Supplementary Table 1: Excluded full text articles with reason

S. No	Author / Study ID	Study title	Reason for exclusion
1.	Wheeler et al	A pre-specified analysis of the DAPA-CKD trial demonstrates the effects of dapagliflozin on major adverse kidney events in patients with IgA nephropathy.	Data duplication (Data from DAPA-CKD trial included from another paper)
2.	Heerspink et al	A pre-specified analysis of the Dapagliflozin and Prevention of Adverse Outcomes in Chronic Kidney Disease (DAPA-CKD) randomized controlled trial on the incidence of abrupt declines in kidney function.	Outcome irrelevant (abrupt decline in KF as measured by doubling of s. creatinine) / Data duplication
3.	Provenzano et al	Albuminuria-Lowering Effect of Dapagliflozin, Eplerenone, and Their Combination in Patients with Chronic Kidney Disease: A Randomized Crossover Clinical Trial.	< 12 weeks study duration (treatment effect seen at 4 weeks)
4.	Yoshihara et al	An Exploratory Study of Dapagliflozin for the Attenuation of Albuminuria in Patients with Heart Failure and Type 2 Diabetes Mellitus (DAPPER).	Results – not given Baseline eGFR > 45 ml/min – might include > 90 ml/min patients, Dapa dose 5- 10 mg
5.	Lim et al	Comparison of cardiovascular and renal outcomes between dapagliflozin and empagliflozin in patients with type 2 diabetes without prior cardiovascular or renal disease.	Retrospective analysis, Not done in CKD patients
6.	Stefánsson et al	Correction of anaemia by dapagliflozin in patients with type 2 diabetes.	Pooled analysis of 14 RCTs
7.	Jongs et al	Correlates and Consequences of an Acute Change in eGFR in Response to the SGLT2 Inhibitor Dapagliflozin in Patients with CKD.	Data duplication DAPA-CKD trial
8.	Lazzaroni et al	Dapagliflozin acutely improves kidney function in type 2 diabetes mellitus. The PRECARE study.	Observational study
9.	Bonaca et al	Dapagliflozin and Cardiac, Kidney, and Limb Outcomes in Patients with and Without Peripheral Artery Disease in DECLARE-TIMI 58.	Relevant outcome measures absent
10.	Furtado et al	Dapagliflozin and Cardiovascular Outcomes in Patients with Type 2 Diabetes Mellitus and Previous Myocardial Infarction: Sub-analysis from the DECLARE-TIMI 58 Trial.	Desired outcome absent
11.	Wiviott et al	Dapagliflozin and Cardiovascular Outcomes in Type 2 Diabetes.	Renal composite outcome- only HR +
12.	Jackson et al	Dapagliflozin and Diuretic Use in Patients with Heart Failure and Reduced Ejection Fraction in DAPA-HF.	Only CV outcomes reported. Rate for renal adverse events present
13.	Heerspink et al	Dapagliflozin and Kidney Outcomes in Hospitalized Patients with COVID-19 Infection: An Analysis of the DARE-19 Randomized Controlled Trial.	Duration: 30 days Not conducted exclusively in patients with T2DM & CKD

