

별첨 1

비뚤림위험 평가

1) 무작위배정 비교임상시험: 2개

Rob

연번(Ref ID)	27, 28	
1저자(출판연도)	Chin (2012), Chin (2008)	
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>To detect such a difference of 20% (power of 80%), and significant a-level of 0.05, and allowing for a 10% drop-out rate, we calculated a total of 150 patients needed to be randomized into either one of the two treatment arms.</p> <p>→ 무작위 순서 생성에 대한 구체적 내용 언급없음</p>
Allocation concealment (배정순서 은폐)	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 배정순서 은폐에 대한 구체적 내용 언급없음</p>
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 관련 내용 언급없음</p>
Blinding of outcome assessment (결과평가에 대한 눈가림)	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 관련 내용 언급없음</p>
Incomplete outcome data (불충분한 결과자료)	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<pre> graph TD A[Randomized (n=63)] --> B[Allocation] B --> C1["Allocated to CRYO (n=32) • Received allocated intervention (n=32) • Did not receive allocated intervention (n=0)"] B --> C2["Allocated to EBRT (n=31) • Received allocated intervention (n=31) • Did not receive allocated intervention (n=0)"] C1 --> D1["Lost to follow-up (moved away) (n=1) Discontinued intervention (n=0)"] C2 --> D2["Lost to follow-up (give reasons) (n=0) Discontinued intervention (n=0)"] D1 --> E1["Analysed (n=31) • Excluded from analysis (no follow-up data) (n=1)"] D2 --> E2["Analysed (n=31) • Excluded from analysis (n=0)"] </pre> <p>→ 결측치가 두 군간 유사하게 발생하였음</p>
Selective reporting (선택적 보고)	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 프로토콜은 없지만, 연구방법에 언급된 결과지표를 연구결과에 보고하고 있음</p>
Industrial funding support (민간연구비 지원)	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Acknowledgements This work is supported by a research Grant from Astra-Zeneca, Canada. 1저자: Financial interest and/or other relationship with US HIFU</p>

Rob

연번(Ref ID)	30, 31	
1저자(출판연도)	Donnelly (2010), Robinson (2009)	
영역	비뚤림위험	
Random sequence generation (무작위 배정순서 생성)	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	The study biostatistician (P.M.A.B.) randomly assigned eligible patients to receive 1 of 2 treatments, with stratification according to biopsy tumor classification, Gleason score, and PSA with use of dynamic randomization with a biased coin .
Allocation concealment (배정순서 은폐)	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The authors of this report conducted a randomized, unblinded , noninferiority trial to compare cryoablation with external beam radiotherapy in these patients.
Blinding of outcome assessment (결과평가에 대한 눈가림)	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 관련 내용 언급없음
Incomplete outcome data (불충분한 결과자료)	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	Some limitations of this study should be noted. Although the completion rate of the QOL questionnaires was exceptionally high for a study of this kind, the completion rate was only 48% at the 6 week assessment and 77% at the 3 month assessment for the EBRT group.
Selective reporting (선택적 보고)	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만, 연구방법에 언급된 결과지표를 연구결과에 보고하고 있음
Industrial funding support (민간연구비 지원)	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	CONFLICT OF INTEREST DISCLOSURES Supported by the National Cancer Institute of Canada, and the Alberta Cancer Board. Dr. Rewcastle was research director for Endocare*, Inc. * Endocare, Inc. develops, manufactures, and markets cryosurgical and stent technologies

2) 비무작위배정 비교임상시험: 31개

※ 비무작위배정 비교임상시험 35개 중, 4개는 경제성 결과만 보고하여 비플림위험 평가에서 제외함

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연번(Ref ID)	1	
1저자(출판연도)	Marra (2022)	
영역	비플림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Baseline features of the AS cohort before and after matching are detailed in Table 1 . Among the variables used for the matching no major differences were noticed, with the exception of an increased number of cT2 cases and later year of entry for the AS patients (both p < 0.01). The number of biopsy cores taken was higher in the FT group, and so were the number of preoperative mpMRI scans and percentage of saturation biopsies at entry (all p < 0.01). → matching 후에도 두 군간 유의한 차이가 있음
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	- (FC—main cohort) We included consecutive patients diagnosed with localized PCa who underwent FC at Institut Mutualiste Montsouris, from 2008 to 2018. Treatment - (AS—control cohort) Patients were matched with men being enrolled in the AS program at St. Antonius Hospital, Utrecht, The Netherlands, from 2008 to 2018. → 대상군 모집전략에 대하여 확인불가
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	(대상군 비교 가능성 참고) → matching 후에도 두 군간 유의한 차이가 있음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	(1) IIEF-5, (2) continence through the self reported function and ICS male short-form questionnaire, (3) IPSS. Peri- and postoperative complications were recorded by the treating physician according to the EAU recommendations and graded using the Clavien-Dindo system. → 적절한 도구를 이용하여 결과를 측정함
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	- 저자 중 1인 이해상충 있음: Rafael Sanchez-Salas certifies that all conflicts of interest , including specific financial interests and relationships and affiliations relevant to the subject matter or materials discussed in the manuscript - Funding/Support and role of the sponsor: Dr. Giancarlo Marra's work at Institut Mutualiste Montsouris has been funded by a grant from the European Urological Scholarship Programme(EUSP) .

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연번(Ref ID)	2	
1저자(출판연도)	Monaco (A) (2022)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 1. 기초특성: (Age) 중재군 66/ 대조군 73, p-value <0.001 → 연령에 유의한 차이 있음
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>A single-center retrospective review of our Institutional Review Board-approved PCa database was performed from July 2010 to August 2020 on all patients who underwent treatment with FC or whole-gland SBRT. Patients with unilateral disease on biopsy and PI-RAD lesions on only one lobe on mpMRI, a pre-treatment PSA \leq 10 ng/ml, a Gleason Group (GG) < 3 based on the International Society of Urology and Pathology guidelines, and lack of extracapsular extension was included. Patients were excluded if they had less than 1 year of follow-up, were treated with adjuvant androgen deprivation therapy (ADT), or were previously treated for PCa.</p> <p>→ 동일한 의료기관, 동일한 선정/배제기준 적용</p>
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ Table 1. 기초특성: 연령에 유의한 차이 있음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>the primary outcome of this study was estimated failure-free survival (FFS), defined as salvage treatment due to disease recurrence, a positive biopsy revealing GG \geq 2 disease, or metastasis. The secondary outcome was biochemical recurrence (BCR) defined by Phoenix. Scores from EPIC urinary, bowel, and sexual function questionnaires were compared every twelve months for 4 years. Complication rates are based on the common terminology criteria for adverse events (CTCAE) version 5.0.</p> <p>→ 적절한 도구를 이용하여 결과를 측정함</p>
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	Conflict of interest Dr. Jonathan Haas has received speaker honoraria from Accuracy, the manufacturer of Cyberknife. Other authors have nothing to disclose.

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연번(Ref ID)	3	
1저자(출판연도)	Monaco (B) (2022)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 1. 기초특성; D'Amico risk classification, Gleason group ($p<0.001$) → 질병 중증도에 유의한 차이가 있음
대상군 선정	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	- (FC protocol) Patients were offered FC if they had a PSA <10 ng/mL, unilateral disease, and lack of extracapsular extension. - (AS protocol) Patients with Gleason group (GG) 1 or 2, clinical stage T1 or T2, and no evidence of extracapsular extension on multiparametric magnetic resonance imaging (mpMRI) were considered for AS. → 대상군 모집전략이 다름
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 1. 기초특성; D'Amico risk classification, Gleason group ($p<0.001$) → 질병 중증도에 유의한 차이가 있음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	This database includes reports of patient reported QoL surveys, including Expanded Prostate Cancer Index Composite (EPIC), International Prostate Symptom Score (IPSS), International Index of Erectile Function (IIEF) Questionnaire, and the Memorial Anxiety Scale for Prostate Cancer. → 적절한 도구를 이용하여 결과를 측정함
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	- Author Disclosure Statement: No competing financial interests exist. - Funding Information: No funding was received for this article.

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연번(Ref ID)	4	
1저자(출판연도)	Yuan (2022)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 1: Before matching ($p < 0.001$), After matching 냉동제거술 관련 결과는 Before matching 결과에서만 확인됨 → 연령, 질병 중증도에 유의한 차이가 있음
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	Patients diagnosed with prostate adenocarcinoma from April 2010 to April 2016 were identified. → 구체적인 대상군 모집전략을 확인하기 어려움
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	냉동제거술 관련 결과는 Before matching 결과에서만 확인됨 → 연령, 질병 중증도에 유의한 차이가 있음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Patients' data were obtained from the Surveillance, Epidemiology, and End Results (SEER) database. The study was approved by the Ethics Committee of West China Hospital (Sichuan University, Chengdu, China). → 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Survival time was measured subsequent to the diagnosis. Multivariate Cox proportional hazards models were performed to test the overall mortality (OM) and cancer-specific mortality (CSM) between two treatment groups using crude and adjusted-covariate models (adjusted for age, PSA, race, and total Gleason score), both in unmatched and propensity score matched cohorts. → 적절한 도구를 이용하여 결과를 측정함
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨. matching 결과는 냉동제거술 단독 결과는 없고, Focal therapy (냉동제거술+레이저) 결과만 제시됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	- COMPETING INTERESTS: All authors declare no competing interests. - ACKNOWLEDGMENTS: This work was supported by the National Key Research and Development Program of China (SQ2017YFSF090096), the National Natural Science Foundation of China (81770756), and the Sichuan Science and Technology Program (2017HH0063).

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연번(Ref ID)	5	
1저자(출판연도)	Stabile (2021)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>The characteristics of the population after propensity score matching are shown in supplementary table 2.</p> <p>→ propensity-score match 후 유의한 차이 없음</p>
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>The study population comprised 274 consecutive patients who received FT for a clinically localized PCa between 2009 and 2017 at Institut Mutualiste Montsouris (Paris, France).</p>
교란변수	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>The characteristics of the population after propensity score matching are shown in supplementary table 2.</p> <p>→ propensity-score match 후 유의한 차이 없음</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음</p>
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 언급 없음</p>
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<ul style="list-style-type: none"> - any additional treatment and the radical treatment-free survival rates - biopsy failure (defined as the presence of any PCa and the presence of csPCa) - any additional treatment-free survival rate <p>→ 적절한 도구를 이용하여 결과를 측정함</p>
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음</p>
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨</p>
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<ul style="list-style-type: none"> - Obtaining funding: None. - Administrative, technical or material support: None. - Supervision: Rafael Sanchez-Salas, Xavier Cathelineau. - Other: None. - Financial disclosures: None.

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연번(Ref ID)	6	
1저자(출판연도)	Enikeev (2020)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	(Table 1.) Age difference was significant among the groups ($p = 0.003$), with older patients going for active surveillance.
대상군 선정	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>The final decision regarding the optimal treatment option was based on the patient's data (age, cancer location, prostate volume and whether the patient was interested in preserving potency), capabilities of available methods and tumor characteristics.</p> <p>Cryoablation was selected for patients with low IIEF-5 not interested in postoperative erectile function.</p> <p>Brachytherapy was favored for apical prostate cancer. HIFU therapy was only considered for posterior prostate cancer.</p> <p>Elderly patients were mostly managed with active surveillance.</p>
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	(Table 1.) Age difference was significant among the groups ($p = 0.003$), with older patients going for active surveillance.
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	PSA tests, MpMRI, Repeat combined transperineal systematic + MRI fusion biopsy, Functional parameters (IPSS, IIEF-5) 등 → 적절한 도구를 이용하여 결과를 측정함
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Conflicts of interest The authors declare no conflicts of interest.

