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LAMPIRAN.1

Analisis primer

Population : Studi pasien usia dewasa \geq 35 tahun yang didiagnosis
PPOK eksaserbasi dengan komorbid gagal jantung.

Exposure : Pasien dengan gagal jantung

Comparator : tidak ada

Outcome : Prevalens PPOK eksaserbasi dengan komorbid gagal
jantung

LAMPIRAN.2**NEWCASTLE-OTTAWA QUALITY ASSESSMENT FORM FOR COHORT STUDIES**

Note: A study can be given a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability.

Selection

1. Representativeness of the exposed cohort
 - a. Truly representative (one star)
 - b. Somewhat representative (one star)
 - c. Selected group
 - d. No description of the derivation of the cohort
2. Selection of the non-exposed cohort
 - a. Drawn from the same community as the exposed cohort (one star)
 - b. Drawn from a different source
 - c. No description of the derivation of the non exposed cohort
3. Ascertainment of exposure
 - a. Secure record (e.g., surgical record) (one star)
 - b. Structured interview (one star)
 - c. Written self report
 - d. No description
 - e. Other
4. Demonstration that outcome of interest was not present at start of study
 - a. Yes (one star)
 - b. No

Comparability

Comparability of cohorts on the basis of the design or analysis controlled for confounders

- a. The study controls for age, sex and marital status (one star)
- b. Study controls for other factors (list)_____ (one star)
- c. Cohorts are not comparable on the basis of the design or analysis controlled for confounders

Outcome

- 1. Assessment of outcome
 - a. Independent blind assessment (one star)
 - b. Record linkage (one star)
 - c. Self-report d. No description
 - e. Other
- 2. Was follow-up long enough for outcomes to occur
 - a. Yes (one star)
 - b. No

Indicate the median duration of follow-up and a brief rationale for the assessment above:_____

- 3. Adequacy of follow-up of cohorts
 - a. Complete follow up- all subject accounted for (one star)
 - b. Subjects lost to follow up unlikely to introduce bias- number lost less than or equal to 20% or description of those lost suggested no different from those followed. (one star)
 - c. Follow up rate less than 80% and no description of those lost
 - d. No statement

Thresholds for converting the Newcastle-Ottawa scales to AHRQ standards (good, fair, and poor):

Good quality: 3 or 4 stars in selection domain AND 1 or 2 stars in comparability domain AND 2 or 3 stars in outcome/exposure domain

Fair quality: 2 stars in selection domain AND 1 or 2 stars in comparability domain AND 2 or 3 stars in outcome/exposure domain

Poor quality: 0 or 1 star in selection domain OR 0 stars in comparability domain OR 0 or 1 stars in outcome/exposure domain

LAMPIRAN.3.**STRATEGI PENCARIAN****PUBMED**

Search	Search strategy	Search results	Notes
#1	COPD OR Chronic obstructive pulmonary disease	37,015	
#2	Exacerbation	54477	
#3	HF OR Heart Failure	114976	
#4	Prevalence OR Incidence	1356562	
#5	Cohort	995966	
	#1 AND #2 AND #3 AND #4 AND #5	115	

LAMPIRAN.4**NEW CASTLE OTTAWA SCALE (NOS) STUDI YANG DILAKUKAN META-ANALISIS**

No	Judul	Peneliti, tahun	Seleksi	Komparabilitas	Luaran	Total skor	Peringkat
1	The influence of heart failure co-morbidity on high-sensitivity troponin T levels in COPD exacerbation in a prospective cohort study: Data from the Akershus cardiac examination (ACE) 2 study. Biomarkers	Genao L, 2015	****	*	***	8	Baik
2	Management and risk of mortality in patients hospitalised due to a first severe COPD exacerbation. International Journal of COPD	janson C, 2020	****	*	***	8	Baik
3	Associations between chronic comorbidity and exacerbation risk in primary care patients with COPD. Respiratory Research	Westerik J, 2017	****	*	***	8	Baik
4	Beta-blocker use and acute exacerbations of COPD following myocardial infarction: A Danish nationwide cohort study. Thorax	Rasmussen D, 2020	****	*	***	8	Baik
5	Role of comorbidities in treatment and outcomes after chronic obstructive pulmonary disease exacerbations. Annals of the American Thoracic Society	Spece L, 2018	****	*	***	8	Baik
6	The influence of heart failure co-morbidity on high-sensitivity troponin	Hoiseth AD, 2016	****	*	***	8	Baik

	T levels in COPD exacerbation in a prospective cohort study: Data from the Akershus cardiac examination (ACE) 2 study. Biomarkers						
7	Prognostic implications of heart failure with preserved ejection fraction in patients with an exacerbation of chronic obstructive pulmonary disease. Internal and Emergency Medicine	Marcun R, 2016	****	*	***	8	Baik
8	Predictors of hospitalized exacerbations and mortality in chronic obstructive pulmonary disease. PLoS ONE	Santibanez M, 2016	****	*	***	8	Baik
9	Exploring the impact of number and type of comorbidities on the risk of severe COPD exacerbations in Korean Population: a Nationwide Cohort Study. BMC Pulmonary Medicine	Kim Y, 2021	****	*	***	8	Baik
10	Cardiac arrhythmias in patients with exacerbation of COPD. In Advances in Experimental Medicine and Biology	Rusinowicz T, 2017	****	*	***	8	Baik
11	COPD exacerbations in the emergency department: Epidemiology and related costs. A retrospective cohort multicentre study from the Italian Society of Emergency Medicine (SIMEU). European Journal of Internal Medicine	Germini F, 2018	****	*	***	8	Baik

LAMPIRAN.5**STUDI YANG DIEKSKLUSI SETELAH MENINJAU FULL MANUSKRIP DENGAN ALASAN EKSKLUSI**

No	Penulis,tahun	Judul studi	Alasan eksklusi
1	Yao, 2021	Optimized combination of circulating biomarkers as predictor of prognosis in AECOPD patients complicated with Heart Failure	Tujuan studi memperlihatkan circulating biomarker pada PPOK eksaserbasi dengan gagal jantung. Tidak di dapatkan jumlah populasi pasien PPOK eksaserbasi secara keseluruhan
2	Chen, 2021	Association between chronic obstructive pulmonary disease and ventricular arrhythmia: a nationwide population-based cohort study	Tidak di dapatkan jumlah populasi pasien PPOK eksaserbasi dengan gagal jantung
3	Lahousse, 2015	Chronic obstructive pulmonary disease and sudden cardiac death: the Rotterdam study	Tidak di dapatkan jumlah populasi pasien PPOK eksaserbasi dengan gagal jantung
4	Richardson, 2016	Evaluation of Chronic Obstructive Pulmonary Disease (COPD) and reduced ejection fraction heart failure (HRrEF) discharge medication prescribing: Is drug therapy concordant with national guidelines associated with a reduction in 30-day readmissions?	Tidak di dapatkan jumlah populasi pasien PPOK eksaserbasi dengan gagal jantung
5	Axson, 2021	Relationship between heart failure and the risk of acute exacerbation of COPD	Tidak di dapatkan jumlah populasi pasien PPOK eksaserbasi dengan gagal jantung

