

Supplemental material 3. Inter-reviewers agreement for R-AMSTAR and risk of bias of primary studies.

R-MASTAR inter-reviewers agreement: 1) $\kappa = 0.86$ (95% CI=0.6 – 1.0), 2) $\kappa = 0.76$ (95% CI=0.53 – 0.99), 3) $\kappa = 0.68$ (95% CI=0.35 – 1.0), 4) $\kappa = 0.78$ (95% CI=0.55 – 1.0), 5) $\kappa = 0.73$ (95% CI=0.35 – 1.0), 6) $\kappa = 0.86$ (95% CI=0.59 – 1.0), 7) $\kappa = 0.63$ (95% CI=0.23 – 1.0), 8) $\kappa = 0.84$ (95% CI=0.54 – 1.0), 9) $\kappa = 0.78$ (95% CI=0.49 – 1.0), 10) $\kappa = 0.90$ (95% CI=0.71 – 1.0), 11) $\kappa = 0.92$ (95% CI=0.78 – 1.0).

Risk of bias inter-reviewers agreement: adequate sequence generation $\kappa = 1.0$ (95% CI=1.0 – 1.0), allocation concealment $\kappa = 0.79$ (95% CI= 0.41 – 1.0), patient blinding $\kappa = 1.0$ (95% CI=1.0 – 1.0), care provider blinding $\kappa = 1.0$ (95% CI=1.0 – 1.0), outcome assessor blinding $\kappa = 0.69$ (95% CI=0.37 – 1.0), dropout rate $\kappa = 0.85$ (95% CI=0.62 – 1.0), intention-to-treat analysis $\kappa = 1.0$ (95% CI=1.0 – 1.0), free of selective reporting $\kappa = 0.76$ (95% CI=0.51 – 0.96), similarity of participants at the baseline $\kappa = 1.0$ (95% CI=1.0 – 1.0), co-interventions avoided $\kappa = 0.64$ (95% CI=0.41 – 1.0), compliance $\kappa = 0.76$ (95% CI=0.36 – 1.0), timing of the outcome assessment $\kappa = 0.84$ (95% CI=0.47 – 1.0), and follow-up $\kappa = 0.83$ (95% CI=0.56 – 1.0).