Interventional Therapy Versus Medical Therapy for Secundum Atrial Septal Defect: A Systematic Review (Part 2) for the 2018 AHA/ACC Guideline for the Management of Adults With Congenital Heart Disease

Data Supplements

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Data Supplement 1. Literature Search Strategy: Medical Therapy Vs. Interventional Therapy for Secundum Atrial Septal Defect*

<table>
<thead>
<tr>
<th>Concept/Filter</th>
<th>MeSH Terms</th>
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<td>“Heart septal defects, atrial”[MeSH]</td>
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*Combine Concepts: (1 AND 2 AND 4 AND 5 AND 6 AND 7) NOT 3
N/A indicates not applicable.
Data Supplement 2. Full-Text Screened Articles


42. Godart, F., Rey, C., Francart, C. et al. Experience in one center using the buttoned device for occlusion of atrial septal defect: comparison with the Amplatzer septal occluder. Cardiol Young. 2000;10(5);527-33.


49. Hijazi, Z. M. New closure devices for left-to-right shunt. Indian Heart J. 1996;48(2);119-23.


Data Supplement 3. Analyses of the Risk of Bias

Panel A. Right Ventricular Systolic Pressure

Panel B. Right Ventricular End Diastolic Dimension
Panel C. Left Ventricular Ejection Fraction

Panel D. Left Ventricular End Diastolic Dimension
LVEDD indicates left ventricular end diastolic dimension; LVEF, left ventricular ejection fraction; LVESD, left ventricular end systolic dimension; RVEDD, right ventricular end diastolic dimension; and RVSP, right ventricular systolic pressure.
# Data Supplement 4. Methodological Quality Assessment Based on the Cochrane Collaboration Risk of Bias Tool

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A indicates risk of bias is low; B, risk of bias is moderate; C, risk of bias is high; D, incomplete reporting; M, multicenter; NM, nonmulticenter; NP, nonprospective; NR, nonrandomized; P, prospective; and R, randomized.
Data Supplement 5. Methodological Quality Assessment of Cohort Studies Based on the Newcastle-Ottawa Scale

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*Representativeness
  1. Consecutive or obviously representative cases
†Selection of controls
  1. Community controls
‡Ascertainment of exposure
  1. Secure record (medical or surgical records) or structured interview where blind to case/control status
  0. Interview not blinded or written self-report
║Outcome not present at study recruitment
  1. Yes
¶Comparability of cases and controls
  2. Study controls for ASD and a second factor (age, gender)
  1. Study only controls for ASD or for a second factor
  0. No comparability
#Assessment of outcome (0,1, NA)
  1. Direct measurement of objective outcomes, patient interrogation for subjective outcomes
**Follow-up long enough
1. Defined by our PICOTS criteria: 1 month

††Rate of response:
1. Complete follow-up of all subjects (cases and controls) or subjects lost to follow-up unlikely to introduce bias (small number in controls and cases <10%).
‡‡Total: minimum=1; maximum=9
ASD indicates atrial septal defect; and N/A, not applicable.
References