RoBANS ver 2.0

연번(Ref ID)	7
1저자(출판연도)	Guo (2020)
영역	비뚤림위험 사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실 <p>After PSM, the CA and RP groups included 1,942 and 5,826 cases, respectively. The two groups were well-balanced except for the race distribution, as there were more African Americans in the CA group (10.7 vs. 16.5%; $P < 0.001$).</p>
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실 <p>We used the Surveillance, Epidemiology, and End Results (SEER) database to identify patients with PCa from 2004 to 2015. (중략) Ppatients with high risk disease, radiotherapy experience, biopsy Gleason Score (GS) other than 3 + 3, 3 + 4, or 4 + 3, or metastasis were also excluded (Figure 1). Finally, 97,783 patients with clinical T1c-T2b tumor, prostate specific antigen (PSA) 20 ng/ml before treatment, and biopsy GS 7 (3 + 3, 3 + 4, and 4 + 3) were included.</p>
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실 <p>After PSM, the CA and RP groups included 1,942 and 5,826 cases, respectively. The two groups were well-balanced except for the race distribution, as there were more African Americans in the CA group (10.7 vs. 16.5%; $P < 0.001$).</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실 <p>→ 암등록(SEER) 자료를 이용하여, 중재군/대조군의 노출을 확인하였음</p>
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실 <p>→ 언급 없음</p>
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실 <p>The hazard ratio (HR) with 95% confidence interval (CI) for CSS and OS~ → 적절한 도구를 이용하여 결과를 측정함</p>
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실 <p>→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음</p>
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실 <p>→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨</p>
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실 <p>FUNDING This study was supported by the Chinese Academy of Medical Sciences Innovation Fund for Medical Sciences (Grant No: 2018-I2M-1-002) and National Natural Science Foundation of China (Grant No: 81900700).</p>

RoBANS ver 2.0

연번(Ref ID)	8	
1저자(출판연도)	Jin (2020)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	After propensity score matching, a total of 2,060 patients were screened in the matched cohort , with 1,030 in each treatment group. After matching, the age, T stage, and GS (Gleason score) remained unbalanced (Table 2).
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	From the Surveillance, Epidemiology, and End Results (SEER) database , we identified patients diagnosed with adenocarcinoma of the prostate (International Classification of Diseases–O–3 code: C61.9) between 2004 and 2015.
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	After propensity score matching, a total of 2,060 patients were screened in the matched cohort , with 1,030 in each treatment group. After matching, the age, T stage, and GS (Gleason score) remained unbalanced (Table 2).
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 암등록(SEER) 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	cancer-specific mortality (CSM) and overall mortality (OM) between treatment groups → 적절한 도구를 이용하여 결과를 측정함
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Funding This work was supported by the National key research and development program of China (Grant No. 2017YFC0908003, 2017YFC0908004), National Natural Science Foundation of China (Grant No. 81902578, 81974098, 8197032158), China Postdoctoral Science Foundation (2017M612971), Post-doctoral Science Research Foundation of Sichuan University (2020SCU12041), Post-Doctor Research Project, West China Hospital, Sichuan University (2018HXBH084), National Clinical Research Center for Geriatrics, West China Hospital, Sichuan University (Z2018C01). Competing Interests The authors have declared that no competing interest exists.

RoBANS ver 2.0

연번(Ref ID)	9	
1저자(출판연도)	Tourinho-Barbosa (2020)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 1. Descriptive characteristics Prostate vol (p<0.001), No. D'Amico risk group (%) (P=0.03) → 군간 유의한 차이가 있음
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Our institutional review board approved the study and all patients provided informed consent. We retrospectively analyzed a single institution, consecutively maintained database of men with low or intermediate risk PCa (PSA less than 20 ng/ml, GS 7 or less and clinical stage T2b or less) who received FT using HIFU or cryotherapy.
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 1. Descriptive characteristics Prostate vol (p<0.001), No. D'Amico risk group (%) (P=0.03) → 군간 유의한 차이가 있음에도 이를 고려하지 않음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The study primary outcome was estimated FFS. Failure was defined as local (focal or radical) or systemic salvage treatment due to IFR or OFR, a positive biopsy revealing GS 7 or greater disease in nontreated patients, PCa metastasis or PCa specific death. No PSA value was considered to define failure since there are no data on how to use PSA after FT when prostate tissue is left in place. The other oncologic outcomes assessed were retreatment-free survival (radical treatment or HIFU/ cryotherapy), radical treatment-free survival (RP, RT or systemic therapy), IFR-free survival, metastasis-free survival and PCa specific survival. → 적절한 도구를 이용하여 결과를 측정함
불완전한 결과자료	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ (Table 2) missing data가 두 군간 비슷한 수준으로 나타남
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	† Financial interest and/or other relationship with EDAP TMS. - EDAP TMS is a high-tech medical company (HIFU, ESWL, Stone Laser)

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연번(Ref ID)	10	
1저자(출판연도)	Bakavicius (2019)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	(Table 1. Preoperative) In the HIFU group, 50 of 210 patients underwent TURP up to 1 year preoperatively, while just 1 of 126 patients in the CSAP group had undergone previous TURP ($p < 0.001$).
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The present study relied on a retrospective database of treatment-naive PCa patients who underwent focal HIFU or focal CSAP as a primary treatment for localized disease at a single, high-volume European center between January 2009 and December 2017.
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 군간 유의한 차이가 있음에도 이를 고려하지 않음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The outcome of the study was new onset of unanticipated complications, defined as any deviation from the ideal postoperative course that was not inherent in the procedure. All complications were graded according to the modified Clavien-Dindo classification system. → 적절한 도구를 이용하여 결과를 측정함
불완전한 결과자료	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ Table 2. 결측치 없이 n, % 보고됨
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Author Disclosure Statement No competing financial interests exist.

RoBANS ver 2.0

연번(Ref ID)	11	
1저자(출판연도)	Chinenov (2018)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	A total of 42 patients from Group 2 (Extraperitoneoscopic radical prostatectomy) were selected for comparative assessment of prostate cryoablation results; they were randomized per their age, disease stage, Gleason score, PSA, and prostate volume (Table 1).
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	Surgical treatment results of 285 patients operated on the subject of verified PC within 2015–2017 in Urological Clinic UKB No. 2 of the First Moscow State Medical University (MSMU) named after I.M. Sechenov were analyzed: 42 of them had undergone total cryoablation (Group 1) , while the rest had undergone radical laparo- and extraperitoneoscopic prostatectomy (Group 2). A total of 42 patients from Group 2 were selected for comparative assessment of prostate cryoablation results; they were randomized per their age, disease stage, Gleason score, PSA, and prostate volume (Table 1).
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ Table 1. Patients' main characteristics
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The main criteria for assessment were short-term oncological and functional results, duration of hospital stay, and life quality (it was estimated as per pain scale, International Prostate Symptom Score (IPSS) scale, and Quality of Life (QoL) in Group 1).
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Declaration of conflicting interests The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. Funding The author(s) received no financial support for the research, authorship, and/or publication of this article.

RoBANS ver 2.0

연번(Ref ID)	12	
1저자(출판연도)	Garcia-Barreras (2018)	
영역	비뿔림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>There was no difference between the treatment groups in preoperative PSA ($p = 0.55$), Gleason score ($p = 0.80$), clinical T stage ($p = 0.51$), prostate volume ($p = 0.056$), suspicious mpMRI ($p = 0.34$), potency ($p = 0.09$) or continence status ($p = 0.31$). Patients treated with RARP were younger and had a higher percent of positive biopsies ($p < 0.001$, table 1).</p>
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Oncologic, functional and morbidity data from a single institutional PCa database were prospectively collected from July 2009 to September 2015 and retrospectively analyzed. During this period 1,883 patients underwent RARP and 373 were treated with PGA, which was considered hemiablation. Of those men we selected 1,458 as participants, including 1,222 and 236 treated with RARP and PGA, respectively. These patients had Gleason score $3 \leq 3$ or $3 \leq 4$, clinical stage T2b or less, PSA 15 ng/dl or less, unilateral disease and life expectancy greater than 10 years.</p>
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Matching was performed by propensity score analysis. PGA in 236 men and RARP in 472 were defined as treated and control samples, respectively. (중략) Despite matched pair analysis age was higher in the PGA group, which may have affected posttreatment potency. Also, the percent of positive biopsies was slightly greater in the RARP group.</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음</p>
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 언급 없음</p>
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Complications were prospectively recorded and graded by the Clavien-Dindo score. BCR was defined using the Phoenix definition of a PSA nadir of 2 ng/dl for PGA and PSA 0.2 ng/dl or greater for RARP. However, the comparison between treatments was inadequate because the Phoenix criteria have not yet been validated. Oncologic primary results were defined as a requirement for salvage treatment.</p>
불완전한 결과자료	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Serial serum PSA was evaluated at 3, 6 and 12 months, every 6 months for the first 2 years and yearly thereafter. No patients had been lost to follow up at this point.</p>
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨</p>
민간연구비 지원	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>† Financial interest and/or other relationship with EDAP TMS. - EDAP TMS is a high-tech medical company (HIFU, ESWL, Stone Laser)</p>

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연번(Ref ID)	13, 14	
1저자(출판연도)	Shah (A) (2018), Shah (B) (2018)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Overall, the conservative management and cryotherapy cohorts were identified to be statistically different in terms of age, race, education, geographic location, marital status, urban residency, year of diagnosis, tumor grade, and stage ($p < .05$).
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>Patients with localized prostate cancer were identified as those with stage I or stage II cancer diagnosis. Patients in the conservative management group were identified as those who did not receive any immediate treatment within the first 6 months of diagnosis of localized prostate cancer.</p> <p>Patients in the cryotherapy cohort were identified using either the ICD-9, Procedural Code (60.62), HCPCS codes (G0160 or G0161), or CPT code (55873).</p>
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>- Table 3. Frequency of Side Effects (not adjusted)</p> <p>- Odds ratio adjusted for age, race, tumor grade, tumor stage, Charlson Comorbidity Index, geographic location, urban density, year of diagnosis, marital status, and education.</p> <p>- Cancer-specific survival hazard ratios are mutually adjusted for treatment group, age, race, tumor grade, tumor stage, Charlson Comorbidity Index, geographic location, urban density, year of diagnosis, marital status, and education</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 암등록(SEER) 자료 및 청구자료(Medicare)를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The following seven treatment-related side effects were identified using the relevant diagnostic and procedural codes (Table 1) in these patients: Cancer-specific survival was measured as the time from prostate cancer diagnosis until death as a result of prostate cancer.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Declaration of Conflicting Interests</p> <p>The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.</p> <p>Funding</p> <p>The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This research was funded by Institutional Research Grant # 14-193-01 from the American Cancer Society.</p>

