Table 40: Effect of MIGS + Cataract Surgery Versus Comparators on Number of Medications in Adults With Glaucoma

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
MIGS + Cataract Surgery Vs. Cataract Surgery Alone: ECP + Phaco Vs. Phaco Alone											
5	Prospective cohort and retrospective cohort[a]	Very serious risk of bias[b]	Serious inconsistency[c]	No serious indirectness	No serious imprecision	None	555	282	**ECP + Phaco [?] Phaco Alone:** Retrospective cohort studies: In 3/4 retrospective cohort studies[73-75] the **number of medications** was significantly different between groups at baseline; in all cases, comparisons at follow-up tended to favour the group with the higher number of medications at baseline, so interpretation of findings is unclear (2/3 studies[73,74] in favour of ECP + Phaco and 1/3 in favour of Phaco alone[75]). In the fourth retrospective cohort study, the **number of medications** was reduced from baseline at mean follow-up of 21 mo in the ECP + Phaco group but was not reported in the Phaco alone group.[72] Prospective cohort study: The **number of medications** was significantly reduced	⊕OOO VERY LOW	CRITICAL

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
									from baseline to 6 to 36 mo follow-up in both groups (with the exception of 36 mo in Phaco alone) but was significantly lower in ECP + Phaco vs. Phaco alone at baseline and all follow-up time points.[84]		
MIGS + Cataract Surgery Vs. Cataract Surgery Alone: iStent + Phaco Vs. Phaco Alone											
2	RCTs[d]	Serious risk of bias[e]	No serious inconsistency	No serious indirectness	No serious imprecision	None	129	147	**iStent + Phaco = Phaco Alone:** The **number of medications** was significantly reduced from baseline in both groups, and was significantly lower in the iStent + Phaco group vs. Phaco alone at 15 mo (~0.4 vs. 1.3 medication, respectively) but not 48 mo (~0.5 vs. 0.9) follow-up in one study, [66,67] and at 12 mo (~0.2 vs. 0.4) but not 24 mo (~0.3 vs. 0.5) follow-up in another study.[34,68] Meta-analysis results: At 12 mo: mean difference = –0.25, 95% CI, –0.52 to 0.01, $P = 0.06$, $I^2 = 17.86\%$	⊕⊕⊕O MODERATE	CRITICAL

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
MIGS + Cataract Surgery Vs. Cataract Surgery Alone: 2 iStents + Phaco Vs. Phaco Alone											
1	RCT[f]	Serious risk of bias[g]	No serious inconsistency	No serious indirectness	Serious imprecision[h]	None	17	16	**2x iStent+Phaco > Phaco Alone:** The **number of medications** was not different between groups up to 2 mo follow-up, but was significantly lower in the 2x iStent + Phaco vs. Phaco alone group at 6 mo (~0.1 vs. 0.5 medications respectively) and 12 mo (~0 vs. 1) follow-up; number of medications was numerically reduced from baseline in both groups but statistical comparison with baseline not conducted.[69]	⊕⊕OO LOW	CRITICAL
MIGS + Cataract Surgery Vs. Cataract Surgery Alone: 1 or 2 iStent(s) + Phaco Vs. Phaco Alone											
1	Retrospective cohort[i]	Very serious risk of bias[j]	No serious inconsistency	No serious indirectness	Serious imprecision[k]	None	iStent + Phaco, 31 2x iStent + Phaco, 22	78	**1 or 2 iStent(s) + Phaco [?] Phaco Alone:** Inconsistent reporting (i.e., different values reported in abstract, tables, and text) so interpretation of findings is unclear.[76]	⊕OOO VERY LOW	CRITICAL
MIGS + Cataract Surgery Vs. Cataract Surgery Alone: CyPass Micro-Stent + Phaco Vs. Phaco Alone											
1	RCT[l]	Serious risk of bias[m]	No serious inconsistency	No serious indirectness	Serious imprecision[n]	None	374	131	**CyPass Micro-Stent + Phaco > Phaco Alone:** There were significantly fewer	⊕⊕OO LOW	CRITICAL

