Supplementary File 1

Search Strategy

ID	Cochrane Library	Results
#1	Cystectomies OR Cystectomy OR "bladder cancer*" OR "bladder neoplasm*" OR "bladder Tumor*"	
#2	"Nutrition Assessment*" OR "Nutritional Assessment*" OR "Nutrition" OR "Nutrition" OR "Nutritional"	
#3	Prehabilitation OR Prehabilitations OR Pre-habilitation OR Pre-habilitations OR Preoperative OR "Pre-operative" OR "Pre operative" OR Conditioning OR Exercise*	
#4	#1 AND #2 AND #3	68
	Pubmed	Results
#1	"Cystectomy"[Mesh] OR Cystectomies OR Cystectomy OR "bladder cancer*" OR "bladder neoplasm*" OR "bladder Tumor*"	
#2	"Nutrition Assessment"[Mesh] OR "Nutrition Assessment*" OR "Nutritional Assessment*" OR "Nutrition" OR "Nutritional"	
#3	Prehabilitation OR Prehabilitations OR Pre-habilitation OR Pre-habilitations OR Preoperative OR "Pre-operative" OR "Pre operative" OR Conditioning OR Exercise*	-
#4	#1 AND #2 AND #3	142
ID	Cumulative Index Of Nursing And Allied Health Literature (CINAHL)	Results
#1	Cystectomies OR Cystectomy OR "bladder cancer*" OR "bladder neoplasm*" OR "bladder Tumor*"	-
#2	"Nutrition Assessment*" OR "Nutritional Assessment*" OR "Nutrition" OR "Nutritional"	
#3	Prehabilitation OR Prehabilitations OR Pre-habilitation OR Pre-habilitations OR Preoperative OR "Pre-operative" OR "Pre operative" OR Conditioning OR Exercise*	
#4	#1 AND #2 AND #3	32
ID	SCOPUS	
#1	Cystectomies OR Cystectomy OR "bladder cancer*" OR "bladder neoplasm*" OR "bladder Tumor*"	
#2	"Nutrition Assessment*" OR "Nutritional Assessment*" OR "Nutrition" OR "Nutrition" OR	
#3	Prehabilitation OR Prehabilitations OR Pre-habilitation OR Pre-habilitations OR Preoperative OR "Pre-operative" OR "Pre operative" OR Conditioning OR Exercise*	

#4	#1 AND #2 AND #3	195
ID	Web of Science	
#1	Cystectomies OR Cystectomy OR "bladder cancer*" OR "bladder neoplasm*" OR "bladder Tumor*"	
#2	"Nutrition Assessment*" OR "Nutritional Assessment*" OR "Nutrition" OR "Nutrition" OR "Nutritional"	
#3	Prehabilitation OR Prehabilitations OR Pre-habilitation OR Pre-habilitations OR Preoperative OR "Pre-operative" OR "Pre operative" OR Conditioning OR Exercise*	
#4	#1 AND #2 AND #3	149
	TOTAL ARTICLES FOUND	586

INCLUSION / EXCLUSION CRITERIA									
DUPLICATES	309								
TOTAL (DUPLICATES EXCLUDED)	277								
AFTER TITLE ABSTRACT READ	128								
AFTER FULL TEXTS READ	<mark>50</mark>								
RECORDS INCLUDED:	6								
RECORDS EXCLUDED:	44								

	RECORDS INCLUDED:	
	n. 3-7-14-20-33-42	
	RECORDS EXCLUDED:	REASON:
7	n.1- 36-37-38-39-40-41	on-going
5	n. 2 -8-16-22-44	systematic review
12	n.4-5-6-10-17-24-25-26-27-31-32-46	Experts Opinion / journal article
14	n. 9-11-12-13-15-19-21-23-28-29 -30 -34-45-50	no NP intervention
2	n. 18-47	narrative review
3	n. 35-48-49	literature review

1	n. 43	Meta Analysis
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REFERENCES INCLUDED / EXCLUDED:

