

Supplemental Material: Compliance with existing standards: overview comparing Cochrane with non-Cochrane living systematic reviews

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SUPPLEMENTARY FILE 1. SEARCH STRATEGY.

Databases
Pubmed (living adj2 (systematic review? or rapid review? or evidence syntheses or evidence map* or evidence review? or scoping review? or umbrella review? or overview?)).ti,ab,kw.
Embase (living adj2 (systematic review? or rapid review? or evidence syntheses or evidence map* or evidence review? or scoping review? or umbrella review? or overview?)).ti,ab,kw.
Cochrane Database of Systematic Reviews - full reviews (living NEAR/2 ("systematic review*" or "rapid review*" or "evidence synthesis" or "evidence syntheses" or "evidence map*" or "evidence review*" or "scoping review*" or "umbrella review*" or overview*))
Cochrane Database of Systematic Reviews - protocols (living NEAR/2 ("systematic review*" or "rapid review*" or "evidence synthesis" or "evidence syntheses" or "evidence map*" or "evidence review*" or "scoping review*" or "umbrella review*" or overview*))
TRIP Pro ("living systematic review" or "living rapid review" or "living evidence synthesis" or "living evidence syntheses" or "living evidence map" or "living evidence mapping" or "living evidence review" or "living scoping review" or "living umbrella review" or "living overview")
Epistemonikos Title=("living systematic review" or "living rapid review" or "living evidence synthesis" or "living evidence syntheses" or "living evidence map" or "living evidence mapping" or "living evidence review" or "living scoping review" or "living umbrella review" or "living overview")
Epistemonikos Abstract=("living systematic review" or "living rapid review" or "living evidence synthesis" or "living evidence syntheses" or "living evidence map" or "living evidence mapping" or "living evidence review" or "living scoping review" or "living umbrella review" or "living overview")
PROSPERO ("living systematic review" or "living rapid review" or "living evidence synthesis" or "living evidence syntheses" or "living evidence map" or "living evidence mapping" or "living evidence review" or "living scoping review" or "living umbrella review" or "living overview")
Scopus TITLE-ABS-KEY ((living W/2 ("systematic review*" OR "rapid review*" OR "evidence synthesis" OR "evidence syntheses" OR "evidence map*" OR "evidence review*" OR "scoping review*" OR "umbrella review*" OR overview*)))

SUPPLEMENTARY FILE 2. DATA EXTRACTION FORM.

Living systematic review (LSR) analysis

Use this form to assess each assigned study, completing a separate form for each; please answer all questions to the best of your ability. For open text fields, copy and paste relevant text. Email melanie.golob@kellogg.ox.ac.uk with any questions.

Note: if logged into Google, you are able to save this form and continue later.

* Indicates required question

To begin, please select the review for analysis from the dropdown below.

Begin typing the author to quickly find the correct review.

Review: *

Country of first author: *

- ☐ -NOT PROVIDED-
- ☐ Australia
- ☐ Canada
- ☐ France
- ☐ Germany
- ☐ Ireland
- ☐ Italy
- ☐ Lebanon
- ☐ Spain
- ☐ United Kingdom
- ☐ United States of America
- ☐ Other:

Sources of funding/support: *

Author declarations of interest: *



What type of review is it? *

- ☐ Systematic review
- ☐ Rapid review
- ☐ Overview/umbrella review
- ☐ Other:

Where does the review identify itself as 'living'? *

this may be listed as an editorial note; a synonym for living may be used

- ☐ Title
- ☐ Abstract
- ☐ Both
- ☐

What term is used to describe the review? *

be specific

- ☐ Living systematic review
- ☐ Rolling collaborative review
- ☐ Living interactive systematic review
- ☐ Live systematic review
- ☐ Other:

Previously published protocol? *

as stated in the review

- ☐ Yes
- ☐ Not stated
- ☐ Other:

Date of publication (original/baseline version):

according to online version history, if available

DD MM YYYY

 / /

Date of publication (newest/most recent version):

according to online version history, if available

DD MM YYYY

 / /

Total number of published versions/editions/updates: *

according to online version history, if available

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

☐ Other:

Adherence to LSR guidance

The following questions should be taken as stated in the review, and do not need to be researched separately. If specified item is not reported, mark "Not reported"; otherwise, extract the text verbatim from the study using the "Other..." field.

Did the review reference guidance for conducting LSRs? *

- ☐ Not reported
- ☐ Cochrane's "Guidance for the production and publication of Cochrane living systematic reviews"
- ☐ Other:

Did the review reference guidance for reporting LSRs? *

- ☐ Not reported

- Cochrane's "Guidance for the production and publication of Cochrane living systematic reviews"
- 2020 PRISMA
- Other:

As stated by the author, were key stakeholders involved from the outset? *

e.g., guideline developers, professional societies, consumer organizations, funders, health technology assessment agencies (might be described in Acknowledgements). If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

As stated by the author, was the review question a priority for decision-making at the time the review was registered/conducted? *

May be described in Background. If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

As stated by the author, was there an important level of uncertainty in the existing evidence? *

May be described in Background. If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

As stated by the author, was there likely to be emerging evidence that would impact the conclusions of the LSR? *

May be described in Background. If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

As stated by the author, were there plans to use the review to inform guidelines or policy? *

May be described in Background. If yes, copy/paste relevant text into the 'Other...' field.

- Not reported

- Other:

As stated by the author, were there explicit, pre-defined methods describing search frequency? *

May be described in Methods (e.g., weekly, monthly, etc.) If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

As stated by the author, did the review employ continual evidence surveillance, describing how often relevant studies were screened for inclusion? *

May be described in Methods. If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

Were there explicit, pre-defined methods describing when new evidence is flagged and/or incorporated into the review and an update published? *

May be described in Methods. If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

Were criteria for updating the LSR methods (e.g., search strategy) explicitly stated? *

May be described in Methods or Appendices. If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

Were criteria for ceasing continual updates of the LSR (i.e., transitioning an LSR out of living mode) articulated? *

May be described in Methods. If yes, copy/paste relevant text into the 'Other...' field.

- Not reported

- Other:

Did the authors state that they followed their pre-defined methods for frequency of searches/surveillance and updating of the review? If not, how did it differ? *

May be described in Methods (or Differences Between Protocol and Review section, if available). If yes, copy/paste relevant text into the 'Other...' field.

- Not reported
- Other:

Other LSR info

Were any automation tools used in the review process? *

- ☐ -NOT STATED-
- ☐ Covidence
- ☐ DistillerSR
- ☐ GRADEpro
- ☐ Rayyan
- ☐ RevMan
- ☐ Cochrane Classifier
- ☐ Ovid
- ☐ Other:

If automation tools were used, provide details:

e.g., Covidence for screening, RevMan for meta-analysis, Ovid for search updates, etc. Copy/paste relevant text.

What was the reason for the update? *

May be described in Background. Select all that apply.

- ☐ -NOT STATED-

- ☐ New studies
- ☐ New setting(s)
- ☐ New population(s)
- ☐ New intervention (s)
- ☐ New comparison(s)
- ☐ New outcome(s)
- ☐ Other:

If the review indicated the findings of one or more outcomes changed from the previous version, what was the change?

e.g., clinically important change in size or direction of effect. Copy/paste relevant text.

What tool was used to evaluate certainty of the evidence? *

- ☐ GRADE
- ☐ CINeMA
- ☐ Other:

How did the certainty of findings change (for one or more outcomes) from the previous version of the review? *

May need to look at previous version Summary of Findings. If some decreased and some increased, specify using the "Other" option

- ☐ Did not change
- ☐ Decreased in certainty (went from high to low, etc.)
- ☐ Increased in certainty (went from low to high, etc.)
- ☐ Other:

Other comments/relevant details from the review:

As needed.

SUPPLEMENTARY FILE 3. DIFFERENCES BETWEEN PROTOCOL AND REVIEW.

There were three data items specified in the protocol that were not collected in the data extraction phase: “Was data from relevant primary studies likely to be missing due to search frequency/surveillance methods”, “Were there LSRs asking the same question published/pre-registered prior to the registration/publication of this LSR”, and “Was there one or more standard SRs asking the same/similar question published during/around the same time the LSR was being conducted/was published”. We did not extract data on these items due to the need for a highly specialized, in-depth understanding of specific topics to accurately answer these questions. For example, for the LSR by Spurling et al. 2017 titled “Delayed antibiotic prescriptions for respiratory infections,”(1) there was another review from 2016 titled “Systematic Review of Factors Associated with Antibiotic Prescribing for Respiratory Tract Infections,”(2) but it did not focus on the delay of prescribing as did the Spurling paper, and resulting in uncertainty if this would be considered the same or similar.

Quality of included reviews using AMSTAR 2 was not assessed as originally planned, as it was determined this aspect was not relevant to how ‘alive’ LSRs truly are. Though living guidance builds on standard Cochrane SR guidance,(3) a study by Luo et al. showed that the majority of items on the AMSTAR 2 checklist do not relate to living criteria or guidance.(4) Additionally, LSRs do not always include intervention studies, and AMSTAR 2 may not fully apply to those review types.(5) Instead, two fields on GRADE were included in this overview to ascertain if certainty of evidence was evaluated and how it may have changed from the previous version. A random sample of 10% of overlapping LSRs used in this overview and the Luo et al. study were replicated to see if AMSTAR 2 ratings agreed.(4)

Unpublished LSRs were not searched on the Open Science Framework as planned, as it was difficult to link unpublished protocols to published reviews due to title changes.

SUPPLEMENTARY FILE 4. EXCLUDED REVIEWS AFTER FULL-TEXT READING, WITH REASONS.

