Appendix -1:

The data sources and keywords were used in the search strategy:

The following electronic databases were searched: PubMed, EMBASE, the Cochrane Library, CPCI-S (Conference Proceedings Citation Index-Science), ICTRP (International Clinical Trials Registry Platform), and Google Scholar were searched in February 2017. Two independent reviewers (ADK and AAM) conducted an abstract review of all records. The various keywords were used in the search strategy including diverse anti-oxidative substances, such as vitamin C, vitamin E, allopurinol, b-carotene, selenium, and methionine, acetylcysteine, N-acetylcysteine, NAC, cisplatin, cisdiamminedichloroplatinum, CDDP, nephrotoxic, nephrotoxicity, renal or kidney toxicity, nephropathy, renal/kidney failure and renal/kidney function.

Inclusion criteria:

The outcome of interest was the patients with nephropathy (increase in serum creatinine [S. Cr] of 0.5 mg/dl, equivalent to 44.2 µmol/liter or 50% from baseline on 2 consecutive measurements) that reported at least one of the following outcome measures; serum creatinine, estimated Glomerular filtration Rate (eGFR), Blood Urea Nitrogen (BUN), creatinine clearance and incidence of CIN were considered for inclusion and filtered by articles published in English and Humans.

Exclusion criteria:

Studies where the primary outcome was not prevention of cisplat-ininduced nephrotoxicity, or patients with underlying debilitating conditions, experimental studies, mechanistic (association) studies, Letters/reviews/editorials, commentary, animal studies, *in-vitro* studies, Case series (sample size <10 patients), case reports, pharmacodynamic/pharmacokinetic studies and studies with full-text published in a language other than English were excluded.

Details of data analysis:

Since the data used for the meta-analysis were continuous variables such as BUN, eGFR, S. Cr and creatinine clearance, the standardized mean difference (SMD) and 95% CI were used for meta-analysis. Statistical analysis for dichotomized outcome (incidence of CIN) was performed using odds ratio (OR) and 95% CI. Heterogeneity of the included studies was tested with the Higgins I^2 test, and meaningful heterogeneity was determined by 50% of the I^2 value. When the I^2 value was >50, a random-effect model was used for the meta-analysis.

Appendix 2

S. No.	Study ID	Downs and Black scoring system																									
		Reporting										External Validity			Internal validity - bias							Internal validity -confounding (selection bias)						Total
		1	2	3	4	5*	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
1	Benoehr_2005	1	1	1	1	2	1	1	1	0	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	0	23
2	El-Ghiaty_2014	1	1	1	1	2	1	1	0	0	1	1	1	1	0	0	0	0	1	1	1	1	1	1	0	1	0	19
3	Ghorbani_2013	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	1	0	1	21
4	Hemati_2012	1	1	1	1	1	1	1	0	0	1	1	1	1	0	0	0	0	1	1	1	1	1	1	0	1	0	18
5	Karademir_2016	1	1	1	1	1	1	1	0	0	1	1	1	1	0	0	0	0	1	1	1	1	1	1	0	1	0	18
6	Momeni_2015	1	1	1	1	1	1	1	0	0	1	1	1	1	0	0	0	0	1	1	1	1	1	1	0	1	0	18
7	Mousavi_2014	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	0	0	1	1	1	1	1	1	0	0	0	19
8	Shahbazi_2015	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	26
9	Smyth_1997	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	0	0	1	1	1	1	1	1	0	1	0	20
10	Weijl_2004	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	24

Questions		
	1	Is the hypothesis/objective of the study clearly described?
	2	Are the main outcomes to be measured clearly described in the introduction or methods section?
	3	Are the characteristics of the patients included in the study clearly described?
	4	Are the interventions of interest clearly described?
	5	Are the distributions of principal confounders in each group of subjects to be compared clearly described?
	6	Are the main findings of the study clearly described?
	7	Does the study provide estimates of the random variability in the data for the main outcomes?
	8	Have all important adverse events that may be a consequence of the intervention been reported?
	9	Have the characteristics of patients lost to follow-up been described?
	10	Have actual probability values been reported (eg. 0.035 rather than <0.05) for the main outcomes except where the probability value is less than 0.001?
	11	Were the subjects asked to participate in the study representative of the entire population from which they were recruited?
	12	Were those subjects who were prepared to participate representative of the entire population from which they were recruited?
	13	Were the staff, places and facilities where the patients were treated representative of the treatment the majority of the patients receive?
	14	Was an attempt made to blind study subjects to the intervention they received?
	15	Was an attempt made to blind those measuring the main outcomes of the intervention?
	16	If any results of the study were based on "data dredging" was this made clear?
	17	In trials and cohort studies, do the analyses adjust for different lengths of follow up of patients, or in case control studies, is the time period between the intervention and outcome the same for cases and controls?
	18	Were the statistical tests used to assess the main outcomes appropriate?
	19	Was compliance with the interventions reliable?
	20	Were the main outcomes measures used accurate (valid and reliable)?
	21	Were the patients in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited from the same population?
	22	Were study subjects in different intervention groups (trials and cohort studies) or were the cases and controls (case-control studies) recruited over the same period of time?
	23	Were study subjects randomised to intervention groups?
	24	Was the randomised intervention assignment concealed from both patients and healthcare staff until recruitment was complete and irrevocable?
	25	Was there adequate adjustment for confounding in the analyses from which the main findings were drawn?
	26	Were losses of patients to follow-up taken into account?