Appendix A. Search Strategy

Search strategy for CINAHL/Embase/Medline, adapted from 2009 Comparative Effectiveness of Core Needle Biopsy and Open Surgical Biopsy for Diagnosis of Breast Lesions

Set Number	Concept	Search statement
1	Breast biopsy	(breast biopsy or stereotactic breast biopsy or directional vacuum assisted biopsy).de.
2	Breast	Breast
3	Breast diseases	Exp breast cancer/di or exp breast neoplasms/di or exp breast disease/di or exp breast diseases/di
4		(breast or mammar$) and (Papilloma or calcification$ or calcinosis or tum?or$ or lesion$ or cancer or carcinoma$ or lump$)
5	Combine sets	or/2-4
6	Biopsy	5 and ((Biopsy or tumor biopsy).de. or biops$)
7	Large core needle biopsy	6 and ((needle biopsy or biopsy needle or percutaneous biopsy).de. or (large core or needle or mammotome or mammatome or vacuum))
8	Open biopsy	6 and (breast/su or breast tumor/su)
9		6 and (su.fs. or open or excision$ or incision$ or surgical)
10	Combine sets	8 or 9
11	Combine sets	or/1,7,10
12	Limit by publication type	11 not ((letter or editorial or news or comment or case reports or note or conference paper).de. or (letter or editorial or news or comment or case reports).pt.)
13	Diagnostics filter	12 and (exp prediction and forecasting/ or (predictive value of tests or receiver operating characteristic or ROC curve or sensitivity and specificity or accuracy or diagnostic accuracy or precision or likelihood).de. or ((false or true) adj (positive or negative)))
14	Clinical trials filter	13 and ((Randomized controlled trials or random allocation or double-blind method or single-blind method or placebos or cross-over studies or crossover procedure or double blind procedure or single blind procedure or placebos or latin square design or crossover design or double-blind studies or single-blind studies or triple-blind studies or random assignment or exp controlled study/ or exp clinical trial/ or exp comparative study/ or cohort analysis or follow-up studies.de. or intermethod comparison or parallel design or control group or prospective study or retrospective study or case control study or major clinical study).de. or Case control studies/ or Cohort/ or Longitudinal studies/ or Evaluation studies/ or Follow-up studies/ or Prospective studies/ or Retrospective studies/ or Case control study/ or Cohort analysis/ or Longitudinal study/ or Follow up/ or Cohort analysis/ or Followup studies/ or random$.hw. or random$.ti. or placebo$.mp. or ((singl$ or doubl$ or tripl$ or

		trebl$) and (dummy or blind or sham or mask)).mp. or latin square.mp. or (time adj series) or (case adj (study or studies) or ISRCTN$.mp. or ACTRN$.mp. or (NCT$ not nctc$)))
15	Combine sets	13 or 14
16	Eliminate overlap	
17	Seeding	12 and seeding.ti,ab.
18	Patient satisfactionQOL	12 and ((patient satisfaction or pain measurement or pain assessment or visual analog scale or quality of life).de. or satisf$ or QOL or preference$)
19	Adverse events	12 and ((ae or co).fs. or cross infection or drainage or surgical wound infection).de.)
20	Disfiguration	12 and (disfigur$ or deform$)
21	Combine sets	Or/16-20

Appendix B: List of excluded studies

Reason for exclusion	Excluded studies (see list of references on the next page)
< 10 patients, no seeding	1-32
> 15% current or previous breast cancer	33-104
Case control or retrospective case study	105-245
Duplicate study	246-251
Incomplete reference standard	252-315
Instrument no longer available	316
Less than 50% follow-up	66, 315, 317-380
No CNB or CNB not for diagnosis of breast cancer in women	246, 381-579580-701
No primary data	702-741
Non-English full text	742-781
Not outcome of interest (no KQ1, KQ2, KQ3)	34, 390, 432, 782-89350, 60, 246, 894-10321033-1166734, 1167-1313
Selected on the basis of CNB or final outcomes	4, 112, 1314-146469, 913, 1060, 1118, 1465-167094, 251, 1671-1908

CNB = core-needle biopsy; KQ = Key Question.

