Dermatology Practical & Conceptual

Supplementary File

Table S1. The National Institutes of Health (NIH) quality assessment tool for before-after study (pre-post) with no control/placebo.

		Álvarez et al. 2018	Álvarez et al. 2017	Chunmei et al. 2023	Krefft-Trzciniecka 2024a	Krefft-Trzciniecka 2024b	Zari 2021	Ruiz et al. 2020
1	Was the study question or objective clearly stated?	Y	Y	Y	Y	Y	Y	Y
2	Were eligibility/ selection criteria for the study population prespecified and clearly described?	Y	Y	Y	Y	Y	Y	Y
3	Were the participants in the study representative of those who would be eligible for the test/service/ intervention in the general or clinical population of interest?	Y	Y	Y	N	N	Y	Y
4	Were all eligible participants that met the prespecified entry criteria enrolled?	Y	N	Y	Y	Y	Y	Y
5	Was the sample size sufficiently large to provide confidence in the findings?	N	N	N	N	N	Y	Y
6	Was the test/ service/ intervention clearly described and delivered consistently across the study population?	Y	Y	Y	Y	Y	Y	Y
7	Were the outcome measures prespecified, clearly defined, valid, reliable, and assessed consistently across all study participants?	Y	Y	Y	Y	Y	Y	Y
8	Were the people assessing the outcomes blinded to the participants' exposures/ interventions?	Y	Y	N	N	N	N	N
9	Was the loss to follow-up after baseline 20% or less? Were those lost to follow-up accounted for in the analysis?	Y	Y	Y	Y	Y	Y	Y

Table S1 continues

Table S1. The National Institutes of Health (NIH) quality assessment tool for before-after study (pre-post) with no control/placebo. *(continued)*

		Álvarez et al. 2018	Álvarez et al. 2017	Chunmei et al. 2023	Krefft-Trzciniecka 2024a	Krefft-Trzciniecka 2024b	Zari 2021	Ruiz et al. 2020
10	Did the statistical methods examine changes in outcome measures from before to after the intervention? Were statistical tests done that provided p values for the pre-to-post changes?	N	N	Y	Y	Y	Y	N
11	Were outcome measures of interest taken multiple times before the intervention and multiple times after the intervention (i.e., did they use an interrupted time-series design)?	N	N	N	N	N	N	Y
12	If the intervention was conducted at a group level (e.g., a whole hospital, a community, etc.) did the statistical analysis take into account the use of individual-level data to determine effects at the group level?	NA	NA	Y	NA	NA	NA	NA
13	Total 'N' Score	3/12	4/12	3/12	4/12	4/12	2/12	2/12
	Risk of bias rating	Low	Moderate	Low	Moderate	Moderate	Low	Low

Y = yes; N = no or not reported; NA = not applicable. A score of 0N to 3N indicates a low risk of bias, 4N to 8 N indicates a moderate risk of bias, and ≥9N indicates a high risk of bias.

Table S2. Risk of Bias assessment for the RCTs in the finasteride arm using the Cochrane Rob 2 tool. *(continued)*

Ref.No	Study name	D1	D2	D3	D4	D5	Overall
35	Harcha et al. 2014	L	L	H	L	S	L
15	Price et al. 2000	L	L	S	L	S	L
36	Hajheydari et al. 2009	S	L	S	S	L	S
37	Kaufman et al. 1998	S	S	L	S	L	S
38	Whiting et al. 1999	L	L	L	S	L	L
39	Shanshanwal & Dhurat 2017	S	S	H	H	L	H
40	Hu et al. 2015	S	H	S	L	H	H
41	Leyden et al. 1999	L	S	S	L	S	S
42	Yanagisawa et al. 2019	L	S	S	S	L	S
43	Whiting et al. 2003	L	L	L	L	S	L
44	Boersma et al. 2014	H	L	S	H	L	H
45	Sato & Takeda 2012	L	L	L	S	L	L
46	Won et al. 2018	H	S	L	L	S	S
47	Price et al. 2002	L	L	L	S	L	L

Table S2 continues

Ref.No	Study name	D1	D2	D3	D4	D5	Overall
48	Rossi et al. 2012	L	L	S	L	S	L
25	Roberts et al. 1999	L	L	H	S	L	L
49	Rossi et al. 2011	S	L	S	L	L	L
50	Van Neste et al. 2000	S	L	S	L	L	L
51	Yoshitake et al. 2015	L	L	L	L	S	L
52	Price et al. 2006	L	S	L	L	L	L
53	Kishor et al. 2023	S	S	S	L	L	S
54	Bharti et al. 2021	S	L	S	S	L	S
55	Shin et al. 2019	L	S	L	L	L	L
56	Choi et al. 2022	S	L	H	L	L	L
57	Arca et al. 2004	L	S	H	H	H	H
58	Garg 2022	L	L	S	L	L	L

D1: Bias in the randomization; D2: Deviations from the intended intervention; D3: Missing outcome data; D4: Bias in the measurement of outcome; D5: Selection of the reported result. L = Low risk; S = Some concerns; H = High risk.

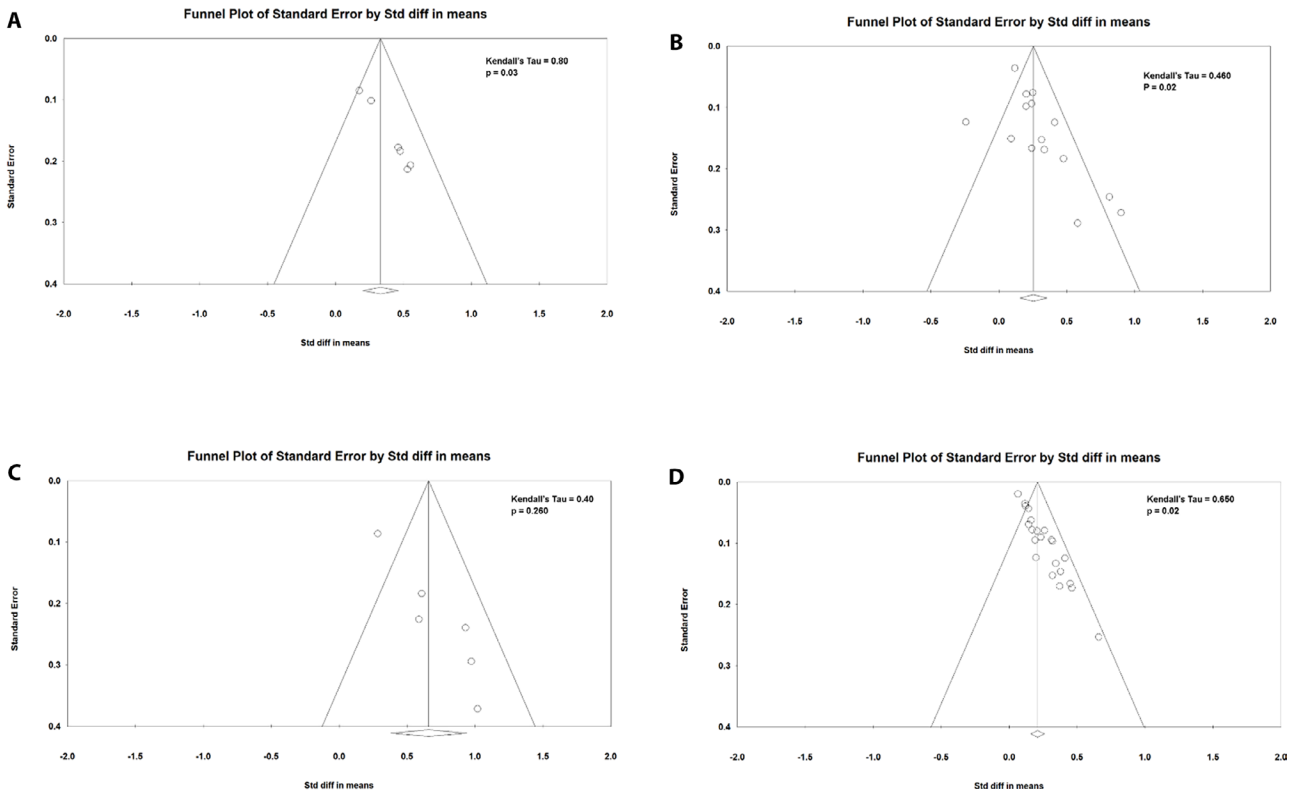

Figure S1. Funnel plots for assessing the possibility of publication bias. (A) AMT-based studies reporting changes in hair count; (B) Finasteride-based studies reporting changes in hair count; C) AMT-based studies reporting percentage of patients showing improvement; D) Finasteride-based studies reporting percentage of patients showing improvement.