Reconciliation of conclusions with prior systematic reviews

	Current	Lam, 2018 PMID 29293146	Iankova, 2017 PMID 29271844	Huang, 2017 PMID 29168046	Andriolo (Cochrane), 2017 PMID 28099689	Westwood, 2015 PMID 26569153	Prkno, 2013 PMID 24330744
Efficacy: duration of antibiotic therapy	Reduces duration by 1.50 days in subgroup of trials that encourage stopping antibiotics before 5 days No reduction when compared to protocolized care that uses CRP.	Reduces duration by 1.26 days (for trials using an antibiotic cessation strategy)	Reduces duration by 1.49 days. Search closed prior to negative trial by Bloos.	Reduces duration by 1.66 days in subgroup of trials that only contained a discontinuation algorithm	Reduces duration by 1.28 days	Reduces duration by 3.19 days	Reduction. Hazard ratio 1.27
Heterogeneity	**49%** (after meta-regression)	84%	81%	71%	86%	95%	0%
Efficacy: mortality	Reduction. Risk ratio 0.85 (95% CI: 0.74 to 0.97) No reduction when compared to protocolized care that uses CRP.	Reduction. Risk Ratio 0.87 (95% CI, 0.77-0.98) (for trials using an antibiotic cessation strategy)	No reduction. Risk ratio 0.90 (95% CI 0.79–1.03)	Reduction. Risk ratio 0.87 (95% CI 0.76–0.98)	No reduction. Risk ratio 0.92 (95% CI: 0.81 to 1.05)	No reduction. Risk ratio 0.98 (95% CI: 0.76 to 1.27)	No reduction. Risk ratio 1.02 (95% CI: 0.85 to 1.23)
Heterogeneity:	16% (in subgroup of trials that encouraging stopping antibiotics before 5 days)	0%	80%	0%	11%	0%	0%