

SUPPLEMENTARY DATA

DETAILED SEARCH STRATEGY

PubMed/Medline: (("Chagas Cardiomyopathy"[Title/Abstract] OR "Chagas Disease"[Title/Abstract] OR "T. cruzi"[Title/Abstract] OR "Trypanosoma cruzi"[Title/Abstract] OR "American trypanosomiasis"[Title/Abstract]) AND ("Mortality"[Title/Abstract] OR "died"[Title/Abstract] OR "dead"[Title/Abstract] OR "outcomes"[Title/Abstract]) AND ("Heart Failure"[Title/Abstract] OR "Cardiac Failure"[Title/Abstract] OR "Cardiomyopathy"[Title/Abstract] OR "Cardiopathy"[Title/Abstract] OR "heart disease" [Title/Abstract] OR "cardiac disease"[Title/Abstract]))

EMBASE: (("Chagas Cardiomyopathy":ti,ab OR "Chagas Disease":ti,ab OR "T. cruzi":ti,ab OR "Trypanosoma cruzi":ti,ab OR "American trypanosomiasis":ti,ab) AND ("Mortality":ti,ab OR "died":ti,ab OR "dead":ti,ab OR "outcomes":ti,ab) AND ("Heart Failure":ti,ab OR "Cardiac Failure":ti,ab OR "Cardiomyopathy":ti,ab OR "Cardiopathy":ti,ab OR "heart disease" :ti,ab OR "cardiac disease":ti,ab))

Table 1 of the supplementary data

PRISMA Checklist.

Section/topic	#	Checklist item	Reported on page #
<i>Title</i>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Title
<i>Abstract</i>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	Abstract
<i>Introduction</i>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Introduction
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	Introduction
<i>Methods</i>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (eg, Web address), and, if available, provide registration information including registration number.	Methods
Eligibility criteria	6	Specify study characteristics (eg, PICOS, length of follow-up) and report characteristics (eg, years considered, language, publication status) used as criteria for eligibility, giving rationale.	Methods
Information sources	7	Describe all information sources (eg, databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	Methods
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Methods
Study selection	9	State the process for selecting studies (ie, screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	Methods
Data collection process	10	Describe method of data extraction from reports (eg, piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	Methods

Data items	11	List and define all variables for which data were sought (eg, PICOS, funding sources) and any assumptions and simplifications made.	Methods
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	Methods
Summary measures	13	State the principal summary measures (eg, risk ratio, difference in means).	Methods
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (eg, I^2) for each meta-analysis.	Methods
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (eg, publication bias, selective reporting within studies).	Methods
Additional analyses	16	Describe methods of additional analyses (eg, sensitivity or subgroup analyses, meta-regression), if done, indicating which were prespecified.	Methods
<i>Results</i>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	Results
Study characteristics	18	For each study, present characteristics for which data were extracted (eg, study size, PICOS, follow-up period) and provide the citations.	Results
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Figure 2
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Figure 2
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	Results
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	Results
Additional analysis	23	Give results of additional analyses, if done (eg, sensitivity or subgroup analyses, meta-regression [see Item 16]).	Results
<i>Discussion</i>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (eg, health care providers, users, and policy makers).	Discussion

Limitations	25	Discuss limitations at study and outcome level (eg, risk of bias), and at review-level (eg, incomplete retrieval of identified research, reporting bias).	Limitations
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	Conclusions
<i>Funding</i>			
Funding	27	Describe sources of funding for the systematic review and other support (eg, supply of data); role of funders for the systematic review.	Funding

Table 2 of the supplementary data

Meta-regression analyses of relevant variables on mortality risk estimates.

