Best Practices for the Conduct and Reporting of Systematic Reviews

1. Protocol and Prospective Registration: Authors should state whether there was an *a priori* protocol for the review, and ideally reference a published protocol or provide a copy of the protocol as Online Supplementary Materials. At a minimum, the systematic review should have been prospectively registered (e.g., in PROSPERO: https://www.crd.york.ac.uk/PROSPERO/). The registration number should be included in both the Abstract and Text.

2. Literature searches: A comprehensive literature search should include at least two electronic databases. The search strategies should be provided in sufficient detail to be replicable by an independent party; it is strongly recommended that full search strategies are provided for each database in the Online Supplementary Materials. Electronic database searches should be supplemented by at least one other strategy (e.g., textbooks, clinical trial registries, grey literature, experts in the field of study, and/or by reviewing the reference lists of included studies).

3. Study eligibility and data extraction: The process of determining study eligibility (at both title/abstract and full-text screening stages) should be undertaken by two independent review authors, with a consensus procedure for any disagreements.

4. Included and excluded studies: The review should reference all included studies and studies excluded at the full-text screening stage; the latter can be provided as Online Supplementary Material and should include the main reason for excluding each paper.

5. Characteristics of included studies: The characteristics of included studies should be summarized in a table, and include all key relevant information, including a detailed description of factors such as the participant population, intervention characteristics, outcome measures, etc.

6. Statistical considerations: If a meta-analysis is performed, the methods used to combine data from different studies must be robust. Heterogeneity should be examined using appropriate statistical tests, and attempts should be made to explain the heterogeneity (by sub-group analyses, or similar), per the *a priori* protocol. In addition, unit of analysis issues (e.g., per eye versus per participant intervention allocation) should be described, and authors should describe how they handled the statistical analysis of these scenarios.

7. Publication bias: The review should include an assessment of publication bias using a combination of graphical plots (e.g., funnel plots) and/or statistical methods (e.g., Egger’s regression test), as appropriate.

8. Certainty of the evidence: The overall certainty of the body evidence should be evaluated, using an approach such as GRADE (see: https://www.gradeworkinggroup.org/), and a ‘Summary of Findings’ table should be included. These findings should also be appropriately factored into formulating the conclusions of the review, including in the Abstract.

9. Funding information: Sources of support should be reported both for the systematic review and all of the studies included in the review.