Supplementary Table 1. Patients Characteristics of Case Reports/Series

Author Year Country	Sex / Age	Co-Morbidities	Diagnosis at Admission	Diagnostic Studies	Site of Perforation	Fistulous communication	Definitive Surgery	DoE (Symptoms)	DoE (Admission-Definitive Surgery)	DoH
Garza-Báez et al. 2021 Mexico [26]	M / 72	DM, Dyslipidemia, CAD, hypothyroidism	Cholecystocolic Fistula	Gastroduodenoscopy, Abdominal US + CT, Colonoscopy, cholangiogram, HBS	NR	Right Lung	LC	7	NR	10
Naveen et al· 2021 India [27]	F / 75	Denied	Cholecystocutaneous Fistula	Abdominal CT and MRI	Fundus	Abdominal Wall	LC	60	NR	9
Pol et al. 2019 India [28]	F / 70	DM	Cholecystocutaneous Fistula	Abdominal US + CT, Gastroduodenal Endoscopy	Body	Abdominal Wall	LC	730	7	3
Patel et al. 2019 India [29]	M / 65	DM	Cholecystocutaneous Fistula	Abdominal US + CT, MRCP	NR	Abdominal Wall	OC	NR	NR	NR
Patel et al. 2019 India [29]	M / 55	DM, HTN	Acute Cholecystitis	Abdominal US + CT, MRCP	NR	Abdominal Wall	OC	NR	NR	NR
Patel et al. 2019 India [29]	F / 31	Denied	Cholecysto-gastro-cutaneous Fistula	Sinogram, MRCP	NR	Stomach	LC	NR	NR	NR
Patel et al. 2019 India [29]	F / 24	Denied	Cholecystogastric Fistula	Gastroscopy	NR	Stomach	LC	NR	NR	NR
Mallick et al. 2018 India [30]	F / 62	Denied	No diagnosis	Abdominal US + CT, Barium Enema, MRCP	Fundus	Transverse Colon	OC	730	18	30
Kassi et al. 2017 Ivory Coast [31]	M / 46	Denied	Cholelithiasis	Abdominal US + CT, ERCP, Nasocholecystetogram	Body	Abdominal Wall	OC	15	34	47
Kohli et al. 2017 USA [32]	M / 82	Prostate Cancer, Chronic Liver Disease, Heart diseases	Cholecystocutaneous Fistula	Abdominal US + CT	NR	Duodenum	Conservative Tx	NR	NR	NR
Mughal et al 2016 UK [33]	F / 74	Denied	Cholecystocutaneous Fistula	Abdominal US + CT	NR	Abdominal Wall	LC*	42	NR	2

Mughal et al 2016 UK [33]	F / 76	Diverticular Disease, HTN	GI Bleeding	Abdominal US	Body	Duodenum	LC*	2	NR	15
Varshney et al. 2014 India [34]	F / 80	Denied	Acute cholecystitis	Abdominal US + CT	Fundus	Abdominal Wall	OC	10	NR	2
Gupta et al. 2012 India [35]	F / 82	DM, RA, COPD, Seizure Disorder	Cholecystocutaneous Fistula	Abdominal US + CT	Hartmann´s Pouch	Gastric Antrum & Abdominal Wall	OC	90	NR	NR
Date et al. 2011 UK [36]	F / 93	Denied	Cholecystopleural Fistula	Abdominal US, Thoracic & Abdominal CT	NR	Stomach	Conservative Tx	NR	16	NR
Sayed et al. 2010 UK [37]	F / 85	Multiple co-morbidites	Cholecystocutaneous Fistula	Abdominal US + CT	Neck	Abdominal Wall	Conservative Tx	13	NR	NR
Savvidou et al. 2009 Greece [38]	M / 75	DM	Cholecystocolic Fistula	Abdominal US + CT	Fundus	Transverse Colon	OC	540	NR	NR
Marwah et al. 2006 India [39]	F / 65	Denied	Cholecystogastric Fistula	Abdominal US + CT	Fundus	Abdominal Wall	OC	30	NR	NR
Baron et al. 2002 USA [40]	M / 62	Denied	Cholecystogastric Fistula	Abdominal US + CT	NR	Duodenum	LC*	NR	NR	3
Carragher et al. 1990 Ireland [41]	F / 67	Obesity	Cholecystocutaneous Fistula	Abdominal CT, ERCP, MRCP	NR	Abdominal Wall	Conservative Tx	270	90	NR

