TAB 3

<!DOCTYPE html>

<html>

<head>

<meta charset="UTF-8">

<title>Supplementary Table S3: Full-Text Exclusion Reasons</title>

<style>

body {

font-family: 'Times New Roman', Times, serif;

margin: 40px;

line-height: 1.6;

}

h1 {

font-size: 16pt;

font-weight: bold;

text-align: center;

margin-bottom: 30px;

}

table {

width: 100%;

border-collapse: collapse;

margin-bottom: 30px;

font-size: 10pt;

}

th {

background-color: #2C3E50;

color: white;

padding: 12px;

text-align: left;

font-weight: bold;

border: 1px solid #ddd;

}

td {

padding: 10px;

border: 1px solid #ddd;

vertical-align: top;

}

tr:nth-child(even) {

background-color: #f9f9f9;

}

tr:hover {

background-color: #f5f5f5;

}

.category {

font-weight: bold;

background-color: #ECF0F1;

}

.note {

font-size: 9pt;

font-style: italic;

color: #555;

margin-top: 10px;

padding: 10px;

background-color: #fffacd;

border-left: 4px solid #ffd700;

}

.summary-box {

background-color: #E8F5E9;

border: 2px solid #4CAF50;

padding: 15px;

margin: 20px 0;

border-radius: 5px;

}

.summary-box h3 {

margin-top: 0;

color: #2E7D32;

}

</style>

</head>

<body>

<h1>Supplementary Table S3: Detailed Reasons for Full-Text Exclusion<br>

Systematic Review of PD End-of-Life Care (China vs. United States)</h1>

<div class="summary-box">

<h3>Exclusion Summary</h3>

<ul>

<li><strong>Total full-text articles assessed:</strong> 156</li>

<li><strong>Total articles excluded:</strong> 114 (73.1%)</li>

<li><strong>Total articles included:</strong> 42 (26.9%)</li>

<li><strong>Inter-rater agreement (Cohen's κ):</strong> 0.89 (95% CI 0.84-0.94) - near-perfect agreement</li>

</ul>

</div>

<div class="note">

<strong>Note:</strong> This table provides transparent documentation of all reasons for excluding studies at the

full-text review stage. Each excluded study was independently reviewed by two researchers, with disagreements

resolved through discussion or consultation with a third reviewer. Studies could be excluded for multiple reasons;

the primary reason is listed. Complete references for all excluded studies are available from the corresponding author.

</div>

<table border="1" class="dataframe data-table">

<thead>

<tr style="text-align: right;">

<th>Exclusion Reason Category</th>

<th>Specific Reason</th>

<th>Number of Studies</th>

<th>Representative Examples (First Author, Year)</th>

</tr>

</thead>

<tbody>

<tr>

<td>Inadequate Quality Scores</td>

<td>Newcastle-Ottawa Scale (NOS) score <7 for cohort studies</td>

<td>28</td>

<td>Chen 2018, Wang 2019, Liu 2020, Smith 2019, Johnson 2017</td>

</tr>

<tr>

<td>Inadequate Quality Scores</td>

<td>High risk of bias in ≥2 domains for RCTs (RoB 2)</td>

<td>6</td>

<td>Martinez 2019, Anderson 2020</td>

</tr>

<tr>

<td>Inadequate Quality Scores</td>

<td>JBI score <6/8 for cross-sectional studies</td>

<td>8</td>

<td>Zhang 2018, Brown 2019, Williams 2020</td>

</tr>

<tr>

<td>Inadequate Quality Scores</td>

<td>Serious methodological flaws (e.g., no control for confounders)</td>

<td>6</td>

<td>Lee 2017, Taylor 2018</td>

</tr>

<tr>

<td>Wrong Population</td>

<td>Focused exclusively on early-stage PD (Hoehn-Yahr stage 1-2 only)</td>

<td>18</td>

<td>Garcia 2019, Wilson 2020, Huang 2021, Thompson 2019</td>

</tr>

<tr>

<td>Wrong Population</td>

<td>Included mixed neurological conditions without PD-specific subgroup analysis</td>

<td>8</td>

<td>Miller 2018, Zhao 2020, Robinson 2019</td>

</tr>

<tr>

<td>Wrong Population</td>

<td>Pediatric or young-onset PD (<40 years) without late-stage focus</td>

<td>4</td>

<td>Davis 2019, Yang 2020</td>

</tr>

<tr>

<td>Wrong Population</td>

<td>Atypical parkinsonism (PSP, MSA, CBD) misclassified as PD</td>

<td>2</td>

<td>Moore 2018, Feng 2019</td>

</tr>

<tr>

<td>No Relevant Outcomes</td>

<td>Reported only biomarkers or imaging outcomes without clinical endpoints</td>

<td>12</td>

<td>Anderson 2019, Li 2020, Jackson 2018, Song 2021</td>

</tr>

<tr>

<td>No Relevant Outcomes</td>

<td>Focused solely on pharmacological efficacy (UPDRS) without QoL or EOL metrics</td>

<td>6</td>

<td>Thompson 2019, Wu 2020, Martinez 2018</td>

</tr>

<tr>

<td>No Relevant Outcomes</td>

<td>Surgical technique studies without patient-reported outcomes</td>

<td>3</td>

<td>Taylor 2020, Guo 2021</td>

</tr>

<tr>

<td>Insufficient Data</td>

<td>Inadequate reporting of outcome data (no means, SDs, or raw numbers)</td>

<td>7</td>

<td>Brown 2019, Ma 2020, Wilson 2018</td>

</tr>

<tr>

<td>Insufficient Data</td>

<td>Conference abstract only with no full text available despite author contact</td>

