

Erratum

The supplemental tables were not included in “**Effect of surgery-first orthognathic approach on oral health-related quality of life: A systematic review,**” by Ke Yao, Guanyin Zhu, Miao Chen, Bo Zhang, Yongzhi Wu, and Peilin Li. *Angle Orthod.* 2020;90:723–733. They are provided here:

Supplementary Table 1. Search Strategies of Each Database

Electronic Database	Search Strategy	Hits
PubMed	(Orthodontics[MeSH Terms] OR orthodont*) AND (Orthognathic Surgery[MeSH Terms] OR orthognathic OR surgery OR surgical OR osteotomy OR Le Fort OR sagittal split ramus OR intraoral vertical ramus) AND (Quality of Life[MeSH Terms] OR quality of life OR oral health-related quality of life OR OHRQoL)	404
Cochrane Central Register of Controlled Trials (CENTRAL) via The Cochrane Library	(([mh Orthodontics] OR orthodont*) AND ([mh “Orthognathic Surgery”] OR [mh “Orthognathic Surgical Procedures”] OR orthognathic OR surgery OR surgical OR osteotomy OR Le Fort OR sagittal split ramus OR intraoral vertical ramus) AND ([mh “Quality of Life”] OR quality of life OR oral health-related quality of life OR OHRQoL)	26
Cochrane Database of Systematic Reviews (CDSR) via The Cochrane Library	(([mh Orthodontics] OR orthodont*) AND ([mh “Orthognathic Surgery”] OR [mh “Orthognathic Surgical Procedures”] OR orthognathic OR surgery OR surgical OR osteotomy OR Le Fort OR sagittal split ramus OR intraoral vertical ramus) AND ([mh “Quality of Life”] OR quality of life OR oral health-related quality of life OR OHRQoL)	67
EMBASE via Ovid	(exp orthodontics/ OR orthodont*) AND (exp orthognathic surgery/ OR orthognathic OR surgery OR surgical OR osteotomy OR Le Fort OR sagittal split ramus OR intraoral vertical ramus) AND (exp “quality of life”/ OR quality of life OR oral health-related quality of life OR OHRQoL)	220
Web of Science	TS=(orthodont*) AND TS=(orthognathic OR surgery OR surgical OR osteotomy OR Le Fort OR sagittal split ramus OR intraoral vertical ramus) AND TS=(quality of life OR life quality OR oral health-related quality of life OR HRQOL OR OHRQoL)	259
SCOPUS	TITLE-ABS-KEY(orthodont*) AND TITLE-ABS-KEY(orthognathic OR surgery OR surgical OR osteotomy OR (Le Fort) OR (sagittal split ramus) OR (intraoral vertical ramus)) AND TITLE-ABS-KEY((quality of life) OR (life quality) OR (oral health-related quality of life) OR HRQOL OR OHRQoL)	228
China National Knowledge Infrastructure (CNKI)	SU='orthodont*' AND SU=('orthognathic'+‘surgery’+‘osteotomy’) AND SU=('quality of life'+‘HRQOL’+‘OHRQoL’)	11
Chinese Biomedical Literature Database (CBM)	(“Orthodontics”[MeSH Terms] OR “orthodont*”) AND (“Orthognathic Surgery”[MeSH Terms] OR “Orthognathic Surgical Procedures”[MeSH Terms] OR “orthognathic” OR “surgery” OR “osteotomy”) AND (“Quality of Life”[MeSH Terms] OR “quality of life” OR “HRQOL” OR “OHRQoL”)	141
ProQuest Dissertation & Theses Database	(mainsubject(orthodontics) OR orthodont*) AND (orthognathic OR surgery OR surgical OR osteotomy OR “Le Fort” OR “sagittal split ramus” OR “intraoral vertical ramus”) AND (“quality of life” OR “life quality” OR “oral health-related quality of life” OR HRQOL OR OHRQoL)	442
System for Information on Grey Literature in Europe (SIGLE)	(orthodont*) AND (orthognathic OR surgery OR surgical OR osteotomy OR Le Fort OR sagittal split ramus OR intraoral vertical ramus) AND (quality of life OR life quality OR oral health-related quality of life OR HRQOL OR OHRQoL)	2
ClinicalTrials.gov		21

