Supplementary Table 1- Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies Criteria

	Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies Criteria														
	Was the research question or objective in this paper clearly stated?	Was the study population clearly specified and defined?	Was the participation rate of eligible persons at least 50%?	Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	Was a sample size justification, power description, or variance and effect estimates provided?	For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?	Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?	For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Was the exposure(s) assessed more than once over time?	Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	Were the outcome assessors blinded to the exposure status of participants?	Was loss to follow-up after baseline 20% or less?	Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	**Quality Rating**
Prevalence of chemopreventive agent use among hospitalised women at high risk for breast cancer: a cross-sectional study	Y	Y	Y	N	N	N	N	NA	NA	NA	Y	NA	NA	NA	Fair
Breast cancer risk evaluation - a correlation between mammographic density and the Gail model	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	NA	Y	N	Good
Using the Gail model to identify women at hight risk for developing breast cancer	Y	Y	Y	Y	Y	N	N	NA	NA	NA	Y	NA	NA	NA	Good
Assessment of the clinical utility of the Gail model in estimating the risk of	Y	Y	Y	Y	N	Y	N	NA	NA	NA	Y	NA	NA	NA	Good

breast cancer in women from the Indian population															
Assessing Breast Cancer Risk Estimates Based on the Gail Model and Its Predictors in Qatari Women	Y	Y	Y	Y	N	N	N	NA	NA	NA	Y	NA	NA	NA	Fair
Breast Cancer Risk Assessment Using the Gail Model and It's Predictors in Saudi Women	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	NA	Good
Compliance with screening recommendations according to breast cancer risk levels in Izmir, Turkey	Y	Y	Y	N	Y	N	N	NA	Y	NA	Y	NA	NA	NA	Good
Application of the gail model for predicting breast cancer in southern brazil women	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	NA	Good
Assessment of socio-economic and menstrual-reproductive factors related to estimated risk of affecting to breast cancer in the Iranian women.	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	NA	Good
Lifetime and 5 years risk of breast cancer and attributable risk factor according to Gail model in Iranian women.	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	NA	Good

Evaluation of risk assessment tools for breast cancer screening in Chinese population.	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	Y	NA	Y	Y	Good
Risk assessment for breast cancer and BRCA mutations in women with personal and familial history.	Y	Y	Y	Y	N	N	N	NA	Y	NA	Y	NA	NA	Y	Good
Breast cancer risk assessment among Bahraini women	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	Y	Good
Breast cancer risk assessment by Gail Model in women of Baghdad	Y	Y	Y	Y	N	N	N	NA	Y	NA	Y	NA	NA	Y	Good
Breast cancer risk based on the Gail model and its predictors in Iranian women	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	Y	Good
Breast cancer chemoprevention among high-risk women and those with ductal carcinoma *in situ*	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	Y	Good

Mensuração dos fatores de risco de mulheres com câncer mamário através do Índice de Gail	Y	Y	Y	Y	Y	Y	Y	NA	Y	NA	Y	NA	NA	N	Good
Clinico-epidemiological profile of breast cancer patients and the retrospective application of Gail model 2: Na Indian perspective.	Y	Y	Y	Y	Y	Y	Y	NA	Y	NA	Y	NA	NA	NA	Good
Use of Gail model to predict breast cancer risk in mexican population: analysis of a prospective cohort of 1,000 patients.	Y	Y	Y	Y	N	Y	Y	NA	Y	NA	Y	NA	Y	N	Good
Breast cancer risk in sexual minority Women during Routine Screening at an Urban LGBT Health Center	Y	Y	Y	Y	Y	N	N	NA	Y	NA	NA	NA	NA	Y	Good
Korean risk assessment model for breast cancer risk prediction.	Y	Y	Y	Y	N	Y	Y	NA	Y	NA	Y	NA	Y	Y	Good
Recalibration of the Gail model for predicting invasive breast cancer risk in Spanish women: a population-based cohort study	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	NA	Y	Y	Good
Economic evaluation of using a genetic	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	Y	Good

test to direct breast cancer chemoprevention in white women with a previous breast biopsy															
Assessing utility of breast cancer risk assessment tool in comparison to Tyrer-Cuzick model for determination of breast cancer risk and implications for chemoprevention.	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	Y	Good
Validation of Rosner-Colditz breast cancer incidence model using an independent data set, the California Teachers Study	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	Good
Breast cancer risk assessment using the Gail model: a Turkish study	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	Y	Good
Assessing breast cancer risk among Iranian women using the Gail model.	Y	Y	Y	Y	Y	N	N	NA	Y	NA	Y	NA	NA	Y	Good

