# Supplementary Materials

## Table S1. Systematic Review Search Strategies

**Searches ran on 9/8/2022**

**OVID**

Database(s): **EBM Reviews - Cochrane Central Register of Controlled Trials** August 2022**, EBM Reviews - Cochrane Database of Systematic Reviews** 2005 to September 7, 2022, **Embase** 1974 to 2022 September 7

| # | Searches | Results |
|---|---|---|
| 1 | exp echography/ or exp ultrasound/ or exp "point of care ultrasound"/ or ultrasound.ti,ab. or ultrasonography.ti,ab. or echography.ti,ab. | 1295843 |
| 2 | exp "point of care testing"/ or point of care.ti,ab. or bedside.ti,ab. or POCUS.ti,ab. | 98022 |
| 3 | exp perioperative period/ or perioperative.ti,ab. | 211579 |
| 4 | exp adult/ or adult.ti,ab. | 10979706 |
| 5 | 1 and 2 and 3 and 4 | 205 |
| 6 | limit 5 to english language [Limit not valid in CDSR; records were retained] | 203 |
| 7 | limit 6 to yr="2002 -Current" | 203 |
| 8 | limit 7 to (article or article in press or books or chapter or "review" or short survey) [Limit not valid in CCTR,CDSR; records were retained] | 121 |
| 9 | remove duplicates from 8 | **116** |

**PubMed (MEDLINE)**

| | | |
|---|---|---|
| 1 | ("Ultrasonography"[Mesh] OR ultrasound [tiab] OR ultrasonography [tiab] OR echography [tiab]) AND<br>("Point-of-Care Systems"[Mesh] OR point of care [tiab] OR bedside [tiab] OR POCUS [tiab]) AND<br>("Perioperative Period"[Mesh] OR "Perioperative Care"[Mesh] OR "Perioperative Medicine"[Mesh] OR perioperative [tiab]) AND<br>("Adult"[Mesh] OR adult [tiab]) | 124 |
| 2 | from 2002 - 3000/12/12 | 117 |
| 3 | English | **113** |

**Scopus (Elsevier) (all citations in past 20 years)**

| | | |
|---|---|---|
| 1 | TITLE-ABS-KEY ( ( ultrasound OR ultrasonography OR echography ) AND ( "point of care" OR pocus OR bedside ) AND ( perioperative ) AND ( adult ) ) | 74 |
| 2 | ( LIMIT-TO ( DOCTYPE , "ar" ) OR LIMIT-TO ( DOCTYPE , "re" ) ) | 72 |
| 3 | ( LIMIT-TO ( LANGUAGE , "English" ) ) | **71** |

## Web of Science (all citations in past 20 years)

| | | |
|---|---|---|
| 1 | (ultrasound OR ultrasonography OR echography) AND ("point of care" OR POCUS OR bedside) AND (perioperative) AND (adult) | 13 |
| 2 | Article or review article | 13 |
| 3 | English | **12** |

312 total article references
95 duplicates, conference abstracts, and editorials/letters detected in EndNote
217 total references in EndNote

**Searches ran on February 8, 2024 (update from 9/22/2022)**
**OVID**
Database(s): **EBM Reviews - Cochrane Central Register of Controlled Trials** January 2024**, EBM Reviews - Cochrane Database of Systematic Reviews** 2005 to February 7, 2024, **Embase** 1974 to 2024 February 7

| # | Searches | Results |
|---|---|---|
| 1 | exp echography/ or exp ultrasound/ or exp "point of care ultrasound"/ or ultrasound.ti,ab. or ultrasonography.ti,ab. or echography.ti,ab. | 1440152 |
| 2 | exp "point of care testing"/ or point of care.ti,ab. or bedside.ti,ab. or POCUS.ti,ab. | 112421 |
| 3 | exp perioperative period/ or perioperative.ti,ab. | 1300188 |
| 4 | exp adult/ or adult.ti,ab. | 12179870 |
| 5 | 1 and 2 and 3 and 4 | 823 |
| 6 | limit 5 to english language [Limit not valid in CDSR; records were retained] | 812 |
| 7 | limit 6 to yr="2022 -Current" | 239 |
| 8 | limit 7 to (article or article in press or books or chapter or "review" or short survey) [Limit not valid in CCTR,CDSR; records were retained] | 154 |
| 9 | remove duplicates from 8 | **154** |

## PubMed (MEDLINE)

| | | |
|---|---|---|
| 1 | ("Ultrasonography"[Mesh] OR ultrasound [tiab] OR ultrasonography [tiab] OR echography [tiab]) AND ("Point-of-Care Systems"[Mesh] OR point of care [tiab] OR bedside [tiab] OR POCUS [tiab]) AND ("Perioperative Period"[Mesh] OR "Perioperative Care"[Mesh] OR "Perioperative Medicine"[Mesh] OR perioperative [tiab]) AND ("Adult"[Mesh] OR adult [tiab]) | 139 |
| 2 | from 2022/09 - present | 14 |
| 3 | English | 14 |

Scopus (Elsevier)

| | | |
|---|---|---|
| 1 | TITLE-ABS-KEY ( ( ultrasound OR ultrasonography OR echography ) AND ( "point of care" OR pocus OR bedside ) AND ( perioperative ) AND ( adult ) ) | 101 |
| 2 | ( LIMIT-TO ( DOCTYPE , "ar" ) OR LIMIT-TO ( DOCTYPE , "re" ) ) | 99 |

| | | |
|---|---|---|
| 3 | ( LIMIT-TO ( LANGUAGE , "English" ) ) | 98 |
| 4 | PUBYEAR > 2021 AND PUBYEAR < 2025 | 37 |

Web of Science

| | | |
|---|---|---|
| 1 | (ultrasound OR ultrasonography OR echography) AND ("point of care" OR POCUS OR bedside) AND (perioperative) AND (adult) | 17 |
| 2 | Article or review article | 17 |
| 3 | English | 16 |
| 4 | 2022-present | 4 |

209 total article references

34 duplicates, conference abstracts, and editorials/letters detected in EndNote

175 total references in EndNote

## Table S2. Quality and Bias Assessment Consensus Data

| Study ID | Representativeness of the Exposed Cohort | Selection of the Non-exposed Cohort | Ascertainment of Exposure | Demonstration that Outcome of Interest was not Present at Start of Study | Comparability of Cohorts on the Basis of the Design or Analysis | Assessment of Outcome | Was Follow-up Long Enough for Outcomes to Occur | Adequacy of Follow-up of Cohorts | Total Points from Domains Above |
|---|---|---|---|---|---|---|---|---|---|
| Aissaoui 2022 [19] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex (the most important factor) (1-point) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Andruszkiewicz 2015 [20] | Truly representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex (the most important factor) (1-point) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Basumatary 2023 [21] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | No | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Beaubien-Souligny 2018 [22] | Selected groups of users e.g. nurses, volunteers | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex (the most important factor) (1-point) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | records (x-rays, medical records, etc.) (1-point) | | | |
| Brusasco 2023 [23] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Canales 2022 [24] | Truly representative of the average in the community (1-point) | Drawn from a different source (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Cavallari 2015* [25] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Chui 2023 [26] | Truly representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Cowie 2011 [27] | No description of the derivation of the cohort | No description of the derivation of the non-exposed cohort | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | N/A | Record linkage (e.g. identified through ICD codes on database records (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 4 - 6 (Moderate Quality) |
| Cozza 2021 [28] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex (the most important factor) (1-point) | Record linkage (e.g. identified through ICD codes on database records (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Cutright 2011 [29] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex (the most important factor) (1-point) | Record linkage (e.g. identified through ICD codes on database records (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Gai 2018 [30] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Goel 2020 [31] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Subjects lost to follow-up are unlikely to introduce bias - small number lost <20% | 7 - 9 (Good Quality) |
| Haskins 2017 [32] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex (the most important factor) (1-point) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Kaydu 2019 [33] | Truly representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | No | Study controls for age/sex (the most important factor) (1-point) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Lamm 2022 [34] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | N/A | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Pettey 2022 [35] | Truly representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex (the most important factor) (1-point) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Subjects lost to follow-up are unlikely to introduce bias - small number lost <20% | 7 - 9 (Good Quality) |
| Ramsingh 2021 [36] | Truly representative of the average in the | Drawn from the same community as the exposed | Secure record (e.g. surgical records, medical | Yes (1-point) | Study controls for age/sex (the most important | Independent or blind assessment stated in the paper, or confirmation of the | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | community (1-point) | cohort (1-point) | records) (1-point) | | factor) (1-point) | outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | | | |
| Ravetti 2023* [37] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| SzabÃ³ 2021[38] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Szabo 2023* [39] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Subjects lost to follow-up are unlikely to introduce bias - small number lost <20% | 7 - 9 (Good Quality) |
| Van De Putte 2017 [40] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for any additional factors (1-point) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Wu 2023 [41] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | No | Study controls for age/sex AND additional relevant factors (2-points) | Independent or blind assessment stated in the paper, or confirmation of the outcome by reference to secure records (x-rays, medical records, etc.) (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |
| Yamanaka 2022 [42] | Somewhat representative of the average in the community (1-point) | Drawn from the same community as the exposed cohort (1-point) | Secure record (e.g. surgical records, medical records) (1-point) | Yes (1-point) | Study controls for age/sex AND additional relevant factors (2-points) | Record linkage (e.g. identified through ICD codes on database records (1-point) | Yes (1-point) | Complete follow-up, all subjects accounted for (1-point) | 7 - 9 (Good Quality) |

