

Inclusion Assessment Form
Sex and immune checkpoint inhibitor (ICI) treatment

Reviewer: _____ Date: _____

Reference: _____

Instructions: Complete the form on each study. If the final decision is “no”, exclude that study.

CRITERIA

			Yes	No	Unsure
1.	Study Publication				
	Is the study a full manuscript?		[]	[]	[]
	Was the study published between January 2010 and December 2021?		[]	[]	[]
	Was the study published in English?		[]	[]	[]
2.	Study Population				
	Did the study include patients aged 18 and over?		[]	[]	[]
3.	Study Exposure				
	Were patients receiving treatment with an ICI?		[]	[]	[]
	Does the study include both males and females?		[]	[]	[]
4.	Study Outcomes				
	Did the study report on one or more outcomes? i.e. The study is not an opinion, editorial, etc. only		[]	[]	[]
	Did the study report on male female comparison of outcomes?		[]	[]	[]

DECISION OF REVIEWER

1. Is this study potentially relevant for this review? Yes No Unsure
[] [] []

CONSENSUS

Second review [] Include
[] Exclude
[] Disagree

Final consensus [] Include
[] Exclude
[] Disagree