2022 Screening

(this does not include preprints or protocols that identified as living, n=541)

Reference	Reason for exclusion
1. Anonymous. Agency for Healthcare Research and Quality 2020;12:12.	Exclusion reason: Wrong study design; No title; does not refer to a specific document.
2. Sutherland J, Cooper-Jones B. 166 Sabr for the Treatment of Oligometastatic Cancer - a Health Technology Assessment. Radiotherapy and Oncology 2021;163(Supplement 1):S70-S71.	Exclusion reason: Wrong study design; Not a protocol, looks more like a conference abstract. Published FT article listed separately.
3. Acute Severe Hepatitis of Unknown Origin among Young Children – What We Know So Far. Public Health Ontario 2022	Exclusion reason: Wrong study design; Did not find evidence that this review is a ‘living’ SR.

4. Additional Routes of COVID-19 Transmission – What We Know So Far. Public Health Ontario 2021	Exclusion reason: Wrong study design; Ambiguous as to whether this review is a 'living' SR/RR; Not stated as living, but it is an update of a previous version.
5. Adverse Effects Of Messenger RNA Vaccines. Centre for Evidence-Based Practice, Penn Medicine 2020	Exclusion reason: Wrong study design; Appears to be more of a blog post than peer-reviewed journal; Full text can only be requested through Penn CEP.
6. Lim ZJ, Subramaniam A, reddy MP, et al. An analysis of the type and timing of tracheostomy in patients with COVID-19: comparison and outcomes - A systematic review and meta-analysis.	Exclusion reason: Wrong study design.
7. Driggs D, Etmann C, Gilbey J, et al. Artificial Intelligence for the diagnosis and prognosis of COVID-19 from radiological data: a systematic methodological review. PROSPERO 2020	Exclusion reason: Wrong study design; Did not find evidence that this review is 'living.'
8. Medeiros P, Sandreschi P, Zulianello R, et al. The association between carotid atherosclerosis and functional capacity in older adults: a systematic review. PROSPERO 2018	Exclusion reason: Wrong study design.
9. Hirt J, Janiaud P, Trounce M, et al. Association between selective serotonin reuptake inhibitors (SSRI) and clinical outcomes in COVID-19 patients: a systematic review and meta-analy	Exclusion reason: Wrong study design; Did not find evidence of living SR.
10. Grove A, Clarke A, Al-Khudairy L, et al. Association between vitamin D supplementation or serum vitamin D level and susceptibility to SARS-CoV-2 infection or COVID-19 including clin	Exclusion reason: Wrong study design; Did not find evidence of living SR.
11. Michel S, Ehrenstein Ov. The association of air pollution with SARS-CoV-2 incidence, severity, and fatality: a prospective meta-analysis. PROSPERO 2020	Exclusion reason: Wrong study design.
12. Barriers and facilitators to the uptake of personal protective behaviours in public settings. Wales COVID-19 Evidence Centre 2022	Exclusion reason: Wrong study design; Did not find evidence of living SR.
13. Best Practices for Managing COVID-19 Outbreaks in Acute Care Settings. Public Health Ontario 2021	Exclusion reason: Wrong study design; not a systematic review; Guideline/Best practices; Not stated as living, but "As new information becomes available, the recommendations in this document will be revised as necessary."
14. Cardiac Arrest in Special Circumstances. European Resuscitation Council 2021	Exclusion reason: Wrong study design; Article is a general update on practices, not SR.

15. Nothacker J, Schmucker C, Stadelmaier J, et al. Characteristics and dissemination of COVID-19 systematic reviews. PROSPERO 2021	Exclusion reason: Wrong study design; Did not find evidence of 'living' SR for this study.
16. Subramaniam A, Anstey C, Curtis R, et al. Characteristics and outcomes of frail patients with COVID-19 admitted to ICU: individual patient data meta-analysis. PROSPERO 2020	Exclusion reason: Wrong study design; Did not find evidence of 'living' review.
17. Clinical management of patients with COVID-19: second interim guidance. Public Health Agency of Canada 2020	Exclusion reason: Wrong study design; Article is guidance, not an LSR.
18. Cara KC, Beauchesne AR, Li R, et al. Cochrane Review Summary on "Vitamin D Supplementation for the Treatment of COVID-19: A Living Systematic Review". Journal of Dietary Supplements	Exclusion reason: Wrong study design; I believe this an article summarizing an LSR (not an SR itself).
19. Considerations for Ontario Fall and Winter 2021 COVID-19 Planning. Public Health Ontario 2021	Exclusion reason: Wrong study design; Article contains key points/ considerations; not an LSR.
20. Considerations for returning to in-person learning after the winter holidays in the context of the Omicron variant in Ontario. Public Health Ontario 2022	Exclusion reason: Wrong study design; Article contains considerations; did not find evidence of living SR.
21. Hülsemann M, Drude NI, Kniffert S, et al. Contribution of different organ systems to Pathogenesis of COVID-19 - a living systematic review based on emerging in vitro and ex vivo stu	Exclusion reason: Wrong study design; Did not find evidence of living SR; Updated title: "A systematic review on the contribution of organ models to COVID-19 research".
22. Coronavirus (COVID-19) infection and pregnancy. Royal College of Obstetricians and Gynaecologists 2020	Exclusion reason: Wrong study design; Guidance for treatment; did not find evidence of living SR.
23. COVID-19 - SARS-CoV-2. The Green Book 2021	Exclusion reason: Wrong study design; Did not find evidence that this article is an LSR.
24. Covid-19 and pregnancy. Swedish Council on Technology Assessment 2021	Exclusion reason: Wrong study design; General information on COVID 19 and pregnancy.
25. COVID-19 Infection Prevention and Control Measures for In-Person Learning in Schools in Select Jurisdictions. Public Health Ontario 2021	Exclusion reason: Wrong study design; Article with published recommendations for COVID; did not find evidence of living SR.
26. COVID-19 living evidence profile #1: What is known about anticipated COVID-19 vaccine roll-out elements? McMaster Health Forum 2021	Exclusion reason: Wrong study design; I could not find evidence that this article is a systematic review; Similar to a scoping review.; This is a living evidence profile, prepared in two days, but not listed as a review.

27. COVID-19 Overview of the Period of Communicability – What We Know So Far. Public Health Ontario 2021	Exclusion reason: Wrong study design; "updated rapid review"; Not listed as living: "As the COVID-19 pandemic continues to evolve and the scientific evidence rapidly expands, the information provided in these documents is only current as of the date of the literature searches."
28. COVID-19 Prevention Measures in K-12 Schools: Optimizing Screening and Masking. Public Health Ontario 2020	Exclusion reason: Wrong study design; Did not find evidence of living SR.
29. COVID-19 research in pregnancy: progress and potential. Society for Maternal-Fetal Medicine 2021 doi: doi:10.1016/j.ajog.2021.08.039	Exclusion reason: Wrong study design; Did not find evidence that this an LSR.
30. COVID-19 Vaccines and Fertility. Public Health Ontario 2021	Exclusion reason: Wrong study design; Unclear to me if this article is a systematic review or simply summarizing data.
31. Klugar M, Riad A, Klugarova J, et al. COVID-19-related oral symptoms: protocol for a rapid review. PROSPERO 2020	Exclusion reason: Wrong study design; Did not find evidence of a living systematic review.
32. Covid-19: Evidence Summary for face masks in the community. Health Information and Quality Authority 2020	Exclusion reason: Wrong study design; General evidence summary; did not find evidence that article is an LSR.
33. Covid-19: How does physical distancing impact mental health? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design; Did not find evidence that this article is an LSR; "In this rapid evidence review, we provide the most recent research evidence to answer the question" (but not listed as a living review).
34. COVID-19: Treatment with Hydroxychloroquine (HCQ). Centre for Evidence-Based Practice, Penn Medicine 2020	Exclusion reason: Wrong study design; Appears to be an article that summarizes systematic reviews, among other evidence; did not find evidence of living SR.
35. Covid-19: What is known about how long the virus can survive with potential for infection on surfaces? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design; Updated, but does not self-describe as 'living;' "rapid review 1" indicates that this may be a living review.
36. Covid-19: What is known about the impact of the pandemic on working families with children? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design; Did not find evidence that this article is an LSR.
37. Covid-19: What serological tests are available, and what are their sensitivities and specificities? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design; Did not find evidence that this article is an LSR.
38. CRA Recommendation on Three Doses of mRNA Vaccine for Preventing COVID-19. Canadian Rheumatology Association 2021	Exclusion reason: Wrong study design; Article is a recommendation document; did not find evidence that this article is an LSR.

39. CTS Information and Guidance for Respiratory Health Care Professionals on COVID 19 Vaccination. Canadian Thoracic Society 2021	Exclusion reason: Wrong study design; This article is a series of recommendations; did not find evidence that it is an LSR.
40. Thombs BD, Bonardi O, Rice DB, et al. Curating evidence on mental health during COVID-19: A living systematic review. Journal of Psychosomatic Research 2020;133:110113. doi: 10.1016	Exclusion reason: Wrong study design; General article addressing future living systematic reviews; Editorial.
41. Zorko D, Choong K, McNally JD, et al. Decontamination interventions for the reuse of surgical mask personal protective equipment: an updated systematic review. PROSPERO 2021	Exclusion reason: Wrong study design.
42. Developing a National Pain Strategy for Canada. McMaster Health Forum 2017	Exclusion reason: Wrong study design; National strategy plan with reference to living SR.
43. Dawit H, Absi M, Islam N, et al. Diagnostic accuracy of thoracic imaging modalities for the detection of COVID-19. World Journal of Radiology 2022;14(2):47-49. doi: 10.4329/wjr.v14.	Exclusion reason: Wrong study design; Letter to the editor; Letter to the editor.
44. Aravena J, Aceituno C, Rosell J, et al. Drawing on wisdom to cope with adversity: a systematic review protocol of older adults's mental and psychosocial health during acute respi	Exclusion reason: Wrong study design; Did not find evidence of living review.
45. Duration of protective immunity following COVID-19 vaccination. Health Information and Quality Authority 2021	Exclusion reason: Wrong study design; COVID report by agency;
46. Duration of protective immunity following COVID-19 vaccination of individuals with underlying conditions (efficacy and effectiveness). Health Information and Quality Authority 2021	Exclusion reason: Wrong study design; Agency report of COVID-19 information.
47. Li I, Liu z. Effect of Brain-computer interface system on motor function after stroke :A Meta-analysis. PROSPERO 2020	Exclusion reason: Wrong study design; Did not find evidence of living review.
48. Wagner V, Riberholt CG. The effect of early rehabilitation in patients with severe traumatic brain injury: a systematic review. PROSPERO 2017	Exclusion reason: Wrong study design.
49. Iness A, Abaricia J, Sawadogo W, et al. The effect of hospital visitor policies on patients, their visitors, and healthcare providers during the COVID-19 pandemic: a systematic revi	Exclusion reason: Wrong study design; Current version does not reference a 'living' methodology; Original title: "Hospital visitor policies during the COVID-19 pandemic: a living systematic review".

50. Westby M, Dawson S, Elwenspoek M, et al. The effectiveness and safety of pharmacological and non-pharmacological interventions against symptoms of Long COVID: a systematic review. P	Exclusion reason: Wrong study design.
51. The effectiveness of home monitoring using pulse oximetry in people with COVID-19 symptoms to guide future management. Wales COVID-19 Evidence Centre 2021	Exclusion reason: Wrong study design.
52. The effectiveness of infection prevention and control measures applied in education and childcare settings for children: a summary and critical appraisal. Wales COVID-19 Evidence Ce	Exclusion reason: Wrong study design.
53. Trajman A, Lachapelle-Chisholm S, Zikos T, et al. Efficacy and effectiveness of SARS-CoV-2 vaccines for death prevention: a protocol for a systematic review and meta-analysis. PROSP	Exclusion reason: Wrong study design.
54. Manalo C, Ibanez R. Efficacy and safety of high-dose versus standard-dose intravenous dexamethasone in severe and critical COVID-19 patients: a systematic review of randomized contr	Exclusion reason: Wrong study design; Did not find evidence of 'living' SR.
55. Wang Q, Zhu H, Ge L, et al. Efficacy and safety of Qingfei Paidu decoction for treating COVID-19: A systematic review and meta-analysis. PROSPERO 2021	Exclusion reason: Wrong study design; Did not find evidence of living review.
56. The efficacy of respirators and medical masks for healthcare workers to reduce transmission of COVID-19. Sax Institute Evidence Check 2020	Exclusion reason: Wrong study design.
57. Ung L, Goss D, Hanage W. Enrolment characteristics in randomized controlled trials for COVID-19: a systematic review. PROSPERO 2021	Exclusion reason: Wrong study design; did not find evidence of living review.
58. Sutton D, Martin J, Qureshi R. Evidence reversal: when new evidence contradicts established practices. PROSPERO 2014	Exclusion reason: Wrong study design; Did not find evidence of living review.
59. Evidence review to inform the development of National Standards for Children's Social Services. HIQA Standards 2020	Exclusion reason: Wrong study design.
60. Evidence summary for duration of infectiousness of SARS-CoV-2. Health Information and Quality Authority 2020	Exclusion reason: Wrong study design.
61. Rada G, Verdugo-Paiva F, Avila C, et al. Evidence synthesis relevant to COVID-19: a protocol for multiple systematic reviews and overviews of systematic reviews. Medwave 2020;20(3):	Exclusion reason: Wrong study design.

62. Evidence-based use of therapeutics for ambulatory patients with COVID-19. CPG Infobase 2021	Exclusion reason: Wrong study design; Study mentions "The search was last updated on September 28, 2021." I don't know that this information is sufficient to state that it is a living review.
63. Extremely medically vulnerable groups with respect to COVID-19. Health Information and Quality Authority 2020	Exclusion reason: Wrong study design.
64. Face coverings to reduce transmission of SARS-CoV-2. Wales COVID-19 Evidence Centre 2021	Exclusion reason: Wrong study design.
65. Factors Affecting COVID-19 Period of Communicability – What We Know So Far. Public Health Ontario 2021	Exclusion reason: Wrong study design; Reference to data being updated but no explicit methods regarding 'living' review; "As the COVID-19 outbreak continues to evolve and the scientific evidence rapidly expands, the information provided in this document is only current as of the date of respective literature searches."
66. Al Attar L, Nehme F, Rowe K, et al. Gastrointestinal bleed: Approach to minimize blood transfusions. American Journal of Gastroenterology 2017;112(Supplement 1):S621.	Exclusion reason: Wrong study design; Cannot find a full publication related to this conference abstract.
67. Nasajpour A, Raina JS, Itare VB, et al. A Healthy Immunity May be the Only Option for Patients with COVID-19 After a Graded Systematic Review of Investigational COVID-19 Therapies.	Exclusion reason: Wrong study design.
68. Hospital visitor policies during the COVID-19 pandemic: a living systematic review. PROSPERO 2021	Exclusion reason: Wrong study design; Updated title: "The effect of hospital visitor policies on patients, their visitors, and healthcare providers during the COVID-19 pandemic: a systematic review".
69. How has the COVID-19 pandemic affected risk factors for chronic disease? McMaster Health Forum 2022	Exclusion reason: Wrong study design.
70. How has the COVID-19 pandemic affected the mental health of the general population? McMaster Health Forum 2022	Exclusion reason: Wrong study design.
71. HTA Scoping Report: Convalescent plasma for the treatment of COVID-19. Health Information and Quality Authority 2020	Exclusion reason: Wrong study design.
72. Lim ZJ, Reddy MP, Shekar K, et al. The impact of an aerosol box in delaying time to intubation. PROSPERO 2020	Exclusion reason: Wrong study design.

73. Subramaniam A, Lim ZJ, Ashwin S, et al. The impact of frailty on survival among patients with COVID-19: a systematic review and meta-analysis. PROSPERO 2021	Exclusion reason: Wrong study design.
74. Lim ZJ, Subramaniam A, Reddy M, et al. Incidence and outcomes of in-hospital cardiac arrests in the COVID-19 era: a systematic review. PROSPERO 2020	Exclusion reason: Wrong study design; did not find evidence of living review.
75. Jimenez D, Rali P, Muriel A, et al. Incidence of venous thromboembolism and bleeding among hospitalized patients with COVID-19: a systematic review and meta-analysis. PROSPERO 2020	Exclusion reason: Wrong study design; did not find evidence of living review.
76. Lim ZJ, Subramaniam A, Shekar K. The incidence of, and factors contributing to COVID-19 healthcare worker infection rates following tracheostomy procedures. PROSPERO 2021	Exclusion reason: Wrong study design.
77. Trunk G, Bohlius J. Influence of non-specific vaccination effects on incidence and severity of COVID-19: a systematic review and meta-analysis. PROSPERO 2020	Exclusion reason: Wrong study design; Did not find evidence of living review.
78. Weibel S, Meybohm P, Kranke P, et al. Inhaled nitric oxide for hospitalised COVID-19-patients: a systematic review. PROSPERO 2020	Exclusion reason: Wrong study design; Did not find evidence of living review.
79. Interim analysis of COVID-19 vaccine effectiveness against Severe Acute Respiratory Infection due to laboratory-confirmed SARS-CoV-2 among individuals aged 65 years and older, ECDC	Exclusion reason: Wrong study design; There is a newer version of this publication: https://www.ecdc.europa.eu/en/publications-data/interim-analysis-covid-19-vaccine-effectiveness-against-severe-acute-respiratory .
80. Ivermectin For Treatment Of COVID-19. MaHTAS Covid-19 Rapid Evidence Updates 2021	Exclusion reason: Wrong study design; Did not find evidence of living SR.
81. Karki R, Annane D, Paoletti X, et al. A literature-based meta-analysis of studies evaluating the expanded use of antivirals, immunomodulators, and anticoagulant treatment in severe	Exclusion reason: Wrong study design.
82. Seid AA, Mohammed AA, Aychiluhm SB. A living systematic review and meta-analysis protocol for prognosis of cancer patients who are co-infected with COVID-19. PROSPERO 2022	Exclusion reason: Wrong study design; Final study not living, should therefore be excluded; Original title: "A living systematic review and meta-analysis..." (2 Feb 2022); revised title "A systematic review and meta-analysis..." (31 May 2022; 01 October 2022).

83. Riaz IB, Siddiqi R, Malik S, et al. A living systematic review of immune checkpoint inhibitors in cancer patients: A novel platform for evidence synthesis in oncology. Journal of Cl	Exclusion reason: Wrong study design; Exclude; no published study; Contacted author 7 November 2022 to inquire about a corresponding published study; no response.; Duplicate; other titles "Innovation in evidence synthesis: A living systematic review of immune checkpoint inhibitors in cancer patients " and "Living systematic reviews: A novel mechanism for improving efficiency and quality of evidence synthesis in oncology"; Conference abstract.
84. Badgett RG, Vindhyal M, Stirnaman JT, et al. A Living Systematic Review of Nebulized Hypertonic Saline for Acute Bronchiolitis in Infants. JAMA Pediatrics 2015;169(8):788-9. doi: 10	Exclusion reason: Wrong study design; Appears to be a proposal/position paper for systematic review, not an actual SR; This is a letter, not a systematic review.
85. Stolk LML, Middelburg RA. Living systematic reviews. [Dutch]. Geneesmiddelenbulletin 2021;55(11)	Exclusion reason: Wrong study design; Description of living systematic reviews.
86. Living with Covid19 – Second review. NIHR Evidence 2021 doi: 10.3310/themedreview_45225	Exclusion reason: Wrong study design.
87. Gates M, Elliott SA, Gates A, et al. LOCATE: a prospective evaluation of the value of Leveraging Ongoing Citation Acquisition Techniques for living Evidence syntheses. Systematic Re	Exclusion reason: Wrong study design.
88. Long-Term Symptoms after COVID-19. Rapid review. Norwegian Institute of Public Health 2021	Exclusion reason: Wrong study design; Does not claim 'living' review but does mention 1st update.; This rapid review is the 1st update in the series "COVID-19: Long-Term Effects of COVID-19" replacing our previous report published on March 3rd, 2021.
89. Looked-after children and young people. National Institute for Health and Clinical Excellence - Clinical Guidelines 2021	Exclusion reason: Wrong study design; Did not find evidence of living review; "The original NICE guideline on looked-after children and young people duplicated existing statutory guidance. This update focuses more on the specific interventions needed to help practitioners improve outcomes for looked-after children and young people, as well as how statutory care is best delivered."
90. Medications used to treat COVID-19 in pregnancy. UK Teratology Information Service 2022	Exclusion reason: Wrong study design.
91. Khamis AM, Kahale LA, Pardo-Hernandez H, et al. Methods of conduct and reporting of living systematic reviews: A protocol for a living methodological survey [version 1; peer review:	Exclusion reason: Wrong study design; Appears to be a survey study on LSR methodology.

