1. 단일절개 슬링(Ajust) vs 기존 중부요도슬링: 6개 연구(9편 문헌)

연번(Ref ID)		1(2117), 2(2118)
1저자(출판연도)		Mostafa(2012), Mostafa(2013)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Randomisation was stratified by centre using number allocation software: allocation to each group was performed via telephone randomisation.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-Blinding of women was not possible as only the Ajust1 procedure (study arm) was done under LA. -Women were reminded not to discuss their type of procedure/anaesthesia with the follow-up clinician at any stage. - 눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-The follow-up, however, was performed by an independent researcher who was blinded to the type of procedure performed.
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-A total of 137 women were randomized, SIMS-Ajust (n=69) vs TVT-O (n=68) during the study period; -6 women who were "lost to follow-up" were in the TVT-O group
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome at 1 year was the patient-reported success (defined as "very much improved" or "much improved" on the PGI-I). -Secondary outcome measures were peri-operative morbidity, hospital stay, time to return to normal activities/work,
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-This study was funded by a Henry Smith Charity. - 공공재원

연번(Ref ID)		3(2710)
1저자(출판연도)		Schweitzer(2015)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-The research nurse performed central telephone randomization with sequentially numbered, opaque, sealed envelopes.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-Blinding of women was secured by not informing them on the randomization result before the procedure until 6 weeks postoperatively and by the additional use of two small (2-mm) sham "incisions" in the groin at the skin exit point,
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-randomized (100 for an adjustable single-incision sling and 56 for a transobturator sling). -Early in the study, eight women, four in the adjustable single-incision sling group and four in the transobturator sling group, refrained from surgery shortly after randomization. -Of the women in the study who received surgery 95.8% (92/96) of the adjustable single-incision sling group and 94.1% (48/51) of the transobturator sling group attended the 12-month follow-up visit, ~ (Fig. 2).
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Objective and subjective efficacy and complications and time of return to normal daily activities were secondary outcomes
Other bias : Funding (그 외 비뚤림)	□ 낮음 ■ 높음 □ 불확실	Supported by a research grant from C.R. Bard Inc., Covington, Georgia.

연번(Ref ID)		4(1996), 5(2932)
1저자(출판연도)		Masata(2016), Svabik(2019)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-For randomization, pieces of paper showing the randomization allocation prepared by an external statistician and marked from 1 to 100 were placed in sealed envelopes which were put in a box and opened sequentially from the first one (marked 1).
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-The patients were not blinded. - 눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-A total of 100 women with proven SUI (all Caucasians) were randomized, 50 in the TVT-O group and 50 in the Ajust group. -To describe outcome at different time points the last observation carried forward (LOCF) imputation method was used. -For missing data, intention-to-treat analysis was also performed.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The study was only intended to establish differences in objective and subjective cure rates~ -Secondary outcomes were postoperative pain profile obtained using a 100-point VAS~ -Any perioperative complications were monitored.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-This work was supported by the Grant Agency of the Ministry of Health of the Czech Republic

연번(Ref ID)		6(3189)
1저자(출판연도)		Xin(2016)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-The patients were simply randomized using table of random numbers,
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-Scale filling and VAS measurement were conducted by trained professionals, and they were blinded to the surgical approaches.
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Ajust(N = 184) and TVT-OTM (N = 184) procedures -12months: Ajust(N = 180) and TVT-OTM (N = 182) procedures
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary endpoint was the subjective cure~ -The secondary endpoints were as follows: Objective cure (negative stress test: If there is no leakage of urine during the involuntary cough, the test is negative, indicating an objective cure.) at 12 months after surgery; PVRV at 24 h after surgery; VAS scores at 1 day, 1, 2, and 4 weeks after surgery; and surgery data and perioperative complications.
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	언급없음

연번(Ref ID)		7(2627), 8(397)
1저자(출판연도)		Rudnicki(2017), Alexandridis(2019)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-All women were randomized in blocks of 25 corresponding to each center by a computer-generated list in a ratio of 1:1~ -Randomization was done using sealed non-transparent envelopes.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-In total, 305 women fulfilled the inclusion criteria~ -Of these, 14 (9%) women did not participate in one-year follow up in the Ajust group compared with 11 (7%) in the SMUS group
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-objective cure defined as a negative stress test, and subjective cure defined as zero incontinence episodes on the ICIQ-UI-SF. -The secondary outcomes were pain perception (VAS score) and complications incurred at one-year follow up.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-The Nordic Federation of Obstetrics and Gynecology Research Fund funded the study. Grant No. NF12013.