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연번(Ref ID)	15, 16	
1저자(출판연도)	Werneburg (A) (2018), Werneburg (B) (2018)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	it was subject to potential selection bias. For example, as indicated in Table 1 , the mean age of the total cryotherapy population was greater than that of the focal cryotherapy population. In this case, the greater age as well as potentially greater comorbidities could contribute to a lower post-procedural QoL.
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	All other patients who underwent primary cryotherapy or AS from February 2011 to March 2017 and completed at least 1 questionnaire within the four years following treatment were included.
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 군간 유의한 차이가 있음에도 이를 고려하지 않음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	This database contains the results of patient-reported QoL surveys including the Expanded Prostate Cancer Index Composite (EPIC), the International Prostate Symptom Score (IPSS), and the International Index of Erectile Function Questionnaire (IIEF). These three questionnaires are valid and reliable standards for the assessment of QoL in patients with prostate cancer
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨. 대부분의 QoL값이 그래프로만 제시됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Funding: G.T.W. was supported by Medical Scientist Training Program award T32GM008444 and National Research Service Award F30AI112252 from the NIH.

RoBANS ver 2.0

연번(Ref ID)	17	
1저자(출판연도)	Whalen (2018)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 2. PSAv, ng/mL/y (p=0.007), Clinical stage (p=0.009), Clinical Gleason Score at treatment (p<0.001)
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	A retrospective review of the institutional review board-approved single-institution database was conducted to identify 237 patients diagnosed with National Comprehensive Cancer Network (NCCN) low- and intermediate-risk PCa from 1990 to 2012 who did not undergo DT (definitive treatment) modalities within 12 months of diagnosis (ie, AS patients plus watchful waiting and those refusing DT).
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 군간 유의한 차이가 있음에도 이를 고려하지 않음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Oncologic outcomes included biochemical recurrence (BCR), metastasis, disease-specific survival (DSS), and overall survival (OS).
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Disclosure The authors have stated that they have no conflicts of interest.

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연번(Ref ID)	18	
1저자(출판연도)	Gestaut (2017)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 1. Overall, the cryotherapy patients were significantly older than the brachytherapy patients.
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Institutional review board approval was obtained prior to conducting a retrospective review of patients with low- and intermediate-risk prostate cancer treated with either brachytherapy or primary cryotherapy. The tumor registry was queried for patients meeting predefined inclusion criteria between the years 1990 to 2012. The inclusion criteria defined low-risk disease by all of the following conditions: stage T1b to T2a, GS 6, and PSA level <10 ng/mL. The intermediate-risk group consisted of patients with stage T2b, PSA level of 10 to 20 ng/mL, or GS 7.
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 군간 유의한 차이가 있음에도 이를 고려하지 않음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Univariate regression models were used to obtain the odds ratios to assess the effect of PSA nadir levels on biochemical recurrence.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Conflict of interest: none.

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연번(Ref ID)	19, 20	
1저자(출판연도)	Chiang (2016), Liu (2016)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Patients' characteristics are listed in Table 1. Preoperative mean IIEF-5, IPSS and QoL scores were similar among the four groups. Nevertheless, other characteristics were different with statistical significance, indicating the different compositions. (age, Preoperative prostate volume, Gleason score, T stage, D'Amico risk group)</p>
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>The data were analyzed retrospectively and anonymously. From May 2008 to December 2013, patients with clinically localized prostate cancer (T stage \leqT3a, N0, M0) were reviewed.</p>
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 군간 유의한 차이가 있음에도 이를 고려하지 않음</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음</p>
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 언급 없음</p>
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>oncological and functional outcome Besides, postoperative PSA nadir, time to PSA nadir, PSA biochemical recurrence (for radical retropubic prostatectomy, PSA \geq 0.2 ng/mL; for the other three treatments, PSA \geq PSA nadir + 2 ng/mL), salvage treatment-free rate, and metastasis-free rate were checked for oncological outcomes. (중략) series of IIEF-5, IPSS and related QoL scores at 6, 12, 18, and 24 months postoperatively for functional outcomes.</p>
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음</p>
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨</p>
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Competing interests The authors declare that they have no competing interests.</p>

RoBANS ver 2.0

연번(Ref ID)	23	
1저자(출판연도)	de Cerqueira (2015)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Patients on AS were older than patients opting for FC and B (P = 0.0014). Patients in the B group had higher IPSS scores ('moderate') compared to patients under FC and AS ('mild to moderate'), (P = 0.0223).
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	With institutional review board approval and appropriate informed consent, semi-annual serum prostatic-specific antigen (PSA) measurements and digital rectal examinations as well as annual magnetic resonance image were offered for consecutive men with VLRPC (very low-risk prostate cancer) diagnosed by 12 cores sextant biopsy, defined as clinical stage T1c, prostate-specific antigen density <0.15 ng/mL, Gleason score ≤6, ≤2 cancer biopsy cores and ≤50% involvement of any core with cancer (Epstein et al. 1994) who opted for FC, B or AS as equal access protocol-based low-toxicity prostate cancer managements in a single institution .
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 군간 유의한 차이가 있음에도 이를 고려하지 않음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Comprehensive validated self-report questionnaires assessed patients' erectile (IIEF-5, International Index of Erectile Function) and voiding (IPSS, International Prostate Symptom Score) functions and Beck scales measured anxiety (BAI, Beck Anxiety Inventory), hopelessness (BHS, Beck Hopelessness Scale) and depression (BDI, Beck Distress Inventory), while Short Form-36 (SF-36) reflected patients' HRQoL added to the emotional thermometers including five visual analogue scales in the form of four predictor domains
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	CONFLICT OF INTEREST The authors declare that they have no conflict of interest, have full control of all primary data and agree to allow the journal to review their data if requested. FUNDING None.

