Apéndice S1:

PRISMA 2020 checklist of "Quality in aesthetic medicine and surgery: a systematic review of clinical practice guidelines"

Section and topic	Item #	Checklist item	Location where item isreported
TITLE			
Title	1	Identify the report as a systematic review.	1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	S0
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	3
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	3
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	3-4
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	3-4
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	3-4
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	4
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	4-5
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	4-5
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	4-5
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Not applicable
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	Not applicable
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	5
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	5
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Not applicable
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	5
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	Not applicable
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	5
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Not applicable
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Not applicable
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	6
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	6
Study characteristics	17	Cite each included study and present its characteristics.	6-7
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Not applicable
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	7-8

Continued Apéndice S1:

Section and topic	Item #	Checklist item	Location where item isreported
	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	7-8
Results of syntheses	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	7-8
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Not applicable
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	7-8
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Not applicable
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Not applicable
DISCUSSION			
	23a	Provide a general interpretation of the results in the context of other evidence.	8
Discussion	23b	Discuss any limitations of the evidence included in the review.	8-9
	23c	Discuss any limitations of the review processes used.	8-9
	23d	Discuss implications of the results for practice, policy, and future research.	9-10
OTHER INFORMATION			
	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	2, 3
Registration and protocol	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	2, 3
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	2
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	13
Competing interests	26	Declare any competing interests of review authors.	13
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	13

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.
For more information, visit: http://www.prisma-statement.org/

Appendix S2: Databases, sources and search strategy

A2.1 Sample search strategy for MEDLINE

A systematic search was conducted in Pubmed on November 4th, 2021 (no time or language restrictions) using the next combination of free-text terms:
#1 Practice guideline [pt]
#2 Practice guidelines as topic [mesh]
#3 Guideline [pt]
#4 guidelines as topic [mesh]
#5 consensus [mesh]
#6 OR #1-#5
#7 aesthetic medicine [mesh]
#8 aesthetic surgery [mesh]
#9 aesthetic medicine [all]
#9 aesthetic surgery [all]
#10 OR #7-9
#11 1900 [pdta] : 3000[pdta]
#12 #6 AND #10 AND #11

Resultados: 1037 articulos

A2.2 Online databases

1. MEDLINE
2. EMBASE
3. Web of Science
4. Scopus
5. The Cochrane Database of Systematic Reviews
6. Cochrane Methodology Register
7. Cochrane Central Register of Controlled Trials (CENTRAL)

A2.3 Guideline-specific databases

1. NHMRC, Australia
2. CMA Infobase, Canada
3. CPG, Canada
4. GIN, International
5. NZGG, New Zealand
6. NICE, UK
7. Trip Database, UK
8. SIGN, UK
9. Fisterra, Spain
10. HSTAT, USA
11. NCCN, USA

A2.4 Professional societies

1. UIME, Internacional
2. SEME, España
3. SFME, Francia
4. SIME, Italia
5. SOAME, Argentina
6. SUME, Uruguay
7. SSME, Suiza
8. SBME, Bélgica SOCIETE SUISSE DE MÉDECINE ESTHÉTIQUE
9. SPME, Polonia Societe Polonaise De Médecine Esthetique
10. Asociacion Colombiana De Medicina Estetica Colombia, Colombia
11. SOCIVEM, Venezuela
12. Associacion Chilena De Medicina Estetica, Chile
13. American Academy Of Aesthetic Medicine, U.S.A.
14. Sociedad Mexicana Cientifica De Medicina Estetica, Mexico
15. Russian National Society Of Aesthetic Medicine, Russia
16. The Romanian Society For Aesthetic Medicine, Roumania
17. Association Du Kazakhstan De La Medecine Esthetique, Kazakhstan
18. Société Algérienne De Médecine Esthétique, Algeria
19. Association Of Aesthetic Medicine, Canada
20. Korean Academy Of Aesthetic Medicine, Korea

Continued A2.4 Professional societies

21. Society Of Aesthetic Medicine In Turkey, Turkey
22. Aesthetic And Anti Aging Medicine Society Of South Africa, South Africa
23. Sociedad Ecuatoriana De Estética Médica, Ecuador
24. Chinese Academy Of Aesthetic Medicine, China
25. National Union Of Aesthetic Medicine Of Ukraine, Ukraine
26. Societe Marocaine de Medecine Esthetique, Marocco
27. Sociedade Brasileira de Medicina Estética, Brasil

