Supplemental File 2: Tables

Supplementary eTable 1. Pharmacologic treatments: study characteristics

Study	Study Design	Country	Intervention(s)	N	Study Duration	Funding	Comments
Liu et al. (2020)[15]	RCT	China	Valproate vs. Valproate + Levetiracetam	100	12 weeks	No financial support received by authors	Xiantao First People's Hospital Affiliated, China
Arzimanoglou et al. (2016)[16]	Pre/Post	27 sites in Europe	Levetiracetam	101	Mean 5 months	UCB Pharma (manufacturer of the tested medication)	27 sites in Europe
Arican et al. (2018)[17]	Pre/Post	Turkey	Levetiracetam	92	Median 12 months	No financial support received by authors	Izmir Katip Celebi University, Turkey
Grinspan et al. (2018)[18]	Non-randomized comparative study #	USA	Levetiracetam vs Phenobarbital	155	6 months	Pediatric Epilepsy Research Foundation	17 sites in the USA
Kim et al. (2009)[19]	Non-randomized comparative study	South Korea	Topiramate vs Carbamazepine	146	Mean 30.7 months	NR	Kyungpook National University Hospital, Daegu, South Korea
Kholin et al. (2014)[20]	Pre/Post #	Russia	Topiramate	58	NR, but 61% were on treatment for one year or more	NR	Pirogov Russian National Medical University, Russia
Grosso et al. (2005)[21]	Pre/Post #	Italy	Topiramate	36	Median 11 months	NR	University of Siena, Italy
Kim et al. (2010)[12]	Pre/Post $	South Korea	Topiramate	81	Average 13.4 months	NR	Chonbuk National University Hospital, South Korea
Novotny et al. (2010)[14,28]	RCT $	USA	Topiramate, Placebo	149	20 days	Johnson & Johnson Pharmaceutical Research & Development	Seattle Children's Hospital, USA
Manitpisitkul et al. (2013)[13]	RCT $	USA, Brazil, Russia, Ukraine, India	Topiramate (compared doses)	55	6 weeks	Janssen Research & Development (the manufacturer of the medication being tested)	USA, Brazil, Russia, Ukraine, India

Study	Study Design	Country	Intervention(s)	N	Study Duration	Funding	Comments
Piña-Garza et al. (2008)[22,23]	Withdrawal RCT *	USA	Lamotrigine	204	At least 5 weeks initial open label phase; double blind phase 8 weeks; long-term open label 92% received the medication for at least 24 weeks	GlaxoSmithKline (the manufacturer of the study medication)	12 countries (USA, Australia, Estonia, France, Hungary, Italy, Latvia, Lithuania, The Netherlands, Portugal, Slovakia, Spain). While the study was designed as an RCT, the randomized portion of the study did not follow patients for at least 12 weeks, so for effectiveness data, we used the longer-term data reported by a secondary publication of the trial[23] which was a pre-post study.
Sicca et al. (2000)[24]	Pre/Post	France	Phenytoin	55	3 months	NR	Hospital St. Vincent Du Paul, France
Jackson et al. (2017)[25]	Pre/Post	USA	Vigabatrin	103	Average 12.1 months follow-up	Lundbeck Inc. (manufacturer of the tested medication)	Boston Children's Hospital, USA
Tanritanir et al. (2021)[26]	Pre/Post	USA	Rufinamide	103	Median 15 months	Investigator initiated grant by Eisai Inc (manufacturer of the tested medication)	Boston Children's Hospital, USA
Yamada et al. (2021)[27]	Pre/Post	Japan	Stiripentol	95	2 years	Meiji Seika Pharma Co., Ltd	Throughout Japan

The study was included only for effectiveness, since no harms data were reported.
$ The study was included only for harms, since follow-up for effectiveness data was less than 12 weeks, or only harms data were reported.
* The RCT portion was included only for harms data, since follow-up in that portion was less than 12 weeks. The long-term pre/post phase was included for both effectiveness and harms data.