연번(Ref ID)		9(2642)
1저자(출판연도)		Sabadell(2017)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-A block randomization procedure stratified by centre was carried out by an external institution using a random number generator program. -The randomization sequence was concealed with the use of consecutively numbered, opaque and sealed envelopes.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-Patients were not blinded to the procedure. - 눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-During the 1-year follow-up period, no losses of patients occurred.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Postoperative outcome was classified according to mixed objective and subjective criteria. -Women also completed the Sandvik and ICIQ-SF questionnaires 1 year after surgery. De novo urgency was diagnosed~ -Postoperative complications are summarized in Table 5.
Other bias : Funding (그 외 비뚤림)	□ 낮음 ■ 높음 □ 불확실	-This work was supported by a grant from Palex Medical. -PalexMedical is the local distributor of Bard slings in Spain.

2. 단일절개 슬링(TVT-Secur) vs 기존 중부요도슬링: 13개 연구(18편 문헌)

연번(Ref ID)		10(추가)
1저자(출판연도)		Abdelwahab(2010)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	-Patients were randomly divided into 2 equal groups.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-There was no significant difference between groups as regards cure rate -Table 2. The operative time, intra-operative bleeding, duration of catheterization and hospital stay in the groups -Table 3. Postoperative complications in both groups
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

연번(Ref ID)		11(3009)
1저자(출판연도)		Tommaselli(2010)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-following a randomization list generated by a computer, assigning a number to the patients.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-the surgeon was obviously not blinded to the device to be used. Patients were left blinded to the devices used until the end of the procedure.
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-with a drop-out rate of 9.5% in the TVT-O group and 11.9% in the TVT-Secur group.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Primary outcome was the objective cure rate of SUI. -Secondary outcomes were duration of the procedure, duration of hospitalization, postoperative and midterm complications, including blood loss and PVR, subjective pain level, and satisfaction level of the subjects involved in the study.
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-Giovanni A. Tommaselli and Carmine Nappi accepted paid travel expenses by Gynecare.

연번(Ref ID)		12(429), 13(428)
1저자(출판연도)		Andrada Hamer(2011), Andrada Hamer(2013)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-For randomization, an equal proportion of assignments for TVT or TVT-Secur was mixed and placed in opaque envelopes which were then sealed, mixed again, numbered, and kept at a central study secretariat also keeping a central study log. -Each patient was assigned a research file containing all study protocols, individually marked with the given study number.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-the results of the randomization in a sealed envelope immediately after surgery and by instructing the patient not to reveal the operative technique at any subsequent follow-up.
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-The evaluator blinding was achieved by placing the patient's operative file
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-A total of 133 women were randomized (TVT n=69, TVTSecur n=64)~. -Of these women, four were excluded due to protocol violations and another four declined surgery after randomization due to personal reasons. -Of 125 women remaining in the study, two were unavailable for the telephone follow-up, leaving 123 women (TVT n=62, TVT-Secur n=61) for analysis of 2-month follow-up data.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Table 2 Subjective cure of stress incontinence symptoms -Three major complications occurred, all following the TVT-Secur procedure.
Other bias : Funding (그 외 비뚤림)	□ 낮음 ■ 높음 □ 불확실	-This study has been performed with economical support from Gynecare Scandinavia.

연번(Ref ID)		14(1349)
1저자(출판연도)		Hinoul(2011)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Patients were assigned to surgical treatment by balanced nonrestricted randomization after providing written informed consent. -Block randomization was done at each participating center using a computerized random number generator.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-Blinding of investigators and patients to group allocation was not possible since 1 procedure resulted in skin wounds while the other was exit free. - 눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-To verify whether the dropout rate could have influenced our results we compared preoperative, operative and 6-week postoperative statistics in respondents and nonrespondents. -No statistically significant or clinically relevant differences were found.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome measure was the SUI objective cure rate~ -Secondary outcome measures were perioperative morbidity, pain VAS scores, validated assessment of ADL -Table 2. Perioperative data and adverse events
Other bias : Funding (그 외 비뚤림)	□ 낮음 ■ 높음 □ 불확실	-Supported by a grant from Ethicon

연번(Ref ID)		15(3123)
1저자(출판연도)		Wang (2011)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Patients were assigned to either procedure by random allocation (computer-generated), and allocation was concealed using opaque sealed envelopes.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-From October 2008 to December 2009, 102 women participated in this study and completed 1-year follow-up (dropout rate of 5.6%).
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The surgical time and intra-operative and post-operative complications were recorded for each patient. -~thereafter, and each visit included subjective and objective evaluations.
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

