Supplementary Material 1. PRISMA Checklist

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	1
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	NA
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	2
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	2
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	4
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	4
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Supplementary Material
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	4, 5
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	4, 5
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Supplementary Material
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Supplementary Material
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	5
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	NA
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	5
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	5
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	5
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	5
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	NA
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	NA
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	14
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	NA

PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	6
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	
Study characteristics	17	Cite each included study and present its characteristics.	
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	
	23b	Discuss any limitations of the evidence included in the review.	
	23c	Discuss any limitations of the review processes used.	
	23d	Discuss implications of the results for practice, policy, and future research.	
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	
Competing interests	26	Declare any competing interests of review authors.	
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

Supplementary Material 2. Search Strategies

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process, In-Data-Review & Other Non-Indexed Citations, Daily and Versions <1946 to December 15, 2023>

1	superior anastomotic vein*.mp.	7
2	Trolard.mp.	70
3	Rolandic vein*.mp.	11
4	vein of Rolando.mp.	1
5	superficial cerebral vein*.mp.	48
6	cortical vein*.mp.	979
7	1 or 2 or 3 or 4 or 5 or 6	1085
8	exp Anatomy/	409297
9	anatom*.mp.	779027
10	imag*.mp.	2896087
11	Magnetic Resonance Imaging/	480324
12	MRI.mp.	331596
13	exp Angiography, Digital Subtraction/	11508
14	DSA.mp.	10743
15	exp Cadaver/	55649
16	cadaver*.mp.	85637
17	angiograph*.mp.	342361
18	8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17	4018666
19	7 and 18	893

Embase <1974 to 2023 December 15>

1	cerebr*.mp.	1145796
2	exp brain/	1604555
3	exp brain mapping/	37092
4	exp brain vein/	4047
5	intracranial.mp.	219327
6	brain*.mp.	2577398
7	1 or 2 or 3 or 4 or 5 or 6	3533632
8	superior anastomotic vein*.mp.	10
9	Trolard.mp.	99
10	Rolandic vein*.mp.	13
11	vein of Rolando.mp.	2
12	superficial cerebral vein*.mp.	63
13	cortical vein*.mp.	1456
14	8 or 9 or 10 or 11 or 12 or 13	1594
15	exp anatomy/	118283
16	anatom*.mp.	669145
17	imag*.mp.	3094014
18	exp nuclear magnetic resonance imaging/	1267594
19	MRI.mp.	589581
20	exp digital subtraction angiography/	29379
21	DSA.mp.	22279
22	exp cadaver/	60140
23	cadaver*.mp.	107964
24	angiograph*.mp.	481734
25	15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24	3982264
26	7 and 14 and 25	1271

EBSCOhost

Sunday, December 17, 2023 1:54:12 PM

#	Query	Limiters/Expanders	Last Run Via	Results
S3	S1 AND S2	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	156
S2	anatom* OR imag* OR MRI OR cadaver* OR angiograph*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	573,755
S1	TX superior anastomotic vein* OR Trolard OR Rolandic vein* OR vein of Rolando OR superficial cerebral vein* OR cortical vein*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL	237

Supplementary Material 3. Data extraction

N.B. measurements are in mm unless otherwise specified

Study title	Publication year	First author	Journal
Normal variations in cerebral venous anatomy and their potential pitfalls on 2D TOF MRV examination: Results from a private tertiary care hospital in Karachi	2018	Ahmed	Journal of the Pakistan Medcial Association
Microsurgical anatomy of the superior sagittal sinus and draining veins	2017	Bruno-Mascarenhas	Publication of the Neurological Society of India
Computed tomographic angiography of the superficial cerebral venous anastomosis based on volume rendering, multi-planar reconstruction, and integral imaging display	2015	Fang	Australasian Physical & Engineering Sciences in Medicine
Visualization of the normal cerebral venous system using a contrastenhanced three-dimensional magnetic resonance angiography technique	2007a	Haroun	European Journal of Anatomy
Increased Diameters of the Internal	2019	Houck	American Journal of
Evaluation of drainage patterns of the major anastomotic veins on the lateral surface of the cerebrum using three-dimensional contrast-enhanced MP-RAGE sequence.	2006	Ikushima	European Journal of Radiology
Anatomical variations of dominant anastomotic veins in the superficial cortical venous system	2022	Naidoo	Translational Research in Anatomy