Subtitle: Y – Yes; N- No; NR- Not reported; NA- Not applicable

Quality rating: Poor < 40%; Fair 40% - 60%; Good > 60%

Supplementary Table 2- Quality Assessment Tool for Case-Control Studies Criteria

	Quality Assessment Tool for Case-Control Studies Criteria												
	Was the research question or objective in this paper clearly stated and appropriate?	Was the study population clearly specified and defined?	Did the authors include a sample size justification?	Were controls selected or recruited from the same or similar population that gave rise to the cases (including the same timeframe)?	Were the definitions, inclusion and exclusion criteria, algorithms or processes used to identify or select cases and controls valid, reliable, and implemented consistently across all study participants?	Were the cases clearly defined and differentiated from controls?	If less than 100 percent of eligible cases and/or controls were selected for the study, were the cases and/or controls randomly selected from those eligible?	Was there use of concurrent controls?	Were the investigators able to confirm that the exposure/risk occurred prior to the development of the condition or event that defined a participant as a case?	Were the measures of exposure/risk clearly defined, valid, reliable, and implemented consistently (including the same time period) across all study participants?	Were the assessors of exposure/risk blinded to the case or control status of participants?	Were key potential confounding variables measured and adjusted statistically in the analyses? If matching was used, did the investigators account for matching during study analysis?	Quality Rating
Avaliação da aplicabilidade do modelo de Gail como preditor de risco de câncer de mama em mulheres baianas	Y	Y	Y	Y	Y	Y	Y	NA	NA	Y	Y	NA	Good
Performance of the Gail model for breast cancer risk assessment in Iranian women	Y	Y	Y	Y	Y	Y	Y	NA	NA	Y	Y	NA	Good
The applicability of the Gail model in Iranian population	Y	Y	Y	Y	Y	Y	Y	NA	NA	Y	Y	NA	Good

Subtitle: Y – Yes; N- No; NR- Not reported; NA- Not applicable

Quality rating: Poor < 40%; Fair 40% - 60%; Good > 60%

Supplementary Table 3- Quality Assessment Tool for Controlled Intervention Studies Criteria

	Quality Assessment Tool for Controlled Intervention Studies Criteria													
	Was the study described as randomized, a randomized trial, a randomized clinical trial, or an RCT?	Was the method of randomization adequate (i.e., use of randomly generated assignment)?	Was the treatment allocation concealed (so that assignments could not be predicted)?	Were study participants and providers blinded to treatment group assignment?	Were the people assessing the outcomes blinded to the participants' group assignments?	Were the groups similar at baseline on important characteristics that could affect outcomes (e.g., demographics, risk factors, co-morbid conditions)?	Was the overall drop-out rate from the study at endpoint 20% or lower of the number allocated to treatment?	Was the differential drop-out rate (between treatment groups) at endpoint 15 percentage points or lower?	Was there high adherence to the intervention protocols for each treatment group?	Were other interventions avoided or similar in the groups (e.g., similar background treatments)?	Were outcomes assessed using valid and reliable measures, implemented consistently across all study participants?	Did the authors report that the sample size was sufficiently large to be able to detect a difference in the main outcome between groups with at least 80% power?	Were outcomes reported or subgroups analyzed prespecified (i.e., identified before analyses were conducted)?	Were all randomized participants analyzed in the group to which they were originally assigned, i.e., did they use an intention-to-treat analysis?	Quality Rating
Randomized controlled trial of web-based decision support tools for high-risk women and primary care providers to increase breast cancer chemoprevention.	Y	Y	Y	NR	NR	Y	Y	Y	Y	Y	Y	NR	Y	Y	Good

Subtitle: Y – Yes; N- No; NR- Not reported; NA- Not applicable

Quality rating: Poor < 40%; Fair 40% - 60%; Good > 60%