연번(Ref ID)		16(547)
1저자(출판연도)		Barber(2012)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Using computer-generated random allocation with randomly permutated block, individuals were randomized to TVT or mini-sling (1:1). -Consecutively numbered, sealed, opaque envelopes were used to conceal the group assignment before randomization.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-To maintain masking, two small, 1-cm, sham, partial thickness skin incisions were made in the suprapubic region in those individuals enrolled in the mini-sling arm
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-~both the individual and research staff performing postoperative evaluations were blinded to treatment assignment throughout the course of the study -A research nurse at each site who remained blinded to the surgical treatment perform all assessments
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Two hundred forty-seven individuals (94%) completed at least 12 months -Twelve individuals (8.8%) assigned mini-sling had technical difficulties In six of these cases, the surgeon was unable to obtain the requisite sling tension
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome for this study was subjective cure~ -Other secondary outcomes evaluated included short-term (less than 6 weeks) and long-term complications, postoperative pain and activity, change in symptom bother and, quality of life~
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-Funded by a grant from the Foundation for Female Health Awareness

연번(Ref ID)		17(1376)
1저자(출판연도)		Hota(2012)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	-Women were randomized in a 1:1 allocation to TVT-S or TVT-O. -Each surgery assignment was kept in a sequentially numbered, opaque, and sealed envelope before the day of surgery
Allocation concealment (배정순서 은폐)	■ 낮음 ☐ 높음 ☐ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	-The surgeon was not aware of the assigned procedure until the morning of surgery when the envelope was opened. -Patients were not blinded to the procedure postoperatively as they were made aware of differences in the procedure preoperatively; specifically, the presence of skin incisions in the medial thigh with the TVT-O and absence of them with the TVT-S. -The patients, the surgeons, and the medical assistant who performed the postoperative testing were not blinded to the type of surgical procedure. - 눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 ☐ 높음 ☐ 불확실	-Forty-three women were randomized to TVT-S and 44 to TVT-O. One woman in the TVT-S group was excluded before the procedure was performed because it was determined that she did not meet the inclusion criteria, leaving a total of 42 women in the TVT-S group.
Free of selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	-The primary end point was objective failure~ -Secondary end points included PFDI-20, PFIQ-7, postoperative pain, PVR, mesh erosion or exposure, intraoperative estimated blood loss (EBL), length of procedure (time in minutes), and postoperative pain scale (verbal analog scale) -Additional secondary outcomes included need for sling revision, length of postoperative catheterization, and need for a second anti-incontinence procedure.
Other bias : Funding (그 외 비뚤림)	☐ 낮음 ■ 높음 ☐ 불확실	-Financial support for this study was obtained from Ethicon Women's Health & Urology, a division of Ethicon, Inc, a Johnson & Johnson Company, as an investigator-initiated study.

연번(Ref ID)		18(1995)
1저자(출판연도)		Masata(2012)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	-We determined the randomization sequence for assigning women to the three intervention groups~ -We implemented randomization by placing pieces of paper containing the randomization allocation in sealed envelopes which were arranged for sequential opening.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-The patients were not blinded. -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Objective and subjective efficacy were evaluated using the Last Failure Carried Forward (LFCF) analysis~ -To describe outcome in different time points, the Last Observation Carried Forward (LOCF) imputation method was used. -We did not have 100% data from all planned controls (for example, the dropout rate at the 3-month control was 4.5%).
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The objective cure was defined as~ -Subjective cure was defined as~ICIQ-UI SH ~ -Any perioperative complications were monitored. -Postoperative data were analyzed, including early postoperative complications~
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-This work was supported by the Grant Agency of the Ministry of Health of the Czech Republic

연번(Ref ID)		19(610), 20(611)
1저자(출판연도)		Bianchi-Ferraro(2013), Bianchi-Ferraro(2014)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Randomization was achieved using a computerized random number generated at the moment of inclusion by a nonphysician blinded to women's history and with no contact with the patients.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-The surgeon was only aware of the allocation group in the operating room immediately prior to the procedure. -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-follow-up loss: TVT-O(n=2): TVT-S(n=3)
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The main study outcomes were to determine the objective and subjective cure of SUI 1 year after surgery. -The presence of complications, such as urinary tract infection, tape exposure, and de novo urgency, were evaluated throughout the follow-up period.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-Funded by Federal University of São Paulo

연번(Ref ID)		21(3001), 22(3003)
1저자(출판연도)		Tommaselli(2013), Tommaselli(2015)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-One hundred fifty-four patients were randomized into 2 groups in a 1:1 ratio by use of a randomization list generated by a computer with blocks of 6. -The allocation sequence was concealed from the researchers (C.F. and A.F.), who enrolled and assessed the participants and attached a sequentially numbered, opaque, sealed, and stapled envelope containing the allocated treatment to the clinical record of the patient after having signed the informed consent.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-Patients were blinded to the procedure until the end of the study - 연구참여자는 눈가림을 하였고, 외과적 수술로 인한 제한점이 있어 '낮음'으로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Eleven patients in the TVT-O group and 13 patients in the TVT-Secur group were excluded from the study (Fig. 1). -Analysis was carried out on an intention-to treat basis.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary endpoint was the objective cure rate as evaluated with CST, with cure rate defined as no presence of urinary leakage. -Secondary endpoints were the rate of cured (no leakages) and improved (.50% reduction of urine loss) I-QOL, PISQ-12, and PGI-S scores and the complication rate.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-The study was self-funded and did not receive any sponsorship or funds from any third party.

