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| **Author, Year** | **Purpose of study** | **Databases searched, date of last search** | **Number of studies** | **Types of studies included/ limitations of primary studies** | **Methods for rating methodological quality of** **primary studies** | **Methods for synthesizing results of primary studies** | **Number of patients(treatment and control)** | **Interventions** | **Results** | **Adverse events** | **Quality rating** |
| Anglemyer et al, 2011108 | To determine if ART use by the HIV-infected partner in a serodiscordant relationship is associated with lower risk for transmission to the uninfected partner | PubMed, EMBASE, Cochrane Central Register of Controlled Trials, Web of Science, LILACS, Aegis archive of conference abstracts, CROI, International AIDS Society Web siteLast search: February 1, 2011 | 8 | 1 RCT and 7 cohorts; limited by small numbers of transmissions; only 3 included studies adjusted odds ratios for age, sex, or frequency of sex; only 4 studies described loss to followup | Quality rating assessed randomization, allocation concealment, blinding, incomplete outcome data, selective reporting, and other biases | Data pooled using fixed and random-effects models. Heterogeneity assessed using subgroup analyses, and sensitivity analysis performed to identify outlying studies | 11,478 serodiscordant couples | Use of antiretroviral drugs in HIV-infected members of serodiscordant couples | ART vs. no ARTTotal seroconversions: 71 vs. 365; pooled HR, 0.34 (95% CI, 0.13–0.92); adjusted HRs, 0.16 (95% CI, 0.07–0.35) after removing studies responsible for statistical heterogeneity, 0.06 (95% CI, 0.01–0.54) after restricting analysis to couples in which HIV-infected partner had CD4 count <200 x 109 cells/L,0.02 (95% CI, 0.00–0.89) in couples in which index case was male, 0.24 (95% CI, 0.06–1.03) in couples residing in low-/middle- income countries  | Not reported | Good |

ART = antiretroviral therapy; HR = hazard rate; RCT = randomized, controlled trial.