

**Appendix 3:** Methodological quality and definitions for severe pneumonia and inpatient treatment of the randomized controlled trials included in the meta-analysis of the effectiveness of respiratory fluoroquinolones compared with other antibiotics for the treatment of community-acquired pneumonia (part 1 of 3)

Study	Study design					Funding	ITT	Criteria for hospital admission	Definition of severe pneumonia
	RCT, quality score	DB	Concealment of allocation	Withdrawals	Generation of random numbers				
Carbon et al <sup>1</sup>	MC, 5	•	•	•	•	Hoechst Marion Russell	516	NA	Severe pneumonia was an exclusion criterion
D'Ignazio et al <sup>2</sup>	MC, 4	•	•	•		Pfizer	423	Outpatients	Severe pneumonia was an exclusion criterion
Erard et al <sup>3</sup>	MC, 2			•		Aventis	129	NA	PSI score class III-V (intensive care unit) patients excluded)
File et al <sup>4</sup>	MC, 2			•		RW Johnson Pharmaceutical Institute	590	NA	At least one of: bacteremia, DBP < 60 mmHg, RR ≥ 30 /min
Finch et al <sup>5</sup>	MC, 1					None	622	Initial requirement for IV therapy	At least one of: RR ≥ 30 breaths/min, pO <sub>2</sub> < 60 mmHg, need for MV, DBP ≤ 60 mm Hg, chest x-ray with bilateral or multilobar involvement, need for vasopressors for > 4 h
Fogarty et al <sup>6</sup>	MC, 3			•	•	Ortho-McNeil	269	• 3 criteria of ATS for inpatient treatment, need of MV or > 2 of the following: temperature > 39 or < 35.5 C, RR>30/min, SBP < 90 mm Hg, HR > 130/min, altered mental status	Need for MV, need for vasopressors
Fogarty et al <sup>7</sup>	MC, 4	•	•	•		Bayer	473	Outpatients	Severe pneumonia was an exclusion criterion
Frank et al <sup>8</sup>	MC, 3			•	•	Ortho-McNeil	211	Initial requirement of IV treatment, PSI score of > 70	PSI score class IV-V

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**Appendix 3:** Methodological quality and definitions for severe pneumonia and inpatient treatment of the randomized controlled trials included in the meta-analysis of the effectiveness of respiratory fluoroquinolones compared with other antibiotics for the treatment of community-acquired pneumonia (part 2 of 3)

Study	Study design					Funding	ITT	Criteria for hospital admission	Definition of severe pneumonia
	RCT, quality score	DB	Concealment of allocation	Withdrawals	Generation of random numbers				
Geijo Martinez et al <sup>9</sup>	SC, 1					None	49	age > 60-65 yr, comorbidity, lack of responsiveness >72 h for ambulatory patients, infiltrates > 1 lobe, cavitation or pleural effusion, possible aspiration or incorrect outpatient treatment	Severe pneumonia was an exclusion criterion
Gotfried et al <sup>10</sup>	MC, 4	•	•	•		Abbott	299	Outpatients	Severe pneumonia was an exclusion criterion
Hoeffken et al <sup>11</sup>	MC, 4	•	•	•		Bayer	675	Outpatients	Severe pneumonia was an exclusion criterion
Kalbermatt et al <sup>12</sup>	SC, 1					NA	84	age>65yrs, infiltrates > 1 lobe, pleural effusion, white blood cell >15000 or < 5000, PaO <sub>2</sub> /FiO <sub>2</sub> < 500 and > 300, comorbidity	Severe pneumonia was an exclusion criterion
Katz et al <sup>13</sup>	MC, 3			•	•	Bayer	335	Initial requirement for IV therapy	PSI score class IV-V
Leophonte et al <sup>14</sup>	MC, 4	•	•	•		None	320	NA	ATS guidelines 1993*
Lin et al <sup>15</sup>	SC, 3			•	•	Daiichi Pharmaceutica 	50	Initial requirement for IV therapy	PSI score class III-IV
Lode et al <sup>16</sup>	MC, 2			•		Glaxo	341	Left to the discretion of each investigator	PSI score class IV-V

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**Appendix 3:** Methodological quality and definitions for severe pneumonia and inpatient treatment of the randomized controlled trials included in the meta-analysis of the effectiveness of respiratory fluoroquinolones compared with other antibiotics for the treatment of community-acquired pneumonia (part 3 of 3)

Study	Study design					Funding	ITT	Criteria for hospital admission	Definition of severe pneumonia
	RCT, quality score	DB	Concealment of allocation	Withdrawals	Generation of random numbers				
Norrby et al <sup>17</sup>	MC, 3			•	•	Hoechst Marion Russell	619	Patients >65 yr or < 65 yr with comorbidity or risk factors potentially complicating the course of community-acquired pneumonia	NA
Petitpretz et al <sup>18</sup>	MC, 2	•				None	408	Left to the discretion of the investigator	Severe pneumonia was an exclusion criterion
Portier et al <sup>19</sup>	MC, 2			•		Bayer	346	Age > 65 yr, comorbidity, recent episode of respiratory infection, hospitalization during previous year	Severe pneumonia was an exclusion criterion
Torres et al <sup>20</sup>	MC, 3	•		•		Bayer	477	Outpatients (95%)	PSI score class IV-V
Welte et al <sup>21</sup>	MC, 1					Bayer	397	Need for initial IV treatment according to ATS 1993* guidelines	PSI score class IV-V
Xu et al <sup>22</sup>	NA, 1					None	40	Initial requirement for IV therapy	Severe pneumonia was an exclusion criterion
Zervos et al <sup>23</sup>	MC, 2			•		Pfizer	212	PSI score ≥ 71 and requirement for initial IV therapy	PSI score class IV-V

Note: MC = multicentre, SC = single centre, DB = double-blind, RCT = randomized controlled trial, PSI = pneumonia severity index, DBP = diastolic blood pressure, RR = respiratory rate, MV = mechanical ventilation, ATS = American Thoracic Society.

Comorbidity includes chronic obstructive pulmonary disease, cardiac failure, neurological diseases, diabetes mellitus, renal insufficiency, hepatic insufficiency, immunosuppression, alcoholism, malnutrition.

\*ATS guidelines 1993 (reference 31).

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