*Cavallari 2015, Ravetti 2023, and Szabo 2023 were reassessed using the Cochrane Risk of Bias 2.0 Tool (RoB 2.0) for randomized control trials and were determined to have a low risk of bias.

## Table S3. PRISMA 2020 Checklist

| Section and Topic | Item # | Checklist item | Location where item is reported |
|---|---|---|---|
| **TITLE** | | | |
| Title | 1 | Identify the report as a systematic review. | Title, Pg 2 |
| **ABSTRACT** | | | |
| Abstract | 2 | See the PRISMA 2020 for Abstracts checklist. | Pg 2 |
| **INTRODUCTION** | | | |
| Rationale | 3 | Describe the rationale for the review in the context of existing knowledge. | Pg 2-3 |
| Objectives | 4 | Provide an explicit statement of the objective(s) or question(s) the review addresses. | Pg 2-3 |
| **METHODS** | | | |
| Eligibility criteria | 5 | Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses. | Pg 3 |
| 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. | Pg 3 |
| Search strategy | 7 | Present the full search strategies for all databases, registers and websites, including any filters and limits used. | Appendix A |
| 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. | Pg 3-4 |
| 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. | Pg 3 |
| 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. | Tables 1-3 |
| | 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. | Tables 1-3 |
| 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. | Pg 3, Appendix B |
| Effect measures | 12 | Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results. | N/A |
| 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)). | Pg 3-4 |
| | 13b | Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions. | N/A |
| | 13c | Describe any methods used to tabulate or visually display results of individual studies and syntheses. | Pg 3 |
| | 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. | Pg 5-6 |
| | 13e | Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression). | Pg 5-6 |
| | 13f | Describe any sensitivity analyses conducted to assess robustness of the synthesized results. | N/A |
| Reporting bias assessment | 14 | Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases). | Pg 3 |
| Certainty assessment | 15 | Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome. | N/A |
| **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. | Pg 4, Fig 1 |
| | 16b | Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded. | Pg 4, Fig 1 |

| Section and Topic | Item # | Checklist item | Location where item is reported |
|---|---|---|---|
| Study characteristics | 17 | Cite each included study and present its characteristics. | Pg 4-5, Tables 1-3 |
| Risk of bias in studies | 18 | Present assessments of risk of bias for each included study. | Appendix B |
| 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. | Tables 1-3 |
| Results of syntheses | 20a | For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies. | Pg 4-5 |
| | 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 heterogeneity. If comparing groups, describe the direction of the effect. | Pg 4-5 |
| | 20c | Present results of all investigations of possible causes of heterogeneity among study results. | N/A |
| | 20d | Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results. | N/A |
| Reporting biases | 21 | Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed. | Appendix B |
| Certainty of evidence | 22 | Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed. | N/A |
| **DISCUSSION** | | | |
| Discussion | 23a | Provide a general interpretation of the results in the context of other evidence. | Pg 5-7 |
| | 23b | Discuss any limitations of the evidence included in the review. | Pg 7 |
| | 23c | Discuss any limitations of the review processes used. | Pg 12 |
| | 23d | Discuss implications of the results for practice, policy, and future research. | Pg 7 |
| **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. | Pg 12 |
| | 24b | Indicate where the review protocol can be accessed, or state that a protocol was not prepared. | Pg 12 |
| | 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. | Title, Pg 8 |
| Competing interests | 26 | Declare any competing interests of review authors. | Title |
| 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. | None |

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. This work is licensed under CC BY 4.0. To view a copy of this license, visit https://creativecommons.org/licenses/by/4.0/.