92. Mortality in COVID-19 patients with radiological changes on admission. Oxford COVID-19 Evidence Service 2020	Exclusion reason: Wrong study design.
93. Gomes J, Sousa P, Pereira F, et al. Nursing knowledge on skin ulcer healing: a living scoping review protocol. JBI Evidence Synthesis 2021;20(1):164-72.	Exclusion reason: Wrong study design.
94. Persistent Symptoms and Post-Acute COVID-19 in Adults – What We Know So Far. Public Health Ontario 2021	Exclusion reason: Wrong study design; "As the COVID-19 outbreak continues to evolve and the scientific evidence rapidly expands, the information provided in this document is only current as of the date of the respective literature searches."
95. Griswold D, Gempeler A, Kolas A, et al. Personal protective equipment, rapid testing and chest CT screenings to protect health personnel from COVID-19 infection when caring for pat	Exclusion reason: Wrong study design.
96. Physical density to reduce the transmission of COVID-19 in hospital wards. Sax Institute Evidence Check 2021	Exclusion reason: Wrong study design.
97. Chang C-C, Tsai Y-S. Post-activation performance enhancement effect of squat, plyometric and sled on sprinting performance. PROSPERO 2021	Exclusion reason: Not a health-related question; Interesting question. From their About page: "PROSPERO is an international database of prospectively registered systematic reviews in health and social care, welfare, public health, education, crime, justice, and international development, where there is a health related outcome. "; Is this really a health-related question?.
98. Prevalence and Predictors of Antibiotic Prescribing in Patients with COVID-19 – What We Know So Far. Public Health Ontario 2021	Exclusion reason: Wrong study design; "As the COVID-19 outbreak continues to evolve and the scientific evidence rapidly expands, the information provided in these documents is only current as of the date of posting".
99. Tortosa F, Izcovich A, Ragusa M, et al. Prognostic factors for severity and mortality in patients infected Hantavirus Andes Sur: A systematic review protocol. PROSPERO 2020	Exclusion reason: Wrong study design.
100. Hashimoto S, Yoshizaki K, Uno K, et al. Prompt Reduction in CRP, IL-6, IFN-gamma, IP-10, and MCP-1 and a Relatively Low Basal Ratio of Ferritin/CRP Is Possibly Associated With the	Exclusion reason: Wrong study design.
101. Weibel S, Meybohm P, Kranke P, et al. Prone positioning for non-intubated ARDS and COVID-19 patients: a systematic review. PROSPERO 2020	Exclusion reason: Wrong study design.

102. Wang Q, Hou LY, Zhu HF, et al. [Proposal of Living Evidence-based Guideline for Combination of Traditional Chinese and Western Medicine for Treatment of COVID-19]. Zhongguo Zhong Y	Exclusion reason: Wrong study design; guideline proposal.
103. Smith ER, Oakley E, He S, et al. Protocol for a sequential, prospective meta-analysis to describe coronavirus disease 2019 (COVID-19) in the pregnancy and postpartum periods. PLoS	Exclusion reason: Wrong study design; protocol for a meta-analysis, not a systematic review.
104. Psychosocial interventions targeting mental health in pregnant adolescents and adolescent parents: a systematic review. Reproductive health 2020 doi: 10.1186/s12978-020-00913-y	Exclusion reason: Wrong study design.
105. Rapid Evidence Summary: Barriers and facilitators to the uptake of personal protective behaviours in public settings. Public Health Wales Observatory Evidence Service 2022	Exclusion reason: Wrong study design.
106. Rapid HTA of alternative tests to detect current infection with SARS-CoV-2. Health Information and Quality Authority 2020	Exclusion reason: Wrong study design.
107. A rapid review of strategies to support learning and wellbeing among 16-19 year old learners who have experienced significant disruption in their education as a result of the COVID	Exclusion reason: Wrong study design; "This review is an update from a previous review conducted in August 2021." Do we consider an update to previously published review to be a 'living' systematic review?; Updated version (2022) published after search was run.
108. Rapid Review Update 1: Is there an increased risk of adverse maternal or fetal outcomes in women diagnosed with COVID-19 during pregnancy? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.
109. Rapid Review Update 1: What is the effect of the COVID-19 pandemic on substance use, overdoses, and substance-related deaths? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.
110. Rapid Review Update 1: What risk factors are associated with COVID-19 outbreaks and mortality in long-term care facilities and what strategies mitigate risk? COVID-19 Rapid Evidenc	Exclusion reason: Wrong study design; Updated versions: https://www.nccmt.ca/rapid-evidence-service/19 .
111. Rapid Review Update 3: What is known on the potential for COVID-19 re-infection, including new transmission after recovery? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design; Updated versions: https://www.nccmt.ca/rapid-evidence-service/20 .

112. Rapid Review: The effectiveness of infection prevention and control measures applied in education and childcare settings for children. Public Health Wales Observatory Evidence Serv	Exclusion reason: Wrong study design.
113. Rapid Review: What are best practices for risk communication and strategies to mitigate risk behaviours? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.
114. Rapid Review: What factors may help protect Indigenous peoples and communities in Canada and internationally from the COVID-19 pandemic and its impacts? COVID-19 Rapid Evidence Ser	Exclusion reason: Wrong study design.
115. Rapid Review: What is known about the risk of COVID-19 transmission across different indoor settings in the community such as restaurants and gyms? COVID-19 Rapid Evidence Service	Exclusion reason: Wrong study design.
116. Rapid Review: What is the effect of the COVID-19 pandemic on the use and cessation of tobacco and vaping products? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.
117. Rapid Review: What is the evidence for COVID-19 transmission in acute care settings? COVID-19 Rapid Evidence Service 2021	Exclusion reason: Wrong study design.
118. Rapid Review: What is the impact of COVID-19 and related public health measures on household food security? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design; Updated versions: https://www.nccmt.ca/rapid-evidence-service/22 .
119. Leong T, Kredo T. Rapid reviews of medicines for the treatment or prevention of COVID-19 for consideration for inclusion on the South African National Essential Medicine List. PROS	Exclusion reason: Wrong study design.
120. Naing C, Ni H, Aung HH, et al. A rapid systematic review of determining factors for variation in clinical outcomes between young and old patients with COVID-19. PROSPERO 2020	Exclusion reason: Wrong study design; I do not see evidence that this review was a 'living' SR.
121. Reduction of biologics in rheumatoid arthritis: a living systematic review and meta-analysis. Resumos do 2019 doi: 10.20396/revpibic2720192101	Exclusion reason: Wrong study design; Published study is not an LSR: "Reduction of biologics in rheumatoid arthritis: a systematic review and meta-analysis" https://link.springer.com/article/10.1007/s00296-020-04651-z .

122. Liu KPY, Toth C. Rehabilitation Interventions for Children and adolescence with Spinal Cord Injury or Disease in activity and participation: a systematic review. PROSPERO 2021	Exclusion reason: Wrong study design.
123. Remdesivir for the treatment of COVID-19. PICO and Evidence gaps. EUnetHTA 2020	Exclusion reason: Wrong study design.
124. Cecilia V-P, Kelly S, Manbinder SS, et al. Remote home monitoring (virtual wards) during the COVID-19 pandemic: a living systematic review. medRxiv 2020 doi: 10.1101/2020.10.07.202	Exclusion reason: Wrong study design; Updated title: Remote home monitoring (virtual wards) for confirmed or suspected COVID-19 patients: a rapid systematic review.
125. Langford B, So M, Raybardhan S, et al. Respiratory co-infection in patients with COVID-19: a rapid review. PROSPERO 2020	Exclusion reason: Wrong study design.
126. Charron V, Talbot J, Plamondon H. Rodent Models of Empathy : A Living Systematic Review. PROSPERO 2022	Exclusion reason: Wrong patient population.
127. SARS-CoV-2 viral load dynamics, duration of viral shedding and infectiousness: a living systematic review and meta-analysis. Cold Spring Harbor Laboratory 2020 doi: 10.1101/2020.07	Exclusion reason: Wrong study design; Updated title: "SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis".
128. Sepsis Management for Adults (including maternity). National Clinical Guidelines (Ireland) 2021	Exclusion reason: Wrong study design; Clinical guideline.
129. Special Assessment of Outpatient Treatments for COVID-19: molnupiravir, Paxlovid, and fluvoxamine. California Technology Assessment Forum 2022	Exclusion reason: Wrong study design.
130. Dehnbostel J, Alper B, Couban R, et al. Steroids for COVID-19 systematic meta-review: for the COVID-19 knowledge accelerator (COKA) initiative. PROSPERO 2020	Exclusion reason: Wrong study design.
131. Reddy MP, Subramaniam A, Lim ZJ, et al. A systematic review and meta-analysis of the benefits of prone position in non-intubated COVID-19 patients. PROSPERO 2020	Exclusion reason: Wrong study design; "A literature search will be carried out on a novel living systematic review platform." Methodology does not indicate that this study is a 'living' SR.
132. Lim ZJ, Afroz A, Reddy M, et al. Systematic review of COVID-19 patients with takotsubo cardiomyopathy. PROSPERO 2020	Exclusion reason: Wrong study design.
133. McIntosh L, O'Neill G, Le X. Systematic review of the efficacy of the COVID-19 vaccine in reducing disease transmission. PROSPERO 2021	Exclusion reason: Wrong study design.

