### Supplementary Table 2. Quality assessment of each eligible study according to the Newcastle-Ottawa Quality Assessment Scale for case-control study and cohort study

<table>
<thead>
<tr>
<th>Study</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Quality</th>
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<tbody>
<tr>
<td><strong>Case-control study</strong></td>
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<tr>
<td>Saydah et al. (2003)</td>
<td>b</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>ab</td>
<td>a</td>
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<td>8</td>
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<tr>
<td>Wei et al. (2005)</td>
<td>a</td>
<td>b</td>
<td>b</td>
<td>a</td>
<td>ab</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>7</td>
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<tr>
<td>Stocks et al. (2008)</td>
<td>b</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>ab</td>
<td>a</td>
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<tr>
<td>Rinaldi et al. (2008)</td>
<td>b</td>
<td>a</td>
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<td>ab</td>
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<tr>
<td><strong>Cohort study</strong></td>
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<tr>
<td>Lin et al. (2005)</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>ab</td>
<td>d</td>
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<td>d</td>
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<tr>
<td>Goto et al. (2016)</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>ab</td>
<td>b</td>
<td>a</td>
<td>b</td>
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<tr>
<td>Peila et al. (2020)</td>
<td>a</td>
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<td>a</td>
<td>a</td>
<td>ab</td>
<td>b</td>
<td>a</td>
<td>d</td>
<td>8</td>
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</tbody>
</table>

**Case-control study**

For selection:
Q1: Is the case definition adequate?
   a) yes, with independent validation ★ b) yes, e.g., record linkage or based on self-reports c) no description
Q2: Representativeness of the cases
   a) consecutive or obviously representative series of cases ★ b) potential for selection biases or not stated
Q3: Selection of controls
   a) community controls ★ b) hospital controls c) no description
Q4: Definition of controls
   a) no history of disease (endpoint) ★ b) no description of source

For comparability:
Q5: Comparability of cases and controls on the basis of the design or analysis
   a) study controls for age ★ b) study controls for any additional factor ★

For exposure:
Q6: Ascertainment of exposure
   a) secure record ★ b) structured interview where blind to case/control status ★
   c) interview not blinded to case/control status d) written self-report or medical record only
   e) no description
Q7: Same method of ascertainment for cases and controls
   a) yes ★ b) no
Q8: Non-response rate
   a) same rate for both groups ★ b) non respondents described c) rate different and no designation

**Cohort study**

For selection:
Q1: Representativeness of the exposed cohort
   a) truly representative of the average population in the community ★ b) somewhat representative of the average population in the community ★ c) selected group of users d) no description of the derivation of the cohort
Q2: Selection of the non-exposed cohort
   a) drawn from the same community as the exposed cohort ★ b) drawn from a different source
   c) no description of the derivation of the non-exposed cohort
Q3: Ascertainment of exposure
   a) secure record ★ b) structured interview ★
   c) written self-report d) no description
Q4: Demonstration that outcome of interest was not present at start of study
   a) yes ★ b) no

For comparability:
Q5: Comparability of cohorts on the basis of the design or analysis
   a) study controls for age ★ b) study controls for any additional factor ★

(Continued to the next page)
Supplementary Table 2. Continued

For outcome:
Q6: Assessment of outcome
   a) independent blind assessment ★ b) record linkage ★ c) self-report d) no description
Q7: Was follow-up long enough for outcomes to occur
   a) yes b) no
Q8: Adequacy of follow up of cohorts
   a) complete follow up - all subjects accounted for ★
   b) subjects lost to follow up unlikely to introduce bias - small number lost > 80% follow up, or description provided of those lost ★
   c) follow up rate < 80% and no description of those lost
   d) no state