**TABLE 1: Characteristics of included studies** 

		Type of	Туре		Populati	Year	n	Specific
Author	Country	of Study IBD*		Outcome	on age	dataset		Group
Souza 2002	Brazil	Registry	UC/CD	Incidence  Case-fatality rate	>18	1980 to	252	Hospital-
30uza 2002	Diazii	regiony	00/00	Hospitalization		1999	202	based
Santana 2007	Brazil	Cross sectional	CD	Hospitalization	>18	2006	65	Hospital- based
Victoria 2009	Brazil	Registry	IBD	Incidence Prevalence	15 to 74	1986 to 2005	115/ 533508	Hospital- based
Cornelio 2009	Brazil	Cross- sectional	CD	Adherence to treatment	18 to 65	2006 to 2007	100	Hospital- based
Cohen 2010	Brazil	Cross- sectional	UC/CD	Patients reported outcomes	18 to 60	NR	50	City-based

Oliveira 2010	Brazil	Dogiota	UC/CD	Hospitalization/Length	NR	1998 to	363	Hospital-
Olivella 2010	DIAZII	Registry	OC/CD	of stay	INIX	2005		based
Machado da Souza	Brazil	Cross- sectional	UC/CD	Treatment patterns Patients reported	27 to 52	2006-2007	103	Pharmacy registry
		Coononia		outcomes	5			. eg.eu y
Silva da Souza	Brazil	RCT	CD	Hospitalization/Length	18 to 65	2003 to	72	Hospital-
2013	Diazii	1101	02	of stay	10 10 00	2007		based
Campos 2013	Brazil	Case series	UC/CD	Case-fatality rate	NR	1984 to	1607	Hospital-
Campos 2010	Diazii	Odse series	00/00	Case-ratelity rate	IVIX	2007		based
Vidigal 2014	Brazil	RCT	CD	Comparative	18 to 65	NR	72	Hospital-
				Effectiveness				based
			<b>\</b>			1988 to		
Parente 2015	Brazil	Pogistry	UC/CD	Incidence	>18	2012	252	Hospital-
i aiciite 2013	Diazii	Registry	00/0D	Prevalence	- 10	1988 to	202	based
						2007		

Freitas 2015	Cross- Patients reported Brazil UC/CD		Patients reported	31 to 59	NR 🖍	147	Hospital-	
Fiellas 2013	DIAZII	sectional	OC/CD	outcomes	311039	NIC		based
Baños 2010	Colombi	Dogiota	UC/CD	Case-fatality rate	2 to 77	2001 to	202	Hospital-
Ball05 20 10	а	Registry	UC/CD	Hospitalization	21077	2009	202	based
Meyer 2015	Chile	Registry	UC/CD	Treatment patterns	16 to 86	1976 to	356	Hospital-
meyer 2013	Offile	r tegisti y	00/00	Treatment patterns	101000	2013	330	based
Figueroa 2005	Chile	Registry	UC/CD	Treatment patterns	14 to 78	1990 to	282	Hospital-
r igueroa 2000	Offile	r tegisti y	00/00	Treatment patterns	14 10 70	2009		based
Buenavida 2011	Uruguay	Registry	UC/CD	Incidence	>14	2007 to	34/64	Multicenter
Buchavida 2011	Oraguay	r togisti y	00/02	indicate	7 17	2008	5695	Municenter
Yamamoto 2009	Mexico	Registry	UC	Treatment patterns	All ages	1987 to	848	Hospital-
ramamoto 2003	MEXICO	registry		rreatment patterns	All ages	2006		based
De la Cruz 2011	Mexico	Registry	IBD	Treatment natterns	All agos	1990 to	85	Hospital-
De la Ciuz 2011	IVIEXICO	Registry	וסט	Treatment patterns All age		2008		based
Bosques-Padilla	Mexico	Pogietry	UC	Treatment patterns	All ages	2004 to	104	Hospital-
2011	IVIEXIED	Registry		rreatment patterns	All ages	2008		based

Appleyard 2004	Puerto Rico	Cross- sectional	IBD	Incidence Prevalence	13 to 85	1996 - 2000 2004	202	Nationwide
Melendez 2011	Puerto Rico	Registry	UC/CD	Treatment patterns	All ages	1995 to 2007	507	Nationwide
Vendrell 2013	Puerto Rico	Registry	IBD	Prevalence	NR	2002 to 2005	477/1 2477 92	Health Insurance Records
Fragoso Arbelo 2002	Cuba	Cross Sectional	UC/CD	Case-fatality rate	6 month to 19 years	NR	88	Multicenter
Edwards 2008	Barbado s	Registry	UC/CD	Incidence Prevalence	All ages	1980 to 2005	168	Hospital- based
Sonnenberg 2007	Argentin a Chile Mexico	Registry	UC/CD	Mortality rate	All ages	1991 to 2004	NR	Nationwide

\*IBD: includes CD, UC and non-specified IBD

NR: not reported



ACCEPTED MANUSCRIPT

TABLE 2: Risk of bias of included studies by type of study

Unclear

Unclear

Unclear

Unclear

Unclear

Low

Low

Sonnenberg 2007

Yamamoto-Furusho 2009

Souza 2002

Victoria 2009

Cohen 2010

Freitas 2015

Souza 2011

	Risk of bi	as								
Author	Masking	Blindness of researchers		dness of	Conflict of interest	Randomi- zation	Other risks	Incomplete Report of data	Selective Report	
De Souza 2013	Low	Low	Low		Jnclear	Low	Low	Unclear	Unclear	
Vidigal 2014	High	High	High		High	Unclear	High	Low	Low	
Risk of bias of	f included	case series, su	rveilla	nce/regis	stry and cros	s-sectional	studies			
		Risk of bias								
Author		Conflict of interest		Confounder control		Exposure a	and		<del>,</del>	
						outcome		Participant	Participant selection	
						measurem	ents			
Campos 2013		Low		Low		Low		Moderate		
Bosques-Padill	a 2013	Unclear		Low		Low		Moderate		
Buenavida 201	1	Low		Low		Low		Low		
De la cruz 201	1	Unclear		Low		Low		High		
Melendez 2011	I	Low		Low		Unclear		High		
Meyer 2015		Low		Low		Low		Moderate		
Monsalve Aran	go 2010	Unclear		Low		Low		Moderate		
Oliveira 2010		Unclear	<del>\</del>	Low		High		Moderate		
Parente 2015		Unclear		Low		Low		Low		
Vendrell 2013		Unclear		Low		High		Low		
Edwards 2008		Unclear		Low		Low		Moderate		
Figueroa 2005		Unclear								

Low

Low

Low

Low

Low

Low

Low

High

Low

High

Low

Low

Low

Unclear

Moderate

Moderate

Moderate

Moderate

High

High

Low

Appleyard 2004	Unclear	Low	Moderate	Moderate	
Cornelio 2009	Unclear	Low	Low	Moderate	
Fragoso Arbelo 2002	Unclear	High	Low	Moderate	
Santana 2007	Unclear	Low	Low	Moderate	



TABLE 3: Main results of studies reporting incidence of inflammatory bowel disease in Latin-America

## Incidence/100000 inhabitants

Author/year	Countr	Age	Dataset year	UC	CD	Non-	
	у	Range				specified	
		(Mean)				IBD	
Parente 2015	Brazil	>18	1988 to 2012	0.08 (19	988) <sup>a</sup>	R	
				1.53 (20	007) a		
Victoria 2009	Brazil	15 to 74	1986 -1990	0.74	0.24	_	
		(37.95)	1991-1995	3.86	0.68	-	
			1996-2000	6.76	1.48	0.42	
			2001-2005	4.48	3.50	1.75	
Souza 2002	Brazil	>18	1980-1984	2.0 <sup>c</sup>	1.5		
			1985-1989	2.8 <sup>c</sup>	3.0	Not reported	
			1990-1994	2.5 <sup>c</sup>	2.4	Not reported	
			1995-1999	2.2 <sup>c</sup>	3.5		
Buenavida	Urugua	>14	2007 to 2008				
2011	У			2.25	0.39	Not reported	
	<b>O</b> '						
Appleyard	Puerto	13-85	1996	1.96	0.49	0.61	
2004	Rico	(39)	2000	3.32	1.96	2.46	
Edwards	Barbad	Not	1980-1984	1.30	0.28		
2008	os	reported	1985-1990	1.92	0.64	Not reported	
			1991-1994	2.30	1.30	Not reported	
			1995-2000	2.34	0.71		

2000-2004 1.58 0.61

a: data for any type IBD, c: Retocolitis,



TABLE 4: Main results of studies including prevalence of inflammatory bowel disease in Latin-America

## Prevalence/100000

## inhabitants

Author/year	Country	Age	Dataset	UC	CD	Non-
		Range	year			specified
		(Mean)				IBD
Parente 2015	Brazil	>18	2012	12.8 <sup>a</sup>	0	
			1986 -	0.99	0.24	-
Victoria 2009	Brazil	15-74	1990 1991-1995	4.77	0.90	-
	DIAZII	(37.95)	1996-2000	11.20	2.32	0.42
			2001-2005	14.81	5.65	2.14
		Not	2002	21.72	11.43	33,23
Vendrell 2013	Puerto	specifically	2003	20.46	11.96	32.42
Vendreii 2010	Rico	reported	2004	24.33	12.93	37.36
		reported	2005	23.32	14.90	38.22
Appleyard	Puerto	13-85 (39)	1996-2000	12.53	5.89	6.39
2004	Rico	. ()				
Edwards	Barbados	>18	2004	44.3	16.7	Not
2008						reported

a: data for any type IBD

TABLE 5: Main results of studies including mortality of inflammatory bowel disease in Latin

America

Annual mortality rate per million inhabitants

Author/year	Countr	Population	Age	Dataset	UC	CD
	У	Range		year		2
Sonnenberg	Argentin			1991–	0.67	0.29
2007	а	_		2004		
	Chile	- Nationwide	All ages	1991-	1.02	0.40
			/	2003		
	Mexico	_		1991–	0.60	0.23
				2004		

TABLE 6: Main results of studies including case fatality rate of inflammatory bowel disease in Latin America

					Case fat	ality rate
Author/year	Country		Age	Dataset	UC	CD
		Population	Range	year		
			(Mean)			
Souza 2002	Brazil	University	20-50	1988-	9/73#	11/102
		Hospital		1999	(12,2%)	(10.8%)
Campos 2013	Brazil	Tertiary care	Not	1984-	13/804	13/804
		-	reporte	2007	(1.6%)	(1.6%)
		hospital.	d	177		
Baños 2010	Colombi	Pablo Tobon	2-77	2001-	5/202	6/202
	а	Uribe	(38.46)	2009	(2.4%)	(3.0%)
		Hospital	Nr.			
Fragoso Arbelo	Cuba	Centers of	3 months-	- 1982-	3/73	1/15
2002		pediatric	19 years	2002	(4.1%)	(6.1%)
		gastroenterol				
		ogy				

<sup>#</sup> Rectocolitis

ACCEPTED MANUSCRIPT