## Methods Supplement

Based on the key question, included studies, clinical and methodological diversity, we pooled study results in either pairwise or network meta-analyses. Random effects models were fitted given the goal of estimating unconditional effects (i.e., effects not relevant only to the pooled studies).1 For binomial outcomes, default models used the Mantel-Haenszel method and Paule-Mandel estimator2 for between-study variance. Continuous outcomes meta-analyses used inverse variance weighting and the restricted maximum-likelihood estimator for between-study variance. When five or more studies were pooled, we applied the Hartung-Knapp adjustment.3 Network meta-analyses were conducted using frequentist4 or Bayesian methods5,6 with non-informative priors. Consistency was examined by comparing direct to indirect evidence4 in the frequentist network meta-analyses and inconsistency models6 in the Bayesian approach.

When means and standard deviations were unavailable for continuous outcomes they were imputed if authors reported medians, interquartile and/or overall ranges for the effects of interest.7 If necessary, *P*-values were used to estimate missing standard deviations.8 We pooled relative effects as risk ratios for clinical interpretability9 and continuous outcomes as mean differences or standardized mean differences for outcomes reported with differing scales. When feasible, standardized mean differences were re-expressed on the most common scale used.10 Statistical heterogeneity was examined using the between study variance and *I* 2.11 Small-study effects and the potential for publication bias were examined using funnel plots (comparison-adjusted for network meta-analyses) and regression-based tests.12

## References

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