RoBANS ver 2.0

연번(Ref ID)	24	
1저자(출판연도)	Jarosek (2015)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	We adjusted for the presence of baseline UAEs in our weighting and multivariate models. Finally, despite the use of propensity weighting, unmeasured confounders may still bias our outcomes.
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	Using a matched-cohort design , we identified elderly men treated with external-beam radiotherapy (EBRT; n = 44 318), brachytherapy (BT; n = 14 259), EBRT+BT (n = 11 835), radical prostatectomy (RP; n = 26 970), RP+EBRT (n = 1557), or cryotherapy (n = 2115) for non-metastatic prostate cancer and 144 816 non-cancer control individuals from the population-based SEER-Medicare linked data from 1992-2007 with follow-up through 2009
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	We adjusted for the presence of baseline UAEs in our weighting and multivariate models. Finally, despite the use of propensity weighting, unmeasured confounders may still bias our outcomes.
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 암등록(SEER) 자료 및 청구자료(Medicare)를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Propensity-weighted Cox proportional hazard models estimated the hazard ratio of severe UAEs in general, and BOO in particular, for men with each treatment versus control subjects.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<ul style="list-style-type: none"> - Financial disclosures: Stephanie L. Jarosek certifies that all conflicts of interest, including specific financial interests and relationships and affiliations relevant to the subject matter or materials discussed in the manuscript, are the following: None. - Funding/Support and role of the sponsor: This study was supported by the American Cancer Society. The sponsor was involved in the design and conduct of the study.

RoBANS ver 2.0

연번(Ref ID)	25	
1저자(출판연도)	Elkjaer (2014)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The preoperative demographics in the total gland CAP cohort and the RP cohort were compared with respect to Gleason score, T stage, PSA at baseline and D'Amico risk score (Table II). Only the clinical stage was different when comparing the two groups ($p < 0.001$) with the highest T stage among CAP patients.
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	The present study included all procedures performed from 2008 to February 2011. Both RALP and open procedures (RRP) were included. Data collected comprised demographics, details on the procedure, clinicopathological and biochemically parameters, as well as follow-up at 3, 6 and 12 months postsurgery.
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 군간 유의한 차이가 있음에도 이를 고려하지 않음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	oncological outcome; Disease-free survival
불완전한 결과자료	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table III. Recurrent disease missing: - (두 군 모두 missing 없음)
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Acknowledgement We are grateful for financial support from Region Midtjyllands Health Research Foundation . Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

RoBANS ver 2.0

연번(Ref ID)	26	
1저자(출판연도)	Barret (2013)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>Patient characteristics are shown in Table 1. The median age of the patients was 66.5 yr (interquartile range [IQR]: 61–73). Median PSA at protocol entry was 6.1 ng/ml (IQR: 5–8.1). All our patients had a biopsy Gleason score of 6 (3 + 3), the median number of positive biopsies was 1 (IQR: 1–2), and the median cancer length was 3 mm (IQR: 3–5). Ninety-one patients had a T1c clinical stage, and 15 patients had a T2a clinical stage. The median prostate weight was 43 g (IQR:33–55). All patients had a Foley catheter after the FT.</p>
대상군 선정	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>We used four energy modalities for FT. The treatment modality choice depends on patient characteristics. Cryotherapy is used for smaller prostates and peripheral tumors. There is also a limit on the prostate size for HIFU. VTP is used for larger prostates, but patients taking anticoagulants cannot stop the treatment since the procedure is based on vascular mechanisms. Men with prostate volume >50 ml, prior transurethral resection of the prostate, or obstructive symptoms are often not candidates for brachytherapy.</p>
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>Patient characteristics are shown in Table 1.</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음</p>
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 언급 없음</p>
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Complications were prospectively recorded and graded according to the Clavien–Dindo score. Postoperatively, patients were followed with serial serum PSA determinations and digital rectal examinations at 3, 6, and 12 mo, and then every 6 mo for the first 2 yr and yearly thereafter. Follow-up also included whole-gland biopsies at 12 mo and then annually or in case of biochemical recurrence.</p>
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음</p>
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨</p>
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>- Financial disclosures: Eric Barret certifies that all conflicts of interest, including specific financial interests and relationships and affiliations relevant to the subject matter or materials discussed in the manuscript (eg, employment/affiliation, grants or funding, consultancies, honoraria, stock ownership or options, expert testimony, royalties, or patents filed, received, or pending), are the following: None.</p> <p>- Funding/Support and role of the sponsor: None.</p>

RoBANS ver 2.0

연번(Ref ID)	29	
1저자(출판연도)	Williams (2012)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	(TABLE 1 Demographic. After propensity weighting, $p > 0.05$) Covariate balance was checked after adjustment (Table 1).
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	(SEER linkage Medicare) We identified 143 613 men aged ≥ 65 years who were diagnosed with prostate cancer from 1 January 2001 to 31 December 2005. To increase the specificity for detection of cancer therapy, we restricted our analyses to men diagnosed with prostate cancer as their only cancer , excluding 11 817 men with other cancers. We excluded 39 910 men who were enrolled in a health maintenance organization or who were not enrolled in both Medicare Part A and B at diagnosis (because claims are not reliably submitted for such patients).
교란변수	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Weighted propensity score methods were used.
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 암등록(SEER) 자료 및 청구자료(Medicare)를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	We examined outcomes consistent with previous studies: urinary morbidity (cystitis, retention, urethral stricture, incontinence, and urethral fi stula), bowel morbidity (proctitis/haemorrhage and rectal injury/ ulcer), erectile dysfunction (ED) and corresponding invasive procedures. All complications were assessed ≤ 2 years of therapy except for urinary retention, which was assessed ≤ 30 days of therapy. We also compared salvage androgen-deprivation therapy (ADT), use of ADT > 2 years after primary treatment with cryotherapy vs brachytherapy.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	ACKNOWLEDGEMENTS This work was supported by a Department of Defense Prostate Cancer Physician Training Award (W81XWH-08-1-0283) presented to Dr Hu. This study used the linked SEER-Medicare database. The interpretation and reporting of these data are the sole responsibility of the authors. The authors acknowledge the efforts of the Applied Research Program, CONFLICT OF INTEREST None declared.