연번(Ref ID)		23(1997)
1저자(출판연도)		Maslow(2014)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Block randomization was by a computer generated random number list prepared by an investigator with no clinical involvement in the trial. -The allocation sequence was concealed from the researchers enrolling and assessing participants in sequentially numbered, opaque sealed envelopes
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Of the 106 patients, we analyzed the outcome of 102 patients. 1 patient withdrew from the study, 2 were lost to follow-up, and 1 patient had an intraoperative bladder injury (TVT-S) and required mesh removal with a subsequent surgery performed outside the study.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome was objective cure by cough test at 1 year postoperatively. -Secondary outcomes included subjective cure ~, as well as quality of life scores from the questionnaires, pain scores, and complication rates.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-Funding for the project was through the Department of Obstetrics and Gynecology at the University of Manitoba.

연번(Ref ID)		24(2616)
1저자(출판연도)		Ross(2014)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-The randomisation list was generated by the study analyst (using proc plan procedure in SAS (SAS Institute Inc., Cary, NC, USA) using permuted block randomisation with blocks of varying size (2 – 6) and stratification by surgeon.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-Neither site research nurses nor surgeons were blinded to group of allocation for operational reasons. -Women were not informed which device they had received. - 연구참여자는 눈가림을 하였고, 외과적 수술로 인한 제한점이 있어 참여자는 '낮음', 결과평가는 '불충분'으로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-A total of 68 (92%) were followed up at 12 months.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Objective cure (primary outcome), Complications and adverse events, Subjective evidence of cure, Incontinence-related quality of life, Sexual function
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-Grant-in-aid funding was provided by Johnson & Johnson Medical Companies, Markham, Canada. -제조사 지원은 아니나, 민간 지원이 있음

연번(Ref ID)		25(2949), 26(2915)
1저자(출판연도)		Tang(2014), Sun(2019)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	-This randomized, nonblinded, prospective study
Allocation concealment (배정순서 은폐)	☐ 낮음 ☐ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 ☐ 높음 ☐ 불확실	-Thirteen patients missed their appointments after surgical operation: six patients in the TVT-O group and seven patients in the TVT-S group.
Free of selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	-The clinical outcome was regarded as a cure~ -TABLE 3. Comparison of postoperative complications between the TVT-O group and the TVT-S grou -TABLE 4. Comparison of IIQ-7 and PISQ-12 scores before, 12 months after, and 24 months after surgical operation between the two groups
Other bias : Funding (그 외 비뚤림)	■ 낮음 ☐ 높음 ☐ 불확실	-Funding/support: None.

3. 단일절개 슬링(Miniarc) vs 기존 중부요도슬링: 6개 연구(9편 문헌)

연번(Ref ID)		27(561), 28(564)
1저자(출판연도)		Basu(2010), Basu(2013)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Subjects were randomised using a computer-generated block randomisation sequence, with allocation to each group being performed via a series of opaque envelopes.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-Participants were blinded as to which of the groups they had been allocated to. -Because of obvious differences between the devices, researchers could not be blinded to the group allocation. - 연구참여자는 눈가림을 하였고, 외과적 수술로 인한 제한점이 있어 참여자는 '낮음', 결과평가는 '불충분'으로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Follow-up loss는 없었으나 분석시 중재군에서 1명 제외됨
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome measure was the presence of SUI at 6 weeks and 6 months, ~ the King's Health Questionnaire. -Secondary outcome measures were the presence of USI at 6 months, and intra- and postoperative complications.
Other bias : Funding (그 외 비뚤림)	□ 낮음 ■ 높음 □ 불확실	-Trial funded by a grant from American Medical Systems.