- Akdemir, E., Sweegers, M. G., Vrieling, A., Rundqvist, H., Meijer, R. P., Leliveld-Kors, A. M., Van Der Heijden, A. G., Rutten, V. C., Koldewijn, E. L., Bos, S. D., & et al. (2023). EffectiveNess of a multimodal preHAbilitation program in patieNts with bladder canCEr undergoing radical cystectomy: protocol of the ENHANCE multicentre randomised controlled trial [Journal article]. BMJ Open, 13(3). https://doi.org/10.1136/bmjopen-2022-071304
- Alam, S. M., Michel, C., Robertson, H., Camargo, J. T., Linares, B., Holzbeierlein, J., & Hamilton-Reeves, J. M. (2021). Optimizing Nutritional Status in Patients Undergoing Radical Cystectomy: A Systematic Scoping Review. Bladder Cancer, 7(4), 449-461. https://doi.org/10.3233/blc-200428
- Aldhaam, N. A., Elsayed, A. S., Hussein, A. A., Siam, A., Osei, J., Jing, Z., Babar, T., Graton, M., Kurtz, T., Johnson, T., & et al. (2021). Impact of Perioperative Multidisciplinary Rehabilitation Pathway on Early Outcomes after Robot-assisted Radical Cystectomy: a Matched Analysis [Journal article]. Urology, 147, 155-161. https://doi.org/10.1016/j.urology.2020.05.113
- Aning, J., Neal, D., Driver, A., & McGrath, J. (2010). Enhanced recovery: From principles to practice in urology [Note]. BJU International, 105(9), 1199-1201. https://doi.org/10.1111/j.1464-410X.2010.09249.x
- Campodonico, F., & Parodi, D. (2013). Re: Lambert et al.: Using preoperative albumin levels as a surrogate marker for outcomes after radical cystectomy for bladder cancer (Urology 2013;81:587-592) [Letter]. Urology, 81(6), 1382. https://doi.org/10.1016/j.urology.2013.02.007
- Claps, F., Pavan, N., Maresma, M. C. M., Mazzon, G., del Grappa, B., Ramirez-Backhaus, M., Boltri, M., Soria, F., Massanova, M., D'Andrea, D., Traunero, F., Marra, G., Liguori, G., Gontero, P., Shariat, S. F., Briones, J. R., Celia, A., & Trombetta, C. (2020). IMPACT OF PREOPERATIVE CONTROLLING NUTRITIONAL STATUS (CONUT) SCORE ON PERIOPERATIVE MORBIDITY AND SURVIVAL OUTCOMES IN PATIENTS WITH BLADDER CANCER TREATED WITH RADICAL CYSTECTOMY: A MULTICENTER ANALYSIS. Journal of urology, 203, E1278-E1278. <Go to ISI>://WOS:000527010301174
- Cozzi, G., Musi, G., Milani, M., Jemos, C., Gandini, S., Mazzoleni, L., Salé, E. O., & de Cobelli, O. (2021). Impact of perioperative immunonutrition on complications in patients undergoing radical cystectomy. In Enhanced Recovery After Surgery: Perspectives, Protocols and Efficacy (pp. 65-83). https://www.scopus.com/inward/record.uri?eid=2-s2.0-85109466350&partnerID=40&md5=e62f53e71fed473fe6758f73cac87482
- 8. Cui, H. W., Turney, B. W., & Griffiths, J. (2017). The Preoperative Assessment and Optimization of Patients Undergoing Major Urological Surgery [Review]. Current Urology Reports, 18(7), Article 54. https://doi.org/10.1007/s11934-017-0701-z
- 9. Djaladat, H., Bruins, H. M., Miranda, G., Cai, J., Skinner, E. C., & Daneshmand, S. (2014). The association of preoperative serum albumin level and American Society of Anesthesiologists (ASA) score on early complications and survival of patients undergoing radical cystectomy for urothelial bladder cancer [Article]. BJU International, 113(6), 887-893. https://doi.org/10.1111/bju.12240
- Durai, P., Lin, H. Z. J., Bhaumik, J., & Tong, P. S. Y. (2022). Prehabilitation for Surgery in Urology, Urogynaecology, and Gynaecological Oncology. In Prehabilitation for Cancer Surgery (pp. 295-310). https://doi.org/10.1007/978-981-16-6494-6_14