134. Behnood S, Swann O. A systematic review of the prevalence and duration of symptoms of COVID-19 among children infected with SARS-CoV-2 following acute illness. PROSPERO 2021	Exclusion reason: Wrong study design; Did not find evidence that this review protocol is a 'living' systematic review; Updated title: "Persistent symptoms following SARS-CoV-2 infection amongst children and young people: a meta-analysis of controlled and uncontrolled studies".
135. King-Okoye M, Macleod JML, Stratopoulou CA, et al. A systematic review of the symptoms associated with the UK COVID-19 variant B117 and related clinical outcomes across Black, Asia	Exclusion reason: Wrong study design; Did not find evidence that this review is a 'living' SR; Title change: "A living systematic review of the symptoms associated with the UK COVID-19 variant B117 and related clinical outcomes across Black, Asian and minority ethnic (BAME) groups" (01 February 2021).
136. Hilfiker R, Taeymans J, Caliesch R, et al. Systematic review, meta-analysis and network meta-analysis for interventions against cancer-related fatigue. PROSPERO 2019	Exclusion reason: Wrong study design.
137. Drucker AM, Ellis AG, Bohdanowicz M, et al. Systemic immunomodulatory treatments for atopic dermatitis: A living systematic review and network meta-analysis. Acta Dermato-Venereolo	Exclusion reason: Wrong study design; page 28: conference abstract 2022 Published study: Systemic Immunomodulatory Treatments for Atopic Dermatitis: Update of a Living Systematic Review and Network Meta-analysis.
138. Taking health systems research syntheses to the next level: overviews of systematic reviews. Cochrane Database of Systematic Reviews 2017 doi: 10.1002/14651858.ed000123	Exclusion reason: Wrong study design.
139. Schulze C, Durán J, Bravo-Jeria R, et al. Therapeutic use of cannabis, cannabis-derived products and synthetic cannabinoids for rheumatoid arthritis: a systematic review. PROSPERO	Exclusion reason: Wrong study design.
140. Selvarajan S, John JS, Singh B, et al. Therapeutic vs non therapeutic dose anticoagulation in COVID-19 infection, stratified by severity: a systematic review and meta-analysis of R	Exclusion reason: Wrong study design.
141. Type 1 Diabetes Mellitus. Medscape 2020	Exclusion reason: Wrong study design.
142. Ismail HM, Saeed Z, Libman I, et al. Type 1 diabetes Prognostics. PROSPERO 2021	Exclusion reason: Wrong study design; Original version marked as an LSR; current version is not.
143. Type 2 Diabetes Mellitus. Medscape 2020	Exclusion reason: Wrong study design.
144. Updated recommendations on service delivery for the treatment and care of people living with HIV. World Health Organisation Guidelines 2021	Exclusion reason: Wrong study design; guidelines.

145. Jödicke A, Kostka K, Strauss V, et al. An updated systematic review to characterise Long COVID symptoms as recorded in real world data vs. self-reported data. PROSPERO 2021	Exclusion reason: Wrong study design; Does not include 'living' but does appear to be an update to previous version.
146. Tortosa F. Use of convalescent plasma in patients with coronavirus disease (Covid-19): systematic review and meta-analysis. PROSPERO 2020	Exclusion reason: Wrong study design.
147. The use of masks by asymptomatic people to reduce COVID transmission. Sax Institute Evidence Check 2020	Exclusion reason: Wrong study design.
148. Use of molnupiravir in pregnancy. UK Teratology Information Service 2022	Exclusion reason: Wrong study design.
149. Vaccination uptake (barriers/facilitators and interventions) in adults from underserved or hard-to-reach communities. Public Health Wales Observatory Evidence Service 2022	Exclusion reason: Wrong study design.
150. Prose A, Helfer B, Streiner DL. Vaccine mandates and vaccine passports for SARS-CoV-2: a meta-analytic study. PROSPERO 2021	Exclusion reason: Wrong study design.
151. Li J, Feng L, Zhao H, et al. Vaccine Research in COVID-19: A Living Scoping Review Protocol. ResearchSquare 2020 doi: 10.21203/rs.3.rs-112777/v1	Exclusion reason: Wrong study design; scoping review.
152. Wearing Masks in Public and COVID-19 - What We Know So Far. Public Health Ontario 2020	Exclusion reason: Wrong study design.
153. What are acceptable, effective approaches to organizing and delivering mental health and addictions services to adults virtually by registered health professionals? McMaster Health	Exclusion reason: Wrong study design.
154. What clinical features or scoring system, if any, might best predict a benefit from hospital admission for patients with COVID-19? Oxford COVID-19 Evidence Service 2020	Exclusion reason: Wrong study design.
155. What factors increase the risk of COVID-19 outbreaks in congregate living settings? Do people who contract COVID-19 from outbreaks in congregate living setting have worse outcomes	Exclusion reason: Wrong study design.
156. What is known about best practices for infection prevention and control in inpatient psychiatric facilities? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.

157. What is known about stigmatization related to COVID-19 in Canada? Who is experiencing stigma? To what extent is stigma experienced and what is the impact? COVID-19 Rapid Evidence S	Exclusion reason: Wrong study design.
158. What is known about the efficacy and cost-effectiveness of copper materials to reduce transmission of viruses? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.
159. What is known about the impact of the COVID-19 pandemic on Indigenous communities in Canada? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design; The document attached does not match the title listed. Link to review added.
160. What is known about the incubation period for COVID-19? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.
161. What is known about using wastewater surveillance to monitor the COVID-19 pandemic in the community? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.
162. What is known on the potential for COVID-19 re-infection, including new transmission after recovery? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.
163. What is the best-available evidence about the effects of public-health measures in schools (K-12), as well as about supporting adherence to these measures? McMaster Health Forum 20	Exclusion reason: Wrong study design.
164. What is the best-available synthesized evidence in relation to addressing key health human resources issues? McMaster Health Forum 2022	Exclusion reason: Wrong study design.
165. What is the effect of the COVID-19 pandemic on alcohol use, poisonings, and alcohol-related deaths? What strategies have been used to mitigate alcohol abuse during the COVID-19 pan	Exclusion reason: Wrong study design.
166. What is the effect of the COVID-19 pandemic on substance use, overdoses, and substance-related deaths? How have rates of overdoses and substance-related deaths been affected during	Exclusion reason: Wrong study design.
167. What is the effectiveness of cohorting virus-positive residents to shared rooms in care facilities? COVID-19 Rapid Evidence Service 2020	Exclusion reason: Wrong study design.

168. What is the evidence of direct harm from COVID-19 infection and COVID-19 vaccine in pregnant/post-partum women and the unborn child? Wales COVID-19 Evidence Centre 2021	Exclusion reason: Wrong study design.
169. Zhelnov P. Zheln.com: a protocol for a universal living overview of health-related systematic reviews. PROSPERO 2020	Exclusion reason: Wrong study design; Note on protocol: Zheln had been on hold since December 30, 2020, due to a lack of funding, and was discontinued on April 6, 2022, in favor of Zheln as Service.

