Supplementary Table S1. Study-level denominators for closure, wound outcomes, and recurrence					
Study (main-text ref.)	**Design/groups**	**Fascial closure**	**SSI/SSO or wound outcome**	**Recurrence**	**Follow-up/denominator notes**
Niu et al. (11)	Propensity-matched cohort; BTA n=20 vs. control n=20	19/20 (95%) vs. 18/20 (90%)	No significant postoperative outcome difference; exact SSI/SSO count NR in abstract	2/20 (10%) vs. 4/20 (20%)	Small sample; recurrence follow-up not standardized in abstract.
Marturano et al. (12)	Propensity-matched cohort; BTA n=35 vs. CST n=105	100% (BTA denominator n=35) vs. 90.5% (CST denominator n=105)	SSO 11.4% (n=35) vs.32.4% (n=105); SSI 0% (n=35) vs. 11.7% (n=105)	2.9% (n=35) vs. 12.4% (n=105)	Reported follow-up 9.8 +/- 12.7 vs .22.8 +/- 29.7 months. Comparator is CST, not an untreated group.
Jahangiri et al. (13)	Comparative cohort; BTA n=37 vs. no BTA n=60	35/37 (95%) vs. 55/60 (92%)	Any complications 12/37 (33%) vs. 18/60 (31%); separate SSI/SSO denominator NR	3/37 (8%) vs. 13/60 (22%)	Median follow-up 38 months (2-72) vs. 48 months (6-81); propensity-weighted recurrence analysis.
Martínez-Hoed et al. (15)	Systematic review of PPP; 53 reports; 1,216 patients	86% reported; uniform endpoint-specific denominator not consistently available	Heterogeneous definitions; no single common SSI/SSO denominator across reports	Heterogeneous; no single common recurrence denominator	Historical and contemporary series with heterogeneous protocols and endpoints; pooled percentages should not be treated as one common denominator.
Tashkandi et al. (21)	Multicenter non-randomized comparison; BTA+PPP n=13 vs. PPP n=28	13/13 vs. 28/28 (100% both groups)	SSO 3/13 (23.1%) vs. 17/28 (60.7%); SSI included within SSO, separate SSI count NR in abstract	NR as a dedicated abstract endpoint	Early postoperative outcome comparison; small groups and treatment-selection confounding.
Bueno-Lledó et al. (22)	Single-center combined BTA+PPP cohort; n=100	97/100 (97%); bridging in 3/100	Wound infection 5/100; mesh infection 3/100; categories may overlap	8/100 (8%)	Follow-up 34.5 months (11-62). Likely nested within the later 220-patient La Fe cohort.
Giuffrida et al. (20)	Systematic review; 7 combined-treatment studies; n=217	171/174 among patients with closure data	SSI 38/217 (17.5%); SSO 57/217 (26.2%)	13/217 (5.9%)	Mean follow-up 21.2 +/- 12.9 months (range 1-100). Outcomes reflect the full surgical pathway.
Bueno-Lledó et al. (23)	Single-center serial experience; all received BTA+PPP; n=220	Exact closure n/N not explicitly reported in the abstract	Exact SSI/SSO n/N not explicitly reported in the abstract	20/220 (9%)	Mean follow-up 33.5 months (11-60). No BTA-alone comparator; materially overlaps earlier La Fe reports.

This table provides outcome-specific denominators for the principal comparative, synthesis, and high-volume studies used to interpret clinical outcomes in the review. NR indicates that an exact outcome-specific denominator was not reported in the source information used for this review; percentages are not converted to counts unless the published denominator permits an unambiguous conversion. Outcomes reflect the complete reconstructive pathway unless otherwise stated
s, CST: Component separation technique, PPP: Progressive preoperative pneumoperitoneum, SSO: Surgical-site occurrence, SSI: Surgical-site infection, NR: Not reported with an exact outcome-specific denominator in the source information used. The 2020 and 2026 Hospital La Fe cohorts are not statistically independent and are treated as serial institutional experience in the main manuscript.