14.	Rossing et al	Dapagliflozin and new-onset type 2 diabetes in patients with chronic kidney disease or heart failure: pooled analysis of the DAPA-CKD and DAPA-HF trials.	Pooled analysis
15.	Jhund et al	Dapagliflozin and Recurrent Heart Failure Hospitalizations in Heart Failure with Reduced Ejection Fraction: An Analysis of DAPA-HF.	Only cardiovascular outcomes reported
16.	Patrick et al	Dapagliflozin Improves the Clinical Outcomes of Patients with Chronic Kidney Disease and Albuminuria.	Summary of DAPA-CKD trial
17.	Rajasekeran et al	Dapagliflozin in focal segmental glomerulosclerosis: a combined human-rodent pilot study.	Human rodent study Study duration: 8 weeks
18.	Solomon et al	Dapagliflozin in Heart Failure with Mildly Reduced or Preserved Ejection Fraction.	CV outcomes only reported
19.	Kosiborod et al	Dapagliflozin in patients with cardiometabolic risk factors hospitalised with COVID-19 (DARE-19): a randomised, double-blind, placebo-controlled, phase 3 trial.	Study duration: 30 days
20.	Heerspink et al	Dapagliflozin in Patients with Chronic Kidney Disease.	Data duplication
21.	Mcmurray et al	Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction.	Relevant outcome not found
22.	Heerspink et al	Dapagliflozin reduces albuminuria in patients with diabetes and hypertension receiving renin-angiotensin blockers.	Pooled analysis of 2 trials
23.	Heerspink et al	Design of FLAIR: a Phase 2b Study of the 5-Lipoxygenase Activating Protein Inhibitor AZD5718 in Patients with Proteinuric CKD.	Wrong drug. Dapagliflozin is not interventional drug
24.	Petrykiv et al	Differential Effects of Dapagliflozin on Cardiovascular Risk Factors at Varying Degrees of Renal Function.	Pooled analysis
25.	Zelniker et al	Effect of Dapagliflozin on Atrial Fibrillation in Patients with Type 2 Diabetes Mellitus: Insights From the DECLARE-TIMI 58 Trial.	Renal outcomes absent
26.	Zelniker et al	Effect of Dapagliflozin on Cardiovascular Outcomes According to Baseline Kidney Function and Albuminuria Status in Patients with Type 2 Diabetes: A Prespecified Secondary Analysis of a Randomized Clinical Trial.	Relevant outcomes not found
27.	Mcmurray et al	Effect of Dapagliflozin on Clinical Outcomes in Patients with Chronic Kidney Disease, With and Without Cardiovascular Disease.	DAPA-CKD trial Data duplication
28.	Waijer et al	Effect of dapagliflozin on kidney and cardiovascular outcomes by baseline KDIGO risk categories: a post hoc analysis of the DAPA-CKD trial.	DAPA-CKD trial Data duplication
29.	Docherty et al	Effect of Dapagliflozin on Outpatient Worsening of Patients with Heart Failure and Reduced Ejection Fraction: A Prespecified Analysis of DAPA-HF.	Outcome of interest not found

30.	Shibata et al	Effect of dapagliflozin on the initial estimated glomerular filtration rate dip in chronic kidney disease patients without diabetes mellitus.	Retrospective study Non-diabetic population
31.	Yano et al	Effect of sodium glucose cotransporter 2 inhibitors on renal function in patients with non-alcoholic fatty liver disease and type 2 diabetes in Japan	Retrospective study eGFR> 60 ml/min only included
32.	Hopf et al	Effectiveness and safety of SGLT2 inhibitors in clinical routine treatment of patients with diabetes mellitus type 2	Retrospective study Study duration: 1 month
33.	Van Bommel et al	Effects of dapagliflozin and gliclazide on the cardiorenal axis in people with type 2 diabetes.	Study duration: 12 weeks eGFR < 60 ml/min were excluded. Not done in CKD patients
34.	Kinguchi et al	Effects of dapagliflozin in high and low dietary salt intake patients with albuminuric diabetic kidney disease: a sub analysis of the y-aida study.	Renal outcomes not present
35.	Mcmurray et al	Effects of Dapagliflozin in Patients with Kidney Disease, With and Without Heart Failure.	DAPA-CKD Data duplication
36.	Heerspink et al	Effects of Dapagliflozin in People without Diabetes and with Microalbuminuria.	Non-diabetic population
37.	Chertow et al	Effects of Dapagliflozin in Stage 4 chronic kidney disease.	DAPA-CKD Data duplication
38.	Wheeler et al	Effects of dapagliflozin on major adverse kidney and cardiovascular events in patients with diabetic and non-diabetic chronic kidney disease: a prespecified analysis from the DAPA-CKD trial.	DAPA-CKD Data duplication
39.	Heerspink et al	Effects of dapagliflozin on mortality in patients with chronic kidney disease: a pre-specified analysis from the DAPA-CKD randomized controlled trial.	DAPA-CKD Data duplication
40.	Kosiborod et al	Effects of dapagliflozin on prevention of major clinical events and recovery in patients with respiratory failure because of COVID-19: Design and rationale for the DARE-19 study.	Study duration: 30 days
41.	Sen et al	Effects of dapagliflozin on volume status and systemic haemodynamics in patients with chronic kidney disease without diabetes: Results from DAPASALT and DIAMOND.	DAPASALT – Non-RCT, 2 weeks DIAMOND – 6 weeks
42.	Dekkers et al	Effects of the SGLT-2 inhibitor dapagliflozin on glomerular and tubular injury markers.	Treatment duration: 6 weeks eGFR > 45 ml/min inclusion criteria (includes > 90 ml/min)
43.	Cherney et al	Effects of the SGLT2 inhibitor dapagliflozin on proteinuria in non-diabetic patients with chronic kidney disease (DIAMOND): a randomised, double-blind, crossover trial.	Non-diabetic patients
44.	Dekkers et al	Effects of the sodium-glucose co-transporter 2 inhibitor dapagliflozin in patients with type 2 diabetes and Stages 3b-4 chronic kidney disease.	Pooled analysis