연번(Ref ID)		29(2682), 30(2685), 31(2687)
1저자(출판연도)		Schellart(2014), Schellart(2016), Schellart(2018)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Patients were randomly allocated in a 1:1 ratio to either a MiniArc or Monarc procedure, stratified by center and in blocks of different size. -The randomisation code was developed using a computerised random number generator.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-~it was decided not to blind participants in this trial. -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-There were 193 patients randomized in the study; 97 patients were allocated to MiniArc and 96 to Monarc. -두 군간 follow-up loss는 유사하며 약 10% 내외
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome was subjective cure of SUI,~ -A secondary outcome was objective cure, defined~ -Other secondary outcomes were adverse events during surgery~
Other bias : Funding (그 외 비뚤림)	□ 낮음 ■ 높음 □ 불확실	-The trial was supported by an unrestricted research grant of American Medical Systems, Minneapolis, MN, USA.

연번(Ref ID)		32(1132)
1저자(출판연도)		Foote(2015)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Success was defined as a 1-h pad test~ -Other evaluation at these visits was by examination with a full bladder, history of any urinary symptoms (incontinence, urgency, voiding difficulty), VAS, IIQ short questionnaire and bladder diary.
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

연번(Ref ID)		33(1770)
1저자(출판연도)		Lee(2015)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Computer-generated random allocation was concealed and stratified by center.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-Surgeons or patients were not blinded once allocation was revealed. -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Figure 1 depicted the CONSORT flowchart, accounting for all participants, including those lost to follow-up and those who were eligible but declined to participate. -두 군간 추적관찰손실은 유사하며, 10% 내외 보고함
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Primary outcome at 12 months was objective cure. -Secondary outcomes were subjective cure, reoperation rates, and changes in ICIQ UI SF, ICIQ OAB, IIQ7, PISQ-12, and PGII.
Other bias : Funding (그 외 비뚤림)	□ 낮음 ■ 높음 □ 불확실	-This investigator-led randomized controlled trial received an external research grant from American Medical Systems

연번(Ref ID)		34(2989)
1저자(출판연도)		Tieu(2017)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Allocation to treatment group was performed by a computer-generated randomization scheme with 102 subjects divided into random block sizes of six, eight or ten subjects per block. -Subject assignments were sequentially placed in sealed envelopes that were delivered to the operating room and opened by the surgeon after induction of anesthesia at the time of the standard 'Time Out' procedure.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-randomized nonblinded trial -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-After randomization, 49 patients received the TO sling and 49 patients the SI sling, and of these 42 in the TO group and 41 in the SI group completed a 1-year follow-up (Fig. 1). -두 군 사이의 follow-up loss는 각각 7, 8명으로 유사함
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome measure was the presence of urinary leakage during the standardized cough stress test (CST) at 1 year -Secondary outcomes included intraoperative data, -All perioperative and postoperative complications~were noted.
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

연번(Ref ID)		35(2029)
1저자(출판연도)		Melendez-Munoz(2018)
영역	**비뚤림위험**	**사유**
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Randomisation was achieved using computer-generated blocks of 4-8, with concealed allocation. -Concealment방법은 언급없음
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-Surgeons or patients were not blinded once allocation was revealed. -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-The CONSORT flowchart shown in Fig. 1, accounts for all participants in the study, including those who were eligible to participate but declined, those lost to follow-up and those withdrawn at different points of the study -두 군 사이 follow-up loss, withdrawn이 유사함
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome at 6 months was objective cure. -Secondary outcomes were subjective cure, failure rate, reoperation rate, ~ -Operative data was collected including type of anesthesia, operative time, estimated blood loss (EBL) and complications.
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

4. 단일절개 슬링(Ophira) vs 기존 중부요도슬링: 3개 연구(5편 문헌)

연번(Ref ID)		36(986), 37(2417)
1저자(출판연도)		Djehdian(2014), Pascom(2018)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-The participants were randomly allocated to a single-incision mini-sling or a transobturator midurethral tape by a simple randomization procedure using a random number generator computer program. -Randomization was performed at the moment of inclusion by a nurse blinded to women's histories. Group assignment was concealed in consecutively numbered, sealed, opaque envelopes that were opened in the operating room just before the procedure.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-The limitations of the study included the non-blinded design. -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Assuming a 10% loss to follow-up rate, the total enrollment goal was 110 patients. -One hundred thirty patients were included (Fig. 3). Sixty-nine patients were allocated to the mini-sling group, and 61 patients were assigned to the transobturator tape group. -At the 12-month follow-up, 120 patients were available for analysis (64 in the mini-sling group and 56 in the transobturator midurethral tape group). -Assuming a loss to follow-up rate of 10%, the total enrollment goal was 110 patients. - From 130 patients, 82 (n = 41 in each arm) completed the 3-year follow-up. Loss of follow-up was 37%.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The main study outcomes were the objective and subjective cure rates of SUI 1 year after surgery. -The secondary outcome measures included symptom severity evaluation by the Urogenital Distress Inventory Short Form, changes in the Incontinence Quality of Life Questionnaire, and the rate of complications and reoperation.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-Funding was provided by Federal University of São Paulo. -This is not an industry-sponsored trial.

