

Online Table 1: Total Knee Replacement

Citation	Author(s)	Title	Year	Journal	Impact Factor	Study Design	Time period	Time Span	Target Performance Values	Results	Sample Size
HSS Knee Score											
U.S. Food and Drug Administration. Summary of Safety and Effectiveness Data: Oxford Meniscal Unicompartmental Knee System. 2004; http://www.accessdata.fda.gov/cdrh_docs/pdf/P010014b.pdf . Accessed 9/9/2015, 2015.	U.S. Food and Drug Administration	Summary of Safety and Effectiveness Data: Oxford Meniscal Unicompartmental Knee System	2004	N/A	N/A	Prospective, multi-center, investigational clinical trial; historical control group selected from literature	TKRs performed between June 26, 1989 and June 1, 1994	Follow-up conducted at 6 months, then annually to 5 years (2 year minimum for inclusion)	Success = Good/Excellent HSS score (>70 points)	Pre-op: 23/125 (18.7%) met target HSS score (60.3 ± 10.86, range 27.7-84.5); 2 years post-op: 77/80 (96.3%) met target HSS score (mean 90.0, no SD or range provided)	125 knees enrolled, 80 knees at 2-year minimum follow-up point
Kwak JY, Jeong JH, Lee SH, Jung HJ, Jung YB. Comparison of the clinical outcomes after total knee arthroplasty with the LCS rotating platform mobile bearing knee system and the PFC Sigma RP-F mobile bearing knee system. <i>Clinics in orthopedic surgery</i> . 2012;4(4):256-262.	Kwak JY, Jeong JH, Lee SH, Jung HJ, Jung Y	Comparison of the clinical outcomes after total knee arthroplasty with the LCS rotating platform mobile bearing knee system and the PFC Sigma RP-F mobile bearing knee system	2012	Clinics in orthopedic surgery	.79 (2015 factor)*	Retrospective; all surgeries performed by same surgeon; clinical scores assessed by two independent blinded reviewers	TKRs performed between Feb. 2006 and Feb. 2007	Minimum 2 years, mean 2.9 years	No stated target performance value	Pre-op: 62.1 ± 11.0 for LCS knee recipients, 61.9 ± 14.4 for RP-F. At final follow-up: 90.1 ± 6.1, 89.8 ± 6.4, respectively.	111 knees (61 LCS RP total knees, 50 PFC Sigma RP-F total knees)
Bergschmidt P, Bader R, Ganzer D, et al. Ceramic femoral components in total knee arthroplasty - two year follow-up results of an international prospective multi-centre study. <i>The open orthopaedics journal</i> . 2012;6:172-178.	Bergschmidt P, Bader R, Ganzer D, et al	Ceramic femoral components in total knee arthroplasty - two year follow-up results of an international prospective multi-center study	2012	The open orthopaedics journal		Prospective non-comparative multi-center study for the BIOLOX femoral component	Not stated	3, 12, and 24 months	No stated target performance value	Pre-op: 55.5 ± 11.5, 3 months post-op: 77.2 ± 10.3, 12 months post-op: 85.6 ± 8.9, 24 months post-op: 85.7 ± 11.7	110 knees at start, 104 at 3 months, 102 at 12 months, 96 at 24 months
Bistolfi A, Lee GC, Deledda D, et al. NexGen(R) LPS mobile bearing total knee arthroplasty: 10-year results. <i>Knee surgery, sports traumatology, arthroscopy : official journal of the ESSKA</i> . 2014;22(8):1786-1792.	Bistolfi A, Lee GC, Deledda D, et al	NexGen(R) LPS mobile bearing total knee arthroplasty: 10-year results	2014	Knee surgery, sports traumatology, arthroscopy: official journal of the ESSKA	3.227	Therapeutic study, retrospective study, case series with no comparison group, level IV	TKRs performed between 2000 and 2005	Average 76.3 months, range 60-122 months	No stated target performance value	Pre-op: 54.6 ± 7.2, range 28-66, post-op: 86.3 ± 6.4, range 43-98	332 knees enrolled, 305 knees in final analysis
Knee Society Knee Score											
Kim TW, Park SH, Suh JT. Comparison of mobile-bearing and fixed-bearing designs in high flexion total knee arthroplasty: using a navigation system. <i>Knee surgery & related research</i> . 2012;24(1):25-33.	Kim TW, Park SH, Suh JT	Comparison of mobile-bearing and fixed-bearing designs in high flexion total knee arthroplasty: using a navigation system	2012	Knee surgery & related research		Prospective single-center short-term comparison study using electromagnetic navigation system	TKRs performed between January and June, 2010	12-18 months follow-up	No stated target performance value	Pre-op: 48.2 ± 6.4 for Mobile knee recipients, 49.5 ± 5.6 for Fixed. At final follow-up: 94.5 ± 3.2, 95.1 ± 2.8, respectively.	32 LPS-Flex Mobile knees and 34 LPS-Flex Fixed knees
Kwak JY, Jeong JH, Lee SH, Jung HJ, Jung YB. Comparison of the clinical outcomes after total knee arthroplasty with the LCS rotating platform mobile bearing knee system and the PFC Sigma RP-F mobile bearing knee system. <i>Clinics in orthopedic surgery</i> . 2012;4(4):256-262.	Kwak JY, Jeong JH, Lee SH, Jung HJ, Jung Y	Comparison of the clinical outcomes after total knee arthroplasty with the LCS rotating platform mobile bearing knee system and the PFC Sigma RP-F mobile bearing knee system	2012	Clinics in orthopedic surgery	.79 (2015 factor)*	Retrospective; all surgeries performed by same surgeon; clinical scores assessed by two independent blinded reviewers	TKRs performed between Feb. 2006 and Feb. 2007	Minimum 2 years, mean 2.9 years	No stated target performance value	Pre-op: 52.8 ± 15.3 for LCS knee recipients, 50.8 ± 16.6 for RP-F. At final follow-up: 93.7 ± 8.0, 93.5 ± 7.9, respectively.	111 knees (61 LCS RP total knees, 50 PFC Sigma RP-F total knees)
Chiu KY, Ng TP, Tang WM, Lam P. Bilateral total knee arthroplasty: One mobile-bearing and one fixed-bearing. <i>Journal of orthopaedic surgery</i> . 2001;9(1):45-50.	Chiu KY, Ng TP, Tang WM, Lam P	Bilateral total knee arthroplasty: One mobile-bearing and one fixed-bearing	2001	Journal of orthopaedic surgery		Prospective single-center comparison using bilateral surgical method	March 1997 to December 1998	24 ± 4 months follow-up, range 16-29	No stated target performance value	Pre-op for all knees: 49.7 ± 12.0, range 32-80. Post-op for all knees: 86.7 ± 11.9, range 47-99	16 patients, 32 knees
Marques CJ, Daniel S, Sufi-Siavach A, Lampe F. No differences in clinical outcomes between fixed- and mobile-bearing computer-assisted total knee arthroplasties and no correlations between navigation data and clinical scores. <i>Knee surgery, sports traumatology, arthroscopy : official journal of the ESSKA</i> . 2015;23(6):1660-1668.	Marques CJ, Daniel S, Sufi-Siavach A, Lampe F	No differences in clinical outcomes between fixed- and mobile-bearing computer-assisted total knee arthroplasties and no correlations between navigation data and clinical scores	2015	Knee surgery, sports traumatology, arthroscopy : official journal of the ESSKA	3.227	Randomized controlled trial, fixed vs. mobile bearing (results listed here for all knees combined)	TKRs performed between April 2004 and June 2007	Follow-up at 1 and 4 years	No stated target performance value	Pre-op: 29.4 ± 10.2, 1 year post-op: 87.5 ± 12.1, 4 years post-op: 86.0 ± 11.5	100 knees enrolled; 96 at 1-year follow-up; 87 at 4-year follow-up

Jauregui JJ, Cherian JJ, Pierce TP, Beaver WB, Issa K, Mont MA. Long-Term Survivorship and Clinical Outcomes Following Total Knee Arthroplasty. <i>The Journal of arthroplasty</i> . 2015.	Jauregui JJ, Cherian JJ, Pierce TP, Beaver WB, Issa K, Mont MA	Long-Term Survivorship and Clinical Outcomes Following Total Knee Arthroplasty	2015	The Journal of arthroplasty	3.055	Retrospective database study	TKRs performed between January 2001 and September 2004	Minimum 10 years follow-up, average 11 years	No stated target performance value	At final follow up: mean 84, range 7-100	125 patients, 145 knees	
Chen JY, Chin PL, Tay DK, Chia SL, Lo NN, Yeo SJ. Functional Outcome and Quality of Life after Patient-Specific Instrumentation in Total Knee Arthroplasty. <i>The Journal of arthroplasty</i> . 2015.	Chen JY, Chin PL, Tay DK, Chia SL, Lo NN, Yeo SJ	Functional Outcome and Quality of Life after Patient-Specific Instrumentation in Total Knee Arthroplasty	2015	The Journal of arthroplasty	3.055	Non-randomized single-center trial comparing TKA with PCI	TKRs performed in 2011	Follow-up at 6 months and 2 years	No stated target performance value	Pre-op: 37 ± 16, at 6-month follow-up: 83 ± 12, at 2-year follow-up: 81 ± 13	30 TKR patients (30 knees)	
Fricka KB, Sritulanondha S, McAsey CJ. To Cement or Not? Two-Year Results of a Prospective, Randomized Study Comparing Cemented Vs. Cementless Total Knee Arthroplasty (TKA). <i>The Journal of arthroplasty</i> . 2015;30(9 Suppl):55-58.	Fricka KB, Sritulanondha S, McAsey CJ	To Cement or Not? Two-Year Results of a Prospective, Randomized Study Comparing Cemented Vs Cementless Total Knee Arthroplasty (TKA)	2015	The Journal of arthroplasty	3.055	Prospective randomized unblinded clinical trial (cemented vs. cementless TKR)	TKRs performed between May 2010 and Feb 2012	Follow-up at 2 years	No stated target performance value	Pre-op: 47.5 in cemented TKR, 44.4 in cementless TKR. At 2-year follow-up: 96.4 in cemented, 92.3 in cementless	50 cemented, 50 cementless enrolled; 46 cemented and 47 cementless at 2 years	
Revision												
U.S. Food and Drug Administration. Summary of Safety and Effectiveness Data: Oxford Meniscal Unicompartmental Knee System. 2004; http://www.accessdata.fda.gov/cdrh_docs/pdf/P010014b.pdf . Accessed 9/9/2015, 2015.	U.S. Food and Drug Administration	Summary of Safety and Effectiveness Data: Oxford Meniscal Unicompartmental Knee System	2004	N/A	N/A	Prospective, multi-center, investigational clinical trial; historical control group selected from literature	TKRs performed between June 26, 1989 and June 1, 1994	Follow-up conducted at 6 months, then annually (2 year minimum for inclusion)	No revision or removal	96.75% not revised/removed @ 1 year post-op, 86.82% @ 5 years post-op, 80.65% @ 8 years post-op	125 knees enrolled, 80 knees at 2-year minimum follow-up point, 66 at 5 year follow-up, 50 at 8 year follow-up	
Steiger RN, Muratoglu O, Lorimer M, Cuthbert AR, Graves SE. Lower prosthesis-specific 10-year revision rate with crosslinked than with non-crosslinked polyethylene in primary total knee arthroplasty. <i>Acta orthopaedica</i> . 2015:1-7.	Steiger RN, Muratoglu O, Lorimer M, Cuthbert AR, Graves SE	Lower prosthesis-specific 10-year revision rate with crosslinked than with non-crosslinked polyethylene in primary total knee arthroplasty	2015	Acta orthopaedica	3.446	Retrospective comparative database analysis; crosslinked vs. non-crosslinked polyethylene	Any TKR with at least 5 years follow up in the AOANJRR was used	Minimum 5 years follow-up	Either major (revision of any component) or minor (patellar resurfacing, tibial insert changes, etc) revisions	Cumulative percent revision at 10 years: 5.8% non-crosslinked, 3.5% crosslinked	Over 180,000 knees	
Houdek MT, Shannon SF, Watts CD, Wagner ER, Sems SA, Sierra RJ. Patella Fractures Prior to Total Knee Arthroplasty: Worse Outcomes but Equivalent Survivorship. <i>The Journal of arthroplasty</i> . 2015.	Houdek MT, Shannon SF, Watts CD, Wagner ER, Sems SA, Sierra RJ	Patella Fractures Prior to Total Knee Arthroplasty: Worse Outcomes but Equivalent Survivorship	2015	The Journal of arthroplasty	3.055	Retrospective single-center comparative study of a joint registry (previous patella fracture vs. control group)	TKRs performed between 1990 and 2012	Revision rate assessed at 5, 10, and 15 years	Revision surgery = subsequent removal or exchange of any components	Survival rates of control group: 5 year follow-up 97% ± 2%; 10 year follow-up 93% ± 3%; 15 year follow-up 86% ± 6%	19,641 knees in control group	
Fricka KB, Sritulanondha S, McAsey CJ. To Cement or Not? Two-Year Results of a Prospective, Randomized Study Comparing Cemented Vs. Cementless Total Knee Arthroplasty (TKA). <i>The Journal of arthroplasty</i> . 2015;30(9 Suppl):55-58.	Fricka KB, Sritulanondha S, McAsey CJ	To Cement or Not? Two-Year Results of a Prospective, Randomized Study Comparing Cemented Vs Cementless Total Knee Arthroplasty (TKA)	2015	The Journal of arthroplasty	3.055	Prospective randomized unblinded clinical trial (cemented vs. cementless TKR)	TKRs performed between May 2010 and Feb 2012	Follow-up at 2 years	Success = no revision or removal of TKR	98% survival (1 revision in each group)	50 cemented, 50 cementless enrolled; 46 cemented and 47 cementless at 2 years	
Quality of Life											QoL Test Type	
Bergschmidt P, Bader R, Ganzer D, et al. Ceramic femoral components in total knee arthroplasty - two year follow-up results of an international prospective multi-centre study. <i>The open orthopaedics journal</i> . 2012;6:172-178.	Bergschmidt P, Bader R, Ganzer D, et al	Ceramic femoral components in total knee arthroplasty - two year follow-up results of an international prospective multi-centre study	2012	The open orthopedics journal		Prospective non-comparative multi-center study for the BIOLOX femoral component	Not stated	3, 12, and 24 months	No stated target performance value	Pre-op: 49.1 ± 17.6; 3 months post-op: 56.2 ± 21.3; 12 months post-op: 63.9 ± 19.2; 24 months post-op: 62.3 ± 22.6 (PCS and MCS not reported separately)	110 knees at start, 104 at 3 months, 102 at 12 months, 96 at 24 months	SF-36
Jauregui JJ, Cherian JJ, Pierce TP, Beaver WB, Issa K, Mont MA. Long-Term Survivorship and Clinical Outcomes Following Total Knee Arthroplasty. <i>The Journal of arthroplasty</i> . 2015.	Jauregui JJ, Cherian JJ, Pierce TP, Beaver WB, Issa K, Mont MA	Long-Term Survivorship and Clinical Outcomes Following Total Knee Arthroplasty	2015	The Journal of arthroplasty	3.055	Retrospective database study	TKRs performed between January 2001 and September 2004	Minimum 10 years follow-up, average 11 years	No stated target performance value	At final follow-up: physical component mean 41 (range 13-68), mental component mean 51 (range 11-74)	125 patients, 145 knees	SF-36