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Appendix C. Assessment of the strength of evidence

Key Question	Population	Outcome	Comparison or biopsy method	Risk of Bias	Consistency	Precision	Directness	Overall Rating	Key Findings and Comments
Key Question 1: Comparative effectiveness of core-needle biopsy and open surgical biopsy	Average risk women	Test performance	Freehand vs. ultrasound-guided, automated	Moderate to high	Consistent	Somewhat imprecise (sensitivity) Fairly precise (specificity)	Indirect (regression based comparisons across studies)	Low	– Difference in sensitivity: 0.08 (0.02 to 0.19) [ultrasound-guided, automated better] – Difference in specificity: -0.01 (-0.04, 0.02) [no difference]
			Freehand vs. stereotactically guided, automated	Moderate to high	Consistent	Somewhat imprecise (sensitivity) Fairly precise (specificity)	Indirect (regression based comparisons across studies)	Low	– Difference in sensitivity: 0.07 (0.01 to 0.18) [stereotactically guided, automated better] – Difference in specificity: -0.01 (-0.03 to 0.02) [no difference]
			Freehand vs. ultrasound-guided, vacuum-assisted	Moderate to high	Consistent	Somewhat imprecise (sensitivity) Fairly precise (specificity)	Indirect (regression based comparisons across studies)	Low	– Difference in sensitivity: 0.06 (-0.03 to 0.17) [ultrasound-guided, vacuum-assisted better] – Difference in specificity: 0.00 (-0.02 to -0.03) [no difference]
			Freehand vs. stereotactically guided, vacuum-assisted	Moderate to high	Consistent	Somewhat imprecise	Indirect (regression based comparisons across studies)	Low	– Difference in sensitivity: 0.08 (0.03 to 0.19) [stereotactically guided, vacuum-assisted better] – Difference in specificity: -0.07 (-0.10 to -0.03) [freehand better]
			Stereotactically guided, vacuum assisted vs. automated	Moderate to high	Consistent	Fairly precise (sensitivity) Somewhat imprecise (specificity)	Indirect (regression based comparisons across studies)	Low	– Difference in sensitivity: 0.02 (0.00 to 0.03) [vacuum-assisted better] – Difference in specificity: -0.05 (-0.09 to -0.03) [automated better]
			Stereotactically guided vacuum assisted vs. ultrasound-guided, automated	Moderate to high	Consistent	Fairly precise (sensitivity) Somewhat imprecise (specificity)	Indirect (regression based comparisons across studies)	Low	– Difference in sensitivity: 0.00 (-0.01 to 0.02) [no difference] – Difference in specificity: -0.05 (-0.09 to -0.02) [ultrasound-guided, automated better]
			Stereotactically guided vacuum assisted vs. ultrasound-guided, vacuum-assisted	Moderate to high	Consistent	Fairly imprecise	Indirect (regression based comparisons across studies)	Low	– Difference in sensitivity: 0.02 (0.00 to 0.10) [no difference] – Difference in specificity: -0.07 (-0.10 to -0.04) [ultrasound-guided vacuum-assisted better]
			Other comparisons between biopsy techniques	Moderate to high	Consistent	Fairly precise	Indirect (regression based comparisons across studies)	Low	– There were no differences in sensitivity and specificity for ultrasound-guided automated vs. vacuum-assisted methods.

Key Question	Population	Outcome	Comparison or biopsy method	Risk of Bias	Consistency	Precision	Directness	Overall Rating	Key Findings and Comments
									– There were no differences in sensitivity and specificity for stereotactically guided automated vs. ultrasound-guided methods. – The CrIs for all comparisons included zero and were fairly precise.
			MRI vs. any other device	Moderate to high	Consistent	Imprecise	Indirect (regression based comparisons across studies)	Insufficient	– Only 4 small studies were available – Differences in sensitivity and specificity comparing MRI with other biopsy methods had CrIs intervals that included 0 but were imprecise
\		DCIS underestimation	Stereotactically guided, automated	Moderate to high	Moderately inconsistent	Imprecise	Comparisons between tests were indirect (across studies)	Low	– Average underestimation probability: 0.27 (0.18 to 0.37) [17 studies]
			Stereotactically guided, vacuum-assisted	Moderate to high	Moderately inconsistent	Imprecise	Comparisons between tests were indirect (across studies)	Low	– Average underestimation probability: 0.11 (0.08 to 0.14) [33 studies]
			Ultrasound-guided, automated	Moderate to high	Moderately inconsistent	Imprecise	Comparisons between tests were indirect (across studies)	Low	– Average underestimation probability: 0.38 (0.25 to 0.51) [14 studies]
			Other biopsy methods	Moderate to high	Moderately inconsistent	Imprecise	Comparisons between tests were indirect (across studies)	Insufficient	Few or no available studies with very small numbers of lesions.
		High risk lesion underestimation rate	Stereotactically guided, automated	Moderate to high	Moderately inconsistent	Imprecise	Comparisons between tests were indirect (across studies)	Low	– Average underestimation probability: 0.47 (0.37 to 0.58) [28 studies]
			Stereotactically guided, vacuum-assisted	Moderate to high	Moderately inconsistent	Imprecise	Comparisons between tests were indirect (across studies)	Low	– Average underestimation probability: 0.18 (0.13 to 0.24) [37 studies]
			Ultrasound-guided, automated	Moderate to high	Moderately inconsistent	Imprecise	Comparisons between tests were indirect (across studies)	Low	– Average underestimation probability: 0.22 (0.14 to 0.34) [20 studies]
			Other biopsy methods	Moderate to high	Moderately inconsistent	Imprecise	Comparisons between tests were indirect (across studies)	Insufficient	Few or no available studies with very small numbers of lesions.

