quality of evidence	Grades of recommendation as per the Oxford Centre for Evidence-Based Medicine: Levels of evidence A: Consistent level 1 studies B: consistent level 2 or 3 studies or extrapolations from level 1 studies C: level 4 studies or extrapolations from level 2 or 3 studies D: level 5 evidence or troublingly inconsistent or inconclusive studies of any level	Strength if recommendation was inferred based on the reported quality of evidence	A: good evidence to recommend measure/practice B: moderate evidence to recommend measure/practice C: poor evidence to recommend measure/practice D: moderate evidence to discourage measure/practice E: good evidence to discourage measure/practice	A: strong recommendation B: weak recommendation C: recommendation inconclusive/consider

				Note: Recommendations classified as “I-A” we interpreted as strong recommendations.					

Supplementary Table 2: AGREE II quality assessment of included guidelines

AGREE II	EAU		AUA/CUA/SUFU		NICE		SOGC		AAFP		SSGO		AWMF	
Domain 1 – Scope and Purpose														
The overall objective(s) of the guideline is (are) specifically described.	7	7	6	6	5	5	6	5	2	3	5	6	7	7
The health question(s) covered by the guideline is (are) specifically described.	7	7	7	7	4	4	5	5	2	5	6	7	7	7
The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.	5	6	7	7	5	7	5	5	2	5	5	6	6	6
Domain 2 – Stakeholder Involvement														
The guideline development group includes individuals from all relevant professional groups.	5	6	6	6	6	7	5	5	3	3	5	5	7	7
The views and preferences of the target population (patients, public, etc.) have been sought.	2	4	6	5	5	6	1	1	4	3	2	1	7	7
The target users of the guideline are clearly defined.	5	5	7	5	5	5	5	5	3	4	5	5	6	6
Domain 3 – Rigour of Development														
Systematic methods were used to search for evidence.	7	7	5	7	7	6	5	5	3	3	4	5	5	6
The criteria for selecting the evidence are clearly described.	6	6	6	6	6	6	4	4	3	3	3	4	3	6
The strengths and limitations of the body of evidence are clearly described.	6	6	7	6	6	6	4	4	6	6	5	5	4	4
The methods for formulating the recommendations are clearly described.	7	7	7	7	6	4	5	5	6	6	3	4	5	6
The health benefits, side effects, and risks have been considered in formulating the recommendations.	7	7	7	7	7	6	6	6	5	6	6	6	6	6
There is an explicit link between the recommendations and the supporting evidence.	7	7	7	7	5	6	6	6	7	7	5	5	4	5
The guideline has been externally reviewed by experts prior to its publication.	6	6	7	7	6	6	3	2	4	4	5	4	6	6
A procedure for updating the guideline is provided.	6	7	2	2	6	4	1	1	1	1	2	2	2	2
Domain 4 – Clarity of Presentation														
The recommendations are specific and unambiguous.	7	7	7	7	6	6	6	7	5	6	5	4	5	5
The different options for management of the condition or health issue are clearly presented.	7	7	7	7	7	6	6	5	6	6	5	5	6	5
Key recommendations are easily identifiable.	7	7	6	7	7	5	7	7	7	4	3	3	5	4
Domain 5 – Applicability														
The guideline describes facilitators and barriers to its application	6	6	6	6	6	6	5	5	6	6	5	5	4	5
The guideline provides advice and/or tools on how the recommendations can be put into practice.	6	6	6	6	6	6	5	5	4	5	6	6	6	6
The potential resource implications of applying the recommendations have been considered.	5	5	6	6	6	6	4	4	5	5	6	6	6	6
The guideline presents monitoring and/or auditing criteria.	6	6	3	3	6	4	3	3	2	1	2	2	2	2
Domain 6 – Editorial Independence														
The views of the funding body have not influenced the content of the guideline.	6	6	6	6	6	6	6	6	6	6	6	6	6	6
Competing interests of guideline development group members have been recorded and addressed.	6	6	6	6	6	6	2	2	6	6	6	6	6	6
Overall Assessment														
Rate the overall quality of this guideline.	6	7	7	7	7	6	5	5	5	5	4	4	5	5
I would recommend this guideline for use.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

COMEGO, SEIMC ratings were not included due to non-English content of guideline articles