DoE: Days of Evolution; DoH: Days of Hospitalization; HTN: hypertension; DM: diabetes mellitus; RA: rheumatoid arthritis; COPD: chronic obstructive pulmonary disease; CAD: coronary artery disease; NR; not reported; OC: open cholecystectomy; LC: laparoscopic cholecystectomy; LC*: Conversion of laparoscopic cholecystectomy to open cholecystectomy, Tx: treatment; US: ultrasound; CT: computerized tomography; HBS: hepatobiliary scintigraphy.

Supplement Table 2: Risk of Bias Assessment of Cohort Studies

	Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6	Domain 7	Overall
Gupta et al. India 2021 [10]	Moderate	Low	Low	Low	Low	Moderate	Low	Moderate
Sahbaz et al. Turkey 2017 [42]	Moderate	Low	Low	Low	Low	Moderate	Low	Moderate

Assessment based on the ROBINS-I risk of bias tool for observational studies. Domains are classified as: Low, Moderate, Severe, or Critical Risk. Domain 1: Bias due to confounding; Domain 2: Bias in selection of participants into study; Domain 3: Bias classification of interventions; Domain 4: Bias due to deviations from intended interventions; Domain 5: Bias due to missing data; Domain 6: Bias in measurement of outcomes; Domain 7: Bias in selection of the reported result

Supplement Table 3: Risk of Bias Assessment of Case Reports & Case-Series

Author	1. Selection	2.1 Ascertainment	2.2 Ascertainment	3.1 Causality	3.2 Causality	3.3 Causality	3.4 Causality	4. Reporting	Overall Risk
Garza-Báez et al. 2021 Mexico [26]	Yes	Yes	Yes	Yes	No	No	Yes	Yes	**Low**
Naveen et al. 2021 India [27]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Pol et al. 2019 India [28]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Patel et al. 2019 India [29]	Yes	Yes	Yes	Yes	No	No	Yes	Yes	**Low**
Mallick et al. 2018 India [30]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Kassi et al. 2017 Ivory coast [31]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Kohli et al. 2017 USA [32]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Mughal et al. 2016 UK [33]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Varshney et al. 2014 India [34]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Gupta et al. 2012	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**

India [35]									
Date et al. 2011 UK [36]	Yes	Yes	Yes	Yes	No	No	Yes	Yes	**Low**
Sayed et al. 2010 UK [37]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Savvidou et al. 2009 Greece [38]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Marwah et al. 2006 India [39]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Baron et al. 2002 USA [40]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**
Carragher et al. 1990 Ireland [41]	No	Yes	Yes	Yes	No	No	Yes	Yes	**Moderate**

Risk of Bias assessment was guided on Murad et al., Proposal to assess bias in case reports/series. 1. Selection: Does the patient(s) represent(s) the whole experience of the investigator (center) or is the selection method unclear to the extent that other patients with similar presentation may not have been reported?; 2.1 Ascertainment: Was the exposure adequately ascertained?; 2.2 Ascertainment: Was the outcome adequately ascertained?; 3.1 Causality: Were other alternative causes that may explain the observation ruled out?; 3.2 Causality: Was there a challenge/re-challenge phenomenon?; 3.3 Causality: Was there a dose–response effect?; 3.4 Causality: Was follow-up long enough for outcomes to occur?; 4.1: Is the case(s) described with sufficient details to allow other investigators to replicate the research or to allow practitioners make inferences related to their own practice?