Chen JY, Chin PL, Tay DK, Chia SL, Lo NN, Yeo SJ. Functional Outcome and Quality of Life after Patient-Specific Instrumentation in Total Knee Arthroplasty. <i>The Journal of arthroplasty</i> . 2015.	Chen JY, Chin PL, Tay DK, Chia SL, Lo NN, Yeo SJ	Functional Outcome and Quality of Life after Patient-Specific Instrumentation in Total Knee Arthroplasty	2015	The Journal of arthroplasty	3.055	Prospective non-randomized trial comparing TKA with PCI	TKRs performed in 2011	Follow-up at 6 months and 2 years	No stated target performance value	Physical Component: Pre-op 32 ± 10, at 6 months 49 ± 8, at 2 years 48 ± 8. Mental Component: Pre-op 52 ± 11, at 6 months 54 ± 9, at 2 years 57 ± 13	30 TKR patients (30 knees)	SF-36
Mandzuk LL, McMillan DE, Bohm ER. A longitudinal study of quality of life and functional status in total hip and total knee replacement patients. <i>International journal of orthopaedic and trauma nursing</i> . 2015;19(2):102-113.	Mandzuk LL, McMillan DE, Bohm ER	A longitudinal study of quality of life and functional status in total hip and total knee replacement patients	2015	International journal of orthopaedic and trauma nursing		Longitudinal retrospective study	TKRs performed between Oct 2004 and May 2007	Assessed 1 month pre-operatively and 1 year post-operatively	No stated target performance value	Physical Component: Pre-op 29.2 ± .5, at 1 year 40.2 ± .5. Mental Component: Pre-op 51.5 ± .6, at 1 year 53.4 ± .5 (least square means)	450 patients	SF-12
Fransen B, Hoozemans MJ, Keijser LC, van Lent ME, Verheyen CC, Burger BJ. Does Insert Type Affect Clinical and Functional Outcome in Total Knee Arthroplasty? A Randomised Controlled Clinical Trial With 5-Year Follow-Up. <i>The Journal of arthroplasty</i> . 2015.	Fransen B, Hoozemans MJ, Keijser LC, van Lent ME, Verheyen CC, Burger BJ	Does Insert Type Affect Clinical and Functional Outcome in Total Knee Arthroplasty? A Randomised Controlled Clinical Trial With 5-Year Follow-Up	2015	The Journal of arthroplasty	3.055	Multicenter, prospective, randomized clinical study (2x2, mobile-bearing (rotating vs. rotating-translating insert) vs. fixed-bearing (normal vs. deep dish insert))	Patients recruited between Feb 2002 and June 2006	Follow-up at 1 year and 5 years	No stated target performance value	Fixed-bearing: Pre-op 32.8 (20.1-55.1) physical component/53.8 (33.5-65.9) mental component, at 1 year 42.0 (19.5-56.2)/52.5 (33.2-65.8), at 5 years 42.9 (18.7-61.0)/52.3 (31.5-66.8). Mobile-bearing: Pre-op 30.3 (0.0-50.8)/54.8 (23.2-68.3), at 1 year 43.5 (17.3-56.6)/54.9 (33.2-63.5), at 5 years 43.3 (17.1-59.7)/54.9 (33.7-65.6)	146 knees at 5-year follow-up	SF-12

*<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4870313/>

Online Table 2: Total Hip Replacement

Citation	Title	Year	Journal	Impact Factor	Study Design	Time period	Time Span	Target Performance Values	Results*	Sample Size
HHS										
U.S. Food and Drug Administration. Summary of Safety and Effectiveness Data: Ceramax Ceramic Total Hip System. 2010; http://www.accessdata.fda.gov/cdrh_docs/pdf7/P070026b.pdf . Accessed 9/9/2015, 2015.	U.S. Food and Drug Administration	2010	N/A	N/A	Prospective, multi-center, nonrandomized, controlled clinical study	THAs performed between Oct 2003 and Dec 2005	Follow-up conducted postoperatively at 6 weeks, 6 months, and then annually	≥80 = success	Pre-op: 52.7, range 18.0-76.0; 2-year post-op 95.4	242 enrolled; 217 at 2-year follow-up
U.S. Food and Drug Administration. Summary of Safety and Effectiveness Data: Conserve Plus Total Resurfacing Hip System. 2009; http://www.accessdata.fda.gov/cdrh_docs/pdf3/P030042b.pdf . Accessed 9/9/2015, 2015.	U.S. Food and Drug Administration	2009	N/A	N/A	Prospective, multi-center study with historical control	THAs performed between Aug 2000 and Nov 2006	Follow-up conducted postoperatively at 6 weeks, 6 months, and then annually	Minimum 80 points, with 15 point increase from baseline	Pre-op: 49.4 ± 11.7, 45.3 ± 12.8, 47.6 ± 14.2. 2 years post-op: 94.9 ± 7.7, 94.4 ± 10.0, 93.1 ± 10.0	Three cohort study: investigational n=292, ceramic control n=341, metal control = 322
MacDonald SJ, McCalden RW, Chess DG, et al. Metal-on-metal versus polyethylene in hip arthroplasty: a randomized clinical trial. <i>Clinical orthopaedics and related research</i> . 2003(406):282-296.	MacDonald SJ, McCalden RW, Chess DG, et al	2003	Clinical orthopaedics and related research	.79 (2015 factor)*	Prospective, randomized, blinded clinical trial	THAs performed between Mar 1998 and Oct 1999	Mean follow-up 3.2 years, range 2.2-3.9	No target value	Pre-op: metal-on-metal 46.5 ± 13.4, metal-on-polyethylene 46.6 ± 12.4. 2-year post-op: 91.6 ± 11.5, 91.2 ± 12.5	41 enrolled, 40 at final follow-up
Stambough JB, Pashos G, Bohnenkamp FC, Maloney WJ, Martell JM, Clohisy JC. Long-Term Results of Total Hip Arthroplasty with 28-Millimeter Cobalt-Chromium Femoral Heads on Highly Cross-Linked Polyethylene in Patients 50Years and Less. <i>The Journal of arthroplasty</i> . 2015.	Stambough JB, Pashos G, Bohnenkamp FC, Maloney WJ, Martell JM, Clohisy JC	2015	The Journal of arthroplasty	3.055	Retrospective data review of institutional registry data	THAs performed between Jul 2001 and Feb 2004	Mean follow-up 10 years ± 10.8 months, range 98-143 months		Pre-op: 46.3 ± 14.7, at final follow-up: 81.9 ± 19.0	72 patients, 75 hips
Lim SJ, Jang SP, Kim DW, Moon YW, Park YS. Primary Ceramic-on-ceramic Total Hip Arthroplasty Using a 32-mm Ceramic Head With a Titanium-alloy Sleeve. <i>Clinical orthopaedics and related research</i> . 2015.	Lim SJ, Jang SP, Kim DW, Moon YW, Park YS	2015	Clinical orthopaedics and related research	.79 (2015 factor)*	Retrospective single-center review	THAs performed between Nov 2005 and Aug 2009	Mean follow-up 6.5 years, range 5-9	>90 = excellent, >80 = good	Pre-op: 47, range 17-77. At last follow-up: 93, range 45-100. Good or excellent results in 97% of hips.	245 patients, 274 hips
Pierce TP, Jauregui JJ, Cherian JJ, Elmallah RD, Robinson K, Mont MA. Prospective evaluation of short and mid-term outcomes of total hip arthroplasty using the Accolade™ stem. <i>Hip international: the journal of clinical and experimental research on hip pathology and therapy</i> . 2015:0.	Pierce TP, Jauregui JJ, Cherian JJ, Elmallah RD, Robinson K, Mont MA	2015	Hip international: the journal of clinical and experimental research on hip pathology and therapy	1.055	Multi-center prospectively collected database	THAs performed between 2006 and 2009	2- and 5-year follow-up collected	No target value	Pre-op: 51, range 15-76. 2-years post-op: 89, range 31-100. 5-years post-op: 92, range 26-100.	188 patients, 194 hips
Park KS, Seon JK, Yoon TR. The Survival Analysis in Third-Generation Ceramic-On-Ceramic Total Hip Arthroplasty. <i>The Journal of arthroplasty</i> . 2015.	Park KS, Seon JK, Yoon TR	2015	The Journal of arthroplasty	3.055	Retrospective review and follow-up	THAs performed between Oct 2002 and Dec 2006	Mean follow-up 5.9 years, range 2.0-8.9	No target value	Pre-op: 65.3, range 41-75; final follow-up: 93.8, range 74-100	527 patients, 577 hips
Aoude AA, Antoniou J, Epure LM, Huk OL, Zukor DJ, Tanzer M. Midterm Outcomes of the Recently FDA Approved Ceramic on Ceramic Bearing in Total Hip Arthroplasty Patients Under 65Years of Age. <i>The Journal of arthroplasty</i> . 2015;30(8):1388-1392.	Aoude AA, Antoniou J, Epure LM, Huk OL, Zukor DJ, Tanzer M	2015	The Journal of arthroplasty	3.055	Retrospective cohort study	THAs performed between Dec 2004 and Dec 2010	Mean follow-up 6 ± 1.7 years	>90 = excellent, >80 = good	88.1 ± 13.6, range 32-99; 64% excellent	115 patients, 133 hips
Hill JC, Diamond OJ, O'Brien S, Boldt JG, Stevenson M, Beverland DE. Early surveillance of ceramic-on-metal total hip arthroplasty. <i>The bone & joint journal</i> . 2015;97-B(3):300-305.	Hill JC, Diamond OJ, O'Brien S, Boldt JG, Stevenson M, Beverland DE	2015	The bone & joint journal	2.953	Retrospective single-center review and follow-up	THAs performed between Oct 2007 and Oct 2009	Mean follow-up 34 ± 5.1 months, range 23 to 45	No target value	Pre-op: 37.6, range 10-71. 1 year post-op: 88.1, range 30-100. Final follow-up: 92.8 ± 10.5, range 29-100	266 patients, 281 hips

Revision											
U.S. Food and Drug Administration. Summary of Safety and Effectiveness Data: Ceramax Ceramic Total Hip System. 2010; http://www.accessdata.fda.gov/cdrh_docs/pdf7/P070026b.pdf . Accessed 9/9/2015, 2015.	U.S. Food and Drug Administration	Summary of Safety and Effectiveness Data: Ceramax Ceramic Total Hip System	2010	N/A	N/A	Prospective, multi-center, nonrandomized, controlled clinical study	THAs performed between Oct 2003 and Dec 2005	Follow-up conducted postoperatively at 6 weeks, 6 months, and then annually	No component removed or replaced	2.1% revision rate at 2+ years	242 enrolled; 217 at 2-year follow-up
U.S. Food and Drug Administration. Summary of Safety and Effectiveness Data: Conserve Plus Total Resurfacing Hip System. 2009; http://www.accessdata.fda.gov/cdrh_docs/pdf3/P030042b.pdf . Accessed 9/9/2015, 2015.	U.S. Food and Drug Administration	Summary of Safety and Effectiveness Data: Conserve Plus Total Resurfacing Hip System	2009	N/A	N/A	Prospective, multi-center study with historical control	THAs performed between Aug 2000 and Nov 2006	Follow-up conducted postoperatively at 6 weeks, 6 months, and then annually	Did not undergo revision, removal, or replacement of any component	8% revision at 2+ years	Three cohort study: investigational n=292, ceramic control n=341, metal control = 322
Stambough JB, Pashos G, Bohnenkamp FC, Maloney WJ, Martell JM, Clohisy JC. Long-Term Results of Total Hip Arthroplasty with 28-Millimeter Cobalt-Chromium Femoral Heads on Highly Cross-Linked Polyethylene in Patients 50Years and Less. <i>The Journal of arthroplasty</i> . 2015.	Stambough JB, Pashos G, Bohnenkamp FC, Maloney WJ, Martell JM, Clohisy JC	Long-Term Results of Total Hip Arthroplasty with 28-Millimeter Cobalt-Chromium Femoral Heads on Highly Cross-Linked Polyethylene in Patients 50Years and Less	2015	The Journal of arthroplasty	3.055	Retrospective data review of institutional registry data	THAs performed between Jul 2001 and Feb 2004	Mean follow-up 10 years \pm 10.8 months, range 98-143 months	Any revision or removal	92% 10-year survival rate	72 patients, 75 hips
Fitch DA, Ancarani C, Bordini B. Long-term survivorship and complication rate comparison of a cementless modular stem and cementless fixed neck stems for primary total hip replacement. <i>International orthopaedics</i> . 2015;39(9):1827-1832.	Fitch DA, Ancarani C, Bordini B	Long-term survivorship and complication rate comparison of a cementless modular stem and cementless fixed neck stems for primary total hip replacement	2015	International orthopaedics	2.52	Retrospective database study	THAs performed between Jan 2000 and Dec 2012	Mean follow-up 9.0 years, range .02-13.6	Any revision or removal	3.9% revision rate	692 hips
Lim SJ, Jang SP, Kim DW, Moon YW, Park YS. Primary Ceramic-on-ceramic Total Hip Arthroplasty Using a 32-mm Ceramic Head With a Titanium-alloy Sleeve. <i>Clinical orthopaedics and related research</i> . 2015.	Lim SJ, Jang SP, Kim DW, Moon YW, Park YS	Primary Ceramic-on-ceramic Total Hip Arthroplasty Using a 32-mm Ceramic Head With a Titanium-alloy Sleeve	2015	Clinical orthopaedics and related research	.79 (2015 factor)*	Retrospective single-center review	THAs performed between Nov 2005 and Aug 2009	Mean follow-up 6.5 years, range 5-9	Revision for any reason	98% 9-year survival rate	245 patients, 274 hips
Pierce TP, Jauregui JJ, Cherian JJ, Elmallah RD, Robinson K, Mont MA. Prospective evaluation of short and mid-term outcomes of total hip arthroplasty using the AccoladeTM stem. <i>Hip international : the journal of clinical and experimental research on hip pathology and therapy</i> . 2015:0.	Pierce TP, Jauregui JJ, Cherian JJ, Elmallah RD, Robinson K, Mont MA	Prospective evaluation of short and mid-term outcomes of total hip arthroplasty using the AccoladeTM stem	2015	Hip international: the journal of clinical and experimental research on hip pathology and therapy	1.055	Multi-center prospectively collected database	THAs performed between 2006 and 2009	2- and 5-year follow-up collected	Revision for any reason	97.9% 5-year all-cause survival	188 patients, 194 hips
Park KS, Seon JK, Yoon TR. The Survival Analysis in Third-Generation Ceramic-On-Ceramic Total Hip Arthroplasty. <i>The Journal of arthroplasty</i> . 2015.	Park KS, Seon JK, Yoon TR	The Survival Analysis in Third-Generation Ceramic-On-Ceramic Total Hip Arthroplasty	2015	The Journal of arthroplasty	3.055	Retrospective review and follow-up	THAs performed between Oct 2002 and Dec 2006	Mean follow-up 5.9 years, range 2.0-8.9	Revision for any reason	5.2% at final follow-up	527 patients, 577 hips
Aoude AA, Antoniou J, Epure LM, Huk OL, Zukor DJ, Tanzer M. Midterm Outcomes of the Recently FDA Approved Ceramic on Ceramic Bearing in Total Hip Arthroplasty Patients Under 65Years of Age. <i>The Journal of arthroplasty</i> . 2015;30(8):1388-1392.	Aoude AA, Antoniou J, Epure LM, Huk OL, Zukor DJ, Tanzer M	Midterm Outcomes of the Recently FDA Approved Ceramic on Ceramic Bearing in Total Hip Arthroplasty Patients Under 65Years of Age	2015	The Journal of arthroplasty	3.055	Retrospective cohort study	THAs performed between Dec 2004 and Dec 2010	Mean follow-up 6 \pm 1.7 years	Any revision or replacement surgery	98.496% survival at final follow-up	115 patients, 133 hips
Hill JC, Diamond OJ, O'Brien S, Boldt JG, Stevenson M, Beverland DE. Early surveillance of ceramic-on-metal total hip arthroplasty. <i>The bone & joint journal</i> . 2015;97-B(3):300-305.	Hill JC, Diamond OJ, O'Brien S, Boldt JG, Stevenson M, Beverland DE	Early surveillance of ceramic-on-metal total hip arthroplasty	2015	The bone & joint journal	2.953	Retrospective single-center review and follow-up	THAs performed between Oct 2007 and Oct 2009	Mean follow-up 34 \pm 5.1 months, range 23 to 45	Any revision	96.6% 5-year survival rate	266 patients, 281 hips

Quality of Life										Physical Component	Mental Component	
Garbuz DS, Tanzer M, Greidanus NV, Masri BA, Duncan CP. The John Charnley Award: Metal-on-metal hip resurfacing versus large-diameter head metal-on-metal total hip arthroplasty: a randomized clinical trial. <i>Clinical orthopaedics and related research</i> . 2010;468(2):318-325.	Garbuz DS, Tanzer M, Greidanus NV, Masri BA, Duncan CP	The John Charnley Award: Metal-on-metal hip resurfacing versus large-diameter head metal-on-metal total hip arthroplasty: a randomized clinical trial	2010	Clinical orthopaedics and related research	.79 (2015 factor)*	Randomized two-armed clinical trial	THAs performed between Jun 2005 and Aug 2008	Mean follow-up 1.1 years, range .8-2.2	No target value; SF-36 administered	Pre-op: 33.598, 1-year post-op: 51.288	Pre-op: 50.652; 1-year post-op: 55.136	107 patients randomized; 73 in final QoL follow-up
MacDonald SJ, McCalden RW, Chess DG, et al. Metal-on-metal versus polyethylene in hip arthroplasty: a randomized clinical trial. <i>Clinical orthopaedics and related research</i> . 2003(406):282-296.	MacDonald SJ, McCalden RW, Chess DG, et al	Metal-on-metal versus polyethylene in hip arthroplasty: a randomized clinical trial	2003	Clinical orthopaedics and related research	.79 (2015 factor)*	Prospective, randomized, blinded clinical trial	THAs performed between Mar 1998 and Oct 1999	Mean follow-up 3.2 years, range 2.2-3.9	No target value; SF-12 administered	Pre-op: metal-on-metal 32.8 ± 10.2, metal-on-polyethylene 31.1 ± 4.7. 2-years post-op: 47.2 ± 9.6 & 5.5 ± 11.7	Pre-op: metal-on-metal 53.5 ± 9.6, metal-on-polyethylene 53.0 ± 11.6. 2-years post-op: 55.9 ± 6.2 & 53.3 ± 11.7	41 enrolled, 40 at final follow-up
Boardman DL, Dorey F, Thomas BJ, Lieberman JR. The accuracy of assessing total hip arthroplasty outcomes: a prospective correlation study of walking ability and 2 validated measurement devices. <i>The Journal of arthroplasty</i> . 2000;15(2):200-204.	Boardman DL, Dorey F, Thomas BJ, Lieberman JR	The accuracy of assessing total hip arthroplasty outcomes: a prospective correlation study of walking ability and 2 validated measurement devices	2000	The Journal of arthroplasty	3.055	Single-center prospective, WOMAC & SF-36 validation study	THAs performed between Jan 1995 and Oct 1996	1 year postoperative follow-up	No target value; SF-36 administered	Pre-op: 31.0 ± 7.4, 1 year post-op: 46.7 ± 9.4	Not reported	30 patients, 30 hips
Pierce TP, Jauregui JJ, Cherian JJ, Elmallah RD, Robinson K, Mont MA. Prospective evaluation of short and mid-term outcomes of total hip arthroplasty using the Accolade™ stem. <i>Hip international: the journal of clinical and experimental research on hip pathology and therapy</i> . 2015:0.	Pierce TP, Jauregui JJ, Cherian JJ, Elmallah RD, Robinson K, Mont MA	Prospective evaluation of short and mid-term outcomes of total hip arthroplasty using the Accolade™ stem	2015	Hip international: the journal of clinical and experimental research on hip pathology and therapy	1.055	Multi-center prospectively collected database	THAs performed between 2006 and 2009	2- and 5-year follow-up collected	No target value; SF-12 administered	Pre-op: 33, 2 years post-op: 46, 5 years post-op: 45	Pre-op: 50, 2 years post-op: 54, 5 years post-op: 53	188 patients, 194 hips
Mandzuk LL, McMillan DE, Bohm ER. A longitudinal study of quality of life and functional status in total hip and total knee replacement patients. <i>International journal of orthopaedic and trauma nursing</i> . 2015;19(2):102-113.	Mandzuk LL, McMillan DE, Bohm ER	A longitudinal study of quality of life and functional status in total hip and total knee replacement patients	2015	International journal of orthopaedic and trauma nursing		Longitudinal retrospective study	THAs performed between Oct 2004 and May 2007	Assessed 1 month pre-operatively and 1 year post-operatively	No target value; SF-12 administered	Pre-op: 27.9 ± 5, 1-year post-op: 42.6 ± 5	Pre-op: 49.2 ± 7, 1-year post-op: 54.4 ± 6	450 patients
WOMAC												
Garbuz DS, Tanzer M, Greidanus NV, Masri BA, Duncan CP. The John Charnley Award: Metal-on-metal hip resurfacing versus large-diameter head metal-on-metal total hip arthroplasty: a randomized clinical trial. <i>Clinical orthopaedics and related research</i> . 2010;468(2):318-325.	Garbuz DS, Tanzer M, Greidanus NV, Masri BA, Duncan CP	The John Charnley Award: Metal-on-metal hip resurfacing versus large-diameter head metal-on-metal total hip arthroplasty: a randomized clinical trial	2010	Clinical orthopaedics and related research	.79 (2015 factor)*	Randomized two-armed clinical trial	THAs performed between Jun 2005 and Aug 2008	Mean follow-up 1.1 years, range .8-2.2	No target value; normalized WOMAC reported (best score 100); WOMAC Global reported	Pre-op: 52.606, 1-year post-op: 90.186		107 patients randomized; 73 in final QoL follow-up
MacDonald SJ, McCalden RW, Chess DG, et al. Metal-on-metal versus polyethylene in hip arthroplasty: a randomized clinical trial. <i>Clinical orthopaedics and related research</i> . 2003(406):282-296.	MacDonald SJ, McCalden RW, Chess DG, et al	Metal-on-metal versus polyethylene in hip arthroplasty: a randomized clinical trial	2003	Clinical orthopaedics and related research	.79 (2015 factor)*	Prospective, randomized, blinded clinical trial	THAs performed between Mar 1998 and Oct 1999	Mean follow-up 3.2 years, range 2.2-3.9	No target value; non-normalized WOMAC reported (best score 0)	Pre-op: metal-on-metal 58.7 ± 15.3, metal-on-polyethylene 59.1 ± 14.5. 2-year post-op: 17.3 ± 15.1, 19.9 ± 18.9		41 enrolled, 40 at final follow-up
Boardman DL, Dorey F, Thomas BJ, Lieberman JR. The accuracy of assessing total hip arthroplasty outcomes: a prospective correlation study of walking ability and 2 validated measurement devices. <i>The Journal of arthroplasty</i> . 2000;15(2):200-204.	Boardman DL, Dorey F, Thomas BJ, Lieberman JR	The accuracy of assessing total hip arthroplasty outcomes: a prospective correlation study of walking ability and 2 validated measurement devices	2000	The Journal of arthroplasty	3.055	Single-center prospective, WOMAC & SF-36 validation study	THAs performed between Jan 1995 and Oct 1996	1 year postoperative follow-up	No target value; non-normalized WOMAC reported (best score 0)	Pre-op: 4.0 ± 1.9, 1 year post-op: 1.6 ± 2.1		30 patients, 30 hips
Stambough JB, Pashos G, Bohnenkamp FC, Maloney WJ, Martell JM, Clohisy JC. Long-Term Results of Total Hip Arthroplasty with 28-Millimeter Cobalt-Chromium Femoral	Stambough JB, Pashos G, Bohnenkamp FC,	Long-Term Results of Total Hip Arthroplasty with 28-Millimeter Cobalt-Chromium Femoral Heads	2015	The Journal of arthroplasty	3.055	Retrospective data review of institutional registry data	THAs performed between Jul 2001 and Feb 2004	Mean follow-up 10 years ± 10.8 months, range 98-143 months	No target value; normalized WOMAC reported (best score	Pre-op: 41.8 ± 17.1, at final follow-up: 81.8 ± 22.3		72 patients, 75 hips

Heads on Highly Cross-Linked Polyethylene in Patients 50Years and Less. <i>The Journal of arthroplasty</i> . 2015.	Maloney WJ, Martell JM, Clohisy JC	on Highly Cross-Linked Polyethylene in Patients 50Years and Less							100); WOMAC Function reported		
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*Unless stated otherwise Mean±SD is reported