Supplementary eTable 2. Pharmacologic treatments: patient characteristics and treatment details

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
Liu et al. (2020)[15]	Valproate	Initially 40 mg/kg/day and titrated to a maximum of 50 mg/kg/day, with 3 courses (30 days per course)	50	50% female	NR	2 years (SD 1.1)	NR	No prior treatments permitted. Did not report whether patients received concomitant treatments	NR
	Valproate + Levetiracetam	Valproate initially 40 mg/kg/day	50	48% female	NR	2 years (SD 1.3)			

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
		and titrated to a maximum of 50 mg/kg/day, with 3 courses (30 days per course). Also received levetiracetam initially 20 mg/kg/day and increased once every 5-7 days to a maximum of 30 mg/kg/day.							
Arzimanoglou et al. (2016)[16]	Levetiracetam	Mean daily dose 46 mg/kg/day (SD 16)	101	51% female	NR	Mean 6 months (SD 3)	Idiopathic focal 5%, temporal lobe epilepsy 12%, frontal lobe epilepsy 20%, occipital lob epilepsy 5%, parietal lobe epilepsy 11%, Idiopathic generalized 7%, generalized benign neonatal familial convulsions 2%, generalized benign neonatal convulsions 1%, other generalized idiopathic 4%, West 19.8%, early infantile epileptic encephalopathy with suppression burst 1%, generalized symptomatic nonspecific etiology 1%, other symptomatic	Prior ASM levetiracetam 35%, phenobarbital 31%, vigabatrin 11%. Concomitant ASM during the study were vigabatrin 34%, phenobarbital 26%, valproate sodium 23%, and diazepam 20%.	25% focal simple, 43% focal complex, 34% partial evolving to secondary generalized, 1% generalized atypical absence, 8% generalized myoclonic, 7% generalized clonic , 21% generalized tonic, 17% generalized tonic clonic, 1% generalized atonic, 15% unclassified

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
							generalized epilepsy 3%		
Arican et al. (2018)[17]	Levetiracetam	Initially 10 mg/kg/day titrated up to 60 mg/kg/day. 26% ended at <30 mg/kg/day, 52% took 30-40 mg/kg/day, and the other 22% took >40 mg/kg/day.	92	52% female	NR	Median 6 months (IQR 1-10)	Structural 21%, metabolic 11%, genetic 9%, infectious 3%, unknown 56%	No other prior ASM. Those sufficiently controlled did not receive additional ASM. During the study, 31 patients were not sufficiently controlled and 30/31 received at least one of 11 additional ASM (%'s not reported).	Focal 58%, generalized 42%
Grinspan et al. (2018)[18]	Levetiracetam	First ASM prescribed by a neurologist, as monotherapy. No details of titration schedules. Median target dose 25 mg/kg/d	117	52% female	65% White, 29% Other, 6% Black	NR	All had nonsyndromic epilepsy. 60% unknown etiology, 17% developmental structural abnormality, 9% acquired etiology, 7% genetic etiology, 3% neurocutaneous etiology, 4% other.	No prior treatments, and no concomitant treatments were administered	Focal 56%, generalized 25%, mixed or unclear 19%
	Phenobarbital	Median target dose 5 mg/kg/d	38	53% female	66% White, 29% Other, 5% Black	NR	All had nonsyndromic epilepsy. 42% unknown etiology, 32% developmental structural abnormality, 13% acquired etiology, 8% genetic etiology, 3% neurocutaneous etiology, 3% other.	No prior treatments, and no concomitant treatments were administered	Focal 61%, generalized 21%, mixed or unclear 18%
Kim et al. (2009)[19]	Topiramate	Initial 0.5-1 mg/kg/day and increased weekly in increments of 1/mg/kg/da	41	54% female	NR	10 months (SD 6.4)	46% had presence of underlying pathology	No prior treatments permitted. Did not report whether patients received	20% partial, 71% generalized, 10% unclassified