연번(Ref ID)		38(1512), 39(1413)
1저자(출판연도)		Jurakova(2016), Huser(2023)
영역	**비뚤림위험**	**사유**
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Patients were randomized by envelope technique at the time of surgery to either a TOT or SIS anti-incontinence procedure.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-This nonblinded study involved a Caucasian Czech (central European) population. -However, one limitation might be that neither patients nor surgeons were blinded to the procedure performed and each study armwas operated by different surgeon. -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-For the non-inferiority margin of 0.16 a minimum sample size of 42 patients was required for each group. -Of 285 patients assessed for eligibility, a total of 93 patients (32.6 %) met the inclusion and exclusion criteria and were randomized into TOT (n=48) and SIS groups (n=45). -Ninety women (96.7 %) completed a minimum of 1 year's observation (range 12.1-15.1 months) with 3 patients "lost to follow-up", 1 from the SIS group and 2 among the TOT group. -A minimum sample size of 64 patients was required for each group to identify noninferiority with noninferiority margin of 13% and 4% increase in cure rates for experimental procedure, with 80% power and α of 0.025. -Finally, 66 patients (78.6%) in the SIS group and 64 patients (76.2%) in the TOT group completed the 4-year follow-up.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Primary outcomes were defined as evaluation of SUI objective and subjective cure 1 year after MUS surgery. Postoperative groin pain, surgical complications, quality of life and urgency incontinence occurrence were selected as secondary study endpoints. -Follow-up visits 4 years after surgery were all done by an independent clinician and included evaluations of objective cure as primary study outcomes. Objective cure was defined as the absence of urinary leakage in a standardized CST. -Subjective cure as first secondary outcome was assessed with a Patient Global Impression of Improvement form using a 7-point satisfaction scale (1-7). -Other secondary outcomes included quality of life questionnaire score change (ICIQ-SF) and postoperative de novo urgency occurrence assessed via 5-point PPIUS ranging from 0 (no urgency) to 4 (urge incontinence) duly noted within a 3-day micturition diary.

연번(Ref ID)		38(1512), 39(1413)
1저자(출판연도)		Jurakova(2016), Huser(2023)
영역	비뚤림위험	사유
		diary.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-The study was supported by the National Ministry of Health (project number FNBr65269705). The funder (through their peer review and funding board review process) approved the study proposal but had no role in the collection, analysis, or interpretation of data, or writing of the report.

연번(Ref ID)		40(2004)
1저자(출판연도)		Maturana(2020)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-The patients were divided into two groups by a simple randomization procedure using a random number generator computer program.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	-Randomization was performed at the moment of inclusion by a nurse blinded to the subject's history. Group assignment was concealed in consecutively numbered, sealed, opaque envelopes that were opened in the operating room just before the procedure.
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-눈가림에 대한 언급이 없으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-With these data, we estimated the need for 45 patients per group. -A total of 105 patients were included in the protocol, of which 58 were assigned to SIMS and 47 to the TOTsling. In total, 94 patients completed the 12-month follow-up, which corresponded to 53 patients in the SIMS group and 41 in the TOT group. Of the 11 patients who did not complete the study, the patient or a family member, by phone contact, justified the reason for not continuing the protocol. One died of heart failure, and the other ten withdrew because they thought they were cured (i.e., achieved continence). Thus, these patients, who did not complete the study, were considered as therapeutic failure in the data analysis. -두 군 사이 추적손실이 유사한 수준이었음
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-All patients were evaluated in the immediate postoperative period, 7 days and 1 month after surgery, by means of anamnesis and physical examination. The follow-up was performed at 3, 6 and 12 months postoperatively through clinical history, physical examination, urinalysis, urine culture and susceptibility testing, simplified pad test and quality of life questionnaires. -The primary outcomes of this study are reported in Table 2. -Secondary outcomes are reported in Tables 3 and 4. -The intra- and postoperative complications are presented in Table 3. -The results regarding quality of life are presented in Table 4.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-This study was not sponsored by the industry, and we declare that Promedon had no participation in the study design or analysis.