- Garg, T., Chen, L. Y., Kim, P. H., Zhao, P. T., Herr, H. W., & Donat, S. M. (2014). Preoperative serum albumin is associated with mortality and complications after radical cystectomy. BJU International, 113(6), 918-923. https://doi.org/10.1111/bju.12405
- 12. Giese, M., Butea-Bocu, M., Huber, J., & Groeben, C. (2023). Prähabilitation bei radikaler Zystektomie. Die Urologie, 62(10), 1034-1040. https://doi.org/10.1007/s00120-023-02172-8
- Gregg, J., Salem, S., Chang, S., Clark, P., Cookson, M., Davis, R., Stimson, C. J., Aghazadeh, M., Smith, J., & Barocas, D. (2010). EFFECTS OF PRE-OPERATIVE NUTRITIONAL DEFICIENCY ON 90-DAY MORTALITY AND OVERALL SURVIVAL IN PATIENTS UNDERGOING RADICAL CYSTECTOMY FOR BLADDER CANCER. Journal of urology, 183(4), E704-E705. https://doi.org/10.1016/j.juro.2010.02.1754
- Hamilton-Reeves, J. M., Stanley, A., Bechtel, M. D., Yankee, T. M., Chalise, P., Hand, L. K., Lee, E. K., Smelser, W., Mirza, M., Wyre, H., & et al. (2018). Perioperative Immunonutrition Modulates Inflammatory Response after Radical Cystectomy: results of a Pilot Randomized Controlled Clinical Trial [Journal article]. Journal of urology, 200(2), 292-301. https://doi.org/10.1016/j.juro.2018.03.001
- Hendri, A. Z., Khalilullah, S. A., & Aditya, G. A. (2021). A preliminary outcome of modified enhanced recovery protocol versus standard of care in radical cystectomy: an Indonesian experience [Article]. African Journal of Urology, 27(1), Article 111. https://doi.org/10.1186/s12301-021-00213-2
- Hijazi, Y., Gondal, U., & Aziz, O. (2017). A systematic review of prehabilitation programs in abdominal cancer surgery [Review]. International Journal of Surgery, 39, 156-162. https://doi.org/10.1016/j.ijsu.2017.01.111
- Holzbeierlein, J. M. (2022). Perioperative optimization of the genitourinary oncology patient [Review]. Urologic Oncology: Seminars and Original Investigations, 40(11), 487-488. https://doi.org/10.1016/j.urolonc.2021.04.019
- Hupe, M. C., Kramer, M. W., & Merseburger, A. S. (2015). Preoperative and Modifiable Factors to Lower Postoperative Complications After Radical Cystectomy [Review]. Current Urology Reports, 16(4). https://doi.org/10.1007/s11934-015-0493-y
- Jensen, B., Laustsen, S., Jensen, J., Borre, M., Petersen, A., Jensen, B. T., Jensen, J. B., & Petersen, A. K. (2016). Exercise-based pre-habilitation is feasible and effective in radical cystectomy pathways-secondary results from a randomized controlled trial. Supportive care in cancer, 24(8), 3325-3331. https://doi.org/10.1007/s00520-016-3140-3
- Jensen, B. T., Jensen, J. B., Love-Retinger, N., Bowker, M., Retinger, C., & Dalbagni, G. (2019). Implementing a Multimodal Prehabilitation Program to Radical Cystectomy in a Comprehensive Cancer Center: A Pilot Study to Assess Feasibility and Outcomes. Urol Nurs, 39(6), 303-313. https://doi.org/10.7257/1053-816x.2019.39.6.303
- Jensen, B. T., Jensen, K. E.-M., Lash, T. L., Laustsen, S., Petersen, A. K., & Borre, M. (2012). 28 The Impact of Pre-operative Nutritional Risk on Survival Following Radical Cystectomy. European Journal of Oncology Nursing, 16, S11-S11. https://doi.org/10.1016/S1462-3889(12)70043-1
- 22. Jensen, B. T., Lauridsen, S. V., & Jensen, J. B. (2020). Optimal delivery of follow-up care after radical cystectomy for bladder cancer [Review]. Research and Reports in Urology, 12, 471-486. https://doi.org/10.2147/RRU.S270240