RoBANS ver 2.0

연번(Ref ID)	32	
1저자(출판연도)	Ko (2010)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Table 1. Pretreatment characteristics of patients</p> <p>There was no significant difference in age, prostate volume, initial PSA, Gleason score or clinical stage between the two treatment groups. Median followup (P < 0.001).</p>
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>From December 2003 to December 2006, CSAP was performed on 83 patients with localized or locally advanced prostate cancer. Indications for CSAP were limited to patients over the age of 70 years or those who were at high risk for conventional radical prostatectomy at our institution.</p> <p>This patient group was matched with another 33 patients from a preexisting database of the 102 patients who had undergone three-dimensional conformal radiation therapy (3D-CRT) and ADT using the same protocol.</p>
교란변수	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>A match-paired analysis was performed with respect to age, patient ASA score, prostate volume, initial PSA, clinical stage and Gleason score to compare the two groups equally.</p> <p>There was no significant difference in age, prostate volume, initial PSA, Gleason score or clinical stage between the two treatment groups.</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음</p>
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 언급 없음</p>
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Serum PSA for biochemical assessment and urinalysis for urinary tract infection were measured at each follow-up visit, and gastrointestinal, urinary and endocrinological toxicities were assessed. primary end point of this study to evaluate treatment response was BCR at 36 months.</p>
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음</p>
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨</p>
민간연구비 지원	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 언급 없음</p>

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연번(Ref ID)	33	
1저자(출판연도)	Li (2010)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	All were Asian and no statistically significant differences existed between the treatment groups for the baseline parameters (Table 1).
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Patients treated with HIFU or TCAP at our institutions were enrolled in this prospective trial according to an institutional ethical board committee-approved protocol. Inclusion criteria were as follows: (i) age 65 years; (ii) clinical stage T1c-T2b; (iii) prostate-specific antigen (PSA) <15 ng/mL; (iv) a biopsy Gleason score 7; (v) no previous penile surgery or Peyronie's disease; (vi) no history of pelvic or perineal trauma; and (vii) erectile function domain score of the International Index of Erectile Function (IIEF-EF) 26 before surgery.
교란변수	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	All were Asian and no statistically significant differences existed between the treatment groups for the baseline parameters (Table 1).
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Patients were assessed by means of posttreatment IIEF-EF, physical examination, serum total testosterone, penile Doppler ultrasound, and penile size with the same protocol used preoperatively at 6, 12, 18, 24, and 36 months after surgery.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음

RoBANS ver 2.0

연번(Ref ID)	34	
1저자(출판연도)	Malcolm (2010)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Table 1. Patient demographic and clinical characteristics age ($p<0.001$), No. Gleason score (%) ($p=0.018$), Median ng/ml pretreatment prostate specific antigen ($p<0.001$)
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	From February 2000 to December 2008 all patients undergoing operative treatment of localized prostate cancer at our institution were asked to participate in an institutional review board approved, prospective, longitudinal cohort study of HRQOL outcomes.
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	Next we adjusted for baseline score, age, race and Gleason score, and determined adjusted hazard ratios .
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Consenting patients were mailed a self-administered UCLA-PCI questionnaire before treatment, and at 3, 6, 12, 18, 24, 30 and 36 months following treatment. HRQOL function and bother scores were determined on a 100-point scale, where lower scores indicate poorer function or more bother.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	* Financial interest and/or other relationship with InTouch Health Inc and Endocare Inc . † Financial interest and/or other relationship with Endocare and Intuitive Surgical . § Financial interest and/or other relationship with Dendreon Corp, Southwest Oncology Group, ContraVac and Theralogix .

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연번(Ref ID)	35	
1저자(출판연도)	Li (2009)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Table 1 summarizes the clinical and pathological data of the patients analysed. There were no significant differences between the treatment groups in preoperative variables. Baseline levels (T0) of TNF-α, IL-6, IL-10, CRP and SAA were comparable in both arms.</p>
대상군 선정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>The study included patients with stage T1c-2 cN0M0 localized prostate cancer; those who had had previous hormone therapy, chemotherapy, radiotherapy or surgery for prostate cancer were excluded, as were men with tight anal/rectal stenoses. From May 2004 to December 2007, 71 consecutive patients underwent HIFU and 56 consecutive patients underwent TCAP for clinically localized prostate cancer at our institutions.</p>
교란변수	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Table 1 summarizes the clinical and pathological data of the patients analysed. There were no significant differences between the treatment groups in preoperative variables</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음</p>
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 언급 없음</p>
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>The extent of the systemic response to surgery induced tissue trauma was measured by assessing the levels of acute-phase markers tumour necrosis factor-α (TNF-α), interleukin-6 (IL-6), IL-10, C-reactive protein (CRP) and serum amyloid A (SAA),</p>
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음</p>
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨</p>
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>CONFLICT OF INTEREST None declared.</p>