Microsurgical anatomy of the superficial veins of the cerebrum.	1985	Oka	Neurosurgery
Anatomical variations of the vein of Labbé: an angiographic study	2014	Santos Silva	Surgical and Radiologic Anatomy
The Superficial Anastomosing Veins of the Human Brain Cortex: A Microneurosurgical Anatomical Study	2021	Tomasi	Frontiers in Surgery
Intracranial MR Venography in Children: Normal Anatomy and Variations	2004	Widjaja	American Journal of Neuroradiology
A subset of arachnoid granulations in humans drain to the venous circulation via intradural lymphatic vascular channels.	2022	Yagmurlu	Journal of Neurosurgery
Arachnoid granulations in the cerebral dural sinuses as demonstrated by contrast-enhanced 3D magnetic resonance venography.	2007b	Haroun	Surg Radiol Anat
Microsurgical Anatomy of the Venous Drainage into the Superior Sagittal Sinus	1989	Andrews	Neurosurgery

Minimally invasive endovascular stent-electrode array for high-fidelity, chronic recordings of cortical neural activity	2016	Oxley	Nature Biotechnology
A new classification of parasagittal bridging veins based on their configurations and drainage routes pertinent to interhemispheric approaches: a surgical anatomical study	2023	Karatas	Journal of neurosurgery
Computed tomographic angiography of t	2011	Brockmann	Surgical and Radiologi
Anatomic study of anterior frontal cortic	1996	Sampei	Neurosurgery
The dural entrance of cerebral bridging v	2007	Han	Neuroradiology

Primary study or review	Study design	Number of subjects	% Males	Mean age	Age range
Primary Study	Cross-Sectional Imaging Study	204	47.05		2-75
Primary Study	Anatomical study	60	50	39.22	20-59
Primary Study	Cross-Sectional Imaging Study	90	58.9	41	10-78
Primary Study	Cross-Sectional Imaging Study	98	85	27	0-76
Primary Study	Cross-Sectional	682	40.9	73.9	SD 5.93
Primary Study	Cross-Sectional Imaging Study	404	40.6	49.8	2-84
Primary Study	Cross-Sectional Imaging Study	100	40	Median age 30-39	

Primary Study	Anatomical study	10		Adult'	Adult'
Primary Study	Cross-Sectional Imaging Study	59	36		13-65
Primary Study	Anatomical study	21	57	71	51-88
Primary Study	Cross-Sectional Imaging Study	50		Median 5	0-17
Primary Study	Anatomical study	8			
Primary study	Prospective	110	45	27	2 months-76 years
Primary Study	Anatomical study	10	90		

Primary Study	Cross-Sectional Imaging Study	50	40	34.5	18-73
Primary Study	Anatomical study	20	40	74 (mean age at death)	46-92 (age at death)
Primary study	Cross-sectional imaging study	30	50	62	24-84
Primary study	Anatomical study	21	66.7		
Primary study	Cross-sectional imaging & Anatomical study	66: 30 (adul	59.1	46.8	9-11

Methods	Country	Study funding	SSS diameter (Mean/Range)	SSS arc length (Mean/Range)
1.5T MRV	Pakistan			
Cadaveric dissection	India		Mean = 7.42/3.63-11.58; 3.97(coronal), 8.39(lamboid), 9.94(Torcula)	338.77/321-357
CTA	China	National Natural Science Foundation of China (Reference No: 81200895)		
1.5T MRV	Jordan			
3T MR SWI	USA	NIH, Washington	6.18 (SD 0.87)	
1.5T MR MP-RAGE	Japan			
CTA	South Africa	National Research Foundation (NRF) [Grant number: 122254]		

Cadaveric dissection	USA			
CTA	Portugal			
Cadaveric dissection	Germany			
1.5T MRV				
Cadaveric dissection	USA	Dean's Office of the University of Virginia School of Medicine		
MRI, MRV	Jordan			
Cadaveric dissection	USA		Midanterior frontal = 4.3 (SD 1.9) Midoccipital = 9.9 (SD 2.4)	

