

NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE (MODIFIED) (Cohort studies) (Longitudinal studies)

Wells G, Shea B, O'Connell D, Peterson J, Welch V, et al. The Newcastle-Ottawa scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. Ottawa Health Research Institute website. Available: http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp. Accessed 16 August 2012

- (1) whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no);
- (2) whether the diagnosis of chronic kidney disease was captured by assessment of GFR and proteinuria with laboratory data (yes) or administrative codes or others (no);
- (3) whether the results of confounding assessment were adjusted at least for age, and gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no);
- (4) whether the non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no);
- (5) whether the target population was clearly defined (yes), or on the contrary, based on convenience sampling of subjects such as patients of a single consultation or volunteers or not explained (no).

Throughout this assessment, when the information on a specific item was not provided by the authors, we graded this item as 'no'.

CC (Case Control) STUDIES

Chen Y, et al. (BMC Nephrol, 2015)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 0;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Three points

Nguyen M, et al. (Hepatology, 2018)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 0;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Three points

Su S, et al. (BMC Nephrol, 2015)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no)1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort either in the design phase or in the analysis (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Four points

Kim S, et al. (J Korean Med Sci 2018)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 0;

Four points

COHORT STUDIES

Lo M, et al.(Diabetes Obes Metab, 2004)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Cheng A, et al. (Diabetologia, 2006)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Chen Y, et al. (Kidney Int, 2014)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (not) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 0;

3 whether results were adjusted for age, gender, and at least one other potential confounder (yes) either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Three points

Lee J, et al. (PLos One, 2014)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes (no) or others 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no)1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Kong X et al. (Chronic Dis Transl Med, 2016)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no)1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) ort not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Chen Y, et al. (World J Gastroenterol, 2018)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 0;

3 whether results were adjusted for age, gender, and at least one other potential confounder (yes) either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Three points

Hwang J, et al. (Medicine, 2016)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 0;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Three points

Si J, et al. (BMC Medicine, 2018)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 0;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Four points

Hong Y, et al. (BMC Nephrology, 2018)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Fang J, et al. (Int J Rheum Dis, 2018)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no)1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Tartof S, et al. (Clin J Am Soc Nephrol, 2018)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder (yes) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Four points

CROSS-SECTIONAL STUDIES

Ishizaka N, et al. (Hepatol Res, 2008)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Zhang L, et al. (Am J Kidney Dis, 2008)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Four points

Lee J, et al. (Am J Kidney Dis, 2010)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no)1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) ort not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 0;

Four points

Cai J, et al. (Clin J Am Soc Nephrol, 2012)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no)1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Lin M, et al. (Clin J Am Soc Nephrol, 2013)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Four points

Senghore T, et al.(J Exp Clin Med, 2013)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no)1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) ort not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Zeng Q, et al.(Int Med Research, 2014)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no)1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) ort not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Du Y, et al. (Sci Rep, 2017)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Five points

Lai T, et al.(Kidney Int, 2017)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 0;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 1;

Four points

Huang J, et al.(J Int Med, 2006)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 0;

Four points

Zhang H, et al (Sci Rep, 2019)

1 whether assessment of hepatitis B virus infection was based on laboratory data (yes) or administrative codes or others (no) 1;

2 whether diagnosis of chronic kidney disease was captured by assessment of GFR with laboratory data (yes) or others (no) 1;

3 whether results were adjusted for age, gender, and at least one other potential confounder either in the design phase or in the analysis (yes) or not (no) 1;

4 whether non exposed cohort was drawn from the same community as the exposed cohort (yes) or not (no) 1;

5 whether the target population was clearly defined (yes), or based on convenience sampling of subjects such as patients of a single consultation (no) 0;

Four points