45.	Persson et al	Efficacy and Safety of Dapagliflozin by Baseline Glycemic Status: A Prespecified Analysis From the DAPA-CKD Trial.	DAPA-CKD Data duplication
46.	Vart et al	Efficacy and Safety of Dapagliflozin in Patients with CKD Across Major Geographic Regions.	DAPA-CKD Data duplication
47.	Furtado et al	Efficacy and Safety of Dapagliflozin in Type 2 Diabetes According to Baseline Blood Pressure: Observations From DECLARE-TIMI 58 Trial.	Desired outcome not present
48.	Jhund et al	Efficacy of Dapagliflozin on Renal Function and Outcomes in Patients with Heart Failure with Reduced Ejection Fraction: Results of DAPA-HF.	Baseline eGFR includes > 30 ml/min – includes > 90 ml/min Done in both diabetic & non-diabetic patients. Data for diabetic patients and eGFR < 90 ml/min could not be extracted even after request
49.	Docherty et al	Extrapolating Long-term Event-Free and Overall Survival with Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction: An Exploratory Analysis of a Phase 3 Randomized Clinical Trial.	Simulation analysis
50.	Hiramatsu et al	Impact of glucagon like peptide-1 receptor agonist and sodium glucose cotransporter 2 inhibitors on type 2 diabetes patients with renal impairment.	Prospective cohort study
51.	Nakamura et al	Impact of sodium-glucose cotransporter 2 inhibitors on renal function in participants with type 2 diabetes and chronic kidney disease with normoalbuminuria	Retrospective study
52.	Kinguchi et al	Improved home BP profile with dapagliflozin is associated with amelioration of albuminuria in Japanese patients with diabetic nephropathy: the Yokohama add-on inhibitory efficacy of dapagliflozin on albuminuria in Japanese patients with type 2 diabetes study (Y-AIDA study).	No comparator/ single arm study/ no randomization But desired renal outcomes present
53.	Adamson et al	Initial Decline (Dip) in Estimated Glomerular Filtration Rate After Initiation of Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction: Insights From DAPA-HF.	Desired outcome not present. Data for diabetic & CKD stage > 2 could not be extracted
54.	Lui et al	Kidney outcomes associated with sodium-glucose cotransporter 2 inhibitors versus glucagon-like peptide 1 receptor agonists: A real-world population-based analysis	Propensity scores matched cohort study
55.	Kosiborod et al	Lower Risk of Heart Failure and Death in Patients Initiated on Sodium-Glucose Cotransporter-2 Inhibitors Versus Other Glucose-Lowering Drugs: The CVD-REAL Study (Comparative Effectiveness of Cardiovascular Outcomes in New Users of Sodium-Glucose Cotransporter-2 Inhibitors).	Propensity scores matched cohort study
56.	Chertow et al	Quételet (body mass) index and effects of dapagliflozin in chronic kidney disease.	DAPA-CKD Data duplication