- Jensen, B. T., Laustsen, S., Jensen, J., Petersen, A. K., & Borre, M. (2016). Exercise-based prehabilitation is feasible and effective in radical cystectomy pathways-secondary results from a randomized controlled trial [Journal article; Conference proceeding]. European urology, supplements, 15(3), e332. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01142799/full
- 24. Karl, A., Buchner, A., Becker, A., Grimm, T., & Stief, C. G. (2013). Results of a prospective study on a new fast track regimen for patients undergoing radical cystectomy for bladder cancer [Journal article; Conference proceeding]. European urology, supplements, 12(1), e923. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01057553/full
- 25. Kassouf, W., Minnella, E., Awasthi, R., Ferreira, V., Aprikian, A., Tanguay, S., & Carli, F. (2018). Prehabilitation for patients undergoing cystectomy: preliminary analysis of a single-center, randomized controlled trial [Journal article; Conference proceeding]. Journal of urology, 199(4), e622. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01568992/full
- 26. Khan, A., Platek, M., Rehman, S., Din, R., Shi, Y., Azzouni, F., Wilding, G., & Guru, K. (2013). PROSPECTIVE EVALUATION OF PREOPERATIVE NUTRITIONAL STATUS IN PATIENTS UNDERGOING ROBOT-ASSISTED RADICAL CYSTECTOMY. Journal of urology, 189(4), E669-E669. https://doi.org/10.1016/j.juro.2013.02.3177
- Kukreja, J. B., Seif, M., Lozano, M., Wang, X., Hwang, H., Kamat, A., Dinney, C., & Navai, N. (2019). Preoperative immunonutrition in patients treated with radical cystecotmy, results from a phase 1, "oral immunonutrition to enhance recovery after surgery" feasibility trial [Journal article; Conference proceeding]. Journal of urology, 201(4), e537. https://doi.org/10.1097/01.JU.0000556085.15762.2a
- 28. Lee, G., Patel, H. V., Srivastava, A., & Ghodoussipour, S. (2022). Updates on enhanced recovery after surgery for radical cystectomy [Review]. Therapeutic Advances in Urology, 14. https://doi.org/10.1177/17562872221109022
- 29. Li, S., Zhang, D., Zeng, S., Wu, T. J., Wang, Y. C., Zhang, H., Wang, B., & Hu, X. P. (2021). Prognostic Value of Preoperative Albumin-to-Fibrinogen Ratio in Patients with Bladder Cancer. Journal of Cancer, 12(19), 5864-5873. https://doi.org/10.7150/jca.61068
- Liu, K., Xu, Z., Meng, J., Fu, G., Gu, S., & Gu, M. (2015). Impact of preoperative nutritional risk on complications after radical cystectomy [Article]. Beijing da xue xue bao. Yi xue ban = Journal of Peking University. Health sciences, 47(5), 800-803. https://www.scopus.com/inward/record.uri?eid=2-s2.0-84955347739&partnerID=40&md5=f57b55f63f970b6e31c6701a4576c250
- 31. Lonati, C., & Moschini, M. (2021). Editorial Comment from Dr Lonati and Dr Moschini to Impact of preoperative sarcopenia and myosteatosis on prognosis after radical cystectomy in patients with bladder cancer [Note]. International Journal of Urology, 28(7), 762-763. https://doi.org/10.1111/iju.14577
- Lyon, T., Turner, R., McBride, D., Gingrich, J., Davies, B., Jacobs, B., & Tarin, T. (2016). A pilot study of high-arginine nutritional supplementation prior to radical cystectomy [Journal article; Conference proceeding]. Canadian urological association journal, 10(9-10), S158-S159. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01408400/full