5. 단일절개 슬링(Needless) vs 기존 중부요도슬링: 4개 연구(4편 문헌)

연번(Ref ID)		41(1165)
1저자(출판연도)		Gaber(2016)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Randomization was performed with the use of a computer-generated randomization list and stratified by the study director.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-The sequence was concealed from all investigators until the interventions were assigned for this purpose sequentially by a trial nurse on the morning of the surgery. -The surgeons were not aware of the preoperative data of the patients. -The protocol had a double blind design; that is, patients and data assessors were blinded to treatment assigned up to the 12-month follow-up visit. -외과수술의 제한점이 있어 환자와 평가자 모두 눈가림을 하여 '낮음'으로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Figure 1 illustrates the study flow chart~ -군간 follow-up loss는 1~2명 수준으로 유사
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Patient reported success was defined as~ -Perioperative complications were recorded~ -The first follow-up visit was performed 3 days after surgery to assess any postoperative complication
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

연번(Ref ID)		42(1106)
1저자(출판연도)		Fernandez-Gonzalez(2017)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-A computer-generated random allocation was used.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-~our current study is that it was not possible to blind the post-surgical evaluation because, in the TOT group, the patient presents a cutaneous scar at the obturator region. -눈가림은 하지 않았으나, 외과적 수술로 인한 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-The drop-out rate for the negative stress test was 2 patients (2.04%) for the Monarc® group, and for the satisfaction questionnaire it was 2 patients (2.25%) and 2 patients (2.04%) for the C-NDL® and Monarc® groups respectively.(군간 유사)
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome of this study was to compare the objective and subjective cure rates~ -The secondary objective of our study was to evaluate the effect of both SUI surgeries on the QoL and to compare possible complications.
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

연번(Ref ID)		43(1160)
1저자(출판연도)		Fu(2017)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	-Having all the patients who met the criteria signed informed consent, group assignments were made and the surgical methods were selected via random selection of opaque labeling envelope by lab assistant.
Allocation concealment (배정순서 은폐)	■ 낮음 ☐ 높음 ☐ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 ☐ 높음 ☐ 불확실	-Among 179 cases of patients enrolled, 15 cases were lost to follow up. Therefore, 164 cases of patients were enrolled in this research actually. -These patients were divided into two groups:
Free of selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	-Main outcome measurements included operating time, intraoperative hemorrhage volume and visual analog scale (VAS) pain scores -The assessment of postoperative curative effect and safety~
Other bias : Funding (그 외 비뚤림)	☐ 낮음 ☐ 높음 ■ 불확실	-언급없음

연번(Ref ID)		44(993)
1저자(출판연도)		Dogan(2018)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Subjects were randomized using a computer-generated block randomization sequence with allocation to~a 1:1 ratio design performed via a series of sealed opaque envelopes.
Allocation concealment (배정순서 은폐)	■ 낮음 □ 높음 □ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	-Patients were blinded to the allocation. -Assessors were blinded to the prior procedure type and perioperative complications. -외과수술의 제한점이 있어 환자와 평가자 모두 눈가림을 하여 '낮음'으로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	■ 낮음 □ 높음 □ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-One patient in the SIMS was lost to follow-up after 1 year and therefore was considered excluded from the study. -Figure 1 shows the CONSORT flow chart accounting for all patients
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Any perioperative complications were monitored. -We aimed to assess the differences in objective and subjective cure rates~ -Secondary outcomes were patient-reported satisfaction assessed with improvement of quality of life Surgical outcome measures included~
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

6. 단일절개 슬링(Tissue Fixation system) vs 기존 중부요도슬링: 1개 연구(2편 문헌)

연번(Ref ID)		45(추가), 46(2819)
1저자(출판연도)		Sivaslioglu(2010), Sivaslioglu(2012)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-The study comprised 80 female patients with urodynamic SUI, randomly allocated by computer program for a TOT or TFS operation.
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-This single blind, prospective RCT~ -구체적인 언급이 없었으나, 외과수술의 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-Patients with overflow incontinence, those with overactive bladder and those who underwent previous anti-incontinence surgery were not included in the study (fig. 1). -We were able to test 36 of the original 40 patients in each arm.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Our primary outcome measures were rates of objective cure, subjective cure and failure 5 years~ -Secondary outcome measures were duration of procedures, postoperative comfort of the patients (e.g groin pain) and quality of life (QoL) scores. -No intraoperative complications such as~
Other bias : Funding (그 외 비뚤림)	□ 낮음 □ 높음 ■ 불확실	-언급없음

7. 단일절개 슬링(그 외) vs 기존 중부요도슬링: 5개 연구(5편 문헌)

연번(Ref ID)	47(2297)	
1저자(출판연도)	Oliveira(2011)	
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	-No patients refused randomisation. -방법에 대한 기술이 없음
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-No patients were lost to follow-up.
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-Patients were asked about lower urinary tract symptoms including urine leakage, pain, and complications.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-Obtaining funding: None.