Key Question	Population	Outcome	Comparison or biopsy method	Risk of Bias	Consistency	Precision	Directness	Overall Rating	Key Findings and Comments
	Women at average and high risk of breast cancer	Modifiers of test performance;	All biopsy methods	Moderate to high	Unclear	Imprecise	Indirect	Insufficient	– Few studies provided within sample information for each modifier of interest; meta-regression results rely on cross-study comparisons so consistency of effects cannot be assessed – Within-study (direct) evidence was sparse; between study evidence relied on indirect comparisons across studies – In meta-regression analyses CrIs were wide and extreme odds ratio values were often observed because sensitivity and specificity for all tests were very close to 1 (see Results for additional details)
Key Question 2: Adverse events of core-needle biopsy and open surgical biopsy	All patient populations	Any complications	Open vs. core-needle biopsy	NA	NA	NA	NA	Not rated	– Few studies provided information on open biopsy; comparisons of methods are indirect and based on limited empirical evidence and expert opinion – Open surgical biopsy is associated with an increased incidence of adverse events compared to core-needle biopsy
		Severe complications	Open vs. core-needle biopsy	NA	NA	NA	NA	Not rated	– Few studies provided information on open biopsy; comparisons of methods are indirect and based on limited empirical evidence and expert opinion – Open surgical biopsy is associated with an increased incidence of serious adverse events compared to core-needle biopsy
		Bleeding, including bleeding events that require treatment	Comparisons among all core-needle biopsy methods	Moderate to high	Consistent	Imprecise	Indirect	Low	– Median %: 0.76 (25th perc. = 0.22; 75th perc = 3.97) – Potential for selective outcome and analysis reporting – Few studies reported bleeding requiring treatment; the event rate was low (<0.40 perc.) in those studies
		Hematoma formation	Comparisons among all core-needle biopsy methods	Moderate to high	Consistent	Imprecise	Indirect	Low	– Median %: 1.19 (25th perc.= 0.05; 75th perc = 7.20) – Potential for selective outcome and analysis reporting
		Infectious complications	Comparisons among all core-needle biopsy methods	Moderate to high	Consistent	Imprecise	Indirect	Low	– Median %: 0.05 (25th perc.= 0.00; 75th perc = 0.63) – Potential for selective outcome and analysis reporting

Key Question	Population	Outcome	Comparison or biopsy method	Risk of Bias	Consistency	Precision	Directness	Overall Rating	Key Findings and Comments
		Vasovagal reactions:	Comparisons among all core-needle biopsy methods	Moderate to high	Consistent	Imprecise	Indirect	Low	– Median %: 1.78 (25th perc.= 0.43; 75th perc = 4.29) – Potential for selective outcome and analysis reporting
		Pain and severe pain	Comparisons among all core-needle biopsy methods	Moderate to high	Consistent	Imprecise	Indirect	Low	25 studies of a wide variety of biopsy methods reported information about patient pain during the procedure (pain was assessed heterogeneously across studies).
		Other adverse events	Comparisons among all core-needle biopsy methods	Moderate to high	Unclear	Imprecise	Indirect	Insufficient	– Most events were reported by a single study precluding assessment of consistency – Individual studies did not provide adequate information for precise estimation of the event rate) – Only informal indirect comparisons among biopsy methods were possible – Potential for selective outcome and analysis reporting
		Modifiers of test adverse events – vasovagal reactions	Sitting upright during the biopsy procedure	Moderate to high	Unclear (few available studies; heterogeneous reporting)	Imprecise	Direct	Low	– Vasovagal reactions were more common among patients sitting during the biopsy procedure – Results were reported in few studies (11 studies; 8 from the original evidence report and 3 from this update) – Potential for selective outcome and analysis reporting
		Modifiers of test adverse events – bleeding	Vacuum-assisted versus non-vacuum assisted biopsy methods	Moderate to high	Fairly consistent	Imprecise	Indirect	Low	– Vacuum-assisted procedures were generally associated with increased rates of bleeding and hematoma formation – Bleeding events were generally uncommon – Comparisons among biopsy methods were based on informal indirect comparisons (across studies) – Potential for selective outcome and analysis reporting
		All other modifiers of adverse events	Comparisons among all core-needle biopsy methods	Moderate to high	Unclear	Imprecise (and sometimes impossible to assess due to incomplete information)	Direct	Insufficient	– Most factors assessed by a single study limiting our ability to assess consistency – Potential for selective outcome and analysis reporting. – Within-study comparisons provided direct evidence

CrI = credible interval; DCIS = ductal carcinoma in situ; NA = not applicable; perc = percentile