RoBANS ver 2.0

연번(Ref ID)	36	
1저자(출판연도)	White (2008)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	TABLE 2. Study population demographics Age (p=0.03), PSA at diagnosis (ng/ml)(p<0.01)
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	The CaPSURE database is a longitudinal, observational study of men with biopsy proven prostate cancer that collects treatment, outcome, sociodemographic and HRQOL data at baseline, and at semiannual and annual followup visits.
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	We examined changes in QOL after treatment using a repeated measures model that adjusted for patient age, time of QOL assessment, and interaction between treatment and time.
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The QOL instruments used in this study included UCLA-PCI , a questionnaire containing subscales that measure sexual function and bother, urinary function and bother, and bowel function and bother. Additionally, the SF-36 was used. The SF-36 includes physical and mental component subscales as well as measures of general health and vitality.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음

RoBANS ver 2.0

연번(Ref ID)	37	
1저자(출판연도)	Elliott (2007)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 치료군간 기초특성 확인 불가 (no ureteral stricture vs. ureteral stricture)
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	CaPSURE is a registry of men with biopsy proven PC . Patients are enrolled at 1 of 40 urology practices across the United States.
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 치료군간 기초특성 확인 불가
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Urethral stricture after PC therapy includes BNC (bladder neck contrac), prostatic urethral stricture, membranous urethral stricture, anterior urethral stricture and meatal stenosis.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	Supported by TAP Pharmaceutical Products, Inc. , Lake Forest, Illinois and National Institutes of Health/National Cancer Institute University of California-San Francisco SPORE P50 C89520.

RoBANS ver 2.0

연번(Ref ID)	39	
1저자(출판연도)	Ball (2006)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The mean age for brachytherapy (67 years) and PCryo (72 years) was notably higher than for ORP (59 years), LRP (61 years), and dVP (60 years).
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	From January 2000 to April 2005, patients with newly diagnosed clinically localized prostate cancer were evaluated in our practice.
교란변수	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 군간 유의한 차이가 있음에도 이를 고려하지 않음
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	The instruments used in this updated series were the UCLA PCI , which measures disease-specific HRQoL in six domains: sexual function and sexual bother, urinary function and urinary bother, and bowel function and bowel bother, and the AUA SI , which concentrates on obstructive and irritative symptoms.
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	ACKNOWLEDGMENTS We would like to thank Brian Main and Lana Wilson, members of our research division, for their diligent work with survey collection, data entry, and database management.

RoBANS ver 2.0

연번(Ref ID)	40	
1저자(출판연도)	Smith (2000)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Demographic differences by treatment are presented in Table 2. Men treated with radiotherapy, hormonal therapy, or observation were older (mean age =74-79 years) than those who underwent prostatectomy or cryoablation (mean age =68 years: P(0.0001)). Mean interval from diagnosis differed across groups ($P<0.0001$), with men who underwent prostatectomy, radiotherapy, and hormonal therapy being followed longer than those conservatively managed or treated with cryoablation.</p> <p>Treatment group differences were found for PSA levels, with men undergoing hormonal therapy and observation having the highest and the lowest proportions, respectively, of $PSA>10$ ng/mL ($P= 0.002$).</p>
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>Cancer Cohort</p> <p>Since 1989, approximately 34,000 men age 50 years or older were enrolled in our serial prostate carcinoma screening studies.</p>
교란변수	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>We used analysis of covariance (ANCOVA) to evaluate differences in the RAND general quality-of-life scales by treatment, adjusting for age at diagnosis, current comorbidity, education, and interval since diagnosis.</p>
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음</p>
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	<p>→ 언급 없음</p>
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Quality-of-life outcomes were assessed via mailed, self-administered questionnaires identified by code numbers only, which included the RAND 36-item health survey and validated measures of current urinary and sexual functioning and bother.</p>
불완전한 결과자료	<input type="checkbox"/> 낮음 <input checked="" type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Men with incomplete scores for quality-of-life scales were excluded only from the analysis of the scale for which the data were missing. Across treatment groups, approximately 1-3% of men had incomplete scores for the general quality-of-life measures and urinary functioning and bother scores, except for general health, which was incomplete in 11%. Approximately 8-9% had incomplete scores for sexual functioning and bother, with the percentage missing being significantly higher in the hormonal treatment group (P values > 0.0001).</p>
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨</p>
민간연구비 지원	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	<p>Supported by Grant JFRA-564 from the American Cancer Society.</p>

RoBANS ver 2.0

연번(Ref ID)	41	
1저자(출판연도)	Gould (1999)	
영역	비뚤림위험	사유
대상군 비교 가능성	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 치료군간 기초특성 확인 불가
대상군 선정	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	A retrospective review was performed on 159 patients treated since early 1991 for adenocarcinoma of the prostate with radical perineal prostatectomy, standard cryosurgery with protection of the prostatic urethra or total cryosurgery with destruction of the prostatic urethra. Patients were selected from a urological practice of 2 surgeons who performed radical surgery before 1995.
교란변수	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 치료군간 기초특성 확인 불가
노출 측정	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 의료기관 자료를 이용하여, 중재군/대조군의 노출을 확인하였음
평가자의 눈가림	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음
결과 평가	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	In this study success was defined as a posttreatment PSA of 0.2 or less (that is 0.0, 0.1 or 0.2 and not a result of less than 0.2 which can encompass any of those numbers). PSA greater than 0.2 at 6-month followup was considered treatment failure .
불완전한 결과자료	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ (코호트) 추적관찰기간 동안 follow-up loss에 대한 언급 없음
선택적 결과 보고	<input checked="" type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input type="checkbox"/> 불확실	→ 프로토콜은 없지만 연구방법에 언급된 결과지표가 연구결과에 보고됨
민간연구비 지원	<input type="checkbox"/> 낮음 <input type="checkbox"/> 높음 <input checked="" type="checkbox"/> 불확실	→ 언급 없음