연번(Ref ID)		48(2377)
1저자(출판연도)		Palomba(2014)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	☐ 낮음 ☐ 높음 ■ 불확실	-방법에 대한 기술이 없음
Allocation concealment (배정순서 은폐)	☐ 낮음 ☐ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	-single-blind design -외과수술의 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	☐ 낮음 ☐ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 ☐ 높음 ☐ 불확실	-One hundred twenty patients per arm were enrolled and received an SIMS or an r-TVT procedure. -At the 6-, 12-, 18-, and 24-month follow-up evaluations, 2 of 120 (1.7%), 7 of 120 (5.8%), 12 of 120 (10%), and 17 of 120 (14.2%) patients, respectively, from the SIMS group and 3 of 120 (2.5%), 5 of 120 (4.2%), 9 of 120 (7.5%), and 14 of 120 (11.7%) patients respectively, from the r-TVT group were lost to follow-up. -군간 유사하게 추적관찰 손실이 발생하였고, 약 30% 수준임
Free of selective reporting (선택적 보고)	■ 낮음 ☐ 높음 ☐ 불확실	-The primary outcome was the subjective cure rate at the 24-month follow-up. -The secondary outcomes were the objective cure rate at the 24-month follow-up, safety, feasibility under local anesthesia, and quality of life.
Other bias : Funding (그 외 비뚤림)	☐ 낮음 ☐ 높음 ■ 불확실	-언급없음

연번(Ref ID)		49(2418)
1저자(출판연도)		Pastore(2016)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Using a computer table generation of random numbers: group 1 (n = 24 women) was treated with TVT-O to correct SUI, and group 2 (n = 24 women) was treated with the SIS. -배정순서 은폐방법 언급없음
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-As mentioned earlier, the TVT-O procedure was performed on 24 patients while the SIS procedure was performed on 24 patients. -However, 6 patients were later excluded from the study because they were lost to follow-up, and a total of 42 patients (21 in TVT-O group and 21 in SIS group) completed the study protocol. -두 군에 동일하게 추적손실 발생하였음
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-~the participants were asked to complete the Italian versions of the FSFI questionnaires for the assessment of sexual function and the ICIQ-SF questionnaires. -No intra and postoperative complications~
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-No competing financial interests exist.

연번(Ref ID)		50(1054)
1저자(출판연도)		Emami(2019)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	□ 낮음 □ 높음 ■ 불확실	-The patients were randomly assigned into the TOT and mini-sling groups, 40 cases each. -방법에 대한 구체적인 기술이 없음
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Incomplete outcome data addressed (불충분한 결과자료)	□ 낮음 □ 높음 ■ 불확실	-언급없음
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The results of the current study showed that the surgical duration, amount of bleeding, post-operative pain, hospitalization period, and surgical complications were significantly less in the mini-sling method in comparison to TOT.
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-The author(s) received no financial support for the research, authorship, and/or publication of this article.

연번(Ref ID)		51(322)
1저자(출판연도)		Abdel-Fattah(2022)
영역	비뚤림위험	사유
Adequate sequence generation (무작위 배정순서 생성)	■ 낮음 □ 높음 □ 불확실	-Randomization was performed with the use of a remote Web-based system -배정순서 은폐에 대한 구체적인 기술이 없음
Allocation concealment (배정순서 은폐)	□ 낮음 □ 높음 ■ 불확실	
Blinding of participants and personnel (연구 참여자, 연구자에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	-The main limitations of our trial were the availability of follow-up to only 3 years, a lack of blinding~ -눈가림을 제한점으로 제시하였으나 ,외과수술의 제한점이 있어 '불확실'로 평가
Blinding of outcome assessment (결과평가에 대한 눈가림)	□ 낮음 □ 높음 ■ 불확실	
Incomplete outcome data addressed (불충분한 결과자료)	■ 낮음 □ 높음 □ 불확실	-A total of 600 women underwent randomization~. -Four women were excluded after randomization, leaving 298 assigned to receive mini-slings and 298 assigned to receive midurethral slings; 257 women (86.2%) in each group underwent their assigned surgery (Fig. 1). -At 15 and 36 months~the percentage of patients ~ 87.1% and 81.4%, respectively. -두 군 사이 유사하게 추적손실 발생
Free of selective reporting (선택적 보고)	■ 낮음 □ 높음 □ 불확실	-The primary outcome was patient-reported success~ -Safety data included all expected adverse events during follow-up through 36 months:~ -Secondary outcomes included postoperative pain~, recovery~, objective success~, and the effect of the procedures on patients' symptom severity, quality of life, and sexual function~
Other bias : Funding (그 외 비뚤림)	■ 낮음 □ 높음 □ 불확실	-Supported by the NIHR (NIHR Evaluation, Health Technology Assessment Programme; funder number, 12/127/157).