**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 studyCirrhotic with acute PVT or thrombotic extensionLMWH (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 studyNonