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ASEPTIC GLENOID BASEPLATE LOOSENING AFTER REVERSE TOTAL SHOULDER ARTHROPLASTY.

A SYSTEMATIC REVIEW AND META-ANALYSIS

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Appendix

TABLE E-1 Details of Search Strategy

Search	Query	No. of Results
PubMed/		
MEDLINE		
1	"Search arthroplasty, replacement, shoulder [MeSH Terms]	294
2	"Search ((shoulder* AND replac*)) OR (shoulder* AND revision*)	5,120
3	"Search ""shoulder arthroplast*""	2,652
4	"Search ""shoulder arthroplasty""	2,605
5	"Search ""shoulder* arthroplasties""	4,885
6	"Search (arthroplasty[MeSH Terms]) AND shoulder joints[MeSH Terms]	2,291
7	"Search (#1 OR #2 OR #3 OR #4 OR #5 OR #6)"	6,759
8	"Search (""reverse"") OR ""inverse""	448,730
9	"Search (#7 AND #8)" Filters: Publication date from 2000/01/01; Humans;	953
	English	
Embase		
1	'shoulder arthroplasty'/exp OR 'shoulder arthroplasty'	3,892
2	(shoulder NEXT/2 replac*):ab,ti	684
3	(shoulder NEXT/2 revis*):ab,ti	50
4	shoulder AND arthroplasty	6,212
5	#1 OR #2OR #3 OR #4	6,450
6	inverse OR reverse	565,728
7	revers*:ab,ti	741,174
8	#6 OR #7	1,015,091
9	#5 AND #8 AND [embase]/lim NOT ([embase]/lim AND medline]/lim) AND 'human'/de	555

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TABLE E-2 Guidelines for Assessing Risk of Bias Based on Study Participation and Outcome Measurement Domains of the Quality in Prognosis Studies (QUIPS) Tool

Quality in Prognosis Studies (QUIPS) Tool			
Potential Bias	Items Considered		
Study participation			
Does the study sample sufficiently represent the population of interest on key characteristics to limit potential bias in the results?	Target population: The source population or population of interest is described adequately for key characteristics. Sampling frame: The sampling frame and recruitment are described adequately, possibly including methods to identify the sample (number and type used, e.g., referral patterns in health care), period of recruitment, and place of recruitment (setting and geographic location). The sampling frame and procedures used to sample subjects should not lead to selection of participants who are systematically different from eligible nonparticipants.		
	Inclusion criteria: Inclusion and exclusion criteria are described v (e.g., including explicit diagnostic criteria or "zero time" description). Inclusion/exclusion criteria should not select participants who are systematically different from eligible nonparticipants. Baseline study population: The baseline study sample (i.e., individuals entering the study) is described adequately for key characteristics. Adequate study participation: There is adequate participation in the study by eligible individuals. Studies should report factors associated with nonresponse and quantify and interpret these associations to determine whether it is a selective sample. E.g., low participation raises suspicion that there may be a barrier to participating that may influence outcomes.		
Outcome measurement			
Is the outcome of interest measured adequately in study participants sufficient to limit potential bias?	Definition of outcome: A clear definition of the outcome of interest is provided, including duration of follow-up and level and extent of the outcome construct. Valid and reliable measure of outcome: The outcome measure and method used are adequately valid and reliable to limit misclassification bias (e.g., may include relevant outside sources of information on measurement properties, also characteristics, such as blind measurement and confirmation of outcome with valid and reliable tests). Measures that are uncommon or that have been modified should provide evidence of reliability and validity. Whenever possible, validated instruments should be used. Method and setting of outcome measurement: The method and setting of measurement are the same for all study participants. The measurement approach, timing, and setting of assessment should be standardized across subjects, or conducted in a way that limits systematically different measurement. If there are differences, this should be reported and the implications should be considered. Estimation of population parameters: Estimates of population parameters should be calculated using data observed in the whole sample, not extrapolated from rates observed in a subsample (e.g., Are all participants examined?).		

After consideration of all items, risk of bias is rated in each domain as high, moderate, or low.