

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Title page: <i>"Evidence Summary on Exercise Rehabilitation for Patients with Interstitial Lung Disease"</i> – identified as evidence summary/systematic review
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Abstract (page 1): Structured summary including Background, Methods, Results, and Conclusions
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Introduction (pages 1-2): ILD burden, limitations of pharmacological treatment, current evidence gaps in exercise rehabilitation for ILD
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Introduction (page 2): <i>"retrieved and extracted evidence on exercise rehabilitation in patients with interstitial lung disease based on evidence-based methodology..."</i>
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Methods: Inclusion and Exclusion Criteria (page 3): PIPOST model, inclusion/exclusion criteria clearly defined
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Methods: Literature Search Strategy (pages 2-3): Comprehensive list of 20+ sources including BMJ Best Practice, UpToDate, Cochrane, PubMed, Embase, Web of Science, CINAHL, EBSCO, JBI, CNKI, Wanfang, VIP, professional society websites, etc. Search timeframe: database inception to September 15, 2025
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Figure 1 (page 3): Full PubMed search strategy provided; Chinese search terms listed in Methods section
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Methods: Literature Quality Evaluation Tool and Process (page 3): <i>"Two researchers with systematic evidence-based training independently assessed the literature and then discussed the</i>

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			<i>results... if controversy arose, the final conclusions were discussed and reached with a third researcher."</i>
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Methods: Evidence Aggregation and Grading (page 4): <i>"Literature quality evaluation was completed independently by 2 evaluators separately, integrating evidence with complementary or similarly expressed opinions..."</i>
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Table 4, Evidence items 21-25 (pages 11-12): Outcomes include breathing (Borg CR Scale, mMRC), exercise capacity (6MWT, CPET, grip strength), pulmonary function (FVC%pred, FEV1%pred, DLCO%pred), quality of life (SGRQ, CRQ, SF-36, K-BILD, SGRQ-I), acute exacerbations and adverse events
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Methods: Inclusion criteria (PIPOST model) defines Population (ILD patients ≥18 years), Intervention (respiratory rehabilitation, exercise training), Professional (clinical staff), Setting (outpatient, ward, home, community)
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Methods: Literature Quality Evaluation Tool and Process (page 3): AGREE II for guidelines, JBI tools for systematic reviews and expert consensus, CASE tool for clinical decisions/evidence summaries; 2 independent reviewers with third-party arbitration
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Not applicable (evidence summary without meta-analysis); outcomes are presented qualitatively with evidence levels (1a-1c) using JBI 2014 system
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Methods: Evidence Aggregation and Grading (page 4): Evidence integrated into 7 domains; conflicting evidence resolved by prioritising high-quality, recent authoritative sources
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Methods: Evidence Aggregation and Grading (page 4): Language refined for conciseness; complementary evidence integrated; conflicting opinions resolved

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			per prioritisation principle
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Results: Table 1 (study characteristics), Table 2 (systematic review quality), Table 3 (expert consensus quality), Table 4 (evidence summary with 25 items across 7 domains); Figure 2 (PRISMA flow diagram)
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	Not applicable (no meta-analysis performed). Evidence summarised narratively using JBI evidence grading system.
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Not applicable (no meta-analysis performed)
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	Not applicable (no meta-analysis performed)
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Methods: Literature Quality Evaluation (page 3): CASE tool used for evidence summaries; FAME evaluation principle used to evaluate feasibility, applicability, clinical significance, and validity
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Methods: Evidence Aggregation and Grading (page 4): JBI 2014 Evidence Grading and Recommendation System (Level 1-5); FAME evaluation principle used
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Results: Literature Screening Results (page 4): 741 records identified → 96 after initial screening → 20 after rescreening → 17 included; Figure 2 (PRISMA flow diagram, page 5)
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Results: Exclusion categories provided in Figure 2: guideline interpretations/translations/old versions (n=5), duplicate publications (n=16), content discrepancies (n=32), type discrepancies (n=23), incomplete data/quality issues (n=3)
Study characteristics	17	Cite each included study and present its characteristics.	Table 1 (pages 5-6): 17 included studies with author, year, topic, and type of

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			evidence (guideline, expert consensus, systematic review, evidence summary, clinical decision, recommended practice)
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Table 2 (page 7): Quality assessment of 10 systematic reviews (all "Yes" ratings across 11 criteria); Table 3 (page 8): Quality assessment of 4 expert consensus statements
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	Table 4 (pages 9-12): 25 evidence items with evidence levels (1a, 1b, 1c) across 7 domains; each evidence point cites supporting references
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Discussion (pages 12-14): Integrated summary across 7 domains with references to evidence items
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Not applicable (no meta-analysis performed). Results presented as narrative evidence summary with quality grading.
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Not applicable (no meta-analysis performed)
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Not applicable (no meta-analysis performed)
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Results: Quality assessment results in Tables 2-3; one evidence summary rated "No" for search transparency (CASE tool)
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Table 4: All evidence items graded using JBI 2014 system (Levels 1a, 1b, 1c); Discussion addresses evidence quality
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Discussion (pages 12-14): Comprehensive interpretation of findings across 7 domains with reference to existing literature
	23b	Discuss any limitations of the evidence included in the review.	Discussion (pages 13-14): Limited data on optimal training duration; disease-specific outcome measures recommended

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	23c	Discuss any limitations of the review processes used.	Conclusions (page 14): <i>"The shortcomings of this study are that there may be limitations such as language restrictions, regional cultural differences, and population applicability."</i>
	23d	Discuss implications of the results for practice, policy, and future research.	Discussion and Conclusions (pages 12-14): Clinical practice implications, need for future research on tele-rehabilitation, long-term benefit sustainability, cost-effectiveness
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Cover Letter: Not registered (statement included)
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Cover Letter: Not applicable (protocol not prepared)
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	Not applicable
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	Declarations section (to be added): Funding statement to be included
Competing interests	26	Declare any competing interests of review authors.	Declarations section (to be added): No conflicts of interest to declare
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Declarations: Availability of Data and Materials (to be added): <i>"All data generated or analysed during this study are included in this published article and its supplementary information files."</i>

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