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
		y to a maximum of 3-9.						concomitant treatments	
	Carbamazepine	Initial 5-10 mg/kg/day and increased weekly in increments of 5-10/mg/kg/day to a maximum of 30.	105	46% female	NR	8.4 months (SD 5.6)	32% had presence of underlying pathology	No prior treatments permitted. Did not report whether patients received concomitant treatments	44% partial, 47% generalized, 10% unclassified
Kholin et al. (2014)[20]	Topiramate	No treatment details reported	58	48% female (based on the overall N=722)	NR	All < 1 year (no other information reported) for the data we extracted	Mixed (see list of 29 etiologies for the overall N=722 in Table 2 of the article). The two most common were symptomatic/cryptogenic frontal epilepsy (30%) and symptomatic/cryptogenic temporal epilepsy (22%).	For overall enrolled (N=722), 62% were using other ASM(s) in addition to topiramate (specific medications not reported)	NR
Grosso et al. (2005)[21]	Topiramate	Mean dose 5.2 mg/kg/day	37	For the full N=59 enrolled: 47% female	NR	For the full N=59 enrolled: mean 13 months	For all 59 enrolled patients: Post-anoxia ischemia 27%, Brain malformation 10%, Chromosome anomalies 7%, Post-infectious 3%, Progressive metabolic disorders 3%, Cryptogenic 46%, Idiopathic 3%	For all 59 enrolled patients: 37% were receiving one ASM prior to starting topiramate, 41% two ASM prior to starting topiramate, and 22% three ASM prior to starting topiramate. The other ASM were valproate (58%), carbamazepine (41%), vigabatrin (37%), phenobarbital (24%), clonazepam (22%), lamotrigine (7%), and chlormethyldiazepam (5%)	For all 59 enrolled patients: Localization related Idiopathic Early-onset occipital seizure 2%, Localization related Idiopathic Benign partial complex seizure 2%, Localization related Cryptogenic 12%, Localization related Symptomatic 20%, Localization related Bathing epilepsy 2%, Generalized

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
									Cryptogenic Infantile spasm 10%, Generalized Symptomatic Infantile spasm 22%, Generalized Symptomatic Ohtahara syndrome 2%, Generalized Symptomatic Myoclonic epilepsy and MSNE 2%, Generalized Symptomatic Others 3%, Dravet's syndrome 10%, Unclassifiable 14%
Kim et al. (2010)[1597]	Topiramate	Topiramate dosing started at 1 mg/kg/d for the first week, then titrated over two-week intervals to a maximum of 5 mg/kg/d. Of the full patient group (N=151), 52 were on topiramate monotherapy and 99 on polytherapy	81	53% female (based on the overall N=151)	NR	All <=12 months old (no other information reported) for the data we extracted	NR	For overall enrolled (N=151), additional ASMs were carbamazepine (36%), valproate (33%), clobazam (19%), lamotrigine (10%), rivotril (8%), vigabatrin (6%), oxcarbazepine (5%), phenytoin (3%), and ativan (3%)	NR
Novotny et al. (2010)[14,28]	Placebo	Added to current medications	37	38% female	70% white, 3% Black, 24% Asian, 3% other	Mean 13 months (SD 7.6)	NR	Required to already be on at least one concurrent marketed medication for seizures.	100% Partial, and across groups 13% also were having generalized seizures

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
	Topiramate 5 mg/kg/d	Added to current medications. Started at 3 mg/kg/day and titrated every 3 days to a maximum of 5 mg/kg/d or the maximum tolerated dose. Liquid or sprinkle formulation.	38	42% female	66% white, 3% Black, 18% Asian, 13% other	Mean 13 months (SD 7.6)		Across groups, the most frequently used AEDs at baseline were valproic acid (56%), phenobarbital (29%), and carbamazepine (17%).	
	Topiramate 15 mg/kg/d	Added to current medications. Started at 3 mg/kg/day and titrated every 3 days to a maximum of 15 mg/kg/d or the maximum tolerated dose. Liquid or sprinkle formulation.	37	49% female	51% white, 3% Black, 30% Asian, 16% other	Mean 12 months (SD 6.2)			
	Topiramate 25 mg/kg/d	Added to current medications. Started at 3 mg/kg/day and titrated every 3 days to a maximum of 25 mg/kg/d or the maximum tolerated dose. Liquid or	37	38% female	57% white, 5% Black, 19% Asian, 19% other	Mean 10 months (SD 5.2)			

