

Supplemental Table 3: Risk of bias assessment for primary studies regarding a Mediterranean diet and stone disease using the Newcastle Ottawa Scale.

Study	Selection	Comparability	Outcome/Exposure	Total
Taylor et al. (2005) ^a [40]	***	**	**	7
Abate et al. (2004) [42]	****	*	**	7
Rodriguez et al. (2020) ^b [43]	***	**	**	7
Leone et al. (2017) ^c [44]	***	**	***	8
Soldati et al. (2014) ^d [45]	***	**	**	7
Prieto et al. (2019) ^e [46]	***	**	**	7
Borghi et al. (2002) ^f [50]	***	**	***	8
Taylor et al. (2009) ^g [48]	***	**	**	7

^a Accounted for age, alcohol intake, thiazide diuretics, calcium supplement use, dietary intake of fluid, animal protein, calcium, magnesium, phosphorous, phytate, potassium, sodium, sucrose, vitamin B₆, vitamin C, and vitamin D in addition to baseline weight.

^b Accounted for age, weight, height and BMI, hypertension, diabetes, the use of thiazides, intake of calcium, vitamin C, vitamin D, fluids and caffeine.

^c Accounted for gender, age, marital status, education, working hours, weight, height, smoking, physical activity, and chronic diseases.

^d Accounted for sex, BMI, total cholesterol, fasting glucose, HDL, triglycerides, and blood pressure.

^e Accounted for age, sex, type 2 diabetes, total daily energy intake, and BMI.

^f Accounted for the total number of stones formed previously, and the number of episodes of renal colic in the previous year.

^g Accounted for age, BMI, total energy intake, use of thiazide diuretics, fluid intake, caffeine, alcohol use, history of hypertension, and history of diabetes.