Variables	Variable type	β	P
<i>CCC vs NICM</i>			
Age	continuous	0.04	.131
Male sex	categorical	-0.02	.278
NYHA, III-IV	categorical	-0.01	.637
LVEF, %	continuous	-0.02	.626
Publication year	continuous	0.01	.597
Length of follow-up, y	continuous	-0.05	.426
<i>CCC vs non-CC</i>			
Age	continuous	0.01	.517
Male sex	categorical	-0.00 [†]	.767
NYHA, III-IV	categorical	0.00 [†]	.890
LVEF, %	continuous	-0.00 [†]	.953
Publication year	continuous	0.00 [†]	.819
Length of follow-up, y	continuous	-0.02	.613

CCC, chronic Chagas cardiomyopathy; LVEF, left ventricular ejection fraction; NICM, nonischemic cardiomyopathy; non-CC, nonchagasic cardiomyopathy; NYHA, New York Heart Association.

Table 3 of the supplementary data

Subgroup analysis evaluating subgroup differences (studies published before 2016 vs those published after 2016).

Unadjusted analyses	Q-value	P
CCC vs NICM	1.16	.283
CCC vs ICM	0.37	.543
CCC vs non-CC	1.27	.259
Adjusted analyses		
CCC vs NICM	0.19	.659
CCC vs ICM	0.01	.961
CCC vs non-CC	0.11	.743

CCC, chronic Chagas cardiomyopathy; ICM, ischemic cardiomyopathy; NICM, nonischemic cardiomyopathy; non-CC, nonchagasic cardiomyopathy.

Figure 1 of the supplementary data

Funnel plots and Egger test results on the comparison of mortality risk between chronic Chagas cardiomyopathy and other cardiomyopathies. **A:** unadjusted comparison with nonischemic cardiomyopathy. **B:** unadjusted comparison with ischemic cardiomyopathy. **C:** unadjusted comparison with nonischemic cardiomyopathy (nonCC). **D:** adjusted comparison with nonischemic cardiomyopathy. **E:** adjusted comparison with ischemic cardiomyopathy. **F:** adjusted comparison with non-CC.

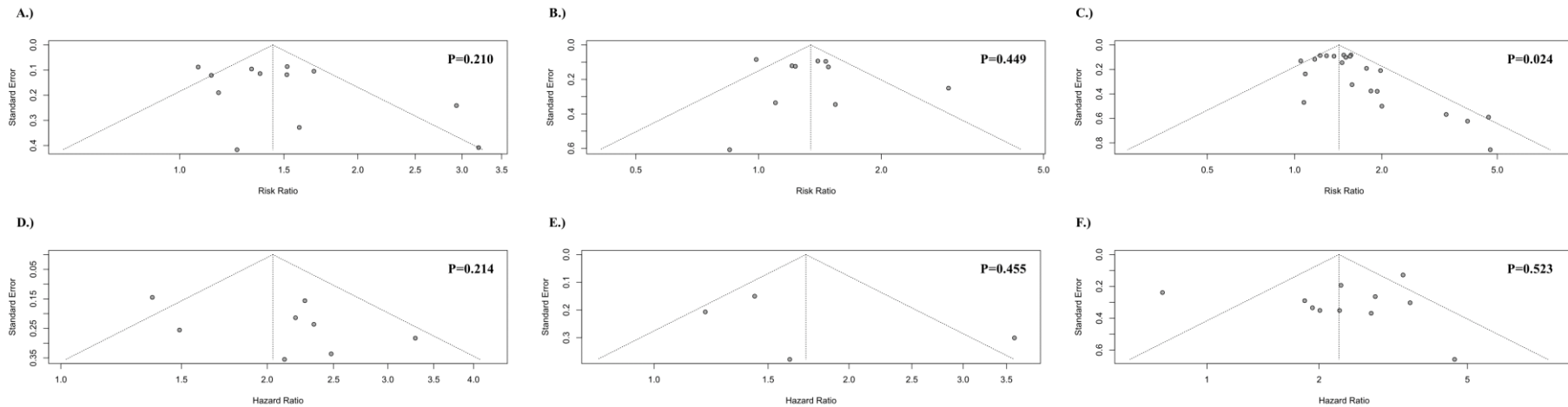


Figure 2 of the supplementary data

Funnel plot depicting the results of the unadjusted contrast between chronic Chagas cardiomyopathy and nonischemic cardiomyopathy groups after the trim-and-fill method was implemented.