Online Table 3: EVAR

Citation	Author(s)	Title	Year	Journal	Impact Factor	Study Design	Time period	Time Span	Target Performance Values	Results	Sample Size
30-Day All-Cause Mortality											
Ryer EJ, Garvin RP, Thomas B, Kuivaniemi H, Franklin DP, Elmore JR. Patients with familial abdominal aortic aneurysms are at increased risk for endoleak and secondary intervention following elective endovascular aneurysm repair. <i>Journal of vascular surgery</i> . 2015.	Ryer EJ, Garvin RP, Thomas B, Kuivaniemi H, Franklin DP, Elmore JR	Patients with familial abdominal aortic aneurysms are at increased risk for endoleak and secondary intervention following elective endovascular aneurysm repair	2015	Journal of vascular surgery	3.536	Retrospective chart review, two-armed by AAA type	EVARs performed between Jan 2004 and Dec 2014	Postoperative	Death	2% in each group	260 EVAR patients (55 in familial group, 205 in sporadic group)
Garg T, Baker LC, Mell MW. Postoperative Surveillance and Long-term Outcomes After Endovascular Aneurysm Repair Among Medicare Beneficiaries. <i>JAMA surgery</i> . 2015.	Garg T, Baker LC, Mell MW	Postoperative Surveillance and Long-term Outcomes After Endovascular Aneurysm Repair Among Medicare Beneficiaries	2015	JAMA surgery	7.956	Retrospective Medicare database analysis, two-armed by surveillance level	EVARs performed between Jan 2002 and Dec 2005	Perioperative (not explicitly defined)	Death	2.80%	7888 EVAR patients (3944 in each cohort)
Yamamoto K, Komori K, Banno H, Narita H, Kodama A, Sugimoto M. Validation of Patient Selection for Endovascular Aneurysm Repair or Open Repair of Abdominal Aortic Aneurysm- Single-Center Study. <i>Circulation journal : official journal of the Japanese Circulation Society</i> . 2015;79(8):1699-1705.	Yamamoto K, Komori K, Banno H, Narita H, Kodama A, Sugimoto M	Validation of Patient Selection for Endovascular Aneurysm Repair or Open Repair of Abdominal Aortic Aneurysm- Single-Center Study	2015	Circulation journal: official journal of the Japanese Circulation Society	3.544	Single-center retrospective observational study	EVARs performed between Jun 2007 and Apr 2014	30 days	Death	0.20%	426 EVAR patients
Hicks CW, Wick EC, Canner JK, et al. Hospital-Level Factors Associated With Mortality After Endovascular and Open Abdominal Aortic Aneurysm Repair. <i>JAMA surgery</i> . 2015;150(7):632-636.	Hicks CW, Wick EC, Canner JK, et al	Hospital-Level Factors Associated With Mortality After Endovascular and Open Abdominal Aortic Aneurysm Repair	2015	JAMA surgery	7.956	Retrospective database analysis	EVARs performed between Jul 2010 and Nov 2012	30 days	Death	4.30%	8784 EVAR patients
Huang Y, Gloviczki P, Oderich GS, et al. Outcome after open and endovascular repairs of abdominal aortic aneurysms in matched cohorts using propensity score modeling. <i>Journal of vascular surgery</i> . 2015;62(2):304-311 e302.	Huang Y, Gloviczki P, Oderich GS, et al	Outcome after open and endovascular repairs of abdominal aortic aneurysms in matched cohorts using propensity score modeling	2015	Journal of vascular surgery	3.536	Retrospective clinical data review	EVARS performed between 2000 and 2011	30 days	Death	0.90%	588 EVAR patients
Hicks CW, Black JH, 3rd, Arhuidese I, et al. Mortality variability after endovascular versus open abdominal aortic aneurysm repair in a large tertiary vascular center using a Medicare-derived risk prediction model. <i>Journal of vascular surgery</i> . 2015;61(2):291-297.	Hicks CW, Black JH, 3rd, Arhuidese I, et al	Mortality variability after endovascular versus open abdominal aortic aneurysm repair in a large tertiary vascular center using a Medicare-derived risk prediction model	2015	Journal of vascular surgery	3.536	Retrospective single-center analysis	EVARs performed between Nov 2003 and Aug 2012	30 days	Death	1.90%	214 EVAR patients
Basoor A, Patel KC, Halabi AR, et al. Perioperative and long-term outcomes of endovascular abdominal aortic aneurysm repair in cardiology practice. <i>Catheterization and cardiovascular interventions : official journal of the Society for Cardiac Angiography & Interventions</i> . 2014;84(7):1173-1179.	Basoor A, Patel KC, Halabi AR, et al	Perioperative and long-term outcomes of endovascular abdominal aortic aneurysm repair in cardiology practice	2014	Catheterization and cardiovascular interventions: official journal of the Society for Cardiac Angiography & Interventions	2.602	Retrospective chart review	EVARs performed between Sept 2005 and Jan 2011	30 days	Death	1.80%	170 patients
Becquemain JP, Pillet JC, Lescalie F, et al. A randomized controlled trial of endovascular aneurysm repair versus open surgery for abdominal aortic aneurysms in low- to moderate-risk patients. <i>Journal of vascular surgery</i> . 2011;53(5):1167-1173 e1161.	Becquemain JP, Pillet JC, Lescalie F, et al	A randomized controlled trial of endovascular aneurysm repair versus open surgery for abdominal aortic aneurysms in low- to moderate-risk patients	2011	Journal of vascular surgery	3.536	Multi-center two-armed randomized clinical trial	EVARs performed between Mar 2003 and Mar 2008	30 days	Death	1.30%	163 EVAR patients

Kaladji A, Steintmetz E, Goueffic Y, Bartoli M, Cardon A, Academic Association for Surgical R. Long-Term Results of Large Stent Grafts to Treat Abdominal Aortic Aneurysms. <i>Annals of vascular surgery</i> . 2015.	Kaladji A, Steintmetz E, Goueffic Y, Bartoli M, Cardon A, Academic Association for Surgical R	Long-Term Results of Large Stent Grafts to Treat Abdominal Aortic Aneurysms	2015	Annals of vascular surgery	1.145	Multi-center retrospective study, two-armed by stent size	EVARs performed between Nov 1998 and Dec 2011	30 days	Death	1.8% in group 1, 1% in group 2	908 EVAR patients
Endoleak											
Kaladji A, Steintmetz E, Goueffic Y, Bartoli M, Cardon A, Academic Association for Surgical R. Long-Term Results of Large Stent Grafts to Treat Abdominal Aortic Aneurysms. <i>Annals of vascular surgery</i> . 2015.	Kaladji A, Steintmetz E, Goueffic Y, Bartoli M, Cardon A, Academic Association for Surgical R	Long-Term Results of Large Stent Grafts to Treat Abdominal Aortic Aneurysms	2015	Annals of vascular surgery	1.145	Multi-center retrospective study, two-armed by stent size	EVARs performed between Nov 1998 and Dec 2011	Mean follow-up 38 ± 28.2 months	Any proximal endoleaks	5.6% (13% in group 1, 3.9% in group 2)	908 EVAR patients
Hertault A, Maurel B, Pontana F, et al. Benefits of Completion 3D Angiography Associated with Contrast Enhanced Ultrasound to Assess Technical Success after EVAR. <i>European journal of vascular and endovascular surgery : the official journal of the European Society for Vascular Surgery</i> . 2015;49(5):541-548.	Hertault A, Maurel B, Pontana F, et al	Benefits of Completion 3D Angiography Associated with Contrast Enhanced Ultrasound to Assess Technical Success after EVAR	2015	European journal of vascular and endovascular surgery: the official journal of the European Society for Vascular Surgery	4.061	Single-center prospective non-randomized trial with two arms based on imaging type (two time periods)	EVARs performed between Dec 2012 and July 2013, and between Oct 2013 and Apr 2014	30 day perioperative interval	Type I or III endoleaks requiring additional procedures	5.1% in group 1, 18.6% in group 2	133 patients (79 group 1, 54 group 2)
van Marrewijk C, Buth J, Harris PL, Norgren L, Nevelsteen A, Wyatt MG. Significance of endoleaks after endovascular repair of abdominal aortic aneurysms: The EUROSTAR experience. <i>Journal of vascular surgery</i> . 2002;35(3):461-473.	van Marrewijk C, Buth J, Harris PL, Norgren L, Nevelsteen A, Wyatt MG	Significance of endoleaks after endovascular repair of abdominal aortic aneurysms: The EUROSTAR experience	2002	Journal of vascular surgery	3.536	Prospective multi-center long-term data collection (some early patients enrolled retrospectively)	EVARs performed between Jul 1994 and Jul 2000	Mean follow-up 15.4 months	Any endoleak identified at 1 month or after	19.80%	2463 EVAR patients
Ryer EJ, Garvin RP, Thomas B, Kuivaniemi H, Franklin DP, Elmore JR. Patients with familial abdominal aortic aneurysms are at increased risk for endoleak and secondary intervention following elective endovascular aneurysm repair. <i>Journal of vascular surgery</i> . 2015.	Ryer EJ, Garvin RP, Thomas B, Kuivaniemi H, Franklin DP, Elmore JR	Patients with familial abdominal aortic aneurysms are at increased risk for endoleak and secondary intervention following elective endovascular aneurysm repair	2015	Journal of vascular surgery	3.536	Retrospective chart review, two-armed by AAA type	EVARs performed between Jan 2004 and Dec 2014	Mean follow-up 52 ± 33 months in familial group, 49 ± 31 in sporadic group	Any endoleak	24% in familial group, 12% in sporadic group	260 EVAR patients (55 in familial group, 205 in sporadic group)
Yamamoto K, Komori K, Banno H, Narita H, Kodama A, Sugimoto M. Validation of Patient Selection for Endovascular Aneurysm Repair or Open Repair of Abdominal Aortic Aneurysm- Single-Center Study. <i>Circulation journal : official journal of the Japanese Circulation Society</i> . 2015;79(8):1699-1705.	Yamamoto K, Komori K, Banno H, Narita H, Kodama A, Sugimoto M	Validation of Patient Selection for Endovascular Aneurysm Repair or Open Repair of Abdominal Aortic Aneurysm- Single-Center Study	2015	Circulation journal: official journal of the Japanese Circulation Society	3.544	Single-center retrospective observational study	EVARs performed between Jun 2007 and Apr 2014	Mean follow-up 26.5 months, range 3-130	Any type I or III Endoleak; Any type II endoleak	4.5% for I and III combined; 36% at 1 year for II, 41% at 5 years	426 EVAR patients
Huang Y, Gloviczki P, Oderich GS, et al. Outcome after open and endovascular repairs of abdominal aortic aneurysms in matched cohorts using propensity score modeling. <i>Journal of vascular surgery</i> . 2015;62(2):304-311 e302.	Huang Y, Gloviczki P, Oderich GS, et al	Outcome after open and endovascular repairs of abdominal aortic aneurysms in matched cohorts using propensity score modeling	2015	Journal of vascular surgery	3.536	Retrospective clinical data review	EVARS performed between 2000 and 2011	Median follow-up 7.6 years (range 31 days-13.1 years)	Any endoleak	19.60%	588 EVAR patients