Apéndice S3: Professional societies related to the UIME (Union Internationale de Médecine Esthétique)

- Aesthetic and Anti Aging Medicine Society of South Africa
- Aesthetic Medicine Society of Uruguay
- Aesthetic Medicine Society of Venezuela
- Algerian Society of Aesthetic Medicine
- American Academy of Aesthetic Medicine
- Argentine Society of Aesthetic Medicine
- Belgian Society of Aesthetic Medicine
- Bolivian Association of Aesthetic Medicine
- Brazilian Association of Aesthetic Dermatology
- Canadian Association of Aesthetic Medicine
- Chilean Association of Aesthetic Medicine
- China Academy of Aesthetic Medicine
- Colombian Association of Aesthetic Medicine
- Croatian Association of Aesthetic Medicine
- Ecuadorian Society of Aesthetic Medicine
- French Society of Aesthetic Medicine
- Georgian Society of Aesthetic Medicine
- Indian Society of Aesthetic Medicine
- Italian Society of Aesthetic Medicine
- Kazakhstan Association of Aesthetic Medicine and Plastic Surgery
- Mexican Scientific Society of Aesthetic Medicine
- Moroccan Society of Aesthetic Medicine
- Polish Society of Aesthetic and Anti-Aging Medicine
- Portuguese Society of Aesthetic and Anti-Aging Medicine
- Scientific Association of Aesthetic Medicine of Peru
- Society of Aesthetic Medicine in Turkey
- Spanish Society of Aesthetic Medicine
- Swiss Society of Aesthetic Medicine
- Ukrainian Society of Aesthetic Medicine

4S: Analysis of the domains general quality with RIGHT in aesthetic medicine guideline

Abbreviated name of CPG	Basic information	Background	Evidence	Recommendations	Review and quality assurance	Funding, declaration and management of interests	Other information
Italian Manual Vol. I	50%	13%	10%	14%	0%	0%	0%
Italian Manual Vol. I	42%	6%	10%	14%	0%	0%	0%
Argentinian Manual	25%	31%	0%	21%	0%	0%	0%
Spanish aesthetic medicine CPG	50%	94%	0%	21%	0%	0%	17%
Canadian CPG	67%	69%	0%	29%	0%	0%	33%
Italian CPG	42%	19%	0%	7%	0%	0%	17%
Spanish Facial and body CPG	67%	88%	40%	7%	50%	0%	17%

S5.1. AGREE Checklist

Domain	Item
Scope and purpose	1. The overall objective(s) of the guideline is (are) specifically described. 2. The health question(s) covered by the guideline is (are) specifically described 3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described
Stakeholder involvement	4. The guideline development group includes individuals from all the relevant professional groups. 5. The views and preferences of the target population (patients, public, etc.) have been sought. 6. The target users of the guideline are clearly defined.
Rigor of development	7. Systematic methods were used to search for evidence. 8. The criteria for selecting the evidence are clearly described. 9. The strengths and limitations of the body of evidence are clearly described. 10. The methods for formulating the recommendations are clearly described. 11. The health benefits, side effects and risks have been considered in formulating the recommendations. 12. There is an explicit link between the recommendations and the supporting evidence. 13. The guideline has been externally reviewed by experts prior to its publication. 14. A procedure for updating the guideline is provided.
Clarity of presentation	15. The recommendations are specific and unambiguous. 16. The different options for management of the condition or health issue are clearly presented. 17. Key recommendations are easily identifiable.
Applicability	18. The guideline describes facilitators and barriers to its application. 19. The guideline provides advice and/or tools on how the recommendations can be put into practice. 20. The potential resource implications of applying the recommendations have been considered. 21. The guideline presents monitoring and/ or auditing criteria.
Editorial independence	22. The views of the funding body have not influenced the content of the guideline. 23. Competing interests of guideline development group members have been recorded and addressed.

