

**Dodd et al., J Clin Epidemiol 2018, Table 2: Breakdown of outcomes within 299 COS in COMET database**

Core area	Outcome domains (Dodd et al., 2018)	Modified Dodd Outcomes NSRCT (Kirkevang et al., 2022)	Modified Dodd Outcomes SRCT (Shah et al., 2022)	Modified Dodd Outcomes Pulpotomy (Cushley et al., 2022)	Azarapazhoob et al., J Endod 2022
<b>Mortality/survival</b>	<b>Mortality/survival</b>	Tooth survival*	Tooth survival*	Tooth survival*	Survival (procedure code in administrative database)* Survival (asymptomatic tooth)
<b>Physiological/clinical</b>	<b>Physiological/clinical (≥1)</b> Blood and lymphatic system outcomes Cardiac outcomes Congenital, familial and genetic outcomes Endocrine outcomes Ear and labyrinth outcomes Eye outcomes Gastrointestinal outcomes General outcomes Hepatobiliary outcomes Immune system outcomes Infection and infestation outcomes Injury and poisoning outcomes Metabolism and nutrition outcomes Musculoskeletal and connective tissue outcomes Outcomes relating to neoplasms: benign, malignant and unspecified (including cysts and polyps) Nervous system outcomes Pregnancy, puerperium, and perinatal outcomes Renal and urinary outcomes Reproductive system and breast outcomes Psychiatric outcomes Respiratory, thoracic and mediastinal outcomes Skin and subcutaneous tissue outcomes Vascular outcomes	Pain Swelling or sinus tract Tissue tenderness Tenderness to percussion Mobility Radiographic or CBCT healing Periodontal pocket depths Bacterial reduction Biomarker expression	Pain Swelling or sinus tract Tissue tenderness Tenderness to percussion Mobility Radiographic or CBCT reduction of periradicular lesion (lenient criteria) Radiographic or CBCT normal PDL space (strict criteria) Periodontal pocketing, clinical attachment loss, apicomarginal communication or dehiscence Satisfactory soft tissue healing Interdental papilla height loss Complete GBR/TCP material replacement by new bone (strict criteria) Healing—complete, incomplete and uncertain with no signs or symptoms (lenient criteria) Healing—complete, and no signs or symptoms (strict criteria)	Pain Symptoms Infection- swelling, sinus, fistula or abscess Periapical tests- (tenderness to percussion, palpation) Mobility Radiographic evidence of disease progression Periodontal probing depths/attachment loss Vitality/sensibility Hard tissue/dentine barrier formation Continued root development or apexogenesis Physiological narrowing of chamber/canals Histological evidence of pulpal inflammation Integrity /quality of restoration Success	Pain assessment Clinic impression of healing Radiographic healing (2D and/or 3D) Densitometric analysis of apical barrier Root thickness Apical barrier formation Apical barrier formation time Microbial evaluation Histologic evaluation Success
<b>Life impact</b>	<b>Functioning (≥1)</b> Physical Social Role Emotional/well-being Cognitive Global quality of life Perceived health status Delivery of care Personal circumstances	Oral Health-related Quality of life Discomfort Need for sick leave Fatigue reduced energy	Loss of tooth function Bleeding Quality of life Difficulty with mouth opening Time off work Oral awareness Difficulty chewing	Functional tooth Esthetics- discoloration	Esthetic evaluation Oral Health-Related Quality of Life Patients' satisfaction Chewing ability
<b>Resource use</b>	<b>Resource use (≥1)</b> Economic Hospital Need for intervention Societal/carer burden	Need for medication	Need for further intervention (extraction, resurgery, tooth/root resection and/or interceptive non-surgical root canal treatment) Cost-effectiveness Need for medication (painkillers or antibiotics)	Need for further intervention Time to complete procedure Cost-effectiveness Analgesic use in postoperative period	Treatment time Treatment cost Number of visits needed
<b>Adverse events/effects</b>	<b>Adverse events/effects</b>	Exacerbation Hypersensitivity Gastro-intestinal	Altered sensation or neurological damage Persistent postoperative pain Perforation of lingual or palatal cortical plate Root perforation Abscess, erythema, inflammation, flare-up, suppuration or fluctuation Sinus membrane perforation Root fractures	Calcification Resorption Pathological narrowing pulp chamber or canals/obliteration	

\* Some studies reported on negative outcomes of hospital-based spreading endodontic infections including mortality of the patient

Reference: Dodd Et Al Domains