Basoor A, Patel KC, Halabi AR, et al. Perioperative and long-term outcomes of endovascular abdominal aortic aneurysm repair in cardiology practice. <i>Catheterization and cardiovascular interventions : official journal of the Society for Cardiac Angiography & Interventions</i> . 2014;84(7):1173-1179.	Basoor A, Patel KC, Halabi AR, et al	Perioperative and long-term outcomes of endovascular abdominal aortic aneurysm repair in cardiology practice	2014	Catheterization and cardiovascular interventions: official journal of the Society for Cardiac Angiography & Interventions	2.602	Retrospective chart review	EVARs performed between Sept 2005 and Jan 2011	Mean follow-up 30 months (range 2-66)	Endoleak requiring reintervention	3.5% (6/170)	170 patients
Becquemin JP, Pillet JC, Lesclapart F, et al. A randomized controlled trial of endovascular aneurysm repair versus open surgery for abdominal aortic aneurysms in low- to moderate-risk patients. <i>Journal of vascular surgery</i> . 2011;53(5):1167-1173 e1161.	Becquemin JP, Pillet JC, Lesclapart F, et al	A randomized controlled trial of endovascular aneurysm repair versus open surgery for abdominal aortic aneurysms in low- to moderate-risk patients	2011	Journal of vascular surgery	3.536	Multi-center two-armed randomized clinical trial	EVARs performed between Mar 2003 and Mar 2008	Median follow-up 3 years (mean 2.5 ± 1.2 years, range 0-4.8)	Endoleak visible on CT scan	27%	163 EVAR patients
Secondary Vascular Intervention											
Hertault A, Maurel B, Pontana F, et al. Benefits of Completion 3D Angiography Associated with Contrast Enhanced Ultrasound to Assess Technical Success after EVAR. <i>European journal of vascular and endovascular surgery : the official journal of the European Society for Vascular Surgery</i> . 2015;49(5):541-548.	Hertault A, Maurel B, Pontana F, et al	Benefits of Completion 3D Angiography Associated with Contrast Enhanced Ultrasound to Assess Technical Success after EVAR	2015	European journal of vascular and endovascular surgery: the official journal of the European Society for Vascular Surgery	4.061	Single-center prospective non-randomized trial with two arms based on imaging type (two time periods)	EVARs performed between Dec 2012 and July 2013, and between Oct 2013 and Apr 2014	30 day perioperative interval	Any early reinterventions	3.8% in group 1, 3.7% in group 2	133 patients (79 group 1, 54 group 2)
Ryer EJ, Garvin RP, Thomas B, Kuivaniemi H, Franklin DP, Elmore JR. Patients with familial abdominal aortic aneurysms are at increased risk for endoleak and secondary intervention following elective endovascular aneurysm repair. <i>Journal of vascular surgery</i> . 2015.	Ryer EJ, Garvin RP, Thomas B, Kuivaniemi H, Franklin DP, Elmore JR	Patients with familial abdominal aortic aneurysms are at increased risk for endoleak and secondary intervention following elective endovascular aneurysm repair	2015	Journal of vascular surgery	3.536	Retrospective chart review, two-armed by AAA type	EVARs performed between Jan 2004 and Dec 2014	Mean follow-up 52 ± 33 months in familial group, 49 ± 31 in sporadic group	Proximal stent/cuff, limb extension, embolization, conversion to open, or ischemia	21% in familial group, 12% in sporadic group	260 EVAR patients (55 in familial group, 205 in sporadic group)
van Marrewijk C, Buth J, Harris PL, Norgren L, Nevelsteen A, Wyatt MG. Significance of endoleaks after endovascular repair of abdominal aortic aneurysms: The EUROSTAR experience. <i>Journal of vascular surgery</i> . 2002;35(3):461-473.	van Marrewijk C, Buth J, Harris PL, Norgren L, Nevelsteen A, Wyatt MG	Significance of endoleaks after endovascular repair of abdominal aortic aneurysms: The EUROSTAR experience	2002	Journal of vascular surgery	3.536	Prospective multi-center long-term data collection (some early patients enrolled retrospectively)	EVARs performed between Jul 1994 and Jul 2000	Mean follow-up 15.4 months	Any reintervention	13%	2463 EVAR patients
Garg T, Baker LC, Mell MW. Postoperative Surveillance and Long-term Outcomes After Endovascular Aneurysm Repair Among Medicare Beneficiaries. <i>JAMA surgery</i> . 2015.	Garg T, Baker LC, Mell MW	Postoperative Surveillance and Long-term Outcomes After Endovascular Aneurysm Repair Among Medicare Beneficiaries	2015	JAMA surgery	7.956	Retrospective Medicare database analysis, two-armed by surveillance level	EVARs performed between Jan 2002 and Dec 2005	Mean follow-up 5.2 ± 2.9 years	Any minor or major reintervention	6.2% in complete surveillance cohort; 1.2% in incomplete surveillance cohort	7888 EVAR patients (3944 in each cohort)
Yamamoto K, Komori K, Banno H, Narita H, Kodama A, Sugimoto M. Validation of Patient Selection for Endovascular Aneurysm Repair or Open Repair of Abdominal Aortic Aneurysm- Single-Center Study. <i>Circulation journal : official journal of the Japanese Circulation Society</i> . 2015;79(8):1699-1705.	Yamamoto K, Komori K, Banno H, Narita H, Kodama A, Sugimoto M	Validation of Patient Selection for Endovascular Aneurysm Repair or Open Repair of Abdominal Aortic Aneurysm- Single-Center Study	2015	Circulation journal: official journal of the Japanese Circulation Society	3.544	Single-center retrospective observational study	EVARs performed between Jun 2007 and Apr 2014	Mean follow-up 26.5 months, range 3-130	Any reintervention	25%	426 EVAR patients
Huang Y, Gloviczki P, Oderich GS, et al. Outcome after open and endovascular repairs of abdominal aortic aneurysms in	Huang Y, Gloviczki P, Oderich GS, et al	Outcome after open and endovascular repairs of abdominal aortic aneurysms in matched	2015	Journal of vascular surgery	3.536	Retrospective clinical data review	EVARs performed between 2000 and 2011	Median follow-up 7.6 years (range 31 days-13.1 years)	Any reintervention or conversion to open	26%	588 EVAR patients

matched cohorts using propensity score modeling. <i>Journal of vascular surgery</i> . 2015;62(2):304-311 e302.		cohorts using propensity score modeling									
Basoor A, Patel KC, Halabi AR, et al. Perioperative and long-term outcomes of endovascular abdominal aortic aneurysm repair in cardiology practice. <i>Catheterization and cardiovascular interventions : official journal of the Society for Cardiac Angiography & Interventions</i> . 2014;84(7):1173-1179.	Basoor A, Patel KC, Halabi AR, et al	Perioperative and long-term outcomes of endovascular abdominal aortic aneurysm repair in cardiology practice	2014	Catheterization and cardiovascular interventions: official journal of the Society for Cardiac Angiography & Interventions	2.602	Retrospective chart review	EVARs performed between Sept 2005 and Jan 2011	Mean follow-up 30 months (range 2-66)	Secondary conversion to open	.6% (1/170)	170 patients
Becquemin JP, Pillet JC, Lescalie F, et al. A randomized controlled trial of endovascular aneurysm repair versus open surgery for abdominal aortic aneurysms in low- to moderate-risk patients. <i>Journal of vascular surgery</i> . 2011;53(5):1167-1173 e1161.	Becquemin JP, Pillet JC, Lescalie F, et al	A randomized controlled trial of endovascular aneurysm repair versus open surgery for abdominal aortic aneurysms in low- to moderate-risk patients	2011	Journal of vascular surgery	3.536	Multi-center two-armed randomized clinical trial	EVARs performed between Mar 2003 and Mar 2008	Median follow-up 3 years (mean 2.5 ± 1.2 years, range 0-4.8)	Any vascular reintervention, including graft replacement, endoleak repair, occlusion, or stenoses	16%	163 EVAR patients

Online Table 4: POP Mesh

Citation	Author(s)	Title	Year	Journal	Impact Factor	Study Design	Time period	Time Span	Target Performance Values	Anterior/Posterior	Mesh/ Non-Mesh	Results	Sample Size
Lamblin G, Van-Nieuwenhuysse A, Chabert P, Lebaill-Carval K, Moret S, Mellier G. A randomized controlled trial comparing anatomical and functional outcome between vaginal colposuspension and transvaginal mesh. <i>International urogynecology journal</i> . 2014;25(7):961-970.	Lamblin G, Van-Nieuwenhuysse A, Chabert P, Lebaill-Carval K, Moret S, Mellier G	A randomized controlled trial comparing anatomical and functional outcome between vaginal colposuspension and transvaginal mesh	2014	International urogynecology journal	1.937	Single-center prospective randomized controlled trial	Surgery performed between Sept 2008 and Jun 2011	Follow-up conducted at 3, 12, and 24 months	Mesh exposure	Anterior	Mesh	6% at 2 years	33
Marschke J, Hengst L, Schwertner-Tiepelmann N, Beilecke K, Tunn R. Transvaginal single-incision mesh reconstruction for recurrent or advanced anterior vaginal wall prolapse. <i>Archives of gynecology and obstetrics</i> . 2015;291(5):1081-1087.	Marschke J, Hengst L, Schwertner-Tiepelmann N, Beilecke K, Tunn R	Transvaginal single-incision mesh reconstruction for recurrent or advanced anterior vaginal wall prolapse	2015	Archives of gynecology and obstetrics	2.09	Single-center retrospective review with follow-up	Surgery performed 2009-2010	Mean follow-up 13 months	Mesh erosion	Anterior	Mesh	5.70%	70
Withagen MI, Vierhout ME, Hendriks JC, Kluivers KB, Milani AL. Risk factors for exposure, pain, and dyspareunia after tension-free vaginal mesh procedure. <i>Obstetrics and gynecology</i> . 2011;118(3):629-636.	Withagen MI, Vierhout ME, Hendriks JC, Kluivers KB, Milani AL	Risk factors for exposure, pain, and dyspareunia after tension-free vaginal mesh procedure	2011	Obstetrics and gynecology	5.426	Prospective observational cohort study	Surgery performed between Sept 2005 and Dec 2009	Follow-up conducted at 6 weeks, 6 months, and 12 months	Mesh exposure (any visible or palpable mesh)	Both included	Mesh	12%	294
de Landsheere L, Ismail S, Lucot JP, Deken V, Foidart JM, Cosson M. Surgical intervention after transvaginal Prolift mesh repair: retrospective single-center study including 524 patients with 3 years' median follow-up. <i>American journal of obstetrics and gynecology</i> . 2012;206(1):83 e81-87.	de Landsheere L, Ismail S, Lucot JP, Deken V, Foidart JM, Cosson M	Surgical intervention after transvaginal Prolift mesh repair: retrospective single-center study including 524 patients with 3 years' median follow-up	2012	American journal of obstetrics and gynecology	5.574	Retrospective cohort study	Surgery performed between Jan 2005 and Jan 2009	Median follow-up 38 months (range 15-63)	Exposure requiring reoperation	Both included	Mesh	2.50%	524
Costantini E, Zucchi A, Lazzeri M, Del Zingaro M, Vianello A, Porena M. Managing mesh erosion after abdominal pelvic organ prolapse repair: ten years' experience in a single center. <i>Urologia internationalis</i> . 2011;86(4):419-423.	Costantini E, Zucchi A, Lazzeri M, Del Zingaro M, Vianello A, Porena M	Managing mesh erosion after abdominal pelvic organ prolapse repair: ten years' experience in a single center	2011	Urologia internationalis	1.611	Single-center retrospective review	Surgery performed between Jan 1998 and Dec 2008	Mean follow-up 57 months (range 18-120)	Erosion requiring treatment	Both included	Mesh	6.70%	179
Rogowski A, Bienkowski P, Tarwacki D, et al. Retrospective comparison between the Prolift and Elevate anterior vaginal mesh procedures: 18-month clinical outcome. <i>International urogynecology journal</i> . 2015.	Rogowski A, Bienkowski P, Tarwacki D, et al	Retrospective comparison between the Prolift and Elevate anterior vaginal mesh procedures: 18-month clinical outcome	2015	International urogynecology journal	1.937	Retrospective cohort study of two types of mesh kit	Surgery performed between Jan 2011 and Dec 2012	Mean follow-up 18 ± 2 months	Mesh exposure	Anterior	Mesh	7.7% Prolift group, 0% Elevate group	114 (Prolift group 52, Elevate group 62)
Nieminen K, Hiltunen R, Heiskanen E, et al. Symptom resolution and sexual function after anterior vaginal wall repair with or without polypropylene mesh. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2008;19(12):1611-1616.	Nieminen K, Hiltunen R, Heiskanen E, et al	Symptom resolution and sexual function after anterior vaginal wall repair with or without polypropylene mesh	2008	International urogynecology journal and pelvic floor dysfunction	1.51	Multi-center prospective randomized clinical trial	Not reported	Follow-up conducted at 2, 12, and 24 months	Mesh exposure	Anterior	Mesh	8%	105
31st Annual IUGA Meeting, Athens, Greece, 6-9 September 2006. Abstracts. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2006;17 Suppl 2:S57-359.	Ali S, Han HC, Lee LC	Abstracts from the 31st Annual IUGA Meeting, Athens, Greece, 6-9 September 2006	2006	International urogynecology journal and pelvic floor dysfunction	1.51	Prospective randomized cohort study	Surgery performed between Feb 2004 and Jul 2005	Follow-up conducted at 6 months	Mesh erosion	Anterior	Mesh	6.50%	46
Sivaslioglu AA, Unlubilgin E, Dolen I. A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2008;19(4):467-471.	Sivaslioglu AA, Unlubilgin E, Dolen I	A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele	2008	International urogynecology journal and pelvic floor dysfunction	1.51	Single-center prospective randomized controlled trial	Surgery performed between Jan 2006 and Jan 2007	Mean follow-up 12 months (range 8-16 months)	Mesh erosion	Anterior	Mesh	6.90%	43