S5.2. RIGHT Checklist

Section	Item
Basic information	
Title/subtitle	1a. Identify the report as a guideline, that is, with "guideline(s)" or "recommendation(s)" in the title. 1b. Describe the year of publication of the guideline. 1c. Describe the focus of the guideline, such as screening, diagnosis, treatment, management, prevention or others.
Executive summary	2. Provide a summary of the recommendations contained in the guideline.
Abbreviations and acronyms	3. Define new or key terms and provide a list of abbreviations and acronyms if applicable.
Corresponding developer	4. Identify at least one corresponding developer or author who can be contacted about the guideline.
Background	
Brief description of the health problem(s)	5. Describe the basic epidemiology of the problem, such as the prevalence/incidence, morbidity, mortality, and burden (including financial) resulting from the problem.
Aim(s) of the guideline and specific objectives	6. Describe the aim(s) of the guideline and specific objectives, such as improvements in health indicators (e.g., mortality and disease prevalence), quality of life, or cost savings.
Target population(s)	7a. Describe the primary population(s) that is addressed by the recommendation(s) in the guideline. 7b. Describe any subgroups that are given special consideration in the guideline.
End- users and settings	8a. Describe the intended primary users of the guideline (such as primary care providers, clinical specialists, public health practitioners, program managers, and policy makers) and other potential users of the guideline. 8b. Describe the setting(s) for which the guideline is intended, such as primary care, low- and middle-income countries, or in-patient facilities.
Guideline development groups	9a. Describe how all contributors to the guideline development were selected and their roles and responsibilities (e.g., steering group, guideline panel, external reviewer, systematic review team, and methodologists).
Basic information	9b. List all individuals involved in developing the guideline, including their title, role(s) and institutional affiliation(s).
Evidence	
Healthcare questions	10a. State the key questions that were the basis for the recommendations in PICO (population, intervention, comparator, and outcome) or another format as appropriate. 10b Indicate how the outcomes were selected and sorted.
Systematic reviews	11a. Indicate whether the guideline is based on new systematic reviews done specifically for this guideline or whether existing systematic reviews were used. 11b. If the guideline developers used existing systematic reviews, reference these and describe how those reviews were identified and assessed (provide the search strategies and the selection criteria and describe how the risk of bias was evaluated) and whether they were updated.
Assessment of the certainty of the body of evidence	12. Describe the approach used to assess the certainty of the body of evidence.
Recommendations	
Recommendations	13a. Provide clear, precise, and actionable recommendations. 13b. Present separate recommendations for important subgroups if the evidence suggests that there are important differences in factors influencing recommendations, particularly the balance of benefits and harms across subgroups. 13c. Indicate the strength of recommendations and the certainty of the supporting evidence.
Rationale/explanation for recommendations	14a. Describe whether values and preferences of the target population(s) were considered in the formulation of each recommendation. If yes, describe the approaches and methods used to elicit or identify these values and preferences. If values and preferences were not considered, provide an explanation. 14b. Describe whether cost and resource implications were considered in the formulation of recommendations. If yes, describe the specific approaches and methods used (such as cost-effectiveness analysis) 14c. Describe other factors taken into consideration when formulating the recommendations, such as equity, feasibility and acceptability. and summarize the results. If resource issues were not considered, provide an explanation.

Continued S5.2. RIGHT Checklist

Section	Item
Evidence to decision processes	15. Describe the processes and approaches used by the guideline development group to make decisions, particularly the formulation of recommendations (such as how consensus was defined and achieved and whether voting was used).
Review and quality assurance	
Basic information	
External review	16. Indicate whether the draft guideline underwent independent review and, if so, how this was executed, and the comments considered and addressed.
Quality assurance	17. Indicate whether the guideline was subjected to a quality assurance process. If yes, describe the process.
Funding, declaration and management of interest	
Funding source(s) and role(s) of the funder	18a. Describe the specific sources of funding for all stages of guideline development. 18b. Describe the role of funder(s) in the different stages of guideline development and in the dissemination and implementation of the recommendations.
Declaration and management of interest	19a. Describe what types of conflicts (financial and non-financial) were relevant to guideline development. 19b. Describe how conflicts of interest were evaluated and managed and how users of the guideline can access the declarations.
Other information	
Access	20. Describe where the guideline, its appendices, and other related documents can be accessed.
Suggestions for further research	21. Describe the gaps in the evidence and/or provide suggestions for future research.
Limitations of the guideline	22. Describe any limitations in the guideline development process (such as the development groups were not multidisciplinary, or patients' values and preferences were not sought) and indicate how these limitations might have affected the validity of the recommendations.

