Item	High risk of bias	Moderate risk of bias	Low risk of bias
1) Study participation			
a) Adequate sample size	n<93	94<n<191 As determined by a power calculation using the following parameters: power=0.5, α=0.05, hazard ratio=1.5, group ratio 1:1	n>191 As determined by a power calculation using the following parameters: power=0.8, α=0.05, hazard ratio=1.5, group ratio 1:1
b) Adequate description of study population and baseline characteristics	Depending on study type and prognostic factors being measured		
c) Adequate description of the period and place of recruitment	Neither period nor place of recruitment were stated	Either period OR place of recruitment was stated	Period AND place of recruitment were stated
d) Adequate certainty of the PSP and/or MSA diagnosis	Ambiguous or no diagnostic criteria were used	Internationally accepted diagnostic criteria were used	Histopathological confirmation of PSP/MSA diagnosis was undertaken OR diagnostic criteria which were prospectively validated against pathologically confirmed cases were used
e) Participants are representative of the general PSP and/or MSA patient population	Participants are likely to be mostly atypical cases e.g. drawn from brain banks	Participants were identified from specialist clinics e.g. movement disorders clinics	Participants were identified from a wide range of sources e.g. primary care, other types of neurology clinics
2) Study Attrition			
a) Adequate response rate/difference between eligible participants and those included in the study	Below 65% OR No statement on response rate	65-79% OR Random or consecutive sample	80% or more
b) Statement regarding number of participants lost to follow-up	No statement on number of participants lost to follow-up	Unclear or ambiguous statement on number of participants lost to follow-up	Adequate statement on number of participants lost to follow-up
c) Adequate duration of follow-up (not assessed in retrospective studies where 100% of participants were deceased at study entry)	No statement on duration of follow-up OR Short follow up duration (0-2 years)	Moderate follow-up duration (2-4 years)	Adequate follow-up duration (more than 4 years)
d) There are no important differences between participants who completed the study for an adequate duration and those who did not	Significant differences between participants who were lost to follow-up and participants who were not lost to follow-up OR no information on number of participants lost to follow-up	Some differences between participants who were lost to follow-up and participants who were not lost to follow-up	Low proportion of participants lost to follow up OR little or no differences between participants who were lost to follow-up and participants who were not lost to follow-up

3) Prognostic factor (PF) measurement			
a) Clear description/definition of all prognostic factors and statement of threshold where applicable	Some prognostic factors were not sufficiently defined e.g. "autonomic symptoms" without further definition as to which symptoms were included	Attempt to define prognostic factor but the definition remains ambiguous or lacks a statement of the time-frame within the disease course where appropriate	Clear and unambiguous definition, which includes a statement of the time-frame where appropriate
b) Method of measurement of all prognostic factors is adequate and reliable and the same for all participants	Data on prognostic factors were gathered by chart review from routine medical records	Data on prognostic factors were gathered from a registry database or via survey	Data on prognostic factors were gathered prospectively by interviews with patients and/or caregivers in addition to chart review
c) Adequate proportion of participants has complete data on prognostic factors	Statement that data are incomplete OR No statement regarding completeness of data on prognostic factors where study is a retrospective chart review/survey	Statement that data are moderately complete OR No statement regarding completeness where study uses chart review supplemented by other method e.g. telephone interview	Statement that data are mostly complete OR No statement regarding completeness but study data were collected by interviewing patients and/or caregivers
4) Outcome measurement (defined as the time between a start-point and mortality; the start point may be disease onset, diagnosis or study entry)			
a) Adequate clarity as to which symptoms were considered to represent disease onset (only rated for MSA)	Unclear as to which symptoms were considered to represent MSA onset	Not all relevant MSA symptoms were considered e.g. only locomotor symptoms were considered in the definition of MSA onset	All relevant symptoms were considered in the definition of MSA onset
5) Study confounding			
a) Important potential confounders are accounted for in the analysis	No multivariate analysis or adjustment was undertaken	Unclear or ambiguous multivariate analysis (e.g. unclear as to which variables were included)	Multivariate analysis was undertaken OR effect measures were adjusted for age and sex
6) Statistical Analysis and Reporting			

a) The selected statistical model and effect measures presented are adequate for the design of the study	No effect measures or p-values were reported	Effect measures were derived by survival analysis but hazard ratio AND confidence interval were NOT reported e.g.: - P-values derived by log-rank test - X^2 values derived by log-rank test - Hazard ratio without sufficient information to calculate confidence intervals - Median survival - Kaplan-Meier graphs without number of patients in each group OR without minimum follow-up	Any data from which the hazard ratio AND confidence intervals can be calculated: - Kaplan-Meier graph AND number of participants in each group AND minimum follow-up duration - Survival curves AND number of participants in each group - Hazard ratio AND standard deviation, standard error or p-values
b) There is no selective reporting of results	Strong suspicion that negative results were not reported	Some suspicion that negative were not reported	Important negative results are reported OR clear evidence that the results on all pre-specified prognostic factors were reported

Supplementary Table 1. Modified Quality in Prognostic Studies tool criteria used to rate the risk of bias of included studies.