Supplementary Methods.

Information sources and search
We searched Medline, Embase from 1980 to 2012. We developed a specific search strategy for each database.

The following query was run in PubMed:

("Phaeochromocytoma"[mh] OR "Paraganglioma"[mh])
AND ("follow-up studies"[mh] OR "Recurrence"[mh] OR "mortality"[mh] OR "Treatment Outcome"[mh] OR "Outcome Assessment (Health Care)"[mh] OR "Prognosis"[mh] OR "Disease Progression"[mh] OR prognos* OR predict* OR course* OR cohort OR "follow-up" OR "neoplasm metastasis"[mh] OR metastas* OR metastat*)
NOT "case reports"[ptyp]

The following query was run in Embase:

('pheochromocytoma'/exp OR 'paraganglioma'/exp OR 'chemodectoma'/exp)
AND ('cohort analysis'/exp OR 'cancer recurrence'/exp OR 'tumor recurrence'/exp OR 'recent recurrence'/exp OR 'recurrent disease'/exp OR 'survival'/exp OR 'mortality'/exp OR 'treatment outcome'/exp OR 'prognosis'/exp OR 'metastasis'/exp OR prognos* OR predict* OR course* OR cohort* OR 'follow-up'/exp OR metastas* OR metastat*)
NOT 'case report'/exp

Risk of bias of individual studies

No agreed criteria exist for assessing the risk of bias of prognostic studies. We used several resources to compile a list of criteria to assess the risk of bias in our studies:

Two raters used the following criteria to evaluate individual studies. A third rater checked all ratings and resolved potential disagreements.

A- Study participants:
   1- Appropriate method used to identify patients: yes, if prospective study, or retrospective study using an administrative, clinical or research database;
   2- Restrictive inclusion criteria: yes, if population restricted according to any characteristic (location of the tumor, familial history, catecholamine secretion, available follow up...);
   3- Consecutive sample of patients: yes, if stated that all patients responding to the inclusion criteria during the study period were included;
   4- Cure after surgery ascertained: yes, if cure ascertained early (≤ 6 months) with systematic hormonal or imaging studies.

B- Outcome:
   5- Adequate outcome definition: yes, if definition of recurrence or malignancy or metastasis;
   6- Valid identification method: yes, if events ascertained by hormonal or imaging studies.

C- Follow up:
   7- Standardized follow-up: yes, if an institutional follow-up protocol was applied or if all patients were contacted at the time of the study;
   8- Sufficient length of follow up: yes, if mean or median follow up ≥ 12 months;
   9- Complete follow up: yes, if ≥ 80% of those operated on (and cured) were followed-up.

D- Reporting:
   10- Adequate description of the inclusion process: yes, if flow diagram showing the numbers of individuals at all stages of the study;
   11- Baseline characteristics of cured patients appropriately described: yes, if at least sex, age, syndromic phenotype and tumor location either for cured patients or for all patients if over 90% were cured;
   12- Cause of losses to follow-up reported;
   13- Adequate statistical analysis: yes, if survival analysis was performed on censored data.

E- Prognostic factors:
   14- Adequate definition: yes, if the main prognostic factor was clearly defined;
   15- Adequate measurement: yes, if the main prognostic factors were reliably searched or measured in all patients;
   16- Multivariable analysis: yes, if multivariable models were used to assess the independence of prognostic factors.