## Annex

Appendix 1	PubMed search strategy
Search	
number	Query
13	#3 AND #6 AND #9 AND #12
12	#10 OR #11
	"Predictive variabl*"[TIAB] OR "Risk factors"[TIAB] OR
	"Util*"[TIAB] OR "value*"[tiab] OR "tool*"[tiab] OR "index"[tiab]
	OR "indices"[tiab] OR "assess*"[tiab] OR "risk prediction"[TIAB] OR
	"risk score"[TIAB] OR "risk calculation"[TIAB] OR "risk
11	assessment"[TIAB]
10	"Risk"[Mesh]
9	#7 OR #8
	"Data mining*"[TIAB] OR "Forecasting*"[TIAB] OR "Explanatory
	modelling"[TIAB] OR "Neural Networks*"[TIAB] OR "Support Vector
	Machine"[TIAB] OR "Naïve Bayesian classifier"[TIAB] OR "Logistic
	regression"[TIAB] OR "heuristic approach*"[TIAB] OR "Statistical
	approach*"[TIAB] OR "c-statistic*"[tiab] OR "ROC"[tiab] OR
	"nomogram"[tiab] OR "indicat*"[tiab] OR "calibration"[tiab] OR "area
	under the curve"[tiab] OR "area under the receiver operator
8	characteristic curve"[tiab] OR "Predictive Value of Tests"[TIAB]
7	"Regression Analysis"[Mesh] OR "Algorithms"[Mesh] OR

	"Nomograms"[mesh] OR "Prognosis"[Mesh:NoExp] OR "Support		
	Vector Machine"[Mesh] OR "Area Under Curve"[Mesh]		
6	#4 OR #5		
	"Rehosp*"[TIAB] OR "Discharge"[TIAB] OR "Unplanned		
	readmission*"[TIAB] OR "Readmission*"[tiab] OR "Re-		
	admission*"[tiab] OR "Readmit*"[tiab] OR "Repeat*"[tiab] OR		
5	"Admission*"[tiab]		
	"Patient Readmission"[Mesh] OR "Hospitalization*"[Mesh] OR		
4	Hospital*"[Mesh]		
3	#1 OR #2		
	"Pulmonary Emphysema*"[TIAB] OR "Chronic Pulmonary		
2	disease*"[TIAB] OR "COPD*"[TIAB]		
1	"Pulmonary Disease, Chronic Obstructive"[Mesh]		

Appendix 2 CHARMS 2014 Relevant items to extract from individual studies in a systematic review of prediction models<sup>32</sup>.

Domain	Key items	Reported		
Source of data	Source of data (e.g., cohort, case-control, randomized trial			
	participants, or registry data)			
Participants	Participant eligibility and recruitment method (e.g.,			
	consecutive participants, location, number of centers,			
	setting, inclusion and exclusion criteria)			
	Participant description			
	Details of treatments received, if relevant			
	Study dates			
Outcome(s) to be	Definition and method for measurement of outcome			
predicted	Was the same outcome definition (and method for			
	measurement) used in all patients?			
	Type of outcome (e.g., single or combined endpoints)			
	Was the outcome assessed without knowledge of the			
	candidate predictors (i.e., blinded)?			
	Were candidate predictors part of the outcome (e.g., in			
	panel or consensus diagnosis)?			
	Time of outcome occurrence or summary of duration of			
	follow-up			
Candidate	Number and type of predictors (e.g., demographics, patient			
predictors	history, physical examination, additional testing, disease			
(or index tests)	characteristics)			
	Definition and method for measurement of candidate			
	predictors			
	Timing of predictor measurement (e.g., at patient			
	presentation at diagnosis at treatment initiation)			
	presentation, at tragnosis, at treatment initiation)			