Abstracts from the Joint Meeting of the International Continence Society and the International Urogynecological Association. Toronto, Canada. August 23-27, 2010. <i>International urogynecology journal</i> . 2010;21 Suppl 1:S1-428.	Thijs S, Deprest J, De Ridder D, Claerhout F, Roovers J	Abstracts from the Joint Meeting of the International Continence Society and the International Urogynecological Association, Toronto Canada, August 23-27, 2010	2010	International urogynecology journal	1.937	Multi-center prospective randomized clinical trial	Surgery performed between Jan 2006 and Apr 2009	Follow-up conducted at 6 weeks, 6 months, and 12 months	Mesh erosion	Anterior	Mesh	19%; 8% required reoperation	48
Vollebregt A, Fischer K, Gietelink D, van der Vaart CH. Primary surgical repair of anterior vaginal prolapse: a randomised trial comparing anatomical and functional outcome between anterior colporrhaphy and trocar-guided transobturator anterior mesh. <i>BJOG: an international journal of obstetrics and gynaecology</i> . 2011;118(12):1518-1527.	Vollebregt A, Fischer K, Gietelink D, van der Vaart CH	Primary surgical repair of anterior vaginal prolapse: a randomised trial comparing anatomical and functional outcome between anterior colporrhaphy and trocar-guided transobturator anterior mesh	2011	BJOG: an international journal of obstetrics and gynaecology	5.051	Multi-center prospective randomized clinical trial	Surgery performed between Jun 2007 and May 2009	Mean follow-up 12 months	Mesh exposure	Posterior	Mesh	4%	56
Nguyen JN, Burchette RJ. Outcome after anterior vaginal prolapse repair: a randomized controlled trial. <i>Obstetrics and gynecology</i> . 2008;111(4):891-898.	Nguyen JN, Burchette RJ	Outcome after anterior vaginal prolapse repair: a randomized controlled trial	2008	Obstetrics and gynecology	5.426	Single-center prospective randomized controlled trial	Surgery performed between Jan 2005 and Apr 2006	Follow-up conducted at 8 weeks, 6 months, and 1 year	Mesh extrusion	Anterior	Mesh	5%	37
Menefee SA, Dyer KY, Lukacz ES, Simsiman AJ, Lubner KM, Nguyen JN. Colporrhaphy compared with mesh or graft-reinforced vaginal paravaginal repair for anterior vaginal wall prolapse: a randomized controlled trial. <i>Obstetrics and gynecology</i> . 2011;118(6):1337-1344.	Menefee SA, Dyer KY, Lukacz ES, Simsiman AJ, Lubner KM, Nguyen JN	Colporrhaphy compared with mesh or graft-reinforced vaginal paravaginal repair for anterior vaginal wall prolapse: a randomized controlled trial	2011	Obstetrics and gynecology	5.426	Single-center prospective randomized controlled trial, three-armed (porcine graft cohort not reported here)	Surgery performed between Jan 2006 and Sept 2008	Minimum 2 years follow-up	Mesh erosion	Anterior	Mesh	14% at 2 years	28
Carey M, Higgs P, Goh J, et al. Vaginal repair with mesh versus colporrhaphy for prolapse: a randomised controlled trial. <i>BJOG: an international journal of obstetrics and gynaecology</i> . 2009;116(10):1380-1386.	Carey M, Higgs P, Goh J, et al	Vaginal repair with mesh versus colporrhaphy for prolapse: a randomised controlled trial	2009	BJOG: an international journal of obstetrics and gynaecology	5.051	Single-center prospective randomized controlled trial	Surgery performed between Feb 2003 and Aug 2005	Minimum 12 months follow-up	Mesh erosion	Both	Mesh	5.60%	63
Reoperation													
Kelly EC, Winick-Ng J, Welk B. Surgeon Experience and Complications of Transvaginal Prolapse Mesh. <i>Obstetrics and gynecology</i> . 2016.	Kelly EC, Winick-Ng J, Welk B	Surgeon Experience and Complications of Transvaginal Prolapse Mesh	2016	Obstetrics and gynecology	5.426	Retrospective, population-based cohort study	Surgery performed between 2002-2013	Median follow-up 5.4 years (IQR 3.0-8.0)	Surgical revision of mesh	Both included	Mesh	5% within 10 years	5,488
Chughtai B, Mao J, Buck J, Kaplan S, Sedrakyan A. Use and risks of surgical mesh for pelvic organ prolapse surgery in women in New York state: population based cohort study. <i>Bmj</i> . 2015;350:h2685.	Chughtai B, Mao J, Buck J, Kaplan S, Sedrakyan A	Use and risks of surgical mesh for pelvic organ prolapse surgery in women in New York state: population based cohort study	2015	BMJ	20.785	Retrospective population-based cohort study	Surgery performed between 2008-2011	Mean follow-up 45.1 weeks	Any surgical reintervention	Both included	Mesh	3.3% within 1 year	7,338
Chughtai B, Mao J, Buck J, Kaplan S, Sedrakyan A. Use and risks of surgical mesh for pelvic organ prolapse surgery in women in New York state: population based cohort study. <i>Bmj</i> . 2015;350:h2685.	Chughtai B, Mao J, Buck J, Kaplan S, Sedrakyan A	Use and risks of surgical mesh for pelvic organ prolapse surgery in women in New York state: population based cohort study	2015	BMJ	20.785	Retrospective population-based cohort study	Surgery performed between 2008-2012	Mean follow-up 45.1 weeks	Any surgical reintervention	Both included	Non-mesh	2.2% within 1 year	20,653
Sokol AI, Iglesia CB, Kudish BI, et al. One-year objective and functional outcomes of a randomized clinical trial of vaginal mesh for prolapse. <i>American journal of obstetrics and gynecology</i> . 2012;206(1):86 e81-89.	Sokol AI, Iglesia CB, Kudish BI, et al	One-year objective and functional outcomes of a randomized clinical trial of vaginal mesh for prolapse	2012	American journal of obstetrics and gynecology	5.574	Multi-center prospective double-blind randomized clinical trial	Surgery performed between Jan 2007 and Aug 2009	Minimum 12 months follow-up required, mean 13.2 ± 4.7 months	Reoperation for prolapse or mesh erosion	Both included	Mesh	15.60%	27
Kapoor DS, Nemcova M, Pantazis K, Brockman P, Bombieri L, Freeman RM. Reoperation rate for traditional anterior vaginal repair: analysis of 207 cases with a median 4-year follow-up. <i>International urogynecology journal</i> . 2010;21(1):27-31.	Kapoor DS, Nemcova M, Pantazis K, Brockman P, Bombieri L, Freeman RM	Reoperation rate for traditional anterior vaginal repair: analysis of 207 cases with a median 4-year follow-up	2010	International urogynecology journal	1.937	Single-center retrospective case note review	Surgery performed between 2000-2005	Median 50 months follow-up	Reoperation for recurrent cystocele	Anterior	Non-mesh	3.40%	207

Jonsson Funk M, Visco AG, Weidner AC, Pate V, Wu JM. Long-term outcomes of vaginal mesh versus native tissue repair for anterior vaginal wall prolapse. <i>International urogynecology journal</i> . 2013;24(8):1279-1285.	Jonsson Funk M, Visco AG, Weidner AC, Pate V, Wu JM	Long-term outcomes of vaginal mesh versus native tissue repair for anterior vaginal wall prolapse	2013	International urogynecology journal	1.937	Retrospective review of longitudinal healthcare claims data	Surgery performed between 2005-2010	5-year cumulative risk calculated using large data	Repeat surgery for anterior or apical prolapse or for mesh removal/revision	Anterior	Mesh	15.20%	6,871
Jonsson Funk M, Visco AG, Weidner AC, Pate V, Wu JM. Long-term outcomes of vaginal mesh versus native tissue repair for anterior vaginal wall prolapse. <i>International urogynecology journal</i> . 2013;24(8):1279-1285.	Jonsson Funk M, Visco AG, Weidner AC, Pate V, Wu JM	Long-term outcomes of vaginal mesh versus native tissue repair for anterior vaginal wall prolapse	2013	International urogynecology journal	1.937	Retrospective review of longitudinal healthcare claims data	Surgery performed between 2005-2011	5-year cumulative risk calculated using large data	Repeat surgery for anterior or apical prolapse or for mesh removal/revision	Anterior	Non-mesh	9.80%	20,938
Altman D, Vayrynen T, Engh ME, Axelsen S, Falconer C, Nordic Transvaginal Mesh G. Anterior colporrhaphy versus transvaginal mesh for pelvic-organ prolapse. <i>The New England journal of medicine</i> . 2011;364(19):1826-1836.	Altman D, Vayrynen T, Engh ME, Axelsen S, Falconer C, Nordic Transvaginal Mesh G	Anterior colporrhaphy versus transvaginal mesh for pelvic-organ prolapse	2011	The New England journal of medicine	72.406	Multi-center parallel-group randomized controlled trial	Surgery performed between Dec 2007 and Dec 2008	Follow-up conducted at 2 months and 1 year	Surgery for mesh exposure or stress incontinence	Anterior	Mesh	3.2% exposure, 2.7% incontinence	186
Altman D, Vayrynen T, Engh ME, Axelsen S, Falconer C, Nordic Transvaginal Mesh G. Anterior colporrhaphy versus transvaginal mesh for pelvic-organ prolapse. <i>The New England journal of medicine</i> . 2011;364(19):1826-1836.	Altman D, Vayrynen T, Engh ME, Axelsen S, Falconer C, Nordic Transvaginal Mesh G	Anterior colporrhaphy versus transvaginal mesh for pelvic-organ prolapse	2011	The New England journal of medicine	72.406	Multi-center parallel-group randomized controlled trial	Surgery performed between Dec 2007 and Dec 2008	Follow-up conducted at 2 months and 1 year	Surgery for prolapse recurrence	Anterior	Non-mesh	0.50%	182
Recurrence													
Delroy CA, Castro Rde A, Dias MM, et al. The use of transvaginal synthetic mesh for anterior vaginal wall prolapse repair: a randomized controlled trial. <i>International urogynecology journal</i> . 2013;24(11):1899-1907.	Delroy CA, Castro Rde A, Dias MM, et al	The use of transvaginal synthetic mesh for anterior vaginal wall prolapse repair: a randomized controlled trial	2013	International urogynecology journal	1.937	Single-center prospective randomized controlled trial	Surgery performed between Jan 2007 and Jan 2009	Follow-up conducted at 1 year	POP stage II≤ considered recurrence	Anterior	Mesh	17.5% recurrence at 1 year	40
Delroy CA, Castro Rde A, Dias MM, et al. The use of transvaginal synthetic mesh for anterior vaginal wall prolapse repair: a randomized controlled trial. <i>International urogynecology journal</i> . 2013;24(11):1899-1907.	Delroy CA, Castro Rde A, Dias MM, et al	The use of transvaginal synthetic mesh for anterior vaginal wall prolapse repair: a randomized controlled trial	2013	International urogynecology journal	1.937	Single-center prospective randomized controlled trial	Surgery performed between Jan 2007 and Jan 2010	Follow-up conducted at 1 year	POP stage II≤ considered recurrence	Anterior	Non-mesh	43.7% recurrence at 1 year	39
Lamblin G, Van-Nieuwenhuysse A, Chabert P, Lebail-Carval K, Moret S, Mellier G. A randomized controlled trial comparing anatomical and functional outcome between vaginal colposuspension and transvaginal mesh. <i>International urogynecology journal</i> . 2014;25(7):961-970.	Lamblin G, Van-Nieuwenhuysse A, Chabert P, Lebail-Carval K, Moret S, Mellier G	A randomized controlled trial comparing anatomical and functional outcome between vaginal colposuspension and transvaginal mesh	2014	International urogynecology journal	1.937	Single-center prospective randomized controlled trial	Surgery performed between Sept 2008 and Jun 2011	Follow-up conducted at 3, 12, and 24 months	POP stage II≤ considered recurrence	Anterior	Mesh	0% at 2 years	33
Lamblin G, Van-Nieuwenhuysse A, Chabert P, Lebail-Carval K, Moret S, Mellier G. A randomized controlled trial comparing anatomical and functional outcome between vaginal colposuspension and transvaginal mesh. <i>International urogynecology journal</i> . 2014;25(7):961-970.	Lamblin G, Van-Nieuwenhuysse A, Chabert P, Lebail-Carval K, Moret S, Mellier G	A randomized controlled trial comparing anatomical and functional outcome between vaginal colposuspension and transvaginal mesh	2014	International urogynecology journal	1.937	Single-center prospective randomized controlled trial	Surgery performed between Sept 2008 and Jun 2011	Follow-up conducted at 3, 12, and 24 months	POP stage II≤ considered recurrence	Anterior	Non-mesh	15.6% at 2 years	35
Withagen MI, Vierhout ME, Hendriks JC, Kluivers KB, Milani AL. Risk factors for exposure, pain, and dyspareunia after tension-free vaginal mesh procedure. <i>Obstetrics and gynecology</i> . 2011;118(3):629-636.	Withagen MI, Vierhout ME, Hendriks JC,	Risk factors for exposure, pain, and dyspareunia after tension-free vaginal mesh procedure	2011	Obstetrics and gynecology	5.426	Prospective observational cohort study	Surgery performed between Sept	Follow-up conducted at 6 weeks, 6 months, and 12 months	POP stage II≤ considered recurrence	Both included	Mesh	13%	294

