



S1. Key terms used in literature search

- (((aptamer[TitleAbstract]) OR aptamers[TitleAbstract]) AND glioblastoma[TitleAbstract]) AND delivery
- (((Aptamer[TitleAbstract]) OR Aptamers[TitleAbstract]) AND Glioblastoma[TitleAbstract]) AND Diagnosis[TitleAbstract]
- (((Aptamer[TitleAbstract]) OR Aptamers[TitleAbstract]) AND Glioblastoma[TitleAbstract]) AND Diagnosis[TitleAbstract]
- (((aptamer[TitleAbstract]) OR aptamers[TitleAbstract]) AND glioblastoma[TitleAbstract]) AND therapeutic
- (((aptamer[TitleAbstract]) OR aptamers[TitleAbstract]) AND glioblastoma[TitleAbstract]) AND therapy
- ((Aptamer[TitleAbstract]) OR Aptamers[TitleAbstract]) AND Glioblastoma[TitleAbstract]
- ((glioblastoma[TitleAbstract]) OR glioma[TitleAbstract]) AND aptamer[TitleAbstract]
- ((Glioblastoma[TitleAbstract]) OR glioma[TitleAbstract]) AND aptamers[TitleAbstract]
- (aptamer) AND glioblastoma

S2. PRISMA Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
ABSTRACT			
Structuredsummary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	2
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	3
Eligibilitycriteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	3
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	3
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	
Study selection	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).		3
Data collectionprocess	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for	3

Cancers **2020**, 12, 2173

obtaining and confirming data from investigators.				
Data items		List and define all variables for which data were sought (e.g.,		
	11	PICOS, funding sources) and any assumptions and simplifications 3		
		made.		
		Describe methods used for assessing risk of bias of individual		
Risk of bias in individual studies	12	studies (including specification of whether this was done at the	NA	
	12	study or outcome level), and how this information is to be used in		
		any data synthesis.		
Summarymeasures	13	State the principal summary measures (e.g., risk ratio, difference	NIA	
		in means).	NA	
Synthesis of results	•	Describe the methods of handling data and combining results of		
	14	studies, if done, including measures of consistency (e.g., I2) for	NA	
		each meta-analysis.		

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	NA
Additionalanalyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	NA
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	4
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	4–9
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	NA
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each	10–14

Cancers **2020**, 12, 2173 3 of 3

		intervention group (b)	
		effect estimates and	
		confidence intervals,	
		ideally with a forest	
		plot.	
		Present results of each	
		meta-analysis done,	
Synthesis of results	21	including confidence	10–14
		intervals and measures	
		of consistency.	
Risk of bias across	22	Present results of any	
		assessment of risk of	NA
studies		bias across studies (see	INA
		Item 15).	
		Give results of	
		additional analyses, if	
		done (e.g., sensitivity or	
Additionalanalysis	23	subgroup analyses,	NA
		meta-regression [see	
		Item 16]).	
DISCUSSION		item 10j).	
DISCUSSION		Summarize the main	
		findings including the	
		strength of evidence for	
Summary of	2.4	each main outcome;	45.47
evidence	24	consider their relevance	15–16
		to key groups (e.g.,	
		healthcare providers,	
		users, and policy	
		makers).	
		Discuss limitations at	
	25	study and outcome	
		level (e.g., risk of bias),	
Limitations		and at review-level	16
Limitations		(e.g., incomplete	16
		retrieval of identified	
		research, reporting	
		bias).	
		Provide a general	
		interpretation of the	
		results in the context of	
Conclusions	26	other evidence, and	16
		implications for future	
		research.	
FUNDING		100curen.	
TONDING			"RicercaCorrente" Grant from Italian Ministry of Health
Funding	27	Describe sources of	(IRCCS SDN) to (S.N. and C.C.),
			AssociazioneItalianaRicercasulCancro (AIRC) (IG 2016
		funding for the	
		systematic review and	N. 18473, to G.C.), H2020-MSCA-RISE-2017, CANCER
		other support (e.g.,	777682, SATIN grant 2018-2020 (to G.C.), H2020-MSCA-
		supply of data); role of	RISE-2019 cONCReTE 872391 (to G.C.), H2020-MSCA-
		funders for the	RISE-2019 PRISAR2 872860 (to G.C.), MSCA IF n. 891551
		systematic review.	Gl.EXO (to A.A.).

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097. For more information, visit: www.prisma-statement.org.