Appendix 1

We evaluated the methodological quality of the included articles according to Ottawa scale, with detailed information as follows:

NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

Selection (0–4 points):

- 1) Representativeness of the exposed cohort
 - a) truly or somewhat representative of the average level in the community(1 point).
 - b) selected group of users or no description of the derivation of the cohort(0 point).
- 2) Selection of the non-exposed cohort
 - a) drawn from the same community as the exposed cohort(1 point).
 - b) drawn from a different source or no description of the derivation of the non-exposed cohort(0 point).
- 3) Ascertainment of exposure
 - a) secure record or structured interview(1 point).
 - b) written self report or no description(0 point).
- 4) Demonstration that outcome of interest was not present at start of study
 - a) yes (1 point).
 - b) no (0 point).

Comparability (0-2 points):

1) Comparability of cohorts on the basis of the design or analysis

- a) study controls for the most important factor and any additional factor(1 point).
- b) study controls for any additional factor(1 point).
- c) study controls without the most important factor or any additional factor(0 point).

Outcome (0-3 points):

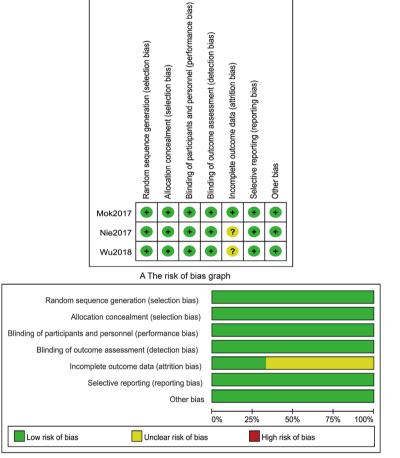
- 1) Assessment of outcome
 - a) independent blind assessment or record linkage(1 point).
 - b) self report or no description(0 point).
- 2) Was follow-up long enough for outcomes to occur
 - a) yes (1 point).
 - b) no (0 point).
- 3) Adequacy of follow up of cohorts
 - a) complete follow up or subjects lost to follow up unlikely to introduce bias(1 point).
 - b) follow up rate <80% and no description of those lost, or no statement(0 point).

Quality assessment:

- 1) The quality of each study was defined as
 - a) "poor" (total score <4).
 - b) "fair" ($4 \le \text{total score} \le 6$).
 - c) "good" ($7 \le \text{total score} \le 9$).

Study (year)	Selection	Comparability	Outcome	Total scores
Goss 2016	3	0	3	6
Zhou 2017	3	0	3	6





B The risk of bias summary

Figure S1 The risk of bias in the included RCTs.