	Kluivers KB, Milani AL						2005 and Dec 2009							
Sokol AI, Iglesia CB, Kudish BI, et al. One-year objective and functional outcomes of a randomized clinical trial of vaginal mesh for prolapse. <i>American journal of obstetrics and gynecology</i> . 2012;206(1):86 e81-89.	Sokol AI, Iglesia CB, Kudish BI, et al	One-year objective and functional outcomes of a randomized clinical trial of vaginal mesh for prolapse	2012	American journal of obstetrics and gynecology	5.574	Multi-center prospective double-blind randomized clinical trial	Surgery performed between Jan 2007 and Aug 2009	Minimum 12 months follow-up required, mean 13.2 ± 4.7 months	POP stage II≤ considered recurrence	Both included	Mesh	62.50%		27
Sokol AI, Iglesia CB, Kudish BI, et al. One-year objective and functional outcomes of a randomized clinical trial of vaginal mesh for prolapse. <i>American journal of obstetrics and gynecology</i> . 2012;206(1):86 e81-89.	Sokol AI, Iglesia CB, Kudish BI, et al	One-year objective and functional outcomes of a randomized clinical trial of vaginal mesh for prolapse	2013	American journal of obstetrics and gynecology	5.574	Multi-center prospective double-blind randomized clinical trial	Surgery performed between Jan 2007 and Aug 2010	Minimum 12 months follow-up required, mean 16.2 ± 5.4 months	POP stage II≤ considered recurrence	Both included	Non-mesh	69.70%		33
Tamanini JT, de Oliveira Souza Castro RC, Tamanini JM, Castro RA, Sartori MG, Girao MJ. A prospective, randomized, controlled trial of the treatment of anterior vaginal wall prolapse: medium term followup. <i>The Journal of urology</i> . 2015;193(4):1298-1304.	Tamanini JT, de Oliveira Souza Castro RC, Tamanini JM, Castro RA, Sartori MG, Girao MJ	A prospective, randomized, controlled trial of the treatment of anterior vaginal wall prolapse: medium term followup	2015	The Journal of urology	5.157	Single-center prospective randomized controlled trial	Surgery performed between Feb 2008 and Dec 2010	Follow-up conducted at 1 and 2 years	POP stage II≤ considered recurrence	Anterior	Mesh	23.8% at 2 years		45
Tamanini JT, de Oliveira Souza Castro RC, Tamanini JM, Castro RA, Sartori MG, Girao MJ. A prospective, randomized, controlled trial of the treatment of anterior vaginal wall prolapse: medium term followup. <i>The Journal of urology</i> . 2015;193(4):1298-1304.	Tamanini JT, de Oliveira Souza Castro RC, Tamanini JM, Castro RA, Sartori MG, Girao MJ	A prospective, randomized, controlled trial of the treatment of anterior vaginal wall prolapse: medium term followup	2016	The Journal of urology	6.157	Single-center prospective randomized controlled trial	Surgery performed between Feb 2008 and Dec 2011	Follow-up conducted at 1 and 2 years	POP stage II≤ considered recurrence	Anterior	Non-mesh	36% at 2 years		55
Kapoor DS, Nemcova M, Pantazis K, Brockman P, Bombieri L, Freeman RM. Reoperation rate for traditional anterior vaginal repair: analysis of 207 cases with a median 4-year follow-up. <i>International urogynecology journal</i> . 2010;21(1):27-31.	Kapoor DS, Nemcova M, Pantazis K, Brockman P, Bombieri L, Freeman RM	Reoperation rate for traditional anterior vaginal repair: analysis of 207 cases with a median 4-year follow-up	2010	International urogynecology journal	1.937	Single-center retrospective case note review	Surgery performed between 2000-2005	Median 50 months follow-up	POP stage II≤ considered recurrence	Anterior	Non-mesh	12%		207
Chmielewski L, Walters MD, Weber AM, Barber MD. Reanalysis of a randomized trial of 3 techniques of anterior colporrhaphy using clinically relevant definitions of success. <i>American journal of obstetrics and gynecology</i> . 2011;205(1):69 e61-68.	Chmielewski L, Walters MD, Weber AM, Barber MD	Reanalysis of a randomized trial of 3 techniques of anterior colporrhaphy using clinically relevant definitions of success	2011	American journal of obstetrics and gynecology	5.574	Reanalysis of single-center prospective randomized trial	Surgery performed between Jun 1996 and Jan 2001	Median 26 months follow-up	No feeling of bulging or prolapse beyond the hymen considered success	Anterior	Mesh	12%		27
Chmielewski L, Walters MD, Weber AM, Barber MD. Reanalysis of a randomized trial of 3 techniques of anterior colporrhaphy using clinically relevant definitions of success. <i>American journal of obstetrics and gynecology</i> . 2011;205(1):69 e61-68.	Chmielewski L, Walters MD, Weber AM, Barber MD	Reanalysis of a randomized trial of 3 techniques of anterior colporrhaphy using clinically relevant definitions of success	2011	American journal of obstetrics and gynecology	5.574	Reanalysis of single-center prospective randomized trial	Surgery performed between Jun 1996 and Jan 2001	Median 26 months follow-up	No feeling of bulging or prolapse beyond the hymen considered success	Anterior	Non-mesh	11%		32
Carey M, Higgs P, Goh J, et al. Vaginal repair with mesh versus colporrhaphy for prolapse: a randomised controlled trial. <i>BJOG: an international journal of obstetrics and gynaecology</i> . 2009;116(10):1380-1386.	Carey M, Higgs P, Goh J, et al	Vaginal repair with mesh versus colporrhaphy for prolapse: a randomised controlled trial	2009	BJOG: an international journal of obstetrics and gynaecology	5.051	Single-center prospective randomized controlled trial	Surgery performed between Feb 2003 and Aug 2005	Minimum 12 months follow-up	POP stage II≤ considered recurrence	Both	Mesh	19%		63
Carey M, Higgs P, Goh J, et al. Vaginal repair with mesh versus colporrhaphy for prolapse: a randomised controlled trial. <i>BJOG: an international journal of obstetrics and gynaecology</i> . 2009;116(10):1380-1386.	Carey M, Higgs P, Goh J, et al	Vaginal repair with mesh versus colporrhaphy for prolapse: a randomised controlled trial	2009	BJOG: an international journal of obstetrics and gynaecology	5.051	Single-center prospective randomized controlled trial	Surgery performed between Feb 2003 and Aug 2005	Minimum 12 months follow-up	POP stage II≤ considered recurrence	Both	Non-mesh	34.40%		61

Marschke J, Hengst L, Schwertner-Tiepelmann N, Beilecke K, Tunn R. Transvaginal single-incision mesh reconstruction for recurrent or advanced anterior vaginal wall prolapse. <i>Archives of gynecology and obstetrics</i> . 2015;291(5):1081-1087.	Marschke J, Hengst L, Schwertner-Tiepelmann N, Beilecke K, Tunn R	Transvaginal single-incision mesh reconstruction for recurrent or advanced anterior vaginal wall prolapse	2015	Archives of gynecology and obstetrics	2.09	Single-center retrospective review with follow-up	Surgery performed 2009-2010	Mean follow-up 13 months	POP stage II≤ considered recurrence	Anterior	Mesh	3.20%	70
Maher CF, Feiner B, DeCuyper EM, Nichlos CJ, Hickey KV, O'Rourke P. Laparoscopic sacral colpopexy versus total vaginal mesh for vaginal vault prolapse: a randomized trial. <i>American journal of obstetrics and gynecology</i> . 2011;204(4):360 e361-367.	Maher CF, Feiner B, DeCuyper EM, Nichlos CJ, Hickey KV, O'Rourke P	Laparoscopic sacral colpopexy versus total vaginal mesh for vaginal vault prolapse: a randomized trial	2011	American journal of obstetrics and gynecology	5.574	Single-center prospective randomized controlled trial	Surgery performed between Dec 2005 and Dec 2007	Follow-up conducted at 6, 12, and 30 months	POP stage II≤ considered recurrence	Both included	Mesh	57% at 2 years	55
Maher CF, Feiner B, DeCuyper EM, Nichlos CJ, Hickey KV, O'Rourke P. Laparoscopic sacral colpopexy versus total vaginal mesh for vaginal vault prolapse: a randomized trial. <i>American journal of obstetrics and gynecology</i> . 2011;204(4):360 e361-367.	Maher CF, Feiner B, DeCuyper EM, Nichlos CJ, Hickey KV, O'Rourke P	Laparoscopic sacral colpopexy versus total vaginal mesh for vaginal vault prolapse: a randomized trial	2012	American journal of obstetrics and gynecology	6.574	Single-center prospective randomized controlled trial	Surgery performed between Dec 2005 and Dec 2008	Follow-up conducted at 6, 12, and 30 months	POP stage II≤ considered recurrence	Both included	Non-mesh	23% at 2 years	53
Altman D, Vayrynen T, Engh ME, Axelsen S, Falconer C, Nordic Transvaginal Mesh G. Anterior colporrhaphy versus transvaginal mesh for pelvic-organ prolapse. <i>The New England journal of medicine</i> . 2011;364(19):1826-1836.	Altman D, Vayrynen T, Engh ME, Axelsen S, Falconer C, Nordic Transvaginal Mesh G	Anterior colporrhaphy versus transvaginal mesh for pelvic-organ prolapse	2011	The New England journal of medicine	72.406	Multi-center parallel-group randomized controlled trial	Surgery performed between Dec 2007 and Dec 2008	Follow-up conducted at 2 months and 1 year	POP stage II≤ and/or a feeling of vaginal bulging considered recurrence	Anterior	Mesh	39.2% at 1 year	186
Altman D, Vayrynen T, Engh ME, Axelsen S, Falconer C, Nordic Transvaginal Mesh G. Anterior colporrhaphy versus transvaginal mesh for pelvic-organ prolapse. <i>The New England journal of medicine</i> . 2011;364(19):1826-1836.	Altman D, Vayrynen T, Engh ME, Axelsen S, Falconer C, Nordic Transvaginal Mesh G	Anterior colporrhaphy versus transvaginal mesh for pelvic-organ prolapse	2011	The New England journal of medicine	72.406	Multi-center parallel-group randomized controlled trial	Surgery performed between Dec 2007 and Dec 2008	Follow-up conducted at 2 months and 1 year	POP stage II≤ and/or a feeling of vaginal bulging considered recurrence	Anterior	Non-mesh	65.5% at 1 year	182
El-Nazer MA, Gomaa IA, Ismail Madkour WA, Swidan KH, El-Etriby MA. Anterior colporrhaphy versus repair with mesh for anterior vaginal wall prolapse: a comparative clinical study. <i>Archives of gynecology and obstetrics</i> . 2012;286(4):965-972.	El-Nazer MA, Gomaa IA, Ismail Madkour WA, Swidan KH, El-Etriby MA	Anterior colporrhaphy versus repair with mesh for anterior vaginal wall prolapse: a comparative clinical study	2012	Archives of gynecology and obstetrics	2.09	Single-center prospective randomized controlled trial	Surgery performed between Nov 2005 and Nov 2007	Mean follow-up 24 months	POP stage II≤ considered recurrence	Anterior	Mesh	5%	20
El-Nazer MA, Gomaa IA, Ismail Madkour WA, Swidan KH, El-Etriby MA. Anterior colporrhaphy versus repair with mesh for anterior vaginal wall prolapse: a comparative clinical study. <i>Archives of gynecology and obstetrics</i> . 2012;286(4):965-972.	El-Nazer MA, Gomaa IA, Ismail Madkour WA, Swidan KH, El-Etriby MA	Anterior colporrhaphy versus repair with mesh for anterior vaginal wall prolapse: a comparative clinical study	2012	Archives of gynecology and obstetrics	2.09	Single-center prospective randomized controlled trial	Surgery performed between Nov 2005 and Nov 2007	Mean follow-up 24 months	POP stage II≤ considered recurrence	Anterior	Non-mesh	15%	20
Vollebregt A, Fischer K, Gietelink D, van der Vaart CH. Primary surgical repair of anterior vaginal prolapse: a randomised trial comparing anatomical and functional outcome between anterior colporrhaphy and trocar-guided transobturator anterior mesh. <i>BJOG: an international journal of obstetrics and gynaecology</i> . 2011;118(12):1518-1527.	Vollebregt A, Fischer K, Gietelink D, van der Vaart CH	Primary surgical repair of anterior vaginal prolapse: a randomised trial comparing anatomical and functional outcome between anterior colporrhaphy and trocar-guided transobturator anterior mesh	2011	BJOG: an international journal of obstetrics and gynaecology	5.051	Multi-center prospective randomized clinical trial	Surgery performed between Jun 2007 and May 2009	Mean follow-up 12 months	POP stage II≤ considered recurrence	Anterior	Mesh	9% at 1 year	56
Vollebregt A, Fischer K, Gietelink D, van der Vaart CH. Primary surgical repair of anterior vaginal prolapse: a randomised trial comparing anatomical and functional outcome between anterior colporrhaphy and trocar-guided	Vollebregt A, Fischer K, Gietelink D, van der Vaart CH	Primary surgical repair of anterior vaginal prolapse: a randomised trial comparing anatomical and functional outcome between	2011	BJOG: an international journal of	5.051	Multi-center prospective randomized clinical trial	Surgery performed between Jun 2007 and May 2009	Mean follow-up 12 months	POP stage II≤ considered recurrence	Anterior	Non-mesh	59% at 1 year; 5% required reoperation	58