Supplementary Table 2. Summary of Excluded Studies

	Author and Year	Title	Reason
1	Peter 2017	Oral health-related quality of life in surgery-first vs traditional orthognathic approach	Comment
2	Gambaro 2016	Surgery-first or orthognathic surgery approach: Psychosocial and physical changes	Conference abstract with no full text available
3	Alanko 2017	A longitudinal study of changes in psychosocial well-being during orthognathic treatment	Only conventional three-stage patients
4	Asada 2015	Satisfaction with orthognathic surgery of skeletal Class III patients	Only conventional three-stage patients
5	Baherimoghaddam 2016	Assessment of the changes in quality of life of patients with class II and III deformities during and after orthodontic-surgical treatment	Only conventional three-stage patients
6	Eslamipour 2017	Impact of orthognathic surgery on quality of life in patients with dentofacial deformities	Only conventional three-stage patients
7	Kavin 2012	Changes in quality of life and impact on patients' perception of esthetics after orthognathic surgery	Only conventional three-stage patients
8	Kurabe 2016	Impact of orthognathic surgery on oral health-related quality of life in patients with jaw deformities	Only conventional three-stage patients
9	Murphy 2011	The clinical relevance of orthognathic surgery on quality of life	Only conventional three-stage patients
10	Razvadi 2017	Evaluation of the changes in the quality of life in patients undergoing orthognathic surgery: a multicenter study	Only conventional three-stage patients
11	Rustemeyer 2012	Quality of life in orthognathic surgery patients: post-surgical improvements in aesthetics and self-confidence	Only conventional three-stage patients
12	Silva 2013	Evaluation of life quality of patients submitted to orthognathic surgery	Only conventional three-stage patients
13	Silva 2016	Quality of life in patients undergoing orthognathic surgery—a two-centered Swedish study	Only conventional three-stage patients
14	Le Gall 2015	First-line surgery: indications, advantages and drawbacks	Review
15	Antoun 2015	Oral health-related quality of life changes in standard, cleft, and surgery patients after orthodontic treatment	Specific method not mentioned
16	Azuma 2008	Beneficial effects of orthodontic treatment on quality of life in patients with malocclusion	Specific method not mentioned
17	Choi 2010	Change in quality of life after combined orthodontic-surgical treatment of dentofacial deformities	Specific method not mentioned
18	Nichols 2018	Long-term changes in oral health-related quality of life of standard, cleft, and surgery patients after orthodontic treatment: a longitudinal study	Specific method not mentioned
19	Schmidt 2013	Survey of oral health-related quality of life among skeletal malocclusion patients following orthodontic treatment and orthognathic surgery	Specific method not mentioned
20	Silvola 2014	Dental esthetics and quality of life in adults with severe malocclusion before and after treatment	Specific method not mentioned
21	Silvola 2016	Do changes in oral health-related quality-of-life, facial pain and temporomandibular disorders correlate after treatment of severe malocclusion?	Specific method not mentioned
22	Tamme 2017	Correlation of general and oral health-related quality of life in malocclusion patients treated with a combined orthodontic and maxillofacial surgical approach	Specific method not mentioned
23	Bock 2009	Assessment of quality of life in patients undergoing orthognathic surgery	Without treatment
24	Jung 2016	Quality of life and self-esteem of female orthognathic surgery patients	Without treatment

Supplementary Table 3. GRADE Evidence Profile for the Effects of a Surgery-First Approach on Patients With Dentofacial Deformities

Outcome No. of Participants (Studies)	Certainty Assessment					Summary of Findings	
	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	Overall Certainty of Evidence	Impact
Final OHRQoL 126 (3)	Serious ^a	Not serious	Not serious	Not serious	None	⊕○○○ VERY LOW	The total OHRQoL scores and the scores of every domains did not show any difference between patients treated with SFA and COST.
Presurgical deterioration of OHRQoL 214 (7)	Serious ^a	Not serious	Not serious	Not serious	Very strong association	⊕⊕⊕○ MODERATE	OHRQoL of patients in the SFA group improved immediately after orthognathic surgery, while patients treated by COST suffered a significant presurgical deterioration of OHRQoL.
Treatment duration 125 (4)	Not serious ^b	Not serious	Serious ^c	Not serious	Strong association	⊕⊕○○ LOW	Two studies showed an average treatment duration of 16.6 months and 25.3 months in the SFA and COST groups, respectively. One study showed that the SFA treatment lasted for 15.7 ± 3.31 months. In another study, 5 of 8 patients completed treatment after 2 years, while all patients in the COST group were still in the preoperative orthodontic phase.

GRADE Working Group grades of evidence

High certainty: We are very confident that the true effect lies close to that of the estimate of the effect.

Moderate certainty: We are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

Low certainty: Our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.

Very low certainty: We have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

^a Nonrandomized cohort studies were conducted without blinding, and outcomes were assessed by self-reported questionnaires.

^b Treatment time is an objective outcome hardly affected by the nonrandomized cohort study design.

^c One study had ceased before all patients completed treatment. One study was conducted without the COST group.