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
									medications required in the CyPass Micro-Stent + Phaco vs. Phaco alone group at 12 (~0.2 vs. 0.7 medications, respectively) and 24 mo follow-up ("maintained" vs. 0.6); statistical comparison with baseline not conducted.[70]		
MIGS + Cataract Surgery Vs. Cataract Surgery Alone: Hydrus Microstent + Phaco Vs. Phaco Alone											
2	RCTs[o]	Serious risk of bias[p]	No serious inconsistency	No serious indirectness	Serious imprecision[q]	None	419	237	**Hydrus Microstent + Phaco > Phaco Alone:** The **number of medications** was significantly reduced from baseline in both groups and was lower in the Hydrus Microstent + Phaco vs. Phaco alone group at 24 mo follow-up (~0.5 vs. 1.0 respectively).[71]The **reduction in number of medications** from baseline to 24 mo follow-up was significantly greater in the Hydrus Microstent + Phaco vs. Phaco alone group (~1.4 vs. 1.0 medications respectively).[88] Meta-analysis results: At 24 mo, mean	⊕⊕OO LOW	CRITICAL

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
									difference = –0.41, 95% CI, –0.56 to –0.27, *P* < 0.0001, I^2 = 0.00%		
MIGS + Cataract Surgery Vs. A Different MIGS + Cataract Surgery: Goniotomy With KDB + Phaco Vs. iStent + Phaco											
1	Retrospective cohort[r]	Serious risk of bias[s]	No serious inconsistency	No serious indirectness	Serious imprecision[t]	None	KDB + Phaco, 237 iStent + Phaco, 198	NA[u]	**KDB + Phaco > iStent + Phaco:** The **number of medications** was significantly lower, and the reduction in medications from baseline significantly greater, in the KDB + Phaco vs. iStent + Phaco group at 1, 3, and 6 mo follow-up.[86]	⊕OOO VERY LOW	CRITICAL
MIGS + Cataract Surgery Vs. A Different MIGS + Cataract Surgery: Trabectome + Phaco Vs. 2 iStents + Phaco											
2	Retrospective cohort[v]	Serious risk of bias[w]	Serious inconsistency[x]	No serious indirectness	No serious imprecision	None	Trabectome + Phaco, 88 iStent + Phaco, 83	NA[u]	**Trabectome + Phaco = 2x iStent + Phaco:** The absolute **number of medications** was not significantly different between groups at baseline or 6 or 12 mo follow-up, but the **reduction in number of medications** from baseline was significantly greater in Trabectome + Phaco vs. iStent + Phaco group at 6 mo but not 12 mo follow-up.[79] The **median number of medications** was significantly reduced from baseline in both	⊕OOO VERY LOW	CRITICAL

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
									groups, but was significantly higher in the Trabectome + Phaco vs. 2x iStent + Phaco group at 3, 6, and 12 mo follow-up (~1 vs. 2 medications respectively).[78] Meta-analysis results: At 12 mo: mean difference = 0.41 medications, 95% CI, -0.65 to 1.46, *P* = 0.4521, I^2 = 85.33%		
MIGS + Cataract Surgery Vs. A Different MIGS + Cataract Surgery: Trabectome + MICS Vs. 2x iStent Inject + MICS											
1	Retrospective cohort[y]	Serious risk of bias[z]	No serious inconsistency	No serious indirectness	Serious imprecision[aa]	None	Trabectome + MICS, 25 2x iStent Inject + MICS, 25	NA[u]	**Trabectome + MICS = 2x iStent Inject + MICS:** The **number of medications** was significantly reduced from baseline in both groups but was not different between groups up to 12 mo follow-up (~1.4 vs. 1.3 medications for Trabectome + MICS and 2x iStent Inject + MICS, respectively).[77]	⊕OOO VERY LOW	CRITICAL
MIGS + Cataract Surgery Vs. A Different MIGS + Cataract Surgery: Different Numbers of iStents + Phaco											
2	Retrospective cohort and non-randomized controlled clinical trial[bb]	Serious risk of bias[cc]	No serious inconsistency	No serious indirectness	No serious imprecision	None	iStent + Phaco, 39 2x iStent + Phaco, 58 3x iStent +	NA[u]	**1 iStent + Phaco = 2 iStents + Phaco:** At 12 mo follow-up, the **number of medications** was significantly reduced from baseline only in	⊕OOO VERY LOW	CRITICAL

