

Supplementary Materials: Dental Implant Failure Rate and Marginal Bone Loss in Transplanted Patients: A Systematic Review and Meta-Analysis

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Table S1. PRISMA 2009 Checklist.

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
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	3
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.	3–4
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.	3–4
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).	4
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	4
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	4–6
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	NA
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	NA
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each	6

		main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	6–7
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	7
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	7

NA – Not applicable. 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.

Table S2. List of potentially relevant studies not included in the systematic review, along with the reasons for exclusion.

Number	Reference	Reason for exclusion
1	Torre, D.D., & Burtscher, D. (2016). Ridge augmentation in an organ transplant patient. <i>International journal of oral and maxillofacial surgery</i> , 45(5).658-661. https://doi.org/10.1016/j.ijom.2015.11.002	Case report
2	Nakagawa, A., Shitara, N., Ayukawa, Y., Koyano, K., & Nishimura, K. (2014). Implant treatment followed by living donor lung transplant: A follow-up case report. <i>Journal of Prosthodontic Research</i> , 58(2), 127-131.	Case report
3	Gu, L., & Yu, Y.-C. (2011). Clinical outcome of dental implants placed in liver transplant recipients after 3 years: a case series. <i>Transplantation Proceedings</i> , 43(7), 2678-2682.	No control
4	Heckmann, S. M., Heckmann, J. G., Linke, J. J., Hohenberger, W., & Mombelli, A. (2004). Implant therapy following liver transplantation: clinical and microbiological results after 10 years. <i>Journal of Periodontology</i> , 75(6), 909-913.	No control