

Supplementary Table 4. Quality measure of included studies inspired by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement's checklist

Checklist	Haussen et al. (2016) ¹⁷	Rebello et al. (2017) ¹⁶	Chen et al. (2018) ²¹	Sarraj et al. (2019) ¹⁹	Gilgen et al. (2015) ⁶	Panni et al. (2019) ¹⁸	Gautheron et al. (2018) ¹⁵	Yoshimoto et al. (2020) ²⁰	Kerleroux et al. (2019)	Berkhemer et al. (2015) ⁹ (MR CLEAN)	Bracard et al. (2016) ¹⁰ (THRACE)
1) Title and abstract	*	*	*	*	*	*	*	*	*	*	*
Intro.											
2) Background/rationale	*	*	*	*	*	*	*	*	*	*	*
3) Objectives	*	*	*	*	*	*	*	*	*	*	*
Methods											
4) Study design	*	*	*	*	*	*	*	*	*	*	*
5) Setting	*	*	*	*	*	*	*	*	*	*	*
6) Participants	*	*	*	*	*	*	*	*	*	*	*
7) Variables	*	*	*	*	*	*	*	*	*	*	*
8) Data sources/ measurement	*	*	*	*	*	*	*	*	*	*	*
9) Bias	*	*	*	*	*	*	*	*	*	*	*
10) Study size											
11) Quantitatives variables	*	*	*	*	*	*	*	*	*	*	*
12) Statistical methods	*	*	*	*	*	*	*	*	*	*	*
Results											
13) Participants	*	*	*	*	*	*	*	*	*	*	*
14) Descriptive data	*	*	*	*	*	*	*	*	*	*	*
15) Outcome data	*	*	*	*	*	*	*	*	*	*	*
16) Main results	*	*	*	*	*	*	*	*	*	*	*
17) Other analyses		*	*	*	*		*	*	*		*
Discussion											
18) Key results	*	*	*	*	*	*	*	*	*	*	*
19) Limitations	*	*	*	*	*		*	*	*	*	*
20) Interpretation	*	*	*	*	*	*	*		*	*	*
21) Generalizability			*		*						
22) Funding	*	*	*	*	*	*	*	*	*	*	*
Additional items											
23) Prospective study design										*	*
24) Lost to follow-up and excluded patients ≤10%	*	*	*	*	*	*				*	*
25) No selection of specific groups	*		*		*			*			*
26) Blinding in outcome evaluation				*	*	*	*	*	*	*	*
27) Informed consent	*	*	*	*	*	*	*	*	*	*	*
28) Consecutive recruitment	*	*	*	*	*	*	*	*	*	*	*
Total (of 28)	24	23	25	24	26	22	22	23	23	24	25

The scores were then defined as follow: 0–10, inadequate data to assess; 10–14, poor; 15–19, acceptable; 20–28, good. The score was built by assessing in each report the STROBE criteria (0–22), adding one point for each of the following items when positive: prospective study design (item 23), lost to follow-up and excluded patients less than 10% (item 24), no selection of specific groups (item 25), blinding in outcome evaluation (item 26), informed consent (item 27) and consecutive recruitment (item 28).