- 33. Lyon, T. D., Turner, R. M., McBride, D., Wang, L., Gingrich, J. R., Hrebinko, R. L., Jacobs, B. L., Davies, B. J., & Tarin, T. V. (2017). Preoperative immunonutrition prior to radical cystectomy: a pilot study. Canadian Journal of Urology, 24(4), 8895-8901. <Go to ISI>://WOS:000408303200005
- 34. Matulewicz, R., Aggarwal, A., Kim, J., & Kundu, S. (2015). PREOPERATIVE NUTRITIONAL STATUS AS A PREDICTOR OF RADICAL CYSTECTOMY POST OPERATIVE COMPLICATIONS: A NATIONAL COMPARISON. Journal of urology, 193(4), E800-E800. https://doi.org/10.1016/j.juro.2015.02.2317
- 35. Munbauhal, G., Drouin, S. J., Mozer, P., Colin, P., Phé, V., Cussenot, O., & Rouprêt, M. (2014). Malnourishment in bladder cancer and the role of immunonutrition at the time of cystectomy: An overview for urologists [Review]. BJU International, 114(2), 177-184. https://doi.org/10.1111/bju.12529
- 36. Nct. (2011). Multimodal Rehabilitation Program to Bladder Cancer Patients [Trial registry record]. https://clinicaltrials.gov/show/NCT01329107. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01532807/full
- Nct. (2013). Prehabilitation to Enhance Postoperative Functional Capacity Following Radical Cystectomy [Trial registry record]. https://clinicaltrials.gov/show/NCT01836978. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01541729/full
- Nct. (2017). Trimodal Prehabilitation for Cystectomy Patients to Enhance Post-operative Care [Trial registry record]. https://clinicaltrials.gov/show/NCT03347045. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01565943/full
- Nct. (2019). Against All Odds -Prehabilitation in Urologic Cancer Surgery [Trial registry record]. https://clinicaltrials.gov/show/NCT04088968. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-01984260/full
- 40. Nct. (2022). EffectiveNess of a Multimodal preHAbilitation Program in Patients With Muscle iNvasive Bladder canCEr [Trial registry record]. https://clinicaltrials.gov/show/NCT05480735. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02424842/full
- 41. Nct. (2023). The Role of Preoperative Immunonutrition on Morbidity and Immune Response After Cystectomy (INCyst Trial) [Trial registry record]. https://clinicaltrials.gov/show/NCT05726786. https://www.cochranelibrary.com/central/doi/10.1002/central/CN-02524630/full
- Patel, S. Y., Trona, N., Alford, B., Laborde, J. M., Kim, Y., Li, R. G., Manley, B. J., Gilbert, S. M., Sexton, W. J., Spiess, P. E., & Poch, M. A. (2022). Preoperative immunonutrition and carbohydrate loading associated with improved bowel function after radical cystectomy. Nutrition in Clinical Practice, 37(1), 176-182. https://doi.org/10.1002/ncp.10661
- 43. Peng, L., Du, C. X., Meng, C. Y., Li, J. Z., You, C. Y., Li, X. H., Zhao, P., Cao, D. H., & Li, Y. X. (2021). Controlling Nutritional Status Score Before Receiving Treatment as a Prognostic Indicator for Patients With Urothelial Cancer: An Exploration Evaluation Methods. Frontiers in Oncology, 11, Article 702908. https://doi.org/10.3389/fonc.2021.702908
- 44. Poinas, G., Blache, J. L., Kassab-Chahmi, D., Evrard, P. L., Artus, P. M., Alfonsi, P., Rébillard, X., Beaussier, M., Cerantola, Y., Coloby, P., Drapier, É., Houédé, N., Masson-Lecomt, A., Rouprêt, M., Le Normand, L., Gamé, X., Bosset, P. O., Delaunay, L., Fendler, J. P., . . . Cuvelier, G. (2019). Short version of recommendations for enhanced recovery program (ERP) for cystectomy: Technical measures [Short survey]. Progres en Urologie, 29(2), 63-75. https://doi.org/10.1016/j.purol.2018.12.002