MRI	Australia	US Defense Advanced Research Projects Agency (DARPA) Microsystems Technology Office contract N66001-12-1-4045; Office of Naval Research (ONR) Global N62909-14-1-N020; National Health and Medical Research Council of Australia (NHMRC) Project Grant APP1062532 and Development Grant APP1075117		
Cadaveric dissection	Turkey			
CTA	Germany		Coronal suture: Horizontal = 6.7 (SD 2.0), Vertical = 5.3 (SD 1.8)	256 (SD = 16)
	Japan			
Cadaveric dissection and DSA	China	Project was funded by the Natural Sciences Foundation of Anhui, China (reference no. 050430602) and a University of Otago Research Grant, New Zealand (reference no. 0020030825).		

SSS linear length (Mean/Range)	SSS tortuosity	SSS # of branches (Mean)	SSS wall thickness	Arachnoid granulations	Trolard Occurrence (%)
					48.03%
					70%
					70%
					63%
					26% (hemispheres)
					64.5% (hemispheres)

					Right - 18%, Left - 24%
				Mean number of AGs = 6 ± 1.30 per head	
				Mean AG size 6.45 +/- 3.55; 126 AG found amongst 71 of the patients; 83% of AG were round or ovoid; max found in one patient was 6	
		Avg number into each hemisphere: Anterior frontal=6.5(2-14), Posterior frontal=3(2-6), Parietal=4(1-9), Occipital=1(0-3)			

					80
		12.3* (SD=3.3)			
		11*			

Trolard diameter (Mean/Range)	Trolard distance from central sulcus (Mean/Range)	Trolard arc length	Trolard linear length	Trolard tortuosity	Trolard # of branches	Trolard wall thickness
	3.90mm posterior on right; 4.34mm posterior on left					
	41% located in the postcentral sulcus					
VT1 2.14 +/- 0.472 VT2 - 2.19+/- 0.604 VT3 - 1.63						

3.3 (2-5)			1.6 (0.8-3.4)		5.4 (4-7)	
3.32 (3.09-3.54)						
	Right - 4.7+/-2.2SD, Left - 12.9+/-3.3SD					
			Large posterior frontal=5.8 (SD 5.4), large parietal=6.5(1.8)			

4.4mm on right, 3.8mm on left						

Trolard angle of anastomosis to SSS	Rolandic diameter (Mean/Range)	Rolandic distance from central sulcus (Mean/Range)	Rolandic arc length	Rolandic linear length	Rolandic tortuosity	Rolandic # of branches	Rolandic wall thickness

50 (20-95)		2.5 (2-6)		1.2 (0-1.9)		3.7 (2-6)	
Large posterior frontal=96(SD 33), large parietal=103(SD 9)							

	Proximal=4.9 (3.6-8.5), Mid=3.1(2.2-4.5), 2.3(1.6-4.5),		70				

Rolandic angle of anastomosis to SSS	Small cortical diameter (Mean/Range)	Relevant Statistical Analysis	Notes
			44.89% Trolard on right and 55.1% Trolard and right. Female predominance
			The largest draining vein was the superior anastomotic vein (vein of Trolard) and this corresponded to the Rolandic vein (vein of the central sulcus) in most of the specimens in the present study. Trolard distance behind central sulcus. The number of tributaries/draining veins varied from 13 to 19 on the right side and 14 to 19 on the left.
			Higher display rate than Ikishuma. 29/63 bilateral, 20/63 left and 14/63 right.
			SIGNFICANT VARIATION WITH AGE. Angiograms excluded if pathology affecting venous anatomy. Sequences ordered anerior to posterior. Most anterior VT is smaller diameter - reference to rolandic vein? Inconsistency in naming or number of cortical veins. 61% on left and 68% on right. NO significant laterality. Diameter was documented at the widest observable point, as well as 5.00mm proximal and sital to said point. Diagrams of different patterns.

