

Supplementary material

Chen R, Zhou J, Liu C, et al. Direct oral anticoagulants versus vitamin K antagonists for patients with left ventricular thrombus: a systematic review and meta-analysis. *Pol Arch Intern Med.* 2021; 131: 429-438. doi:10.20452/pamw.15923

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Table S1. Scoring details for included studies by Newcastle-Ottawa quality assessment scale for cohort studies.

Study	Selection				Comparability	Outcome			Total
	(1)	(2)	(3)	(4)	(1)	(1)	(2)	(3)	
Ali et al	※	※	※	※	No adjustment	※	※	※	7
Alizadeh et al	※	※	※	ND	※※	ND	※	ND	4
Bass et al	※	※	※	※	No adjustment	ND	※	ND	5
Cochran et al	※	※	※	ND	※※	※	※	※	8
Daher et al	※	※	※	※	No adjustment	※	※	ND	5
Durrer-Ariyakuddy et al	※	※	※	ND	No adjustment	※	※	ND	5
Guddeti et al	※	※	※	ND	No adjustment	ND	※	※	5
Iqbal et al	※	※	※	ND	No adjustment	ND	※	※	5
Jones et al	※	※	※	ND	※※	※	※	※	8
Lim et al	※	※	※	ND	No adjustment	ND	※	※	5
Robinson et al	※	※	※	※	※※	ND	※	※	7
Willeford et al	※	※	※	※	※※	※	※	※	9
Yunis et al	※	※	※	ND	※※	ND	※	※	7
Average	-	-	-	-	-	-	-	-	6.2

ND = no description.

Table S2. Solution of unclear outcome data of stroke or systemic embolism in the study by Robinson et al.

Patients allocation (DOACs vs Warfarin)	Pooled risk ratio (95% CI)	I ²	P-value
134 vs 287	0.96 (0.80-1.16)	0	0.68
135 vs 286	0.96 (0.80-1.16)	0	0.68
136 vs 285	0.96 (0.80-1.16)	0	0.67
137 vs 284	0.96 (0.80-1.16)	0	0.66
138 vs 283	0.96 (0.80-1.15)	0	0.66
139 vs 282	0.96 (0.80-1.15)	0	0.65
Robinson et al study excluded	0.95 (0.78-1.15)	0	0.59

In the study by Robinson et al, a total of 64 (15.2%) out of 421 patients underwent treatment switches between direct oral anticoagulants (DOACs) and warfarin. Therefore, we took the intention-to-treat approach for this study in the pooled analysis. Although authors have provided data regarding the switching, the original anticoagulants could not be determined in seven patients switching twice between DOACs and warfarin. We have tried contacting the authors to obtain these data, but no response so far. Therefore, we tried different allocations for these seven patients to the group of DOACs and warfarin (i.e., 1&6, 2&5, 3&4), and the pooled risk ratio were very similar (see table below), which suggested limited impacts of different combinations. The result sustained after excluding the study. Therefore, we allocated these seven patients proportionally to two groups, namely two patients to DOACs and five patients to warfarin, and the pooled risk ratio was 0.96 (95% confidence interval [CI]: 0.80-1.16, P=0.68, I²=0%). Thrombus resolution and bleeding events were only categorized according to the anticoagulants being used at the incidence of the index events instead of original anticoagulants, and therefore the pooled analysis for these two outcomes excluded the data from the current study.

Figure S1. The funnel plots for outcomes of stroke or systemic embolism (A), stroke (B), failure of thrombus resolution (C), any bleedings (D), and clinically relevant bleedings (E).