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
		sprinkle formulation.							
Manitpisitkul et al. (2013)[13]	Topiramate 3 mg/kg/d	Weekly dose escalation to the target dose. Oral or sprinkle formulation	14	57% female	79% White, 7% Black, 14% Asian	11 months (SD 5.4)	NR	Concomitant AEDs: Enzyme inducer 29%, Enzyme inhibitor 46%, Enzyme inhibitor and inducer 15%, Neutral 13%	71% partial, 50% partial evolving into secondary generalized, 7% tonic, 7% infantile spasm, 7% other
	Topiramate 5 mg/kg/d		13	23% female	85% White, 8% Black, 8% Asian	12 months (SD 5.5)	NR	Concomitant AEDs: Enzyme inducer 29%, Enzyme inhibitor 46%, Enzyme inhibitor and inducer 23%, Neutral 0%	54% partial, 38% partial evolving into secondary generalized, 15% tonic, 31% infantile spasm, 8% other
	Topiramate 15 mg/kg/d		13	53% female	77% White, 8% Black, 15% Asian	12 months (SD 6.7)	NR	Concomitant AEDs: Enzyme inducer 36%, Enzyme inhibitor 38%, Enzyme inhibitor and inducer 8%, Neutral 13%	69% partial, 62% partial evolving into secondary generalized, 8% tonic, 15% infantile spasm, 0% other
	Topiramate 25 mg/kg/d		15	33% female	73% White, 7% Black, 20% Asian	11 months (SD 6.1)	NR	Concomitant AEDs: Enzyme inducer 43%, Enzyme inhibitor 46%, Enzyme inhibitor and inducer 15%, Neutral 7%	73% partial, 13% partial evolving into secondary generalized, 7% tonic, 27% infantile spasm, 13% other
Piña-Garza et al. (2008)[22,23]	Lamotrigine	Maximum maintenance dose 5.1 mg/kg/day for those on either valproate or a non-enzyme-inducing ASM, or 15.6 mg/kg/day for those on	204	44% female	84% White, 4%, Black, 7% American Hispanic, 1% Asian, 4% Other	Mean 15.9 months	NR	The concomitant ASM was enzyme-inducing in 59%, not enzyme-inducing in 30%, and was valproate in 11%.	Simple partial 27%, complex partial 62%, secondarily generalized 45%, generalized 25%, partial only 75%, generalized only 1%, both partial and generalized 23%

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
		enzyme-inducing ASM.							
Sicca et al. (2000)[24]	Phenytoin	Oral treatment (N=33 had started on long-term oral administration after intravenous PHT, and the other N=22 had only received oral administration).	55	For the full N=82 enrolled: 51% female	NR	For the full N=82 enrolled: mean 7.4 months	For the full N=82 enrolled: Hypoxic-ischaemic 13%, Cortical dysplasia 10%, Acute cerebral vasculopathy 9%, Tuberous sclerosis 5%, Meningitis 4%, Viral encephalopathy 2%, Multiple cerebral malformation 2%, Peroxisomal disease 2%, Mitochondrial encephalopathy 2%, Other 11%, Not identified 39%	Prior treatments not reported. Concomitant treatments in 93%, most frequently vigabatrin, carbamazepine (CBZ), clonazepam, clobazam, phenobarbital (PB) and valproate (VPA) (did not report % of patients for each medication)	Generalized epilepsy 51%, partial epilepsy 49%
Jackson et al. (2017)[25]	Vigabatrin	The median dose at first follow-up was 100 mg/kg per day (IQR 79.4–125) and at last follow-up was 93.8 mg/kg per day (IQR 54–128.6).	103	53% female	NR	Mean 8 months (IQR 5-15)	Structural/metabolic 49.5%, TSC 24%, Malformation of cortical development 18%, other 8%	Concomitant treatments were Levetiracetam in 35%, Topiramate in 31.1%, Phenobarbital in 25.2%, Clonazepam in 12.6%, Clobazam in 10.7%, Zonisamide in 9.7%, Oxcarbazepine in 6.8%, Valproic acid in 5.8%, Phenytoin in 1.9%, Rufinamide in 1.9%, Lacosamide in 1.9%, Lorazepam in 1.9%, Lamotrigine in 0.97%, Tiagabine in 0.97%,	91% "epileptic spasm", 15% focal, 10% generalized tonic, 5% generalized myoclonic, 5% generalized tonic-clonic, 4% generalized atonic, and 1% generalized absence

Study	Intervention	Treatment Details	N	Sex	Race	Age at Intervention	Seizure Etiologies	Prior and Concurrent Treatments	Seizure Types
								Gabapentin in 0.97%, Pyridoxine in 12%, Steroid in 11%, Ketogenic diet in 2%	
Tanritanir et al. (2021)[26]	Rufinamide	50.5% started at 5 mg/kg/d, and the other 49.5% started at 10 mg/kg/d. Titration schedules varied. Median dosage at the last follow-up was 42 mg/kg/d (IQR 34-56).	103	42% female	NR	Median 20 months (IQR 13-28)	Structural brain / metabolic abnormality with identified genetic cause in 17 (16%), structural brain or metabolic abnormality with unidentified genetic cause in 33 (32%), unknown etiology in 35 (34%), and genetic cause in 19 (18%)	Levetiracetam 69%, Topiramate 39%, Clobazam 33%, Vigabatrin 32%, Clonazepam 20%, Phenobarbital 17%, Ketogenic diet 16%, Zonisamide 14%, Valproic acid 10%, Oxcarbazepine 7%, Steroid 7%, Lacosamide 5%, Lamotrigine 5%, Others 12%	Focal onset (22%), generalized tonic-clonic (23%), absence (10%), tonic (75%), myoclonic (43%), clonic (5%), atonic seizures (14%), epileptic spasms (64%) (and all patients had epilepsy).
Yamada et al. (2021)[27]	Stiripentol	Not specifically reported for those age 0-2, but for the N=376 new patients, mean starting dose was 13.4 mg/kg/day. After one year, the mean dose was 32.5 mg/kg/day.	95	Not specifically reported for those age 0-2	100% Asian	Age range 0-2 years for the subgroup of interest	Not specifically reported for those age 0-2	Not specifically reported for those age 0-2, but for the N=376 new patients, 99% were taking sodium valproate, 93% were taking clobazam, 41% were taking bromide, and 41% were taking topiramate	Not specifically reported for those age 0-2

Supplementary eTable 3. Dietary treatments: study characteristics

Study	Study Design	Country	Interventions	n	Comparator	N	Study Duration	Funding	Comments
Dressler et al. 2015[36]	Pre/Post	Austria	Ketogenic Diet (classic) ranging from 2.5:1 to 4:1	58	NA	NA	18 months	None.	Conducted at Medical University Vienna.
El-Rashidy et al. 2013[31]	RCT	Egypt	Ketogenic Diet (classic) 4:1	10	Modified Atkins Diet No change in diet	15 15	> 6 months	Children's hospital, Faculty of Medicine, Ain Shams University	Conducted at Children's Hospital Ain Shams University
Kang et al. 2005[34]	Pre/Post	Korea	Ketogenic Diet (classic) 4:1	49	NA	NA	12 months	NR	Conducted at Epilepsy Centers in Yonsei University and Inje University.
Kim et al. 2015[30]	RCT	Korea	Ketogenic Diet (classic) 4:1	17	Modified Atkins Diet	20	6 months	National Research Foundation of Korea (NRF) funded by the Ministry of Education, Science and Technology	Conducted at Severance Hospital
Kim et al. 2019[35]	Pre/Post	USA	Ketogenic Diet ranging from 1:1 to 3:1	49	NA	NA	3 months	None	Conducted at Lurie Children's Hospital. Patients with West Syndrome excluded per protocol.
Liu et al. 2021[37]	Pre/Post	China	Ketogenic Diet (classic) ranging from 2:1 to 4:1	41	NA	NA	12 months	NR.	Conducted at Children's Hospital of Chongqing Medical University, Chongqing, China.
Suo et al. 2012[33]	Pre/Post	China	Ketogenic Diet (classic) 4:1	147	NA	NA	12 months	NR	Conducted at Shenzhen Children's Hospital.
Wu et al. 2015[32]	Pre/Post	China	Ketogenic Diet (classic) 4:1	40	NA	NA	6 months	Six Major Human Resources Project of Jiangsu Province	Conducted at Children's Hospital of Fudan University.