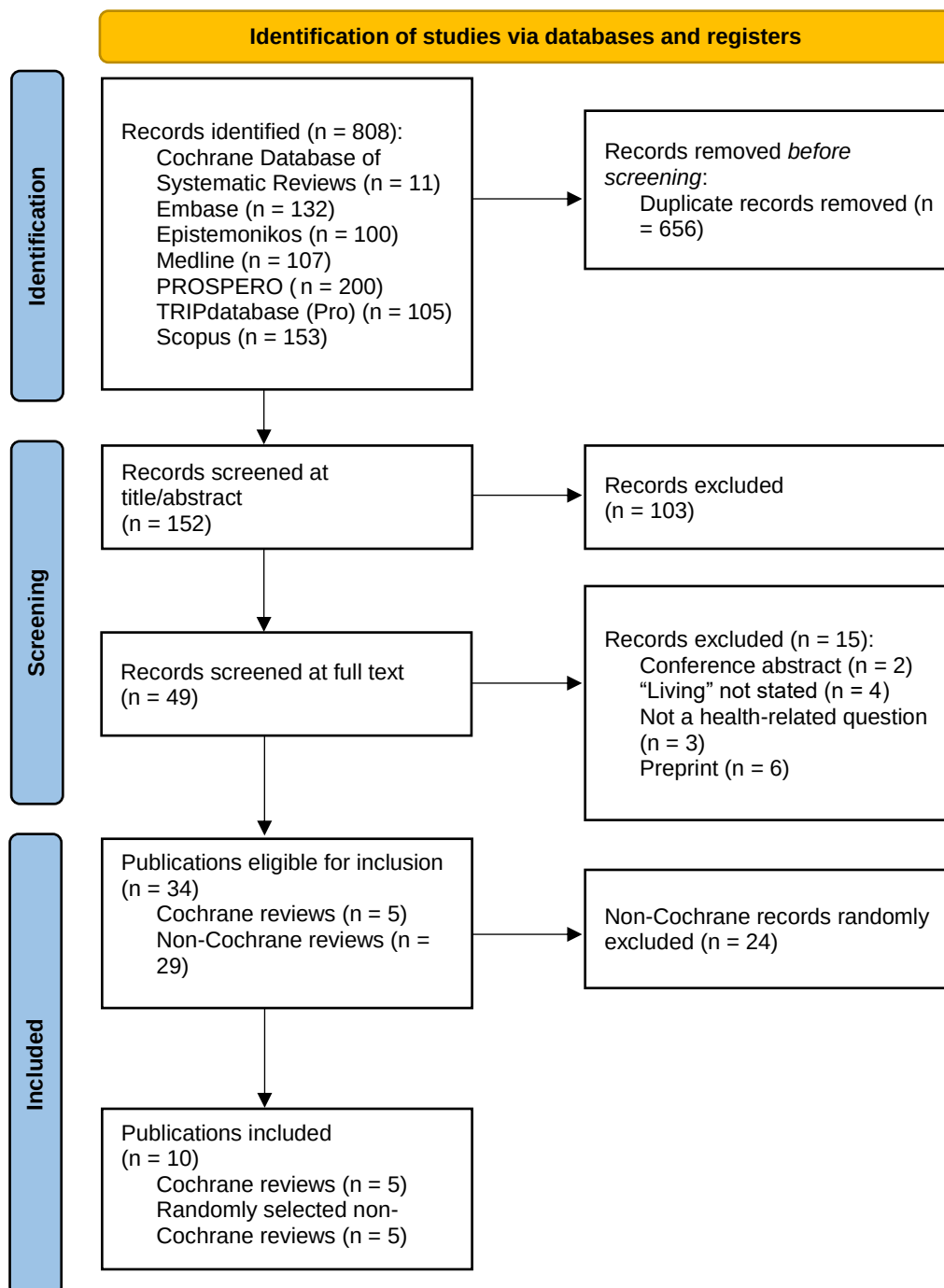
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Reference	Reason for exclusion
1. Bonnet H, Higgins JPT, Chaimani A, et al. Including nonrandomized evidence in living systematic reviews: lessons learned from the COVID-NMA initiative. Journal of Clinical Epidemiology 2026;190:112071.	Exclusion reason: Not a health-related question; Looks at methods rather than health outcomes;
2. Verdugo-Paiva F, Martins-Pfeifer C, Bhosale AS, et al. Cytology adjuncts to determine the need for biopsy for early detection of oral squamous cell carcinoma and potentially malignant disorders: a living systematic review, Version 2025 1.0 (Provisional). 2025.	Exclusion reason: Preprint;
3. Uttley L, Weng Y, Falzon L. Yet another problem with systematic reviews: a living review update. Journal of Clinical Epidemiology 2025;177:111608.	Exclusion reason: Not a health-related question;
4. Trinidad S, Blasco JA, Rodriguez R, et al. Efficacy and safety of vitamin D for COVID-19: a living evidence synthesis baseline report. medRxiv 2025.	Exclusion reason: Preprint;
5. Schmidt L, Finnerty Mutlu AN, Elmore R, et al. Data extraction methods for systematic review (semi)automation: update of a living systematic review. F1000Research 2025;10:401.	Exclusion reason: Preprint;
6. Rayner DG, Shah D, Dai SCX, et al. Prognostic models for cardiovascular and kidney outcomes in people with type 2 diabetes: living systematic review and meta-analysis of observational studies. BMJ Medicine 2025;4(1):e001369.	Exclusion reason: Not a health-related question; Evaluates model itself;
7. Naqvi SAA, Anjum MU, Bibi A, et al. Systemic treatment options for metastatic castration resistant prostate cancer: a living systematic review. medRxiv 2025;16:16.	Exclusion reason: Preprint;

8. Izcovich A, Peiris S, Rada G, et al. Delivering rapid, up-to-date, high-quality evidence is feasible during health emergencies: PAHO living systematic review of 305 COVID-19 potential therapeutics. <i>Revista Panamericana de Salud Pública</i> 2025;49:e41.	Exclusion reason: Wrong study design; This describes an LSR process, but is not the LSR itself (latest update published in 2023);
9. Guevara Farias JC, Guezguan J, Ortiz Ruiz G, et al. Differences in mortality in critically ill patients between the use of electrical impedance compared with other forms of end-expiratory pressure titration: living systematic review. 38th ESICM LIVE Annual Congress 2025;13.	Exclusion reason: Conference abstract; no published peer-reviewed study.;
10. Goyal M, Panara K, Kumari R, et al. Strength, challenges and potential solutions for the advancement of the research ecosystem in AYUSH: insights derived from the COVID-19 pandemic. <i>Plant Science Today</i> 2025;12(2).	Exclusion reason: Wrong study design; This summarizes strengths/challenges of an LSR from 2023;
11. Edler P, Rajasekhar M, Price DJ, et al. Automated reporting of primaquine dose efficacy, tolerability and safety for <i>Plasmodium vivax</i> malaria using a systematic review and individual patient data meta-analysis. <i>Malaria Journal</i> 2025;24(1):400.	Exclusion reason: Wrong study design; This study refers to the automated reporting to a database rather than the LSR itself. The LSR was published in 2024, and thus not included in this update.;
12. Cuijpers P, Harrer M, Miguel C, et al. Five decades of research on psychological treatments of depression: a historical and meta-analytic overview. <i>American Psychologist</i> 2025;80(3):297–310.	Exclusion reason: Wrong study design;
13. Chow JY, Wu TIK, Wang MX, et al. Vector control intervention studies for Aedes-borne disease control: a living systematic review. <i>SSRN</i> 2025.	Exclusion reason: Preprint;
14. Evidence Map zur Behandlung der Kolon-Divertikulitis – ein living systematic review mit Meta-Analysen. <i>Zeitschrift für Gastroenterologie</i> 2025.	Exclusion reason: Conference abstract; No full text found. Conference abstract published in September 2025, so peer-reviewed publication is likely not yet available.;
15. Psilocybin treatment for symptoms of depression: a living systematic review, meta-analysis, and data resource. <i>medRxiv</i> (Cold Spring Harbor Laboratory) 2025.	Exclusion reason: Preprint; Noting that it seems hard to tell if this is the latest version of the data, as they may have created a dashboard to update information ;

SUPPLEMENTARY FILE 5. RESTRICTED UPDATE DATA.

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: <http://www.prisma-statement.org/>

Characteristics of included LSRs.

	Cochrane (n = 5)	Non-Cochrane (n = 5)	Total (n = 10)
Country income level*			
High	5	2	7
Upper-Middle	0	3	3
Lower-Middle	0	0	0
Low	0	0	0
<i>Not stated</i>	0	0	0
Sources of funding/support			
Mixed	4	0	4
None reported	0	1	1
Organizational/infrastructure	0	1	1
Project/grant	1	3	4
Author declaration of interest[†]			
COI stated	5	1	6
No COI stated	0	4	4
<i>Not stated</i>	0	0	0
Location identified as 'living'			
Title	0	2	2
Abstract	4	2	6

Both	1	1	2
Living term to describe review			
Living evidence profile	0	0	0
Living evidence synthesis	0	0	0
Living interactive systematic review	0	0	0
Living rapid review	0	0	0
Living systematic review	5	5	10
Rolling collaborative review	0	0	0
<i>A-priori</i> published protocol**			
Yes	5	5	10
No	0	0	0
<i>Not stated</i>	0	0	0
Preprints in search strategy			
Included	5	4	9
Excluded	0	1	1
Year of original publication			
Prior to 2020	2	0	2
2020-2023	1	1	2
After 2023	2	4	6
Year of first living publication			
Prior to 2020	0	0	0
2020-2023	3	0	3
After 2023	2	5	7

Year of newest publication			
Prior to 2020	0	0	0
2020-2023	0	0	0
After 2023	5	5	10
Total number of published ^{††} versions			
1-5	3	5	8
6-10	2	0	2
>10	0	0	0
Total number of living versions			
1-5	4	5	9
6-10	1	0	1
>10	0	0	0

* country associated with the first author of each review; income level according to World Bank 2024 classification.(19)

† Cochrane's conflict of interest policy is broad in terms of what constitutes a conflict.(20)

** Published protocol was captured as stated by the author.

†† Total number of published versions includes both living and non-living versions of the SR.

Adherence to living standards, by criteria or guidance item.

	Cochrane (n = 5)	Non-Cochrane (n = 5)	Total (n = 10)
Living criteria			
(1) Decision-making priority	3	2	5
(2) Emerging evidence	5	2	7

(3) Important level of uncertainty	4	3	7
Living guidance			
(1) Pre-defined search frequency	5	1	6
(2) Pre-defined update threshold	5	0	5
(3) Continual evidence surveillance	5	1	6
(4) Criteria for updating methods	5	0	5
(5) Criteria for ceasing updates	4	1	5

Outcomes for included reviews.

	Cochrane (n=5)	Non-Cochrane (n=5)	Total (n=10)
Search frequency			
Daily	0	0	0
Biweekly	0	1	1
Weekly	0	0	0
Monthly	3	0	3
Quarterly	1	0	1
Every 4-6 months	0	0	0
Biannually	0	0	0
Annually	1	0	1
Depends on database	0	0	0
<i>Not reported</i>	0	4	4
Reason for update			

Ceasing living updates	0	0	0
Conclusions have changed	0	0	0
New comparison(s)	2	0	2
New intervention(s)	0	0	0
New outcome(s)	1	1	2
New population(s)	0	0	0
New studies	4	1	5
<i>n/a</i>	1	4	5
Change in certainty from previous version, for one or more outcomes			
Decreased in certainty (went from high to low, etc.)	1	0	1
Did not change	2	0	2
Increased in certainty (went from low to high, etc.)	0	1	1
Mixed change*	0	0	0
Unclear	1	0	1
<i>n/a</i> [†]	1	4	5
CoE tools			
GRADE	4	2	6
CINeMA	1	0	1
SoE evaluated	0	0	0
CoE not evaluated	0	1	1
Followed their own pre-defined living methods			
Reported	4	1	5

Unclear	1	4	5
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CoE = certainty of evidence; SoE = strength of evidence

* mixed change indicates some outcomes in the review increased in certainty from the previous version, other outcomes decreased in certainty.

† among those not applicable, one Cochrane review and four non-Cochrane reviews only had one version, and thus a change in certainty would not apply.

