### Appendix 1 Data Extraction Sheet

<table>
<thead>
<tr>
<th>Data Extraction Form:</th>
<th>Reviewer: ________________</th>
<th>Date:___________</th>
</tr>
</thead>
</table>

Article Title:  
First Author:  
Journal:  
Publication date:  
Study ID #: _______________________________________________________________________________________________

☐ Include  
☐ Exclude  

The reason for exclusion:

### INCLUSION CRITERIA

1. Was the intervention clearly identified  
   YES  
2. Is there at least one measurable outcome that is defined in our systematic review outcomes  
   YES  
3. Is the outcome is strictly related to the evaluated intervention  
   (i.e., no other prior or accompanying thermal ablative intervention)  
   YES  
4. Data is presented in a manner that allows extraction.  
   YES  
5. Clear results for CRCLM treatment only  
   YES  
6. The number of the patients equal or more than 10  
   YES

Verification of study eligibility:

*If answered ‘YES’ to all of the above questions, proceed to complete the remainder of the form.
*If answered ‘NO’ to any of the above questions, complete only the boxed portion of form and exclude study.

### STUDY CHARACTERISTICS

What is the study design:  
Is the research question clearly described (objectives of the economic evaluation)?  
YES  
State objective:  
List of intervention groups including comparisons clearly described (NOTE: ‘no intervention’ is one group)

Group 1:  
Group 2:  
Group 3:  
Group 4:  

### POPULATION

Study population clearly defined?  
YES  
Average age:  
Age range:  
STUDY SIZE:  
Gender: MEN WOMEN BOTH N/A  
Country:  


PRIMARY TUMOR STAGE    YES NO HOW MANY IN EACH?

CEA levels:    YES NO Range: 
SIZE OF LESIONS    YES NO Range:   Average
NUMBER OF LESIONS/Patient    YES NO Range:   Average
TOTAL NUMBER OF TREATED LESIONS    YES NO Range:   Average
# + LN?    YES NO Range: 
PREVIOUS CHEMOTHERAPY    YES NO Type: 
TYPE OF EQUIPMENT USED: ________________________________
SIZE OF PROBES USED: ________________________________
EXCLUSION CRITERIA: ____________________________________

Other Relevant details:

OUTCOME MEASURES AND METHODS

COMPLICATIONS RATES    YES NO

Major:   Minor: 
PRIMARY TECHNICAL SUCCESS    YES NO Rate: 
SECONDARY TECHNICAL SUCCESS    YES NO Rate 
LOCALABLATIVE SITE RECURRENCE RATES    YES NO Time to recurrence: 
LIVER NON ABLATIVE SITE RECURRENCE RATES    YES NO Time to recurrence: 
OVERALL LIVER RECURRENCE RATES    YES NO Time to recurrence: 
NON HEPATIC RECURRENCE RATES    YES NO Time to recurrence: 
OVERALL RECURRENCE RATES    YES NO Time to recurrence: 
SURVIVAL    YES NO Describe: 

Clinical outcomes or benefits

Are all important and relevant outcomes for each alternative identified?    YES NO
Are all outcomes measured appropriately?    YES NO

Conclusions

Implications for practice / discussion of generalizability of the results:

Describe: __________________________________________________

Do the conclusions follow from the data reported?    YES NO

RISK OF BIAS

Selection Bias:    YES NO UNCLEAR
Performance bias:    YES NO UNCLEAR
Detection bias:    YES NO UNCLEAR
Attrition bias:    YES NO UNCLEAR
Financial conflict of interest bias:    YES NO UNCLEAR
Selective outcome bias:    YES NO UNCLEAR
Overall risk of bias    LOW MEDIUM HIGH

Additional comment or notes:

GENERAL NOTES

Weaknesses of study:

_______________________________________________________________

_______________________________________________________________

Other Notes: