SIGN50 Checklist	Vorwergk,J. 2014 - Prophylactic bilateral salpingectomy (PBS) to reduce ovarian cancer risk incorporated in standard premenopausal hysterectomy: Complications and re-operation rate.	Morelli,M. 2013 - Prophylactic salpingectomy in premenopausal low-risk women for ovarian cancer: primum non nocere.	Ghezzi,F. 2009 - Infectious morbidity after total laparoscopic hysterectomy: does concomitant salpingectomy make a difference?.
Study ID			
Section1: Internal validity			
Internal validity			
The study addresses an appropriate and clearly focused question.	Well covered	Well covered	Well covered
Selection of subjects			
The two groups being studied are selected from source populations that are comparable in all respects other than the factor under investigation.	Poorly addressed	Adequately addressed	Poorly addressed
The study indicates how many of the people asked to take part did so, in each of the groups being studied.	Not applicable	Not reported	Well covered
The likelihood that some eligible subjects might have the outcome at the time of enrolment is assessed and taken into account in the analysis.	Not addressed	Adequately addressed	Adequately addressed
What percentage of individuals or clusters recruited into each arm of the study dropped out before the study was completed.	Not applicable	Adequately addressed	Adequately addressed
Comparison is made between full participants and those lost to follow up, by exposure status.	Not addressed	Not reported	Not addressed
Assessment			
The outcomes are clearly defined.	Well covered	Well covered	Adequately addressed
The assessment of outcome is made blind to exposure status.	Not addressed	Not applicable	Poorly addressed

Where blinding was not possible, there is some recognition that knowledge of exposure status could have influenced the assessment of outcome.	Not addressed	Not applicable	Poorly addressed
The measure of assessment of exposure is reliable.	Well covered	Adequately addressed	Well covered
Evidence from other sources is used to demonstrate that the method of outcome assessment is valid and reliable.	Not addressed	Poorly addressed	Not addressed
Exposure level or prognostic factor is assessed more than once.	Not applicable	Not applicable	Not applicable
Counfounding			
The main potential confounders are identified and taken into account in the design and analysis.	Poorly addressed	Poorly addressed	Poorly addressed
Statistical analysis			
Have confidence intervals been provided?	No	Yes	Yes
Section 2. Overall assessment of study			
How well was the study done to minimise the risk of bias or confounding, and to establish a causal relationship between exposure and effect? Code ++, +, or -	-	+	+
Taking into account clinical considerations, your evaluation of the methodology used, and the statistical power of the study, are you certain that the overall effect is due to the study intervention?	No	Yes	Unsure
Are the results of this study directly applicable to the patient group targeted in this guideline?	Yes	Yes	Yes