Appendix S6: SDM Data extraction analysis (n=7)

					Basic information				Background			Evidence selection criteria		Evidence strengths & limitations				Recommendations			Facilitators and barriers		Implementation advice/ tools		Resource implications			Monitoring/auditing criteria				Recommendations & limitations		Editorial Independence &		
	Name of the CPG	**Year**	**SDM**	**Informed Consent**	SDM appears in any section of the CPG	SDM appears in the Executive Summary	SDM appears in the table of content	SDM appears in glossary or topic indexes	SDM basis are explained	Primary affected population is well defined	Patients subgroups with special consideration are discuss	The key (PICO) question related to SDM is specified	Search strategy for evidence about SDM is reported	Study design(s) and methodology limitations are pondered	Appropriateness/relevance of outcomes are considered	Consistency of results across studies are detailed	Benefit versus magnitude of harm is considered	Certainty of the supporting evidence on SDM is indicated	Clear, precise recommendations on SDM are provided	Recommendations about SDM for subgroups are separated	Strength of recommendations on SDM is indicated	Facilitators to SDM application are described	Barriers to SDM application are described	How recommendations can be applied in practice	Support for the implementation of SDM	Cost of SDM implementation is specified	Information/description of the cost information is provided	The information gathered affects recommendations	Adherence to recommendations about SDM is assesed	Assessing impact of implementing these recommendations	Frequency and interval of measurement of these criteria	Suggestions for further research are provided	Limitations of the CPG about SDM recommendations	Professional, financial or intellectual interest about SDM	Declaration of the value of the SDM use	**TOTAL OF ITEMS DISPLAYED IN THE CPG**
1	Italian Manual Vol. I	2014	1	No	1									1																					2
2	Italian Manual Vol. I	2014	1	No	1									1																					2
3	Argentinian Manual	2009	0	No																															0
4	Spanish aesthetic medicine CPG	2018	2	Yes	1					1															1										3
5	Canadian CPG	2020	3	Yes	1													1					1												3
6	Italian CPG	2013	1	No	1									1																					2
7	Spanish Facial and body CPG	2018	1	No	1									1																					2
				Total	**6**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**4**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

Figure 1S

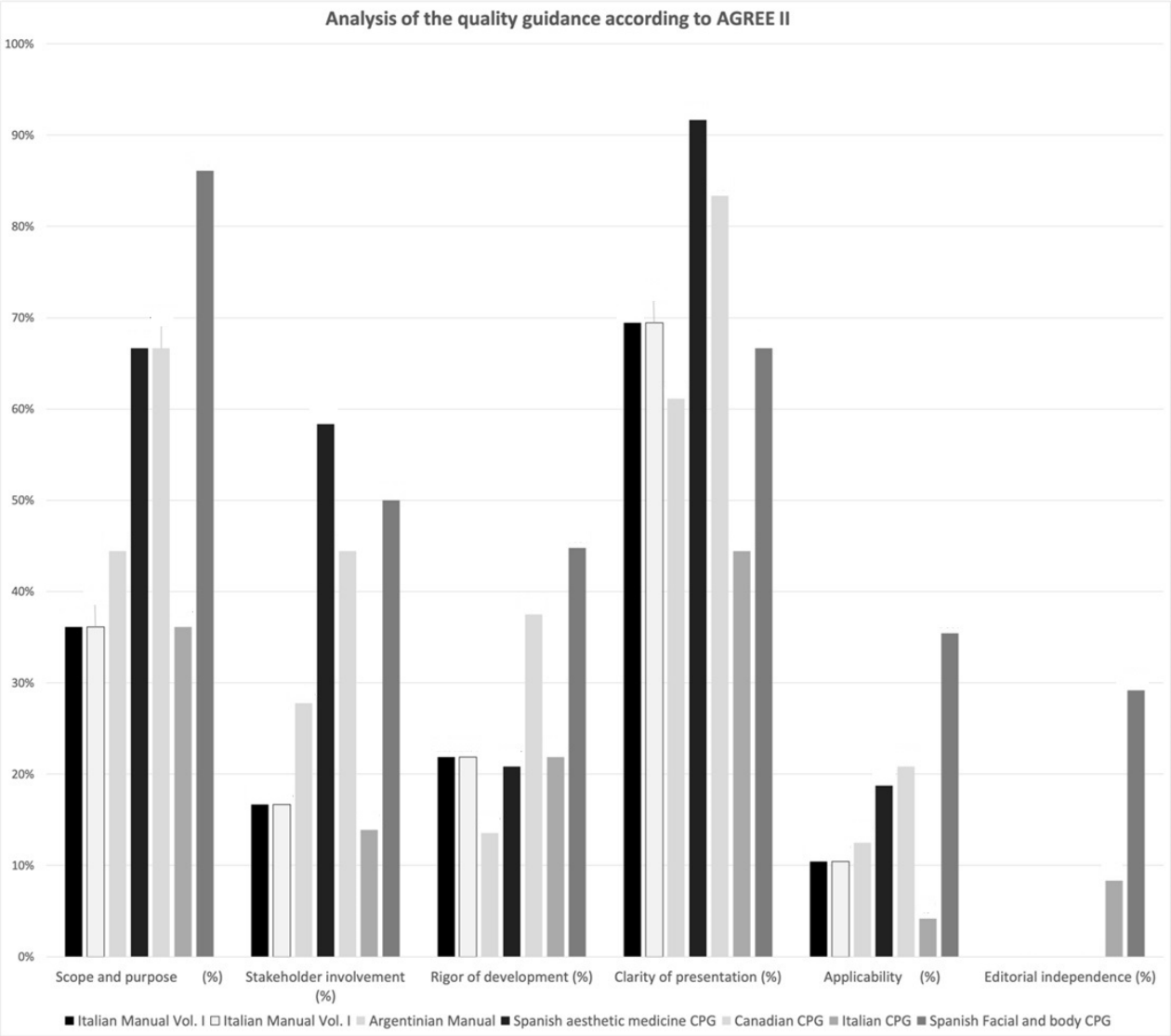
Analysis of the quality guidance according to AGREE II
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Scope and purpose (%)
Stakeholder involvement (%)
Rigor of development (%)
Clarity of presentation (%)
Applicability (%)
Editorial independence (%)
Italian Manual Vol. I
Italian Manual Vol. I
Argentinian Manual
Spanish aesthetic medicine CPG
Canadian CPG
Italian CPG
Spanish Facial and body CPG

Figure 2S

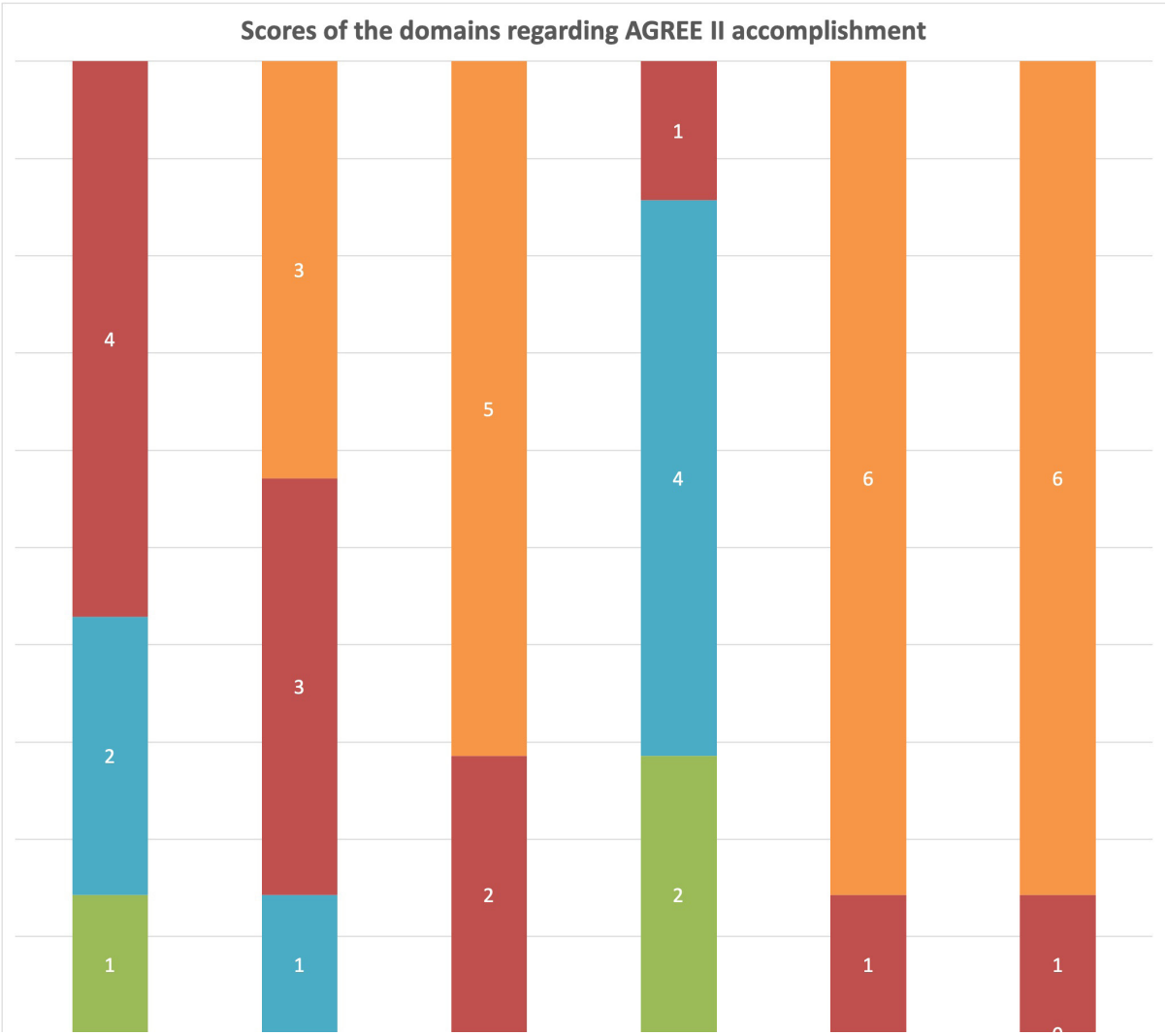
Scores of the domains regarding AGREE II accomplishment
4
2
1
3
3
1
5
2
1
4
2
6
1
6
1

Figure 3S

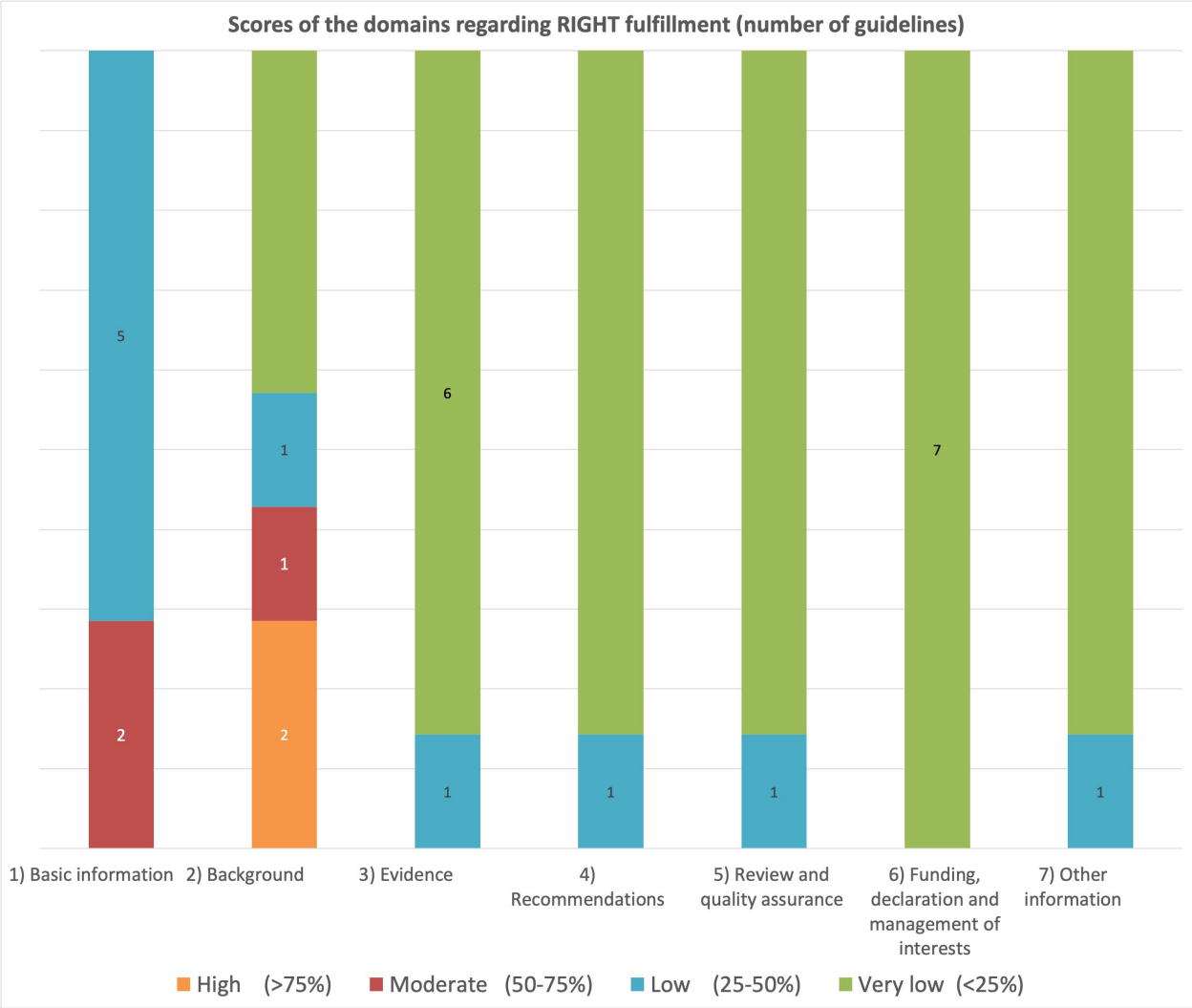
Scores of the domains regarding RIGHT fulfillment (number of guidelines)
5
2
1
1
2
6
1
1
1
7
1
1) Basic information
2) Background
3) Evidence
4) Recommendations
5) Review and quality assurance
6) Funding, declaration and management of interests
7) Other information
High (>75%)
Moderate (50-75%)
Low (25-50%)
Very low (<25%)

Figure 4S


0%
25%
50%
75%
100%
Basic Information
SDM appears in some section of the CPG
1
6
SDM appears in the Executive Summary
7
SDM appears in the table of content
7
SDM appears in glossary, abbreviations, acronyms or topic indexes
7
Background
SDM basis (concept, benefits, risks and limitations) are explained
7
Primary affected population is well defined
1
6
Patients subgroups that need special consideration are discuss
7
Selection Criteria
The key (PICO) question related to SDM is specified
7
Details of the strategy used to search for evidence about SDM is reported
7
Strengths & limitations
Study design(s) and methodology limitations are pondered
4
3
Appropriateness/relevance of outcomes are considered
7
Consistency of results across studies are detailed
7
Magnitude of benefit versus magnitude of harm is considered
7
Certainty of the supporting evidence on SDM is indicated
7
Recommendations
Clear, precise and actionable recommendations on SDM is provided
1
6
Distinctive recommendations about SDM for important subgroups are separated
7
Strength of recommendations on SDM is indicated
7
Facilitators/barriers
Facilitators to SDM application are described
7
Barriers to SDM application are described
7
Implementation
Advice on how recommendations about SDM can be applied in practice is provided
1
6
Additional materials to support the implementation of SDM are provided
1
6
Resource implications
Types of cost of SDM implementation that were considered are specified
7
Information/description of the cost information is provided
7
The information gathered affects recommendations about SDM and it is well detailed
7
Monitoring/auditing criteria
Criteria to assess adherence to recommendations about SDM
7
Criteria for assessing impact of implementing these recommendations
7
Advice on the frequency and interval of measurement of these criteria
7
Recommendations & limitations
Suggestions for further research are provided
7
Limitations of the guideline about SDM recommendations are described
7
Independence & interest
Declaration of the value of the SDM use is described
7
Declaration of interest (professional, financial or intellectual) about SDM use is described
7
with
without