45 (10-95)			Size = largest diameter. Excellent summary of ALL SSS draining veins. 'Central (rolandic) vein is usually smaller than precentral and postcentral veins. Trolard - largest. Located at a site corresponding to the precentral, central or postcentral vein in 15/20 hemispheres. MOST COMMONLY AT LEVEL OF POSTCENTRAL VEIN. Opening to SSS usually directed forwards, against the direction of flow. There may be duplicate veins.
			Anatomical abnormalities were excluded.
			Formalin causing shrinkage of tissues. Treat results with caution. Creating a new classification based on 21 individuals. VT more frequently in the left hemisphere. VT in front of central sulcus in 8 hemispheres. 4 cases behind. Confluence in 6. But every model has VT behind? Overlap with Oka model.
			Paediatrics - lower number visualised cf adults
			Most venous vessels and intradural AGs open into the superolateral wall of the SSS, and the floor of the SSS. The mean anteroposterior lengths of the AGs were 17.16 ± 8.46 mm (range 4.53–30.96 mm) and 16.55 ± 9.18 mm (range 3.86–35.69 mm) on the right and left sides, respectively. The widths (mediolateral) of the AGs were 8.20 ± 3.19 mm (range 2.89–15.04 mm) and 8.26 ± 2.41 mm (range 3)
			Most common site AG is SSS; lots of measurements of AG (size, morhphology, location), not much of veins
			Veins named according to underlying cortex, not eponyms.

			Veins named according to adjacent cortical sulcus, not eponyms. No identification of anastomotic veins. Measurement seems not be of true sulcal veins? More superficial?
			A prefrontal anastomotic vein of Trolard with a diameter greater than 2 mm, which by definition connects the SSS with the superficial middle cerebral vein (sylvian system), was observed bilaterally in 20% of specimens and unilaterally in 60%. Average diamater of prefrontal anastomotic veins was 2.7mm. Mean lacunae length was 5.2 cm on the right side and 5 cm on the left side, and their mean widths were 1.5 cm on the right and 1.7 cm on the left. In this study, all lacunae connected to the SSS via multiple (> 2) small slit-like openings.
			SSS branches labelled as 'bridging veins', however no evidence that anastomotic veins were excluded. Most BV emptied into the SSS, at the level of or distal to the coronary suture (74%). The BV draining into the SSS at the level of the coronary suture typically joined into a lacunar formation rather than proceeding straight through (43%). The second most observed direction of inflow around the coronary suture can be described as a hairpin shaped flow (25%). Hairpin shaped veins were not commonly observed in the anterior and posterior parts of the SSS.
	1.9** (0.5-4)		**Only the frontopolar vein was assessed.
	2.5*		*SSS branches labelled as 'bridging veins', however in images of cadaveric specimens it appears this classification also captures anastomotic veins. Superficial layer of small meningeal veins and venous lacunae overlapped or masked the dural entrances of the BVs. Some BVs drained into the meningeal vein before entering the sinus

Publication	Study Design
Nowinski 2012	Cross-sectional imaging
Rhoton 2002	Review
Tanriverdi 2009	Intraoperative anatomical study
Alexander 2022	Anatomical study
Farb 2007	Cross-sectional imaging
Driver 2020	Anatomical study
Sahoo 2016	Anatomical study
Vignes 2007	Anatomical study
Wang 2023	Cross-sectional imaging

Notes
Some metrics on venous models. Early branching of cortical veins identified.
Text copied from Oka. No new content.
VT was associated with the central area in 39.8%
6.4cm - most posterior SSS cortical vein to calcerine sulcus
AG and Willis cords in SSS
Pulsatility in small cortical veins
Drainage patterns in anterior third of SSS. No metrics
Vague estimation of rolandic vein occurrence and diameter. Cuffed entrance to veins characterised.
Males have significanttly more superficial crotical veins than females. No significant differences in mean diameter, length, or tortuosity index of veins.

Supplementary Material 4. Risk of bias assessment

Publication	Reviewer	Domain 1: Objective(s) and Study Characterisitics	Domain 2: Study Design
Andrews *et al.,* 1989	JB	Low	High
	AM	Low	Low
Ahmed *et al.,* 2018	JB	Low	High
	AM	Low	Low
Bruno-Mascarenhas *et al.,* 2017	JB	Low	Low
	AM	Low	Low
Fang *et al.,* 2015	JB	Low	High
	AM	Low	Low
Haroun *et al.,* 2007a	JB	Low	Low
	AM	Low	Low
Houck *et al.,* 2019	JB	Low	Low
	AM	Low	Low
Ikushima *et al.,* 2006	JB	Low	Low
	AM	Low	Low
Naidoo *et al.,* 2022	JB	Low	Low
	AM	Low	Low
Oka *et al.,* 1985	JB	Low	High
	AM	Low	Low
Santos Silva *et al.,* 2014	JB	Low	High
	AM	High	Low
Tomasi *et al.,* 2021	JB	Low	High
	AM	Low	Low
Yagmurlu *et al.,* 2022	JB	Low	High
	AM	Low	Low
Tanriverdi *et al.,* 2009	JB	Low	Low
	AM	Low	Low
Vignes *et al.,* 2007	JB	Low	Low
	AM	Low	Low
Driver *et al.,* 2020	JB	Low	Low
	AM	Low	Low
Farb *et al.,* 2007	JB	Low	High
	AM	Low	Low
Haroun *et al.,* 2007b	JB	Low	High
	AM	Low	Low
Widjaja *et al.,* 2004	JB	Low	High
	AM	Low	Low
Nowinski *et al.,* 2012	JB	High	High
	AM	High	High
Oxley *et al.,* 2016	JB	Low	Low
	AM	Low	Low
Sahoo *et al.,* 2016	JB	Low	High
	AM	High	High
Rhoton *et al.,* 2002	JB	Low	High
	AM	Low	High
Alexander *et al.,* 2022	JB	Low	High

Alexander *et al.,* 2022	AM	Low	High
Wang *et al.,* 2023	JB	Low	High
	AM	Low	High
Karatas *et al.,* 2023	JB	Low	Low
	AM	Low	Low
Brockmann *et al.,* 201	JB	Low	High
	AM	Low	High
Sampei *et al.,* 1996	JB	Low	Low
	AM	Low	High
Han *et al.,* 2007	JB	Low	High
	AM	Low	High

Domain 3: Methodology and Characterization	Domain 4: Descriptive Anatomy	Domain 5: Reporting of Results
Low	High	Low
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Publication	Domain 1: Objective(s) and Study Characterisitics	Domain 2: Study Design	Domain 3: Methodology and Characterization
Andrews *et al.,* 2018	Low	High	Low
Ahmed *et al.,* 2018	Low	High	Low
Bruno-Mascarenhas *et al.,* 2017	Low	Low	Low
Fang *et al.,* 2015	Low	High	Low
Haroun *et al.,* 2007	Low	Low	High
Houck *et al.,* 2019	Low	Low	High
Ikushima *et al.,* 2006	Low	Low	Low
Naidoo *et al.,* 2022	Low	Low	Low
Oka *et al.,* 1985	Low	High	Low
Santos Silva *et al.,* 2014	High	High	High
Tomasi *et al.,* 2021	Low	High	Low
Yagmurlu *et al.,* 2022	Low	High	Low
Tanriverdi *et al.,* 2009	Low	Low	Low
Vignes *et al.,* 2007	Low	Low	Low
Driver *et al.,* 2020	Low	Low	Low
Farb *et al.,* 2007	Low	High	Low
Haroun *et al.,* 2007	Low	High	High
Widjaja *et al.,* 2004	Low	High	Low
Nowinski *et al.,* 2012	High	High	High
Oxley *et al.,* 2016	Low	Low	High
Sahoo *et al.,* 2016	High	High	Low
Rhoton *et al.,* 2002	Low	High	Low
Alexander *et al.,* 2022	Low	High	Low

Alexander *et al.,* 2022			
Wang *et al.,* 2023	Low	High	High
Karatas *et al.,* 2023	Low	Low	Low
Brockmann *et al.,* 201	Low	High	High
Sampei *et al.,* 1996	Low	Low	Low
Han *et al.,* 2007	Low	High	High

Domain 4: Descriptive Anatomy	Domain 5: Reporting of Results
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