57.	Heerspink et al	Rationale and protocol of the Dapagliflozin and Prevention of Adverse outcomes in chronic kidney disease (DAPA-CKD) randomized controlled trial.	DAPA-CKD Data duplication
58.	Nakagaito et al	Renoprotective effects of sodium glucose cotransporter 2 inhibitors in type 2 diabetes patients with decompensated heart failure	Non-randomized study
59.	Wheeler et al	Safety and efficacy of dapagliflozin in patients with focal segmental glomerulosclerosis: a prespecified analysis of the dapagliflozin and prevention of adverse outcomes in chronic kidney disease (DAPA-CKD) trial.	DAPA-CKD Data duplication
60.	Guja et al	Safety and Efficacy of Exenatide Once Weekly in Participants with Type 2 Diabetes and Stage 2/3 chronic kidney disease.	Pooled analysis Dapagliflozin - comparator
61.	Hirai et al	Sodium–glucose cotransporter 2 inhibitors in type 2 diabetes patients with renal function impairment slow the annual renal function decline, in a real clinical practice	Retrospective cohort study
62.	Petrykiv et al	The albuminuria-lowering response to dapagliflozin is variable and reproducible among individual patients.	Study duration: 6 weeks Baseline eGFR >45 ml/min
63.	Wheeler et al	The dapagliflozin and prevention of adverse outcomes in chronic kidney disease (DAPA-CKD) trial: baseline characteristics.	DAPA-CKD Data duplication
64.	Batyushin et al	[The dapagliflozin and prevention of adverse outcomes in chronic kidney disease: results of the DAPA-CKD study].	DAPA-CKD Data duplication
65.	Scholtes et al	The effects of dapagliflozin on cardio-renal risk factors in patients with type 2 diabetes with or without renin-angiotensin system inhibitor treatment: a post hoc analysis.	Pooled analysis
66.	Provenzano et al	The Kidney Protective Effects of the Sodium-Glucose Cotransporter-2 Inhibitor, Dapagliflozin, Are Present in Patients with CKD Treated With Mineralocorticoid Receptor Antagonists.	DAPA-CKD Data duplication
67.	CC. Van Ruiten et al	Effect of exenatide twice daily and dapagliflozin, alone and in combination, on markers of kidney function in obese patients with type 2 diabetes: A prespecified secondary analysis of a randomized controlled clinical trial.	eGFR < 60 ml/min were excluded. Data for patients with 60-90 ml/min eGFR could not be extracted.
68.	Clegg LE et al	Reduction of Cardiovascular Risk and Improved Estimated Glomerular Filtration Rate by SGLT2 Inhibitors, Including Dapagliflozin, Is Consistent Across the Class: An Analysis of the Placebo Arm of EXSCEL	Dapagliflozin is used in placebo arm as open-label drop in therapy
69.	Hussein et al	Value of Sodium-Glucose Co-Transporter 2 Inhibitor Versus Traditional Medication in Microalbuminuric Diabetic Patients.	Impaired renal function is an exclusion criterion.

			eGFR >60 ml/min included
70.	Jianjia jiang et al, August 2020	Comparison of Dapaglifozin and Liraglutide in Patients with Poorly Controlled Type 2 Diabetes Mellitus: a 24-week, Open, Double-centered, Head-to-Head Trial	Exclusion criteria says patients with kidney impairment were excluded. Not done in CKD patients Results for eGFR are significant

Supplementary Table 2: Summary of Search Methods

S.No	MeSH terms	No. of articles in each database				Total
		PubMed Since 2000 up to November 2022	Scopus searched on 11/11/2022	Cochrane Searched on 11/11/2022	Ovid Searched on 11/11/2022	
1.	"Dapagliflozin" AND "CKD"	130	221	117	165	633
2.	"Dapagliflozin" AND "chronic kidney disease" AND "type 2 diabetes"	164	306	93	231	794
3.	"Dapagliflozin" AND "albuminuria" AND "eGFR"	30	53	76	95	254
Total		**324**	**580**	**286**	**491**	**1681**

Supplementary Table 2: Unpublished data

S. No	Domain	CTRI Searched up to November 2022	Clinicaltrials.gov Searched up to November 2022
1.	Dapagliflozin	48	261
2.	Chronic kidney disease	178	221
Total		**226**	**482**

Supplementary Figure 1: Grading quality of evidence

Author(s): Kanimozhi M
Question: Dapagliflozin compared to Placebo/ anti-CKD drugs for Type 2 diabetes and CKD stage 2-5
Setting: hospital
Bibliography:

