

Supplemental material 1

Revised format of NOS (Newcastle-Ottawa Scale)

Case-control studies

For the current meta-analysis (evaluate the prevalence of CSP (cavum septum pellucidum) in mental disorders).

1. Selection

1.1. Is the definition of mental disorders adequate?

- a. Diagnosis of mental disorders is adequate (diagnosed clinically by psychiatrist according to available information, or validated diagnosis longitudinally). ☆
- b. Diagnosis of mental disorders is adequate (based on self-report)
- c. Not mentioned.

1.2. Representativeness of selected patients

- a. Enrolled consecutively from local hospital, research organism or institution (randomly selected). ☆
- b. Potential bias or not mentioned.

1.3. Selection of control group

- a. Healthy controls were enrolled in local community. ☆
- b. Hospital staff or relatives of patients.
- c. No description.

1.4. Definition of healthy control

- a. Had clear exclusion criteria for control group (no-history of diseases). ☆
- b. Not mentioned.

2. Comparability

Control of confounding factors between cases and controls (study design).

- 2.1. Control of age between patient and control groups. ☆
- 2.2. Control of other items that may influence results (such as gender and education years). ☆

3. Outcome

3.1. Ascertain of reliable measurement.

- a. The prevalence of CSP across patients with mental disorders and controls were evaluated by reliable method (such as counting slices in which CSP present on MRI). ☆
- b. Outcomes were validated by consensus of at least two radiologists. ☆
- c. Not use MRI or by consensus.
- d. Self-reported.
- e. Not mentioned.

3.2. Same method applied to both mental and control groups.

- a. The same method was applied to both mental and control groups. ☆
- b. Not mentioned

3.3. Non-response rate across groups.

- a. Non-response rate was similar in both groups. ☆
- b. No description.

c. Different non-response rate without explanation.