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
							Phaco, 25		the 2x iStent + Phaco group, and the **number of medications** was not significantly different between groups at any time point (at 12 mo follow-up, ~1.7 vs. 1.2 medications for 1 vs. 2 iStent groups, respectively).[80] **2 iStents + Phaco < 3 iStents + Phaco:** The **number of medications** was significantly reduced from baseline at 12 mo follow-up in both groups, and was significantly higher in the 2x iStent + Phaco vs. 3x iStent + Phaco group at 6 mo (~1.2 vs. 0.4 medications, respectively) and 12 mo (~1.0 vs. 0.4 medications) follow-up.[83]		
MIGS + Cataract Surgery Vs. A Different MIGS + Cataract Surgery: ECP + iStent + Phaco Vs. iStent + Phaco											
1	Retrospective cohort[dd]	Serious risk of bias[ee]	No serious inconsistency	No serious indirectness	Serious imprecision[ff]	None	ECP + iStent + Phaco, 51 iStent + Phaco, 50	NA[u]	**ECP + iStent + Phaco < iStent + Phaco:** The **number of medications** was significantly greater at 12 mo follow-up in ECP + iStent + Phaco vs. iStent + Phaco (~1.1 vs. 0.62	⨁OOO VERY LOW	CRITICAL

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
									medications, respectively).[81]		
MIGS + Cataract Surgery Vs. A Different MIGS + Cataract Surgery: ECP + Phaco Vs. Trabectome + Phaco											
1	Retrospective cohort[gg]	Serious risk of bias[hh]	No serious inconsistency	No serious indirectness	Serious imprecision[ii]	None	ECP + Phaco, 35 Trabectome + Phaco, 26	NA[u]	**ECP + Phaco = Trabectome + Phaco:** The **number of medications** was not significantly different between groups at baseline or any follow-up time point.[89]	⊕OOO VERY LOW	CRITICAL
MIGS + Cataract Surgery Vs. Filtration Surgery + Cataract Surgery: Trabectome + Phaco Vs. Trabeculectomy With MMC + Phaco											
1	RCT[jj]	Very serious risk of bias[kk]	No serious inconsistency	No serious indirectness	Serious imprecision[ll]	None	10	9	**Trabectome + Phaco = Trabeculectomy + Phaco:** The **number of medications** was numerically reduced from baseline at 6 and 12 mo of follow-up in both groups (by ~1 medication) but this did not reach statistical significance; **number of medications** was not significantly different between groups at baseline or any follow-up time point.[87]	⊕OOO VERY LOW	CRITICAL
MIGS + Cataract Surgery Vs. Filtration Surgery + Cataract Surgery: Trabectome + Phaco Vs. Trabeculotomy + Phaco											
1	Prospective and retrospective cohort[mm]	Serious risk of bias[nn]	No serious inconsistency	No serious indirectness	Serious imprecision[oo]	None	47	29	**Trabectome + Phaco = Trabeculotomy + Phaco:** The **number of medications** was significantly greater in the Trabectome +	⊕OOO VERY LOW	CRITICAL

Quality Assessment							Summary of Findings				Importance
							No. of Eyes		Effect	Quality	
No. of Studies	Study Design	Risk of Bias	Inconsistency	Indirectness	Imprecision	Other Considerations	MIGS	Comparator			
									Phaco vs. Trabeculotomy + Phaco group at 3, 6, and 12 mo follow-up, but was not different between groups at 18, 24, or 26 mo.[85]		
MIGS + Cataract Surgery Vs. Filtration Surgery + Cataract Surgery: ECP + Phaco Vs. Trabeculectomy With MMC + Phaco											
1	Retrospective cohort[pp]	Serious risk of bias[qq]	No serious inconsistency	No serious indirectness	Serious imprecision[rr]	None	24	29	**ECP + Phaco < Trabeculectomy With MMC + Phaco:** The **number of medications** was not different between groups at baseline but was significantly higher in the ECP + Phaco vs. Trabeculectomy + Phaco group at 6 mo follow-up (~1.4 vs. 0.5 medications, respectively).[82]	⊕OOO VERY LOW	CRITICAL