References

1. Spurling GKP, Del Mar CB, Dooley L, Clark J, Askew DA. Delayed antibiotic prescriptions for respiratory infections. *Cochrane Database of Systematic Reviews*. 2017(9).
2. McKay R, Mah A, Law MR, McGrail K, Patrick DM. Systematic Review of Factors Associated with Antibiotic Prescribing for Respiratory Tract Infections. *Antimicrob Agents Chemother*. 2016;60(7):4106-18.
3. Higgins J, Thomas J, Chandler J, Cumpston M, Li T, Page M, et al. *Cochrane Handbook for Systematic Reviews of Interventions* version 6.4: Cochrane; 2023. Available from: www.training.cochrane.org/handbook.
4. Iannizzi C, Akl EA, Anslinger E, Weibel S, Kahale LA, Aminat AM, et al. Methods and guidance on conducting, reporting, publishing, and appraising living systematic reviews: a scoping review. *Systematic Reviews*. 2023;12(1):238.
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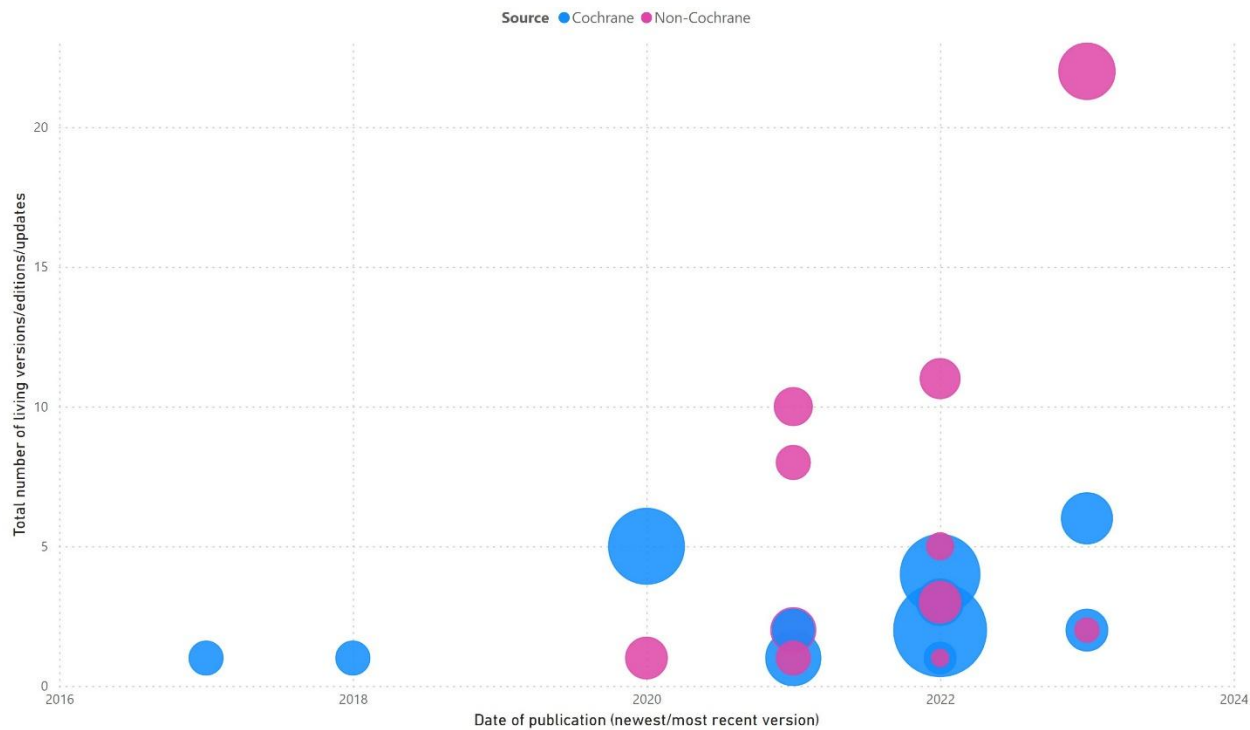
SUPPLEMENTARY FILE 6. CHARACTERISTICS OF SCREENED LSRS.

	Final included records (n = 46)	All included records (n = 677)
SR question		
treatment	28	286
diagnostic	7	244
prevention	7	83
other*	4	64
Published year		
2014	0	4
2015	0	1
2016	0	5
2017	2	6

2018	1	9
2019	0	8
2020	10	151
2021	24	322
2022	9	169
2023	0	1

*this category covers a range of questions, such as program evaluation or prevalence analyses.

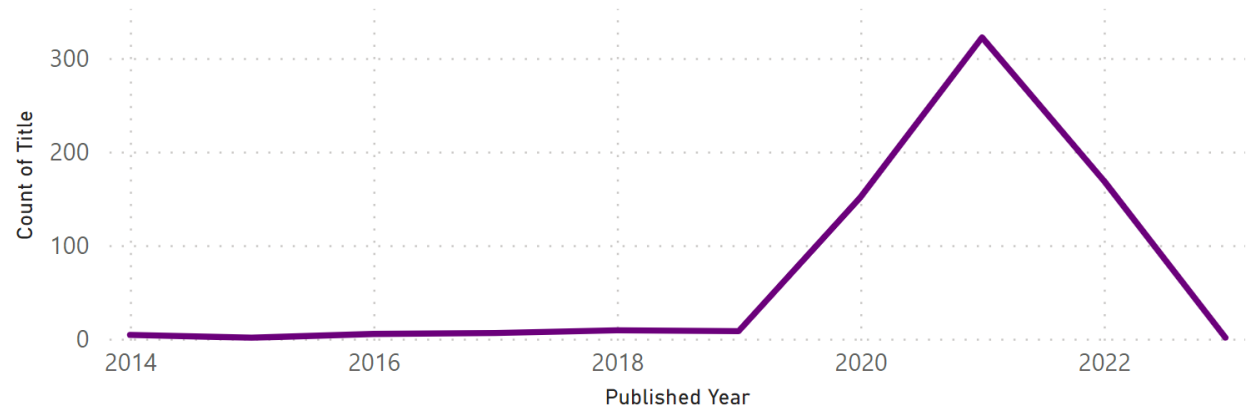
SUPPLEMENTARY FILE 7. LIVING VERSIONS* OF REVIEWS BY DATE OF PUBLICATION.



*size of bubble corresponds to sum of living versions; not all versions/updates of a review were living.

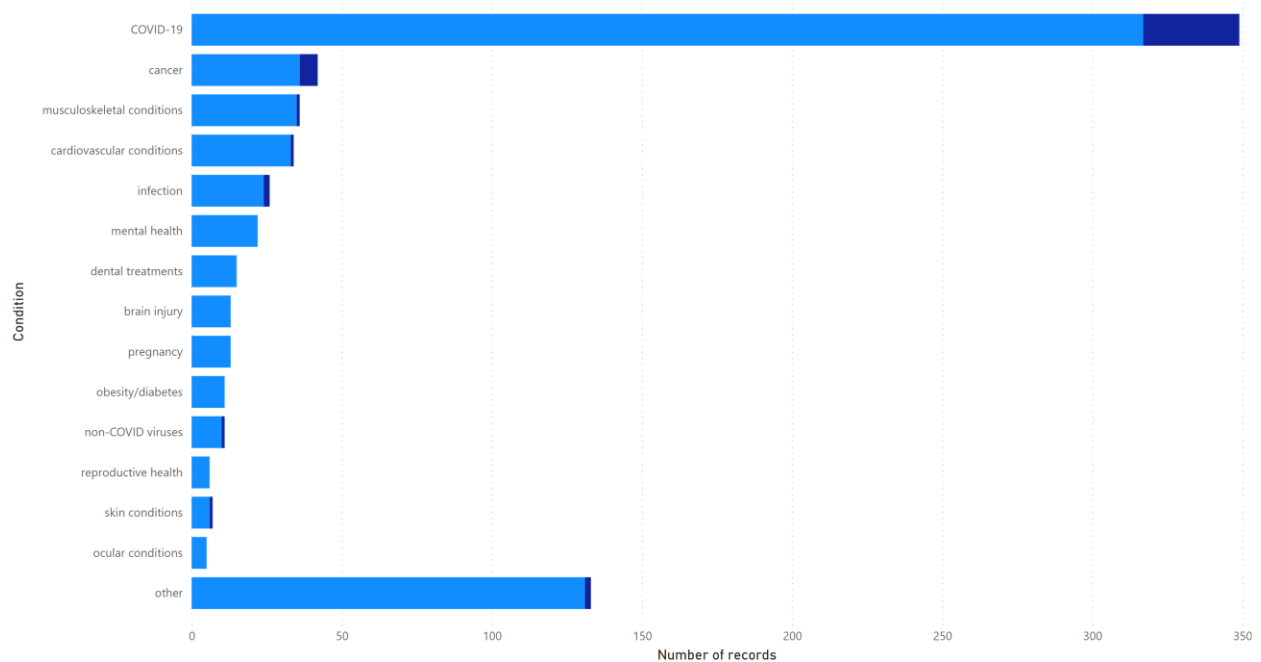
SUPPLEMENTARY FILE 8. VOLUME OF SRS THAT SELF-IDENTIFIED AS LIVING IN TITLE OR ABSTRACT BY YEAR PUBLISHED.

