

Additional File 2. Characteristics of replaced studies and recommended procedures for ECC management

Author, year	Country and/or association	Recommended procedures for management
Policies		
Rayner et al., 2003 [21]	British Society of Paediatric Dentistry (United Kingdom)	Interim therapeutic restorations Permanent restorations Prosthetic restoration Extraction * Treatment under general anesthesia should be considered.
Fayle et al., 2001 [22]	British Society of Paediatric Dentistry (United Kingdom)	Active dental caries: <ul style="list-style-type: none"> - preventive strategies (water fluoridation, fluoride in toothpaste and supplements, dietary counseling, fissure sealants, oral hygiene instruction, professional topical application of fluoride) alone are rarely adequate; - restorations with amalgam, composite resins, compomers or glass ionomer cements for one or two surface restorations, or stainless-steel crowns for extensive and/or multi-surface caries; - pulp treatment, if necessary; - extraction under local or general anesthesia.

		* Oral or inhalation conscious sedation can be used as an essential adjunct. General anesthesia can be indicated in cases of multiple extractions and/or restorations in young or anxious children.
American Academy of Pediatric Dentistry, 2008b [24]	American Academy of Pediatric Dentistry (United States)	Anticariogenic agents (not specified) ITR Stainless-steel crowns * To perform treatment effectively and efficiently, the practitioner often must use advanced behavior guidance techniques (protective stabilization and/or sedation or general anesthesia).
Guidelines		
Ministerio de Salud, Gobierno de Chile, 2008 [38]	Ministerio de Salud, Gobierno de Chile (Chile)	Application of fluorides (varnish, gel, mouthwash, fluoridated toothpaste) Sealants for non-cavitated lesions Dentin lesions: ART, restoration with resin or glass ionomer cement, preformed crowns. Pulpal therapy
American Academy of Pediatric Dentistry, 2008a [30] (replaced	American Academy of Pediatric Dentistry (United States)	Sealants for incipient lesions ITR ART Restoration with glass ionomer cement or resin-based composites or amalgam

AAPD, 2004 [31])		Stainless-steel crowns Fixed prosthetic restoration Removable prosthetic appliances
American Academy of Pediatric Dentistry, 2004 [31]	American Academy of Pediatric Dentistry (United States)	Sealants for incipient lesions ITR ART Restoration with glass ionomer cement or resin-based composites or amalgam Stainless-steel crowns Fixed prosthetic restoration Removable prosthetic appliances
American Academy of Pediatric Dentistry, 2013 [33] (replaced AAPD, 2010 [34])	American Academy of Pediatric Dentistry (United States)	One to two years old: restore cavitated lesions with ITR or definitive restorations; active surveillance for incipient lesions > Three years: restoration of cavitated or enlarging lesions; incipient lesions: active surveillance, except for children with high risk and parent not engaged, in which cases incipient lesions should be restored. * Fluoridated toothpaste was recommended for all children, except for those less than two years old with low risk for caries.

<p>American Academy of Pediatric Dentistry, 2010 [34]</p>	<p>American Academy of Pediatric Dentistry (United States)</p>	<p>One to two years old: restore cavitated lesions with ITR or definitive restorations; active surveillance for incipient lesions</p> <p>> Three years: restoration of cavitated or enlarging lesions; incipient lesions: active surveillance, except for children with high risk and parent not engaged, in which cases incipient lesions should be restored</p> <p>* Fluoridated toothpaste was recommended for all children.</p>
<p>Brazilian Association of Pediatric Dentistry, 2009 [35]</p>	<p>Brazilian Association of Pediatric Dentistry (Brazil)</p>	<p>Sealants for incipient lesions</p> <p>ART</p> <p>Restoration with resin, glass ionomer cement, amalgam, or stainless-steel crowns</p>