transobturator anterior mesh. <i>BJOG : an international journal of obstetrics and gynaecology</i> . 2011;118(12):1518-1527.		anterior colporrhaphy and trocar-guided transobturator anterior mesh		obstetrics and gynaecology									
Nguyen JN, Burchette RJ. Outcome after anterior vaginal prolapse repair: a randomized controlled trial. <i>Obstetrics and gynecology</i> . 2008;111(4):891-898.	Nguyen JN, Burchette RJ	Outcome after anterior vaginal prolapse repair: a randomized controlled trial	2008	Obstetrics and gynecology	5.426	Single-center prospective randomized controlled trial	Surgery performed between Jan 2005 and Apr 2006	Follow-up conducted at 8 weeks, 6 months, and 1 year	Optimal or satisfactory anterior vaginal support considered cured	Anterior	Mesh	89% cured at 1 year	37
Nguyen JN, Burchette RJ. Outcome after anterior vaginal prolapse repair: a randomized controlled trial. <i>Obstetrics and gynecology</i> . 2008;111(4):891-898.	Nguyen JN, Burchette RJ	Outcome after anterior vaginal prolapse repair: a randomized controlled trial	2008	Obstetrics and gynecology	5.426	Single-center prospective randomized controlled trial	Surgery performed between Jan 2005 and Apr 2006	Follow-up conducted at 8 weeks, 6 months, and 1 year	Optimal or satisfactory anterior vaginal support considered cured	Anterior	Non-mesh	55% cured at 1 year	38 non-mesh patients
Nieminen K, Hiltunen R, Heiskanen E, et al. Symptom resolution and sexual function after anterior vaginal wall repair with or without polypropylene mesh. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2008;19(12):1611-1616.	Nieminen K, Hiltunen R, Heiskanen E, et al	Symptom resolution and sexual function after anterior vaginal wall repair with or without polypropylene mesh	2008	International urogynecology journal and pelvic floor dysfunction	1.51	Multi-center prospective randomized clinical trial	Not reported	Follow-up conducted at 2, 12, and 24 months	POP stage II≤ considered recurrence	Anterior	Mesh	11% at 2 years	105 mesh patients
Nieminen K, Hiltunen R, Heiskanen E, et al. Symptom resolution and sexual function after anterior vaginal wall repair with or without polypropylene mesh. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2008;19(12):1611-1616.	Nieminen K, Hiltunen R, Heiskanen E, et al	Symptom resolution and sexual function after anterior vaginal wall repair with or without polypropylene mesh	2008	International urogynecology journal and pelvic floor dysfunction	1.51	Multi-center prospective randomized clinical trial	Not reported	Follow-up conducted at 2, 12, and 24 months	POP stage II≤ considered recurrence	Anterior	Non-mesh	41% at 2 years	97 non-mesh patients
31st Annual IUGA Meeting, Athens, Greece, 6-9 September 2006. Abstracts. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2006;17 Suppl 2:S57-359.	Ali S, Han HC, Lee LC	Abstracts from the 31st Annual IUGA Meeting, Athens, Greece, 6-9 September 2006	2006	International urogynecology journal and pelvic floor dysfunction	1.51	Prospective randomized cohort study	Surgery performed between Feb 2004 and Jul 2005	Follow-up conducted at 6 months	Recurrence of cystourethrocoele	Anterior	Mesh	6.60%	46 mesh patients at final follow-up
Menefee SA, Dyer KY, Lukacz ES, Simsiman AJ, Lubner KM, Nguyen JN. Colporrhaphy compared with mesh or graft-reinforced vaginal paravaginal repair for anterior vaginal wall prolapse: a randomized controlled trial. <i>Obstetrics and gynecology</i> . 2011;118(6):1337-1344.	Menefee SA, Dyer KY, Lukacz ES, Simsiman AJ, Lubner KM, Nguyen JN	Colporrhaphy compared with mesh or graft-reinforced vaginal paravaginal repair for anterior vaginal wall prolapse: a randomized controlled trial	2011	Obstetrics and gynecology	5.426	Single-center prospective randomized controlled trial, three-armed (porcine graft cohort not reported here)	Surgery performed between Jan 2006 and Sept 2008	Minimum 2 years follow-up	POP stage II≤ considered recurrence	Anterior	Mesh	18% at 2 years	28 mesh patients
Menefee SA, Dyer KY, Lukacz ES, Simsiman AJ, Lubner KM, Nguyen JN. Colporrhaphy compared with mesh or graft-reinforced vaginal paravaginal repair for anterior vaginal wall prolapse: a randomized controlled trial. <i>Obstetrics and gynecology</i> . 2011;118(6):1337-1344.	Menefee SA, Dyer KY, Lukacz ES, Simsiman AJ, Lubner KM, Nguyen JN	Colporrhaphy compared with mesh or graft-reinforced vaginal paravaginal repair for anterior vaginal wall prolapse: a randomized controlled trial	2011	Obstetrics and gynecology	5.426	Single-center prospective randomized controlled trial, three-armed (porcine graft cohort not reported here)	Surgery performed between Jan 2006 and Sept 2009	Minimum 2 years follow-up	POP stage II≤ considered recurrence	Anterior	Non-mesh	58% at 2 years	24 non-mesh patients
Sivaslioglu AA, Unlubilgin E, Dolen I. A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2008;19(4):467-471.	Sivaslioglu AA, Unlubilgin E, Dolen I	A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele	2008	International urogynecology journal and pelvic floor dysfunction	1.51	Single-center prospective randomized controlled trial	Surgery performed between Jan 2006 and Jan 2006	Mean follow-up 12 months (range 8-16 months)	POP stage II≤ considered recurrence	Anterior	Mesh	9% at 1 year	43 mesh patients
Sivaslioglu AA, Unlubilgin E, Dolen I. A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2008;19(4):467-471.	Sivaslioglu AA, Unlubilgin E, Dolen I	A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele	2008	International urogynecology journal and pelvic floor dysfunction	1.51	Single-center prospective randomized controlled trial	Surgery performed between Jan 2006 and Jan 2007	Mean follow-up 12 months (range 8-16 months)	POP stage II≤ considered recurrence	Anterior	Non-Mesh	28% at 1 year	42 non-mesh patients
Sand PK, Koduri S, Lobel RW, et al. Prospective randomized trial of polyglactin 910 mesh to prevent recurrence of	Sand PK, Koduri S, Lobel RW, et al	Prospective randomized trial of polyglactin 910 mesh to prevent	2001	American journal of	5.574	Single-center prospective randomized controlled trial	Surgery performed between Sept	Follow-up conducted at 12 weeks and 1 year	Cystocele and rectocele	Both included	Mesh	At 1 year, 25% recurrent cystocele, 8.2% recurrent rectocele	73 mesh patients

cystoceles and rectoceles. <i>American journal of obstetrics and gynecology</i> . 2001;184(7):1357-1362; discussion 1362-1354.		recurrence of cystoceles and rectoceles		obstetrics and gynecology			1995 and Apr 1999		recurrences reported separately				
Sand PK, Koduri S, Lobel RW, et al. Prospective randomized trial of polyglactin 910 mesh to prevent recurrence of cystoceles and rectoceles. <i>American journal of obstetrics and gynecology</i> . 2001;184(7):1357-1362; discussion 1362-1354.	Sand PK, Koduri S, Lobel RW, et al	Prospective randomized trial of polyglactin 910 mesh to prevent recurrence of cystoceles and rectoceles	2001	American journal of obstetrics and gynecology	5.574	Single-center prospective randomized controlled trial	Surgery performed between Sept 1995 and Apr 2000	Follow-up conducted at 12 weeks and 1 year	Cystocele and rectocele recurrences reported separately	Both included	Non-mesh	At 1 year, 43% recurrent cystocele, 10% recurrent rectocele	70 non-mesh patients
Quality of Life (P-QoL)													
Brocker KA, Alt CD, Corteville C, Hallscheidt P, Lenz F, Sohn C. Short-range clinical, dynamic magnetic resonance imaging and P-QOL questionnaire results after mesh repair in female pelvic organ prolapse. <i>European journal of obstetrics, gynecology, and reproductive biology</i> . 2011;157(1):107-112.	Brocker KA, Alt CD, Corteville C, Hallscheidt P, Lenz F, Sohn C	Short-range clinical, dynamic magnetic resonance imaging and P-QOL questionnaire results after mesh repair in female pelvic organ prolapse	2011	European journal of obstetrics, gynecology, and reproductive biology	1.666	Single-center prospective observational study	Surgery performed between Feb 2008 and Jan 2009	Follow-up performed at 4 and 12 weeks	Non-normalized data reported (0 best score); all domains reported separately	Both included	Mesh	GHP: Pre-op 51.61 ± 24.10, at 12 weeks 29.84 ± 19.81. PI: Pre-op 86.02 ± 20.68, at 12 weeks 26.88 ± 30.33	36 patients
Brocker KA, Alt CD, Corteville C, Hallscheidt P, Lenz F, Sohn C. Short-range clinical, dynamic magnetic resonance imaging and P-QOL questionnaire results after mesh repair in female pelvic organ prolapse. <i>European journal of obstetrics, gynecology, and reproductive biology</i> . 2011;157(1):107-112.	Brocker KA, Alt CD, Rzepka J, Sohn C, Hallscheidt P	One-year dynamic MRI follow-up after vaginal mesh repair: evaluation of clinical, radiological, and quality-of-life results	2015	Acta radiologica	2.011	Single-center prospective observational study	Surgery performed between Jan 2008 and Oct 2009	Follow-up conducted at 12 weeks and 1 year	Non-normalized data reported (0 best score); all domains reported separately	Both included	Mesh	GHP: Pre-op 49.56 ± 23.381, at 1 year 34.38 ± 20.606. PI: Pre-op 79.17 ± 26.638, at 1 year 23.19 ± 30.871	65 patients
Dias MM, de ACR, Bortolini MA, et al. Two-years results of native tissue versus vaginal mesh repair in the treatment of anterior prolapse according to different success criteria: A randomized controlled trial. <i>Neurourology and urodynamics</i> . 2015.	Dias MM, de ACR, Bortolini MA, et al	Two-years results of native tissue versus vaginal mesh repair in the treatment of anterior prolapse according to different success criteria: A randomized controlled trial	2015	Neurourology and urodynamics	3.56	Single-center prospective randomized controlled trial	Surgery performed between Jan 2007 and Feb 2010	Follow-up conducted at 2 years	Non-normalized data reported (0 best score)	Anterior	Mesh	Pre-op mean 43.9; 2-year mean 20.89	37 mesh patients
Dias MM, de ACR, Bortolini MA, et al. Two-years results of native tissue versus vaginal mesh repair in the treatment of anterior prolapse according to different success criteria: A randomized controlled trial. <i>Neurourology and urodynamics</i> . 2015.	Dias MM, de ACR, Bortolini MA, et al	Two-years results of native tissue versus vaginal mesh repair in the treatment of anterior prolapse according to different success criteria: A randomized controlled trial	2015	Neurourology and urodynamics	3.56	Single-center prospective randomized controlled trial	Surgery performed between Jan 2007 and Feb 2010	Follow-up conducted at 2 years	Non-normalized data reported (0 best score)	Anterior	Non-mesh	Pre-op mean 46.0; 2-year mean 22.64	33 non-mesh patients
Maher CF, Feiner B, DeCuyper EM, Nichlos CJ, Hickey KV, O'Rourke P. Laparoscopic sacral colpopexy versus total vaginal mesh for vaginal vault prolapse: a randomized trial. <i>American journal of obstetrics and gynecology</i> . 2011;204(4):360 e361-367.	Maher CF, Feiner B, DeCuyper EM, Nichlos CJ, Hickey KV, O'Rourke P	Laparoscopic sacral colpopexy versus total vaginal mesh for vaginal vault prolapse: a randomized trial	2011	American journal of obstetrics and gynecology	5.574	Single-center prospective randomized controlled trial	Surgery performed between Dec 2005 and Dec 2007	Follow-up conducted at 6, 12, and 30 months	Non-normalized data reported (0 best score); all domains reported separately; post-op scores reported as percent decreases	Both included	Mesh	GHP: Pre-op 24.5 ± 17.2, 19% increase at 2 years. PI: Pre-op 68.5 ± 27.8, 77% decrease at 2 years.	55 mesh patients
Maher CF, Feiner B, DeCuyper EM, Nichlos CJ, Hickey KV, O'Rourke P. Laparoscopic sacral colpopexy versus total vaginal mesh for vaginal vault prolapse: a randomized trial. <i>American journal of obstetrics and gynecology</i> . 2011;204(4):360 e361-367.	Maher CF, Feiner B, DeCuyper EM, Nichlos CJ, Hickey KV, O'Rourke P	Laparoscopic sacral colpopexy versus total vaginal mesh for vaginal vault prolapse: a randomized trial	2012	American journal of obstetrics and gynecology	6.574	Single-center prospective randomized controlled trial	Surgery performed between Dec 2005 and Dec 2008	Follow-up conducted at 6, 12, and 30 months	Non-normalized data reported (0 best score); all domains reported separately; post-op scores reported as percent decreases	Both included	Non-mesh	GHP: Pre-op 29.2 ± 23.9, 13% decrease at 2 years. PI: Pre-op 71.1 ± 28.5, 82% decrease at 2 years.	53 non-mesh patients
Delroy CA, Castro Rde A, Dias MM, et al. The use of transvaginal synthetic mesh for anterior vaginal wall	Delroy CA, Castro Rde A, Dias MM, et al	The use of transvaginal synthetic mesh for anterior vaginal wall	2013	International urogynecology journal	1.937	Single-center prospective randomized controlled trial	Surgery performed	Follow-up conducted at 1 year	Non-normalized data reported (0 best score); all	Anterior	Mesh	GHP: Pre-op 46.79 ± 22.343, at 1 year 26.28 ± 21.30. PI: Pre-op 74.35 ±	40 mesh patients

prolapse repair: a randomized controlled trial. <i>International urogynecology journal</i> . 2013;24(11):1899-1907.		prolapse repair: a randomized controlled trial					between Jan 2007 and Jan 2009		domains reported separately			33.41, at 1 year 3.41 ± 15.06	
Delroy CA, Castro Rde A, Dias MM, et al. The use of transvaginal synthetic mesh for anterior vaginal wall prolapse repair: a randomized controlled trial. <i>International urogynecology journal</i> . 2013;24(11):1899-1907.	Delroy CA, Castro Rde A, Dias MM, et al	The use of transvaginal synthetic mesh for anterior vaginal wall prolapse repair: a randomized controlled trial	2013	International urogynecology journal	1.937	Single-center prospective randomized controlled trial	Surgery performed between Jan 2007 and Jan 2009	Follow-up conducted at 1 year	Non-normalized data reported (0 best score); all domains reported separately	Anterior	Non-mesh	GHP: Pre-op 42.2 ± 21.2, at 1 year 24.1 ± 10.5. PI: Pre-op 79.3 ± 30.0, at 1 year 3.4 ± 10.3	39 non-mesh patients
Sivaslioglu AA, Unlubilgin E, Dolen I. A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2008;19(4):467-471.	Sivaslioglu AA, Unlubilgin E, Dolen I	A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele	2008	International urogynecology journal and pelvic floor dysfunction	1.51	Single-center prospective randomized controlled trial	Surgery performed between Jan 2006 and Jan 2007	Mean follow-up 12 months (range 8-16 months)	Non-normalized data reported (0 best score)	Anterior	Mesh	Pre-op: 29.5 ± 26.1; at follow-up: 6.2 ± 5.5	43 mesh patients
Sivaslioglu AA, Unlubilgin E, Dolen I. A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele. <i>International urogynecology journal and pelvic floor dysfunction</i> . 2008;19(4):467-471.	Sivaslioglu AA, Unlubilgin E, Dolen I	A randomized comparison of polypropylene mesh surgery with site-specific surgery in the treatment of cystocele	2009	International urogynecology journal and pelvic floor dysfunction	2.51	Single-center prospective randomized controlled trial	Surgery performed between Jan 2006 and Jan 2008	Mean follow-up 12 months (range 8-16 months)	Non-normalized data reported (0 best score)	Anterior	Non-mesh	Pre-op: 32.4 ± 28.5; at follow-up: 7.5 ± 6.2	42 non-mesh patients

*When all P-QOL domains reported separately, we report only GHP and PI as the most relevant domains to the current question

GHP: General health perceptions

PI: Prolapse impac