Count of Title by Published Year

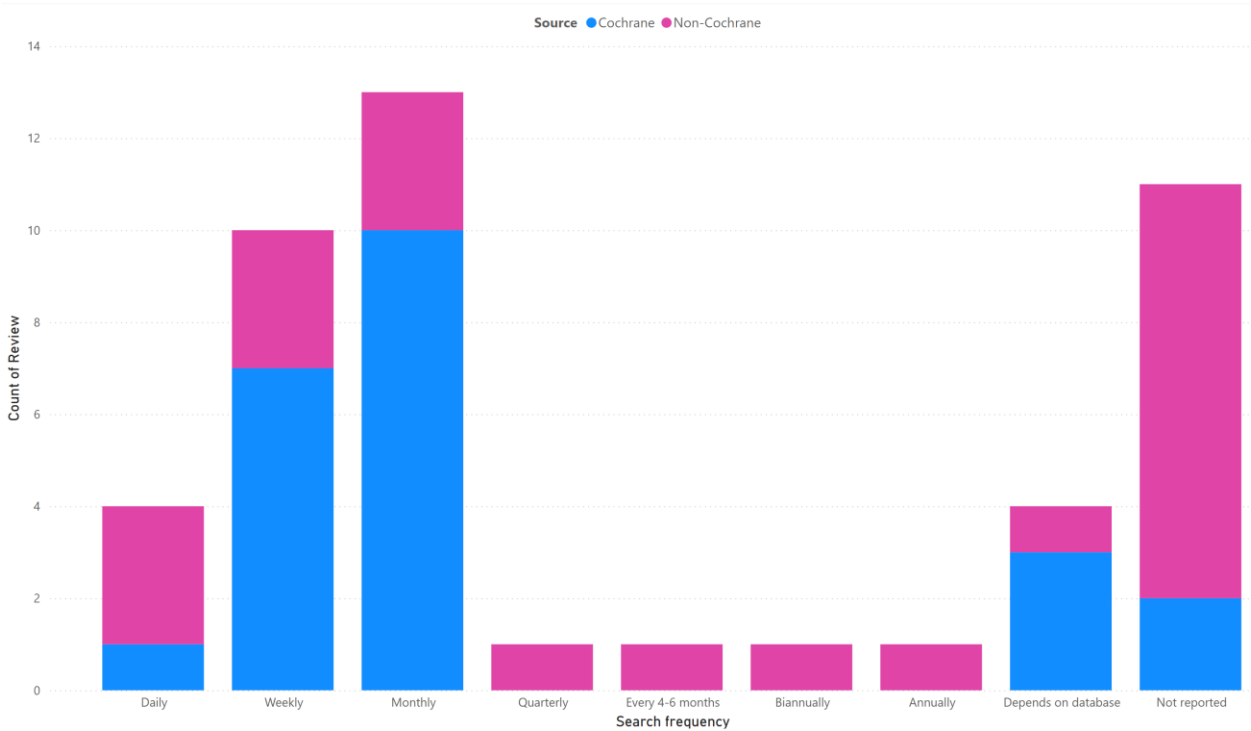


SUPPLEMENTARY FILE 9. TOPIC OR CONDITION OF SCREENED LSRS.

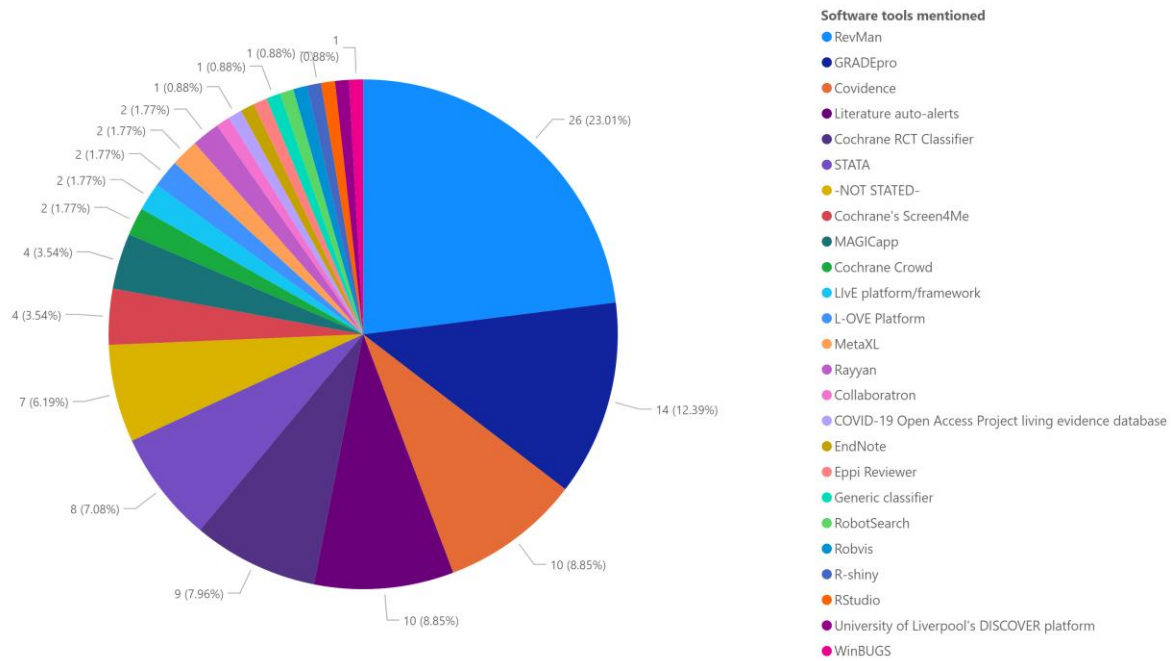
● All records identified as living ● Final included records



SUPPLEMENTARY FILE 10. CADENCE OF LSR SEARCH FREQUENCY FOR NEW PUBLICATIONS.



SUPPLEMENTARY FILE 11. SOFTWARE OR AUTOMATION TOOLS MENTIONED IN REVIEWS.



SUPPLEMENTARY FILE 12. SOFTWARE OR AUTOMATION TOOLS USED, COMPARING COCHRANE TO NON-COCHRANE.

	Cochrane	Non-Cochrane	Total
Software/automation tools			
Cochrane Classifier	9	0	9
Cochrane Crowd	1	0	1
Cochrane Screen4Me	4	0	4
Collaboratron	0	1	1
COVID-19 Open Access Project living evidence database	1	0	1
Covidence	8	2	10
Eppi Reviewer	1	0	1
Generic classifier	1	0	1
GRADEpro	13	1	14
Literature auto-alerts	9	0	9
LivE platform/framework	0	2	2
L-OVE Platform	0	2	2
MAGICapp	4	0	4
MetaXL	0	2	2
Ovid	1	1	2
PubMed	0	1	1
QUADAS-2	1	0	1
Rayyan	1	1	2
RevMan	20	6	26
Robvis	0	1	1
R-shiny	1	0	1
STATA	3	5	8
University of Liverpool's DISCOVER platform	0	1	1
WinBUGS	0	1	1
'-NOT STATED-	0	7	7
<i>Grand Total</i>	78	34	112

SUPPLEMENTARY FILE 13. VOLUME OF LSRS CITED* BY PRACTICE GUIDELINES.

Cited by practice guidelines	Cochrane (n=23)	Non-Cochrane (n=23)	Total (n=46)
<i>n/a (not found in PubMed)</i>	1	6	7
0	15	14	29
1	5	3	8
2	2	0	2

* using PubMed 'cited by' feature and practice guideline filter; PubMed numbers excluded index publication.

SUPPLEMENTARY FILE 14. SPECIFIC LSRS CITED BY CPGS.

First LSR title cited by CPG	Notes
Antibody Response After SARS-CoV-2 Infection and Implications for Immunity(6)	3 LSRS, 2 living guidelines. Each guideline cited most up to date LSR. Final LSR concluded living mode.
Parenteral anticoagulation in ambulatory patients with cancer(7)	only 1 LSR version of publication
Prevalence of potential respiratory symptoms in survivors of hospital admission after coronavirus disease 2019 (COVID-19): A systematic review and meta-analysis(8)	only 1 LSR version of publication
Antibody tests for identification of current and past infection with SARS-CoV-2(9)	version 2 of living guideline cited same LSR (Deeks 2020); updated LSR (Fox 2022) essentially stated it had been concluded
Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a rapid review(10)	Looks like 3 versions of the guideline, 6 LSRS. Updated guideline (2024) does not cite most recent LSR version (Iannizzi 2023), but a previous LSR version (Piechotta 2021).
Interventions for treatment of COVID-19: A living systematic review with meta-analyses and trial sequential analyses (The LIVING Project)(11)	Most recent update of guideline in June 2022 (Roche 2022) does not reference updated LSR (Juul 2021). Original guideline (Chalmers 2021) cited original LSR (Juul 2020).
Anticoagulation for the long-term treatment of venous thromboembolism in people with cancer(12)	only 1 LSR version of publication
Oral anticoagulation in people with cancer who have no therapeutic or prophylactic indication for anticoagulation(13)	February 2021 guideline cites Akl 2014 version of LSR (at that point, there was a Kahale 2017 version that was more up to date); no other guideline updates found
Interventions for the treatment of persistent post-COVID-19 olfactory dysfunction(14)	Only version of guideline cites most up to date LSR at the time (O'Byrne 2021)
Delayed antibiotic prescriptions for respiratory infections(1)	only 1 living version

SUPPLEMENTARY FILE 15. COMPARISON OF AMSTAR 2 RATINGS.

<i>Author/ Year</i>	<i>Item 1</i>	<i>Item 2</i>	<i>Item 3</i>	<i>Item 4</i>	<i>Item 5</i>	<i>Item 6</i>	<i>Item 7</i>	<i>Item 8</i>	<i>Item 9</i>	<i>Item 10</i>	<i>Item 11</i>	<i>Item 12</i>	<i>Item 13</i>	<i>Item 14</i>	<i>Item 15</i>	<i>Item 16</i>	<i>Total</i>
This overview																	
Webster 2021(15)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No meta- analy- sis	No meta- analy- sis	Yes	Yes	No meta- analy- sis	Yes	High
Qiu 2021(16)	Yes	Partia l Yes	No	Partia l Yes	Yes	Yes	No	No	No	No	Yes	No	No	Yes	Yes	Yes	Critically Low
Gomez- Ochoa 2021(17)	Yes	No	Yes	Partia l Yes	Yes	Yes	No	Partia l Yes	Partia l Yes	No	Yes	No	No	Yes	No	Yes	Critically Low
Luo et al. review(18)																	
Webster 2021(15)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No meta- analy- sis	No meta- analy- sis	Yes	Yes	No meta- analy- sis	Yes	High
Qiu 2021(16)	Yes	Partly yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Very low
Gomez- Ochoa 2021(17)	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	Very low