**Supplemental Table 1. Clinical trials in PVT**

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| Study | *n* | Design/setting | Results | Complications |
| Cirrhotic treatment | | | | |
| Senzolo,86 2012 | 56 | Prospective matched controlled study  Cirrhotic with acute PVT or thrombotic extension  LMWH (nadroparin) and TIPS | Thrombus progression: 5/33 (intervention) vs. 15/21 (C)  Variceal bleeding: 5 (C) vs. 1 (AC) (*p*=0.09)  Intestinal ischemia: 2 (C) vs. 0 (AC) | Major bleeding: 1 central nervous bleed in AC arm |
| Scheiner,87 2017 | 51 | Retrospective cohort study  Nonmalignant cirrhotic patients with PVT  Early anticoagulation: LMWH, VKA or DOACs | PVT regression: 58% (AC) vs. 28% (C) (*p*=0.08) for long-term AC  Liver enzyme: Unaffected by AC  Synthetic function: Trend towards improvement in AC group  Ascites: Unaffected by AC | Variceal bleeding: 33% (AC) vs. 44% (C) |
| Delgado,89 2012 | 55 | Retrospective cohort  Cirrhotic patients  Acute or subacute PVT or thrombosis progression  LMWH or VKA | Recanalization: 60%  Rethrombosis occurred in 38% after AC stopped  Recanalized patients suffered less complications (trend) | Bleeding: 10/55 (18%) -5 due to variceal bleeding  Three died but unrelated to AC |
| Armitrano,84 2010 | 28 | Retrospective cohort  Symptomatic acute PVT  Cirrhotic/noncirrhotic  Pretransplant  Enoxaparin | Recanalization: 33% complete, 50% partial  No transplant outcome | No bleeding  No complication |
| Noncirrhotic treatment | | | | |
| Plessier,26 2010 | 102 | Prospective, multicenter  PVT in noncirrhotic and no HCC  LMWH, unfractionated and VKA | Recanalization: 38% | Bleeding: 9/95 (9%)  Mesenteric infarction: 2 |
| Cirrhotic primary prevention | | | | |
| Villa,106 2012 | 70 | Prospective, randomized  Cirrhotic (Child B or C) at high risk for PVT  Prophylactic enoxaparin | PVT rate: 0 (Enox) vs. 16% (C)  Liver decompensation: 11.7 (Enox) vs. 52% (C) | Bleeding: 9/95 (9%)  Mesenteric infarction: 2 |
| DOAC treatment | | | | |
| De Gottardi,90 2017 | 94 | Retrospective, descriptive  SPVT in cirrhotics (no Child C) and noncirrhotic  DOACs | Recurrent PVT rate: 2.7% cirrhotics; 0% noncirrhotics | Major bleeding: 5.1% (noncirrhotics); 2.7% (cirrhotics)- 4 |
| Janczak,100 2018 | 59 | Retrospective, matched controlled comparison  VTE-AL (including 48 SPVT)  DOACs and LMWH | PVT recurrence (per 100 person-years)  Overall: 7.3 VTE-AL vs. 2.4 VTE-TL (*p*=0.13)  In cancer patients only  DOAC: 25.4 VTE-AL vs. 2.6 VTE-TL (*p*=0.03)  VTE-AL: DOAC 25.4 vs. 24.5 LMWH (*p*=0.81)  Mortality: VTE-AL 21.5 vs. VTE-TL 8.3 (*p*=0.03) | Major bleeding: (per 100 person-years)  VTE-AL 7.2  VTE-TL 3.0 |
| Hum,91 2017 | 45 | Retrospective cohort comparison  Cirrhotic (MELD 9-10)  VTE/PVT/AF  DOACs and LMWH/VKA | Progression of DVT: DOAC 4% vs. LMWH/VKA 6% (*p*=1.0) | Major bleeding events: DOAC 4% vs. LMWH/VKA 28% (*p*=0.03) |

Abbreviations: AC, anticoagulation; AL, atypical location; AF, atrial fibrillation; C, control/no treatment; DOAC, direct-acting oral anticoagulant; DVT, deep vein thrombosis; LMWH, low molecular weight heparin; MELD, model for end-stage liver disease; PVT, portal vein thrombosis; TL, typical location; VKA, vitamin K antagonist; VTE, venous thromboembolism.