

Additional file 3: List of excluded studies (listed alphabetically)

Study	Reason for exclusion
Alizai et al., 2012 [1]	Conference paper to publication from Virayavanich et al. (2013).
Atkins, 1957 [2]	No epidemiological observational study. Not related to a population.
Beaulieu-Jones et al., 2017 [3]	No working population – collegiate football players are amateurs.
Boeth et al., 2017 [4]	No response-rate reported.
Bonar, 1950 [5]	No response-rate reported.
Brunner, 1989 [6]	No response-rate reported.
Cha et al., 2015 [7]	No response-rate reported. No prevalence data on meniscal lesions – outcome cartilage of the ankle.
Chahla et al., 2018 [8]	No prevalence data on meniscal lesions reported as outcome.
Dale et al., 2015 [9]	No prevalence data on meniscal lesions reported as outcome.
De Brouwer & Lecomte, 1996 [10]	No response-rate reported. Prevalence data of meniscal lesions were not assigned to individual occupational groups.
Deitch et al., 2006 [11]	Injury-related meniscal lesions reported as outcome.
Dorè et al., 2012 [12]	No work-related exposure.
Duman et al., 2014 [13]	Conference abstract, no full text available.
Etz, 1999 [14]	Prevalence data of meniscal lesions were not assigned to individual occupational groups.
Fencolvá et al., 2005 [15]	No primary data. Secondary analysis of data from occupational diseases statistics.
Greinemann, 1983 [16]	No response-rate reported in controls.
Greinemann, 1988 [17]	No response-rate reported.
Harkensee & Hillebrandt, 2019 [18]	No prevalence data on meniscal lesions reported as outcome.
Hartman & Seidel, 2003 [19]	No prevalence data on meniscal lesions reported as outcome.
Heimel & Hatting, 1982 [20]	No epidemiological observational study design.
Hess, 1975 [21]	Not related to a population. No response-rate reported.
Hill et al., 2013 [22]	Injury-related meniscal lesions reported as outcome.
Holibkova et al., 1989 [23]	Not related to a population.
Hwang et al., 2012 [24]	No work-related exposure. Not related to a population.
Jensen et al., 2000 [25]	No prevalence data on meniscal lesions reported as outcome.
Jones et al., 2012 [26]	Injury-related meniscal lesions reported as outcome.
Kettunen et al., 2001 [27]	Injury-related meniscal lesions reported as outcome.
Kolms, 1980 [28]	Meniscal lesions after occupational accidents.
Kompel et al., 2018 [29]	Injury-related meniscal lesions reported as outcome.
Krinsky et al., 1992 [30]	Injury-related meniscal lesions reported as outcome.
Kuikka et al., 2013 [31]	No working population – no professional soldiers but recruits with average exposure duration of 9 months.

Larsen et al., 1999 [32]	Injury-related meniscal lesions reported as outcome.
Major & Helms, 2002 [33]	No working population – collegiate basketball players are amateurs.
Matiotti et al., 2017 [34]	No response-rate reported. No working population – adolescent soccer players aged 14-17 years.
McCarthy et al., 2013 [35]	Injury-related meniscal lesions reported as outcome.
Mikes, 1985 [36]	Not related to a population.
Nauwald, 1975 [37]	No prevalence data on meniscal lesions reported as outcome.
Nepple et al., 2012 [38]	No working population – collegiate football players are amateurs.
Newman & Newberg, 2010 [39]	Systematic review.
Pearce et al., 1996 [40]	Prevalence data of meniscal lesions were not assigned to individual occupational groups.
Prien et al., 2017 [41]	No prevalence data on meniscal lesions reported as outcome.
Puntumetakul et al., 2018 [42]	No response-rate reported.
Schneider, 1975 [43]	No clinical study.
Schram et al., 2018 [44]	No prevalence data on meniscal lesions reported as outcome.
Sharifi et al., 2017 [45]	Not related to a population.
Sharrard, 1965 [46]	Reports the same data as Sharrard & Liddell (1962).
Shellock et al., 1991	No work-related exposure (amateur athletes).
Shin et al., 2016 [47]	No response-rate reported.
Soder et al., 2011 [48]	No response-rate reported. No working population – adolescent soccer players aged 14 or 15 years.
Spector et al., 2011 [49]	No prevalence data on meniscal lesions reported as outcome.
Springorum, 1968 [50]	Not related to a population.
Springorum, 1969 [51]	Not related to a population. No response-rate reported.
Thelin et al., 2006 [52]	No prevalence data on meniscal lesions – main outcome osteoarthritis. No separate analysis for sports at competition level.
Uher, 1968 [53]	Not related to a population.
Virayavanich et al., 2013 [54]	No response-rate reported.
Wacker, 1995 [55]	No response rate reported. No working population – adolescent athletes aged 12-13 years.
Yeh et al., 2012 [56]	No information on how meniscal lesions were assessed.
Yuan et al., 2011 [57]	No information on how meniscal lesions were assessed.
Ziolkiewicz & Gazdzik, 2000 [58]	No response-rate reported. Not related to a population.

1. Alizai H, Virayavanich W, Lin W, Nardo L, Nevitt MC, Lynch JA, et al. Association of frequent knee bending activity with focal knee lesions detected with 3T MRI over a period of 3 years data from the osteoarthritis initiative. *Osteoarthritis and Cartilage*. 2012;20:S213.
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