**ANNEX 2**

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| **Intravitreal clindamycin compared to pyrimethamine sulfadiazine for ocular toxoplasmosis** |
| **Patient or population:** patients with ocular toxoplasmosis**Intervention:** intravitreal clindamycin**Comparison:** pyrimethamine sulfadiazine |
| **Quality assessment** | **No of patients** | **Effect** | **Quality** | **Importance** |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Intravitreal clindamycin** | **Pyrimethamine sulfadiazine** | **Relative(95% CI)** | **Absolute** |
| **mean change in visual acuity (follow-up 6weeks to 6 months; measured with: logMAR; Better indicated by higher values)** |
| 2 | randomised trials | serious1 | no serious inconsistency | no serious indirectness | serious2 | none | 66 | 68 | - | MD 0.11 higher (0.03 to 0.20 higher) | ++ooLOW | CRITICAL |
| **Resolution of vitreous inflammation (follow-up 6 weeks to 6 months)** |
| 2 | randomized trials | serious1 | no serious inconsistency | no serious indirectness | very serious3,4 | none | 43/66 (65.2%) | 43/68 (63.2%) | RR 1.04 (0.83 to 1.31) | 25 more per 1000 (from 108 fewer to 196 more) | +oooVERY LOW | CRITICAL |

1 High-risk performance and attrition bias
2 Only two randomized controlled trials contributed data. The overall treatment effect is precise with a narrow confidence interval [0.03 to 0.20] favoring pyrimethamine sulfadiazine. However, precision is rated down by one level due to the small sample size (n=134)
3 95% confidence interval around the pooled or best estimate of effect includes both 1) no effect and 2) appreciable benefit or appreciable harm
4 Only two randomized controlled trials contributed data. Precision is rated down by one level due to the small sample size (n=134)

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| **Trimethoprim + sulfamethoxazole compared to other antibiotics for ocular toxoplasmosis** |
| **Patient or population: patients with ocular toxoplasmosisIntervention: Trimethoprim + sulfamethoxazoleComparison: other antibiotics (i.e pyrimethamine sulfadiazine or azithromycin)** |
| **Quality assessment** | **No of patients** | **Effect** | **Quality** | **Importance** |
|
| **No of studies** | **Design** | **Risk of bias** | **Inconsistency** | **Indirectness** | **Imprecision** | **Other considerations** | **Trimethoprim + sulfamethoxazole** | **Other antibiotics** | **Relative(95% CI)** | **Absolute** |
| **Resolution of vitreous inflammation (follow-up 6 to 12 weeks)** |
| 2 | randomized trials | serious1 | serious2 | no serious indirectness | very serious3,4 | none | 27/43 (62.8%) | 27/43 (62.8%) | RR 1.08 (0.59 to 1.98) | 50 more per 1000 (from 257 fewer to 615 more) | +oooVERY LOW | CRITICAL |

1 High-risk performance and attrition bias
2 I2= 66%. Different antibiotics as a comparator (i.e. azithromycin and PYR/SDZ)
3 95% confidence interval around the pooled or best estimate of effect includes both 1) no effect and 2) appreciable benefit or appreciable harm
4 Only two randomized controlled trials contributed data. Precision is rated down by one level due to the small sample size (n=88)