

Table S1. Data extraction form for systematic review.

Review title or ID					
Study ID (<i>surname of first author and year first full report of study was published e.g., Smith 2001</i>)					
General information					
Date form completed (<i>dd/mm/yyyy</i>)					
Name/ID of person extracting data					
Reference details					
Study author contact details					
Publication type (<i>e.g., full report, abstract, letter</i>)					
Notes:					
Study eligibility					
Study Characteristics	Eligibility criteria (<i>Insert inclusion criteria for each characteristic as defined in the Protocol</i>)	Eligibility criteria met?			Location in text or source (pg & ¶/fig/table/other)
Type of study	Randomised Controlled Trial	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unclear <input type="checkbox"/>	
	Case Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Cohort Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Types of intervention		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Types of comparison		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Types of outcome measures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INCLUDE <input type="checkbox"/>		EXCLUDE <input type="checkbox"/>			
Reason for exclusion					
Notes:					

DO NOT PROCEED IF STUDY EXCLUDED FROM REVIEW

Characteristics of included studies

Methods

	Descriptions as stated in report/paper	Location in text or source (pg no/fig/table/other)
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Quality Assessment Tool for included studies

Table S2. Newcastle-Ottawa Quality Assessment Form for Cohort Studies

Items	Number of stars
Selection	
Representative of exposed studies ^A	
Selection of non-exposed ^B	
Ascertainment of exposure ^C	
Demonstration of outcome ^D	
Comparability	
Comparability of cohort studies on basis of design ^E	
Outcomes	
Assessment of outcomes ^F	
Adequacy of follow-up ^G	
Quality Score	
A: *=truly representative or somewhat representative of average in target population B: *=Drawn from the same community C: *=Secured record or structured review D: *=Yes, - = No E: *= Study controls for age, gender, and other factors. F: *=Record linkage or blind assessment, **=Both G: *=follow-up of all subjects	

Risk of Bias assessment

Domain	Risk of bias			Location in text or source (pg no./fig/table/other)
	Low	High	Unclear	
Random sequence generation (<i>selection bias</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allocation concealment (<i>selection bias</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blinding of participants and personnel (<i>performance bias</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(if separate judgement by outcome(s) required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blinding of outcome assessment (<i>detection bias</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(if separate judgement by outcome(s) required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incomplete outcome data (<i>attrition bias</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(if separate judgement by outcome(s) required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selective outcome reporting? (<i>reporting bias</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

Table S3: The Joanna Briggs Institute (JBI) Critical Appraisal Checklist for Case Reports

Major Components	Response Options			
	Yes	No	Unclear	Not Applicable
1. Were patient's demographic characteristics clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the patient's history clearly described and presented as a timeline?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the current clinical condition of the patient on presentation clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were diagnostic tests or assessment methods and the results clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the intervention(s) or treatment procedure(s) clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the post-intervention clinical condition clearly described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were adverse events (harms) or unanticipated events identified and described?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the case report provide takeaway lessons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall appraisal: Include <input type="checkbox"/> Exclude <input type="checkbox"/> Seek further info <input type="checkbox"/>				