	Were predictors assessed blinded for outcome, and for each		
	other (if relevant)?		
	Handling of predictors in the modelling (e.g., continuous,		
	linear, non-linear transformations or categorised)		
Sample size	Number of participants and number of outcomes/events		
	Number of outcomes/events in relation to the number of		
	candidate predictors (Events Per Variable)		
Missing data	Number of participants with any missing value (include		
	predictors and outcomes)		
	Number of participants with missing data for each		
	Handling of missing data (e.g., complete-case analysis,		
	imputation or other methods)		
Model	Modelling method (e.g. logistic survival neural network		
	Modelling method (e.g., logistic, survival, neural network,		
development	or machine learning techniques)		
	Modelling assumptions satisfied		
	Method for selection of predictors for inclusion in		
	multivariable modelling (e.g., all candidate predictors, pre-		
	selection based on unadjusted association with the Method for selection of predictors during multivariable		
	modelling (e.g., full model approach, backward or forward		
	selection) and criteria used (e.g., p-value, Akaike		
	Information Criterion) Shrinkage of predictor weights or regression coefficients		
	(e.g., no shrinkage, uniform shrinkage, penalized		
Model	Calibration (calibration plot, calibration slope, Hosmer-		
	Lemeshow test) and Discrimination		

performance	Classification measures (e.g., sensitivity, specificity,		
	predictive values, net reclassification improvement) and		
	whether a-priori cut points were used		
Model	Method used for testing model performance: development		
Evaluation	dataset only (random split of data, resampling methods e.g.		
	bootstrap or cross-validation, none) or separate external		
	validation (e.g. temporal, geographical, different setting,		
	different investigators)		
	In case of poor validation, whether model was adjusted or		
	updated (e.g., intercept recalibrated, predictor effects		
	adjusted, or new predictors added)		
Results	Final and other multivariable models (e.g., basic, extended, simplified) presented, including predictor		
	weights or regression coefficients, intercept, baseline		
	survival, model performance measures (with standard		
	errors or confidence intervals)		
	Any alternative presentation of the final prediction models,		
	e.g., sum score, nomogram, score chart, predictions for		
	specific risk subgroups with performance		
	Comparison of the distribution of predictors (including		
Interpretation	Interpretation of presented models (confirmatory, i.e.,		
and discussion	model useful for practice versus exploratory, i.e., more		
	research needed)		

## Comparison with other studies, discussion of

generalizability, strengths and

limitations.

## Appendix 3 PROBAST: Assessment of Risk of Bias and Concerns Regarding

Applicability<sup>34</sup>

1. Participants	2. Predictors	3. Outcome	4. Analysis	
Signaling questions				
1.1. Were appropriate	<b>2.1.</b> Were predictors	<b>3.1.</b> Was the	<b>4.1.</b> Were there a	
data sources used,	defined and assessed	outcome	reasonable number of	
e.g., cohort, RCT, or	in a similar way for	determined	participants with the	
nested case-control	all participants?	appropriately?	outcome?	
study data?				
<b>1.2.</b> Were all	2.2. Were predictor	<b>3.2.</b> Was a	4.2. Were continuous and	
inclusions and	assessments made	prespecified or	categorical predictors	
exclusions of	without knowledge	standard outcome	handled appropriately?	
participants	of outcome data?	definition used?		
appropriate?				
	<b>2.3.</b> Are all	<b>3.3.</b> Were	<b>4.3.</b> Were all enrolled	
	predictors available	predictors excluded	participants included in the	
	at the time the model	from the outcome	analysis?	
	is intended to be	definition?		
	used?			
		<b>3.4.</b> Was the	4.4. Were participants with	
		outcome defined	missing data handled	
		and determined in a	appropriately?	
		similar way for all		

participants?	
<b>3.5.</b> Was the	4.5. Was selection of
outcome	predictors based on
determined without	univariable analysis
knowledge of	avoided?
predictor	
information?	
3.6. Was the time	4.6. Were complexities in
interval between	the data (e.g., censoring,
predictor	competing risks, sampling
assessment and	of control participants)
outcome	accounted for
determination	appropriately?
appropriate?	
	4.7. Were relevant model
	performance measures
	evaluated appropriately?
	<b>4.8.</b> Were model
	overfitting, underfitting,
	and optimism in model
	performance accounted
	for?
	<b>4.9.</b> Do predictors and

			their assigned weights in
			the final model correspond
			to the results from the
			reported multivariable
			analysis?
ROB	Predictors or their	Outcome or its	Analysis
Selection of	assessment	determination	
participants			
Applicability	Definition,	Its definition,	
Included participants	assessment, or	timing, or	
or setting does not	timing of predictors	determination does	
match the review	does not match the	not match the	
question	review question	review question	

RCT = randomized controlled trial; ROB = risk of bias. Signaling questions are answered as yes, probably yes, probably no, no, or no information. ROB and concerns for

applicability are rated as low, high, or unclear.