Supplementary eTable 4. Dietary treatments: patient characteristics and treatment details

Study	Interventions	N	Gender	Age at Intervention	Seizure Etiology and Type	Prior Treatments
Kim et al. 2015[30]	Ketogenic Diet (classic): ·4:1 lipid to nonlipid ratio and nonfasting initiation protocol.	17	NRFS Total KD population, including any age: 32 males 19 females	1 to 2 years	NRFS Total KD population, including any age: 8 tonic, 4 tonic-clonic, 4 myoclonic. 2 atonic, 12 epileptic spasms, 21 focal, 10 LGS, 8 West, 1 MAE, 2 Dravet, 30 epilepsy unspecified Total MAD population, including any age: 9 tonic, 2 tonic-clonic, 3 myoclonic. 1 atonic, 16 epileptic spasms, 21 focal, 8 LGS, 12 West, 1 MAE, 4 Dravet 28 epilepsy unspecified	≥2 prescribed ASM
	Modified Atkins Diet: (Johns Hopkins Protocol)	20	NRFS Total MAD population, including any age: 26 males 27 females			
El-Rashidy et al. 2013[31]	Ketogenic Diet (classic) The classic 4:1 KD was provided by as a formula.	10	50% female	26 ± 0.9 months	11 post-anoxic, 3 post-traumatic, 7 post-hemorrhagic. 3 focal, 4 general, 2 infantile spasm, 1 early infantile myoclonic encephalopathy.	ASM polytherapy
	Modified Atkins Diet: (nearly balanced diet [60% fat, 30% protein, and 10% carbohydrates by weight] without restrictions)	15	47% female	27.13 ± 6.63 months	3 post-anoxic, 4 post-hemorrhagic, 2 Tuberous sclerosis, 1 syndromic epilepsy. 4 focal, 11 general.	ASM polytherapy

Study	Interventions	N	Gender	Age at Intervention	Seizure Etiology and Type	Prior Treatments
	Normal Diet: (Normal accustomed diet with anti-epileptic polytherapy)	15	47% female	25.73 ± 6.35 months	NR	ASM polytherapy
Kim et al. 2019[35]	Ketogenic Diet: KD was initiated at a ratio of 1:1 (fat grams: carbohydrate + protein grams) without a fast as an inpatient in the hospital. The keto ratio was increased daily, reaching up to 3:1 on day 3. On day 4, patients were discharged home at the ratio of 3:1 with full calories. Fluids were not restricted.	49	NRFS Total population, including any age: 50 males 59 females	Mean 1.4 ± 0.8	Non West Syndrome	Median 4 anticonvulsants.
Dressler et al. 2015[36]	Ketogenic Diet (classic): According to the Johns Hopkins protocol without fasting and fluid restriction. The ketogenic ratio in infants during the first year of life is usually 3:1 or 2.5:1. In older children the ketogenic ratio used is 4:1.	58	NRFS Total population, including any age: 56 males 59 females	0.68 ± 0.45 years	NRFS Total population, including any age: 18 genetic, 54 structural/metabolic, 43 unknown	Mean ASM 2.47 ± 2
Wu et al. 2015[32]	Ketogenic Diet (classic): 4:1 ratio of fat: protein plus carbohydrates) using a KD vegetable protein beverage (Ketogenicsz)	40	NRFS Total population, including any age: 62 males 25 females	0 to 1 year: 6; 1 to 3 years: 34	NRFS Total population, including any age: 31 spasms, 2 tonic, 6 tonic–clonic, 6 myoclonic, 1 atonic, 4 partial seizure, 20 LGS, 5 Dravet, 6 Doose, 2 LKS	At least 2 anticonvulsants
Suo et al. 2012[33]	Ketogenic Diet (classic): Johns Hopkins Hospital protocol4 with an initial fasting stage of about 24 h, and a diet lipid-to-nonlipid ratio of 4:1.	147	NR	0 to 2 years old.	NR	At least 3 anticonvulsants.

Study	Interventions	N	Gender	Age at Intervention	Seizure Etiology and Type	Prior Treatments
Kang et al. 2005[34]	Ketogenic Diet (classic): Johns Hopkins Protocol	49	NRFS Total population, including any age: 110 males 89 females	< 2 years	NRFS Total population, including any age: 39 infantile spasms, 16 myoclonic, 28 atonic, 16 generalized tonic-clonic, 14 generalized tonic, 16 SMEI, 4 LKS, 2 EIEE, 9 nonspecific generalized seizure, 54 nonspecific partial seizure	Mean ASM 3.14
Liu et al. 2021[37]	Classic Ketogenic Diet, details not reported.	41	44% female	20.51 ± 4.05 months	NR	2 or more anticonvulsants

NR – Not reported by the study; NRFS – Not reported for the subgroup of patients who were age 1-36 months