SUPPLEMENTAL MATERIAL

Anticoagulants for Cerebral Venous Thrombosis

Figure 1. Flow Diagram of Studies Assessed Regarding Anticoagulation for CVT

CVT studies assessed for eligibility: 151

CVT studies excluded: 89
Reasons for exclusion
- No anticoagulation data 26
- Review of other studies 9
- Published before 1990 or with all data before 1990 9
- Diagnostic methodology only study 11
- Case report 14
- Duplicate 8
- Other 12

CVT studies included: 62 (n=5,155)

Randomized trials: 6 (n=317)
Retrospective observational studies: 41 (n=2,862)
Prospective observational studies: 12 (n=1,551)
Prospective and retrospective studies: 3 (n=425)
Appendix I

Anticoagulants for Cerebral Venous Thrombosis

Bibliography of Included Cerebral Venous Thrombosis Studies and Trials 1-73

(Some studies have more than one reference)


53. Penido NO, Toledo RN, Silveira PA, Munhoz MS, Testa JR, Cruz OL. Sigmoid sinus thrombosis associated to chronic otitis media. *Braz J Otorhinolaryngol*. 2007;73:165-170


Appendix II

Anticoagulants for Cerebral Venous Thrombosis

Protocol for Data Extraction from Each Article

1. Study type (RCT, retrospective observational, prospective observational, combined prospective and retrospective)
2. Year published
3. Study purview (acute hospitalization only, follow up only, both hospitalization and follow up)
4. Regarding the initial hospitalization
   a. Total number of participants (n)
   b. N with hospital data
   c. N with full dose (therapeutic dose) heparin (UFH or LMWH) with or without thrombolysis or other antithrombotic drug
   d. N with full dose heparin (UFH or LMWH) and clinical outcomes
   e. Deaths in patients receiving full dose heparin (n)
   f. N receiving thrombolysis alone
   g. N receiving a VKA alone
   h. N receiving a platelet antagonist alone
   i. N receiving low dose heparin alone
   j. N receiving no antithrombotic drug treatment
   k. N of initial hospital deaths of patients receiving no anticoagulation (i.e., no full dose heparin, no VKA, and no thrombolysis)
   l. N initial hospital deaths of patients receiving no antithrombotic drugs
m. Causes of death in patients receiving no full dose heparin, no VKA, and no thrombolysis

n. N of patients with new or increased intracerebral hemorrhages (ICHs) after receiving full dose heparin

o. N of patients with extracranial major bleeding while taking full dose heparin

p. N of patients with fatal bleeding while taking full dose heparin

q. N of patients in studies reporting the incidence of patients with heparin induced thrombocytopenia (HIT)

r. N with HIT

5. Regarding the follow up period

a. N of patients with CVT followed

b. N of patients with CVT followed with survival data

c. N of post hospital follow up patients on VKAs or other anticoagulants

d. N of post hospital follow up patients on VKAs or other anticoagulants with survival data

e. In studies where survival data by anticoagulation status was available, N of deaths in patients that received VKAs or other anticoagulants

f. N of post hospital follow up patients not on VKAs or other anticoagulants

g. In studies where survival data was available, N of patients that did not receive anticoagulants

h. N of deaths in patients that received no VKAs nor other anticoagulants

i. Causes of deaths in patients that received no anticoagulants

j. Mean patient-months of total follow up
k. Total patient-months of follow up (mean patient-months x n)
l. In studies with venous thrombosis recurrence data, patient-months of follow up
m. N of patients with venous thrombosis recurrences overall
n. In studies with venous thrombosis recurrence data by anticoagulation status, patient-months of follow up while on oral anticoagulants
o. N of patients with venous thrombosis recurrences while taking anticoagulants
p. In studies with venous thrombosis recurrence data by anticoagulation status, patient-months of follow up while on oral anticoagulants
q. N of patients with venous thrombosis recurrences while not taking anticoagulants
r. N of patient-months of anticoagulants with major bleeding outcomes data
s. N of patients with major bleeding
t. N of patients with non fatal brain bleeding
u. N of patients with fatal bleeding