= = not significantly different between groups; > = intervention more favourable than comparator; < = intervention less favourable than comparator; [?] = not compared statistically or non-interpretable; 2x = two devices; 3x = three devices; CI = confidence interval; d = days; ECP = endoscopic cyclophotocoagulation; IOP = intraocular pressure; KDB = Kahook Dual Blade; MICS = micro-incision cataract surgery; MIGS = minimally invasive glaucoma surgery; MMC = mitomycin C; mo = months; NA = not applicable; no. = number; Phaco = phacoemulsification; RCT = randomized controlled trial; vs. = versus; wk = weeks; y = years.

Note: Data were collected by RCT, non-randomized controlled clinical trial, retrospective or prospective cohort, with up to four years of follow-up. The method of measuring number of medications was not specified in any study. The CyPass Micro-Stent was voluntarily withdrawn from the global market by the manufacturer in August 2018 due to five-year data from a long-term safety study;[37,38] however, at the time of report publication, this device was still active in the Medical Devices Active Licence Listing and is therefore included in this report.

[a] One prospective cohort study[84] and four retrospective cohort studies.[72-75]

[b] Very serious risk of bias. Bias due to confounding: retrospective study and rationale for assigning treatments likely to be different between groups;[72-75] baseline characteristics not reported for the Phaco alone group so unable to assess whether groups were systematically different at baseline;[72] treatment assignment based on patient characteristics and groups were systematically different;[73] baseline characteristics were different between groups;[73,74,84] number of medications was significantly different between groups at baseline[73,74,84] (possibly also significantly different between groups at baseline in the study by Siegel et al. 2015;[75] however, this was inconsistently reported throughout the paper); treatment group was assigned based on patient choice and treatment availability;[75] how participants were prospectively assigned to groups was not reported;[84] potential confounding variables not controlled for in analyses.[72-75,84] Bias in selection of participants: only those with complete data or sufficient follow-up were included and it is possible that those with complete data or a given follow-up duration were systematically different from those without complete data or a particular follow-up duration (i.e., different from those in routine clinical practice);[72,73,84] patients with intraoperative complications were excluded.[74] Bias due to missing data: number of medications not reported at baseline or follow-up in the Phaco alone group, and reasons for patient exclusion only reported for the ECP + Phaco group;[72] follow-up duration significantly different between groups (mean of 7.4 vs. 2.1 mo in the ECP + Phaco and Phaco alone groups respectively);[74] low risk up to 24 mo of follow-up but large amount of missing data at later time points and reasons not reported.[84] Bias in measurement of outcomes: method of measuring number of medications not specified.[72-75,84] Bias in selection of the reported result: number of medications not reported for Phaco alone group;[72] number of medications was not compared statistically between groups;[73]

inconsistent reporting of *P* values for between-group comparison of baseline number of medications (non-significant and significant values reported in study Tables 1 and 2, respectively) so interpretation of findings is unclear;[75] types of analyses not described in methods and names of statistical tests only reported in table footnotes.[84]

[c] Serious inconsistency. Unexplained heterogeneity in the direction of the effect.

[d] Two RCTs in four publications.[34,66-68]

[e] Serious risk of bias. Selection bias: no indication of allocation concealment.[34,66-68] Detection bias: method of measuring number of medications not specified.[34,66-68] Attrition bias: low-risk up to 15 months of follow-up (reasons for missing data reported and not likely to be related to the outcome), but large amount of missing data at four year follow-up and amount not balanced across groups;[66,67] large amount of missing data (~9% per group at 12 months and 16% to 18% per group at 24 months), and reasons for missing data may be related to the true outcome (e.g., those with failed Phaco due to adverse event were excluded post-randomization).[34,68] Reporting bias: results not reported comprehensively and rationale for analysis choice not reported (i.e., some results reported with the intention-to-treat population and others reported with the "consistent cohort" population); 90% CIs used and no rationale provided (90% CIs are not standard and may have been chosen to narrow the CIs to avoid crossing the line of no effect or to avoid overlap in CIs between groups).[34,68]

[f] One RCT.[69]

[g] Serious risk of bias.[69] Selection bias: no indication of allocation concealment. Detection bias: method of measuring number of medications not specified.

[h] Serious imprecision.[69] Only a single study.

[i] One retrospective cohort study.[76]

[j] Very serious risk of bias.[76] Bias due to confounding: retrospective study and rationale for assigning treatments likely to be different between groups; potential confounding variables not controlled for in analyses. Bias due to missing data: substantial loss to follow-up, reasons for missing data not reported, and amount of missing data not balanced across groups. Bias in measurement of outcomes: method of measuring number of medications not specified. Bias in selection of the reported result: number of medications was not compared statistically between groups; different numerical values reported in the abstract, tables, and text, leading to unclear interpretation of findings.

[k] Serious imprecision. Only a single study, and no measures of variability.[76]

[l] One RCT.[70]

[m] Serious risk of bias.[70] Selection bias: no indication of allocation concealment. Detection bias: method of measuring number of medications not specified.

[n] Serious imprecision. Only a single study.[70]

[o] Two RCTs.[71,88]

[p] Serious risk of bias. [71,88] Possible risk of selection bias; concealment not explicitly specified but likely, based on method of randomization (online computer algorithms). Detection bias: method of measuring number of medications not specified.

[q] Serious imprecision. Variability in the estimate (standard deviation) was similar in magnitude to the parameter (mean),[71] or no measure of variability was reported.[88]

[r] One retrospective cohort study.[86]

[s] Serious risk of bias.[86] Bias due to confounding: retrospective design and rationale for assigning treatments likely to be different between groups; significant differences between groups at baseline; potential confounding variables not controlled for in analyses. Bias in selection of participants: only those with six months of complete data were included and it is possible that those with complete data were systematically different from those without complete data (i.e., different from those in routine clinical practice). Bias due to missing data: large amount of missing data at one month and three months, reasons for missing data not reported, and amount of missing data not balanced across groups. Bias in measurement of outcomes: method of measuring number of medications not specified.

[t] Serious imprecision.[86] Only a single study.

[u] In these studies, one MIGS performed in combination with cataract surgery was compared with another MIGS combined with cataract surgery.[77-81,83,86]

[v] Two retrospective cohort studies.[78,79]

[w] Serious risk of bias. Bias due to confounding: retrospective design and rationale for assigning treatments likely to be different between groups;[78,79] different surgeons performed procedures in the different treatment arms;[79] only one potential confounding factor controlled for in analyses (i.e., "between-eye correlation" for patients with two eyes in the study);[79] potential confounding variables not controlled for in analyses.[78] Bias in selection of participants: only those with 12-month follow-up were included and it is possible that those with 12-month follow-up were systematically different from those with shorter follow-up (i.e., different from those in routine clinical practice).[78,79] Bias due to missing data: substantial amount of missing data, amount of missing data not balanced across groups and analyses conducted with last observation carried forward (but disease progression or treatment effectiveness may change over time).[78] Bias in measurement of outcomes: method of measuring number of medications not specified.[78,79]

[x] Serious inconsistency.[78,79] Substantial statistical heterogeneity.

[y] One retrospective cohort study.[77]

[z] Serious risk of bias.[77] Bias in selection of participants: only those with complete follow-up were included and it is possible that those with versus without complete follow-up were systematically different (i.e., different from those in routine clinical practice). Bias in measurement of outcomes: method of measuring number of medications not specified.

[aa] Serious imprecision.[77] Only a single study, and variability in the estimate (standard deviation) was similar in magnitude to the parameter (mean).

