

## Reconciliation of conclusions with prior systematic reviews

	Current	Lam, 2018 PMID <a href="#">29293146</a>	Iankova, 2017 PMID <a href="#">29271844</a>	Huang, 2017 PMID <a href="#">29168046</a>	Andriolo (Cochrane), 2017 PMID <a href="#">28099689</a>	Westwood, 2015 PMID <a href="#">26569153</a>	Prkno, 2013 PMID <a href="#">24330744</a>
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.	Reduces duration by 1.49 days. Excluded negative trial by Bloos.	Reduces duration by 1.66 days in subgroup of trials that only contained a discontinuation algorithm	No clear benefit	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%