**Supplement B:** Description of adapted criteria for QUADAS-2 classification

Risk of bias:

* Patient Selection: ☺ for screening cohorts, ☺ for diagnostic cohort studies, ☹ for case-control studies
* Index Test: ☺ if the index test result was interpreted without knowledge of the results of the reference standard and a pre-specified positivity threshold was used. Using a qualitative FIT (where the positivity threshold cannot be adjusted), a quantitative FIT with the default cutoff recommended by the manufacturer or analyzing the FIT at the lower detection limit or at a preset specificity were rated like a pre-specified threshold. Studies not reporting that interpretation of the index test was blinded to colonoscopy results were rated as unclear risk. Studies adjusting the FIT cutoff to achieve “optimal” results without split into training and test set were rated as high risk.
* Reference Standard: ☺ if colonoscopy was used as reference standard
* Flow and Timing: a high share of initially recruited participants not included in the final analysis (>15%) was regarded as high-risk to have induced bias.

Applicability Concerns:

* Patient Selection: ☺ for screening cohorts, ? for diagnostic cohort studies, ☹ for case-control studies
* Index Test: ☺ for FITs in current use for which standardized operating procedures exist, ☹ otherwise (e.g. obsolete FITs or FITs that require adding an undefined amount of antibodies to processed samples)
* Reference Standard: ☺ if CRC staging was conducted by histopathologic examination