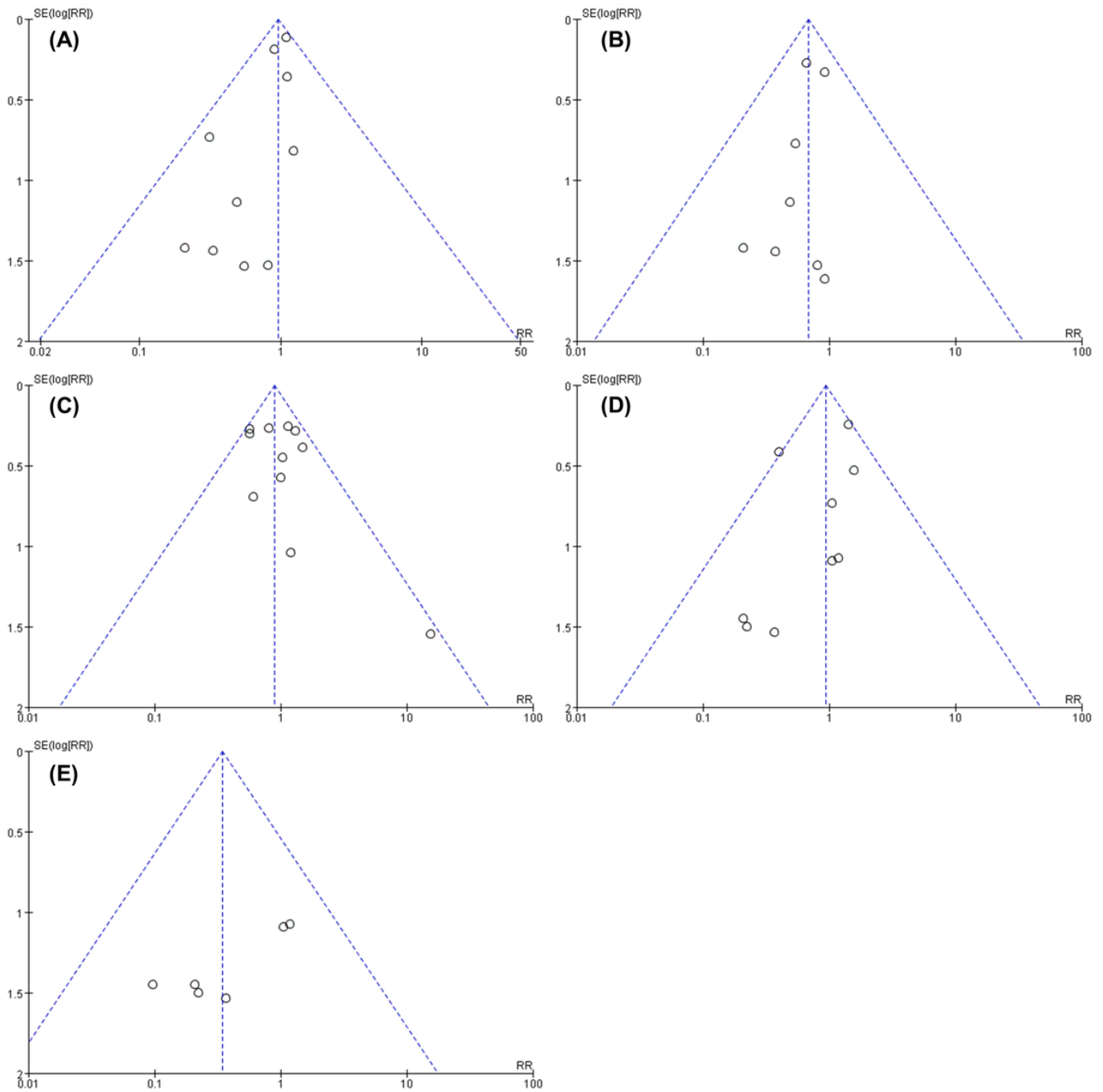


Figure S2. The funnel plot after imputation by trim-and-fill methods for the outcome of stroke or systemic embolism. No extra studies were imputed for the current analysis.

