

Efficacy of technical modifications to the associating liver partition and portal vein ligation for staged hepatectomy (ALPPS) procedure:

A systematic review and meta-analysis

(Supplementary Material)

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Supplementary Table 1. Assessment of study quality in the comparative meta-analysis.													
<i>Authors</i>	<i>Q1</i>	<i>Q2</i>	<i>Q3</i>	<i>Q4</i>	<i>Q5</i>	<i>Q6</i>	<i>Q7</i>	<i>Q8</i>	<i>Q9</i>	<i>Q10</i>	<i>Q11</i>	<i>Q12</i>	<i>Score</i> [*]
Alvarez, 2015	2	2	2	2	1	2	2	0	1	1	1	2	18
Petrowsky, 2015	2	1	0	2	0	2	2	0	2	1	2	2	16
Chan, 2017	2	1	2	2	1	2	2	0	2	1	2	2	19
Linecker, 2017	2	2	2	2	1	2	2	0	2	2	2	2	21
Stavrou, 2017	2	1	0	2	0	2	0	0	2	0	2	2	13
Rassam, 2020	2	2	2	2	1	2	2	0	2	1	2	2	20
Robles-Campos, 2021	2	0	2	2	1	2	2	0	1	1	1	2	16
<p>Q1. A clearly stated aim. Q2. Inclusion of consecutive patients. Q3. Prospective collection of data. Q4. Endpoints appropriate to the aim of the study. Q5. Unbiased assessment of the study endpoint. Q6. Follow-up period appropriate to the aim of the study. Q7. Loss to follow-up less than 5%. Q8. Prospective calculation of the study size. Q9. An adequate control group. Q10. Contemporary groups. Q11. Baseline equivalence of groups. Q12. Adequate statistical analyses.</p> <p>* The items are scored 0 (not reported), 1 (reported but inadequate), or 2 (reported and adequate). The global ideal score is 16 for non-comparative studies and 24 for comparative studies.</p>													

Supplementary Figure 1. PRISMA flow chart showing selection of articles for review.