- 45. Pruthi, R. S., Chun, J., & Richman, M. (2003). Reducing time to oral diet and hospital discharge in patients undergoing radical cystectomy using a perioperative care plan [Article]. Urology, 62(4), 661-665. https://doi.org/10.1016/S0090-4295(03)00651-4
- Pruthi, R. S., & Smith, A. M. (2011). Effect of Preoperative Nutritional Deficiency on Mortality After Radical Cystectomy for Bladder Cancer EDITORIAL COMMENT. Journal of urology, 185(1), 96-96. https://doi.org/10.1016/j.juro.2010.09.139
- Smelser, W. W., Tallman, J. E., Gupta, V. K., Al Awamlh, B. A., Johnsen, N. V., Barocas, D. A., Kline-Quiroz, C., Tomlinson, C. A., McEvoy, M. D., Hamilton-Reeves, J., & Chang, S. S. (2023). Implementation of a comprehensive prehabilitation program for patients undergoing radical cystectomy. Urologic Oncology-Seminars and Original Investigations, 41(2). https://doi.org/10.1016/j.urolonc.2022.10.017
- 48. Smith, J., Pruthi, R. S., & McGrath, J. (2014). Enhanced recovery programmes for patients undergoing radical cystectomy [Review]. Nature Reviews Urology, 11(8), 437-444. https://doi.org/10.1038/nrurol.2014.164
- 49. Sung, L. H., & Yuk, H. D. (2021). Enhanced recovery after surgery of patients undergoing radical cystectomy for bladder cancer [Review]. Translational Andrology and Urology, 9(6), 2986-2996. https://doi.org/10.21037/tau.2020.03.44
- 50. Thoft Jensen, B. (2016). Preoperative Nutritional Status and The Impact on Radical Cystectomy Recovery: An International Comparative Study. Urologic Nursing, 36(3), 133-152. https://doi.org/10.7257/1053-816X.2016.36.3.133

JBI Critical Appraisal Tools

Table 1-9: JBI Checklist available at: https://jbi.global/critical-appraisal-tools

Score (mean): According to Pimsen et al., studies with a JBI score above 70% are considered of high quality, those scoring between 50% and 70% are of medium quality, and those with a score below 50% are categorized as low quality. The assessment of quality and risk of bias should be integrated as a separate column in the data extraction table to identify the appropriate level (low, medium, high).

Table 1

STUDY	ITEM 1	ITEM 2	ITEM 3	ITEM 4	ITEM 5	ITEM 6	ITEM 7	ITEM 8	ITEM 9	ITEM 10	ITEM 11	ITEM 12	ITEM 13	SCORE (mean)	SEEK FURTHER INFO	QUALITY
Jill et., al. 2018	Y	Y	Y	Y	Y	U	Y	Y	Y	Y	Y	Y	Y	92,31%		HIGH
D.Lyon et., al. 2017	N	Ν	Y	N	N	Ν	Y	Y	Y	Y	Y	Y	Y	61,54%		MEDIUM

Table 1. JBI Critical appraisal tool for Randomized Controlled Trials

Legend: Y=Yes; N=No; U=Unclear; NA=Not Applicable / Items from JBI Critical appraisal tool for Randomized Controlled Trials: 1.Was true randomization used for assignment of participants to treatment groups?; 2.Was allocation to treatment groups concealed?;3.Were treatment groups similar at the baseline?; 4. Were participants blind to treatment assignment?;5.Were those delivering treatment blind to treatment assignment?;6.Were outcomes assessors blind to treatment assignment?;7.Were treatment groups treated identically other than the intervention of interest?;8.Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?;9.Were participants analyzed in the groups to which they were randomized?;10.Were outcomes measured in the same way for treatment groups?;11.Were outcomes measured in a reliable way?;12.Was appropriate statistical analysis used?;13.Was the trial design appropriate, and any deviations from the standard RCT design (individual randomization, parallel groups) accounted for in the conduct and analysis of the trial?

Table 2

STUDY	ITEM 1	ITEM 2	ITEM 3	ITEM 4	ITEM 5	ITEM 6	ITEM 7	ITEM 8	ITEM 9	SCORE (mean)	SEEK FURTHER INFO	QUALITY
Bente et., al. 2019	Y	U	N	N	Y	Y	Y	Y	Y	66.6%		MEDIUM

Table 2. JBI Critical appraisal tool for quasi-experimental studies

Legend: Y=Yes; N=No; U=Unclear; NA=Not Applicable / Items from JBI Critical appraisal tool for quasi-experimental studies:1=Is it clear in the study what is the 'cause' and what is the 'effect' (i.e. there is no confusion about which variable comes first)?; 2=Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?; 4=Was there a control group?; 5=Were there multiple measurements of the outcome both pre and post the intervention/exposure?; 6=Was follow up complete and if not, were differences between groups in terms of their follow up adequately described and analyzed?; 7=Were the outcomes of participants included in any comparisons measured in the same way?;8=Were outcomes measured in a reliable way?; 9=Was appropriate statistical analysis used?

Table 3

STUDY	ITEM 1	ITEM 2	ITEM 3	ITEM 4	ITEM 5	ITEM 6	ITEM 7	ITEM 8	INCLUDE / EXCLUDE	SCORE (mean)	SEEK FURTHER INFO	QUALITY
Patel et., al. 2022	Y	Y	Y	Y	Y	Y	Y	Y	Y	100%		HIGH
Table 3. JBI Cr	itical app	raisal too	l of analy	tical cross	s sectiona	l studies						

Legend: Y=Yes; N=No; U=Unclear; NA=Not Applicable / Items from Critical appraisal of analytical cross sectional studies: 1= Were the criteria for inclusion in the sample clearly defined?; 2=Were the study subjects and the setting described in detail?, 3=Was the exposure measured in a valid and reliable way?, 4=Were objective, standard criteria used for measurement of the condition?, 5=Were confounding factors identified?, 6=Were strategies to deal with confounding factors stated?, 7=Were the outcomes measured in a valid and reliable way?, 8=Was appropriate statistical analysis used?

Table 4

STUDY	ITEM 1	ITEM 2	ITEM 3	ITEM 4	ITEM 5	ITEM 6	ITEM 7	ITEM 8	ITEM 9	ITEM 10	SCORE (mean)	SEEK FURTHER INFO	QUALITY
Naif et. al. 2020	Y	Y	Y	Y	Y	N	N	Y	Y	Y	80%		HIGH

Table 4. JBI Critical appraisal tool for case control studies

Legend: Y=Yes; N=No; U=Unclear; NA=Not Applicable / Items from JBI Critical appraisal tool for case control studies: 1.Were the groups comparable other than the presence of disease in cases or the absence of disease in controls?; 2.Were cases and controls matched appropriately?; 3.Were the same criteria used for identification of cases and controls?; 4.Was exposure measured in a standard, valid and reliable way?; 5.Was exposure measured in the same way for cases and controls?; 6.Were confounding factors identified?; 7.Were strategies to deal with confounding factors stated?; 8.Were outcomes assessed in a standard, valid and reliable way for cases and controls?; 10.Was appropriate statistical analysis used?

Table 5

STUDY	ITEM 1	ITEM 2	ITEM 3	ITEM 4	ITEM 5	ITEM 6	ITEM 7	ITEM 8	ITEM 9	ITEM 10	ITEM 11	SCORE (mean)	SEEK FURTHER INFO	QUALITY
Cozzi, et., al. 2021	Y	Y	Y	N	Ν	Y	Y	Y	Y	NA	Y	72,73%		HIGH

Table 5. Critical appraisal of cohort studies included

Legend: Y=Yes; N=No; U=Unclear; NA=Not Applicable; / Items from JBI Critical appraisal checklist for Cohort Study: 1= Were the two groups similar and recruited from the same population? 2= Were the exposures measured similarly to assign people to both exposed and unexposed groups? 3= Was the exposure measured in a valid and reliable way? 4= Were confounding factors identified? 5= Were strategies to deal with confounding factors stated? 6= Were the groups/participants free of the outcome at the start of the study (or at the moment of exposure)? 7= Were the outcomes measured in a valid and reliable way? 8= Was the follow-up time reported and sufficient to be long enough for outcomes to occur? 9= Was follow-up complete, and if not, were the reasons to loss to follow up described and explored? 10= Were strategies to address incomplete follow-up utilized? 11= Was appropriate statistical analysis used?