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Dapagliflozin	Placebo/ anti-CKD drugs	Relative (95% CI)	Absolute (95% CI)		
Mean percentage change in UACR from baseline (follow-up: median 2.3 years; Scale from: 10 % to 40%)												
4	randomised trials	not serious	not serious	not serious	not serious	none	380	386	-	MD **23.99 mg/g lower** (34.82 lower to 13.15 lower)	⨁⨁⨁⨁ High	CRITICAL
Mean change in eGFR from baseline (follow-up: median 2.3 years; Scale from: -5 to +5)												
4	randomised trials	not serious	very serious	not serious	not serious	none	436	424	-	SMD **0.06 SD higher** (0.45 lower to 0.56 higher)	⨁⨁◯◯ Low	IMPORTANT
Mean change in chronic eGFR slope (follow-up: range 1 years to 3 years; Scale from: -5 to 5)												
2	randomised trials	not serious	serious	not serious	not serious	none	567	580	-	MD **2.74 higher** (1.55 higher to 3.92 higher)	⨁⨁⨁◯ Moderate	CRITICAL

CI: confidence interval; **MD:** mean difference; **SMD:** standardised mean difference

PRISMA 2020 Checklist:

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Page 1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Abstract submitted as per the check list in separate file
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Page 1
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 1-2
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Page 2
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.	Page 2; also refer supplement table 2s
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Page 2; also refer table 1s & 2s
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.	Page 3
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.	Page 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.	Page 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.	Page 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	Page 3

Section and Topic	Item #	Checklist item	Location where item is reported
		if applicable, details of automation tools used in the process.	
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.	Page 3 - 4
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)).	Table 1 & 1s
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Page 3 (WebPlot digitizer utilized to synthesize data from graphs)
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Page 3 (RevMan)
	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.	Page 3 - 4
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Page 6
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Page 6
Reporting bias assessment	**14**	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Cochrane ROB tool used to assess ROB(Fig 3a & b) Publication bias not assessed
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Page 6
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.	Page 4, figure 1
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Page 4, Table 1s
Study characteristics	17	Cite each included study and present its characteristics.	Page 4 -5 & Table 1
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Page 5 & Figure 3
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.	Page 5 -6 Table 2

Section and Topic	Item #	Checklist item	Location where item is reported
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Page 5 & Figure 3
	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.	Page 5,6 Figure 2
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Page 7
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Page 5 -7
Reporting biases	**21**	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Page 5
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Page 6
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Page 6 -8
	23b	Discuss any limitations of the evidence included in the review.	Page 8
	23c	Discuss any limitations of the review processes used.	Page 8
	23d	Discuss implications of the results for practice, policy, and future research.	Page 8 -9
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.	PROSPERO registration number (CRD42022304631)
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Page 2
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	No change
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	9
Competing interests	26	Declare any competing interests of review authors.	9
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.	Not Available publicly

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

For more information, visit: http://www.prisma-statement.org/

PRISMA 2020 for Abstract checklist:

Section and Topic	Item #	Checklist item	Reported (Yes/No)
TITLE			
Title	1	Identify the report as a systematic review.	yes
BACKGROUND			
Objectives	2	Provide an explicit statement of the main objective(s) or question(s) the review addresses.	yes
METHODS			
Eligibility criteria	3	Specify the inclusion and exclusion criteria for the review.	yes
Information sources	4	Specify the information sources (e.g. databases, registers) used to identify studies and the date when each was last searched.	yes
Risk of bias	5	Specify the methods used to assess risk of bias in the included studies.	no
Synthesis of results	6	Specify the methods used to present and synthesise results.	yes
RESULTS			
Included studies	7	Give the total number of included studies and participants and summarise relevant characteristics of studies.	yes
Synthesis of results	8	Present results for main outcomes, preferably indicating the number of included studies and participants for each. If meta-analysis was done, report the summary estimate and confidence/credible interval. If comparing groups, indicate the direction of the effect (i.e. which group is favoured).	yes
DISCUSSION			
Limitations of evidence	9	Provide a brief summary of the limitations of the evidence included in the review (e.g. study risk of bias, inconsistency and imprecision).	no
Interpretation	10	Provide a general interpretation of the results and important implications.	yes
OTHER			
Funding	11	Specify the primary source of funding for the review.	no
Registration	12	Provide the register name and registration number.	yes

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

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