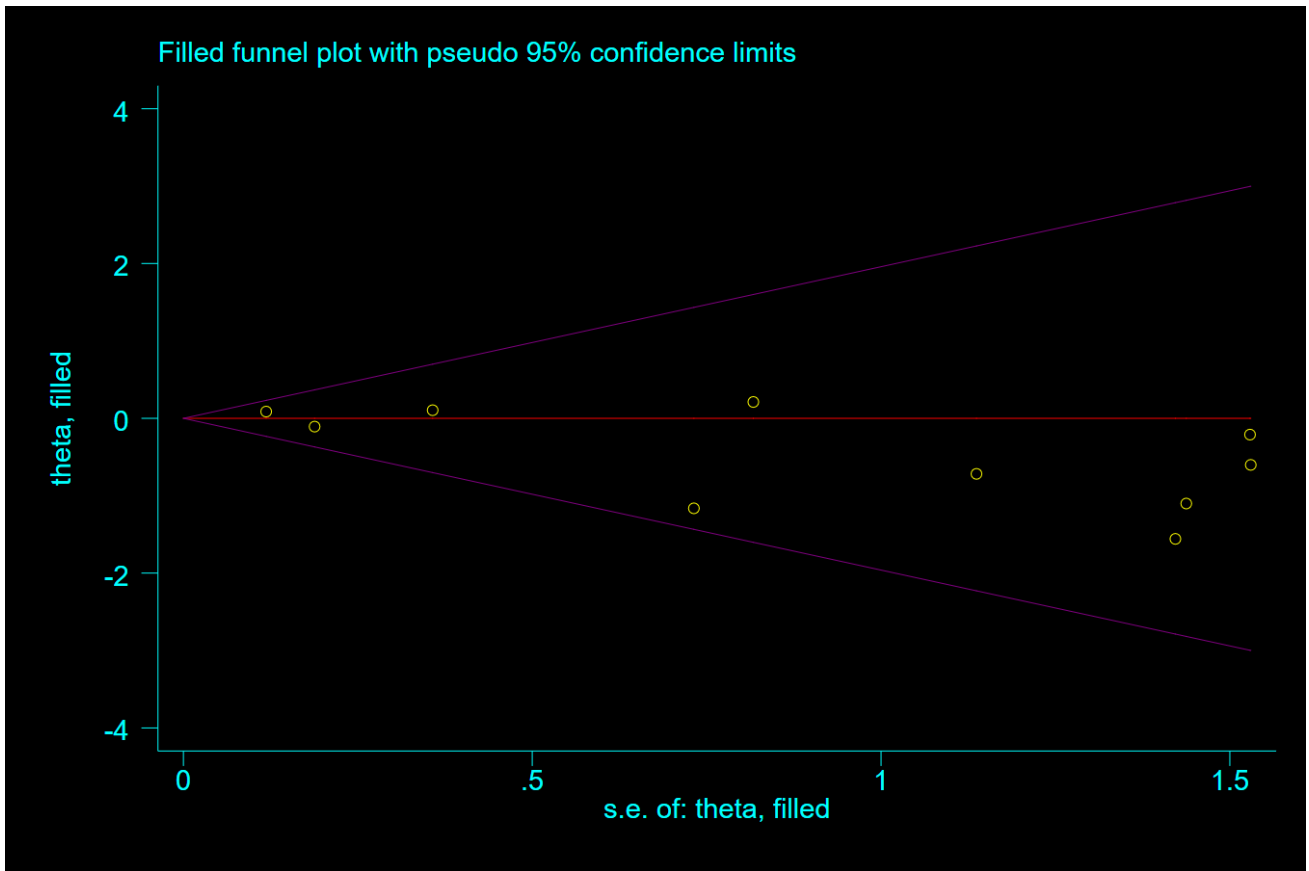


Figure S3. Meta-regression of risk ratio (RR) against average or median age according to included studies for outcomes of stroke or systemic embolism (A), stroke (B), failure of thrombus resolution (C), any bleedings (D), and clinically relevant bleedings (E).