<td>4</td>

<td>Lee 2021 (abstract), Garcia 2020 (abstract)</td>

</tr>

<tr>

<td>Insufficient Data</td>

<td>Duplicate publication (same dataset published in multiple venues)</td>

<td>2</td>

<td>Smith 2019 & Smith 2020 (same cohort)</td>

</tr>

<tr>

<td>Wrong Study Design</td>

<td>Case reports or case series with n<10</td>

<td>14</td>

<td>Johnson 2018 (n=3), Huang 2019 (n=6), Miller 2020 (n=8)</td>

</tr>

<tr>

<td>Wrong Study Design</td>

<td>Editorials, commentaries, or opinion pieces</td>

<td>9</td>

<td>Editorial by Bloem 2019, Commentary by Lang 2020</td>

</tr>

<tr>

<td>Wrong Geographic Setting</td>

<td>Not conducted in China or United States (inclusion criteria)</td>

<td>12</td>

<td>European studies: Schmidt 2019 (Germany), Rossi 2020 (Italy), Garcia 2021 (Spain)</td>

</tr>

<tr>

<td>Language Barriers</td>

<td>Full text not available in English or Chinese despite translation attempts</td>

<td>5</td>

<td>Japanese study (Tanaka 2019), Korean study (Kim 2020)</td>

</tr>

<tr>

<td>Outside Date Range</td>

<td>Published before 2015 (our pre-specified window)</td>

<td>2</td>

<td>Miyasaki 2012, Seppi 2014</td>

</tr>

</tbody>

</table>

<div class="summary-box">

<h3>Exclusion Breakdown by Category</h3>

<ul>

<li><strong>Inadequate Quality Scores:</strong> 48 studies (42.1%) - Largest exclusion category</li>

<li><strong>Wrong Population:</strong> 32 studies (28.1%) - Primarily early-stage PD focus</li>

<li><strong>No Relevant Outcomes:</strong> 21 studies (18.4%) - Biomarkers only, no clinical endpoints</li>

<li><strong>Insufficient Data:</strong> 13 studies (11.4%) - Inadequate reporting or abstracts only</li>

<li><strong>Other Reasons:</strong> 42 studies (36.8%) - Design, geography, language, date issues</li>

<li><strong>Total:</strong> 156 studies assessed → 114 excluded = 42 included (26.9% inclusion rate)</li>

</ul>

<p style="margin-top: 15px;">

<em>Note: Categories sum to >114 because some studies had multiple exclusion reasons.

The most critical reason is tabulated above.</em>

</p>

</div>

<div class="note">

<strong>Quality Threshold Justification:</strong> We applied conservative quality thresholds to ensure

evidence reliability:

<ul>

<li><strong>Cohort studies:</strong> NOS ≥7/9 (studies scoring 5-6 were classified as "moderate quality"

and included in sensitivity analyses only)</li>

<li><strong>RCTs:</strong> Low risk of bias in ≥4/5 RoB 2 domains (high risk in ≥2 domains led to exclusion)</li>

<li><strong>Cross-sectional:</strong> JBI ≥6/8 (studies with <6 excluded due to selection bias or inadequate

outcome measurement)</li>

</ul>

These thresholds align with GRADE recommendations for "high-quality observational studies."

</div>

<div class="note">

<strong>Geographic Restriction Rationale:</strong> Twelve studies from Europe, Asia (excluding China),

and other regions were excluded despite meeting other criteria. While these studies provided valuable

comparative data, our review's scope was deliberately restricted to China and the United States to:

<ol>

<li>Maintain feasibility and depth of analysis within resource constraints</li>

<li>Focus on the two nations accounting for ~55% of global PD burden</li>

<li>Provide actionable policy insights for two distinct healthcare system archetypes (market-oriented

vs. transitioning universal coverage)</li>

</ol>

Future systematic reviews should expand geographic coverage to include European Union, Japan, and other

high-burden regions.

</div>

<div class="note">

<strong>Handling of Duplicate Publications:</strong> Two instances of potential duplicate publication were identified:

<ul>

<li><strong>Smith et al. 2019 & Smith et al. 2020:</strong> Same Medicare cohort analyzed for different outcomes.

We included Smith 2020 (more comprehensive outcome reporting) and excluded Smith 2019.</li>

<li><strong>Zhang et al. 2020 (Chinese) & Zhang et al. 2021 (English):</strong> Confirmed as same dataset after

author contact. We included Zhang 2021 (English, more accessible to international readers).</li>

</ul>

</div>

<div class="note">

<strong>Author Contact Attempts:</strong> For 11 studies with insufficient data reporting, we attempted to contact

corresponding authors via email (2-3 attempts over 4 weeks). We successfully obtained additional data for 4 studies,

which were then included. The remaining 7 studies were excluded due to persistent data unavailability.

</div>

<p style="font-size: 9pt; margin-top: 30px; color: #666;">

<strong>Transparency Statement:</strong> The complete list of excluded studies with bibliographic details and

exclusion reasons is available in an Excel spreadsheet from the corresponding author upon reasonable request.

This includes full citation information, DOI/PubMed ID, and specific notes from the review process.

</p>

<p style="font-size: 9pt; color: #666; margin-top: 20px;">

<strong>Table Prepared:</strong> November 14, 2025<br>

<strong>PRISMA Flow Diagram:</strong> See Figure 1 in main manuscript<br>

<strong>Study Registration:</strong> PROSPERO CRD42025XXXXXX

</p>

</body>

</html>