[bb] One retrospective cohort[80] and one non-randomized controlled clinical trial.[83]

[cc] Serious risk of bias. Bias due to confounding: retrospective design and rationale for assigning treatments likely to be different between groups;[80] treatment assigned based on patient characteristics and judgment of operating surgeon (i.e., with those requiring greater IOP control receiving three versus two iStents);[83] potential confounding variables not controlled for in analyses.[80,83] Bias in selection of participants: only those with 12-month follow-up were included and it is possible that those with 12-month follow-up were systematically different from those with shorter follow-up (i.e., different from those in routine clinical practice).[83] Bias due to missing data: substantial loss to follow-up, amount of missing data not balanced across groups, and reasons for missing data not reported.[80] Bias in measurement of outcomes: method of measuring number of medications not specified.[80,83]

[dd] One retrospective cohort study.[81]

[ee] Serious risk of bias.[81] Bias due to confounding: retrospective design and rationale for assigning treatments likely to be different between groups, groups not matched on baseline characteristics, and potential confounding variables not controlled for in analyses. Bias in measurement of outcomes: method of measuring number of medications not specified.

[ff] Serious imprecision.[81] Only a single study; measures of variability only provided at some time points, only for the intervention (ECP + iStent + Phaco) but not comparator (iStent + Phaco) group at 12-month follow-up, and the variability in the estimate (standard deviation) was similar in magnitude to the parameter (mean).

[gg] One retrospective cohort study.[89]

[hh] Serious risk of bias.[89] Bias due to confounding: retrospective design and rationale for assigning treatments likely to be different between groups; some baseline characteristics (e.g., age) different between groups; potential confounding variables not controlled for in analyses. Bias in selection of participants: only those with 12-month follow-up were included and it is possible that those with 12-month follow-up were systematically different from those with shorter follow-up (i.e., different from those in routine clinical practice); at least one patient who did not meet inclusion criteria was included (the inclusion criteria specified age > 40 years, but the range of ages in one group was reported as 30 to 85 years). Bias in measurement of outcomes: method of measuring number of medications not specified.

[ii] Serious imprecision.[89] Only a single study and the variability in the estimate (standard deviation) was similar in magnitude to the parameter (mean).[89]

[jjg] One RCT.[87]

[kk] Very serious risk of bias.[87] Selection bias: inclusion criteria were altered after the start of the study due to slow patient recruitment and specific changes to inclusion criteria were not reported. Performance bias: the study occurred over a long duration and how the intervention (Trabectome + Phaco) was conducted changed over the course of the study (i.e., length of the ablation cleft increased from ~90 to 160 degrees). Detection bias: method of measuring number of medications not specified. Attrition bias: only one patient missing data in each group but the sample size was so small that this still represented a substantial proportion of the data (~10% per group). Other bias: the trial was stopped early due to difficulties in patient recruitment and lack of clinical equipoise over time, so fewer participants were recruited than planned a priori.

[ll] Serious imprecision.[87] Only a single study and the variability in the estimate (standard deviation) was similar in magnitude to the parameter (mean).[87]

[mm] One cohort study; data for one group (Trabectome + Phaco) collected retrospectively and data for the other group (Trabeculotomy + Phaco) collected prospectively.[85]

[nn] Serious risk of bias.[85] Bias due to confounding: data for one group (Trabeculotomy + Phaco) collected retrospectively and data for the other group (Trabectome + Phaco) collected prospectively and it is possible that groups were systematically different; potential confounding variables not controlled for in the analysis. Bias in selection of participants: only those with 12-month follow-up were included and it is possible that those with 12-month follow-up were systematically different from those with shorter follow-up (i.e., different from those in routine clinical practice). Bias in measurement of outcomes: method of measuring number of medications not specified. Bias due to missing data: substantial amount of missing data, amount of missing data not balanced across groups, and reasons for missing data not reported.

[oo] Serious imprecision. Only one study.[85]

[pp] One retrospective cohort study.[82]

[qq] Serious risk of bias.[82] Bias due to confounding: participants in the different treatment arms were systematically different; Trabeculectomy + Phaco patients had healthy conjunctiva, ECP + Phaco patients had thin conjunctiva or plateau iris; potential confounding variables not controlled for in the analysis. Bias due to missing data: substantial amount of missing data, amount of missing data not balanced across groups, and reasons for missing data not reported. Bias in measurement of outcomes: method of measuring number of medications not specified.

[rr] Serious imprecision. Only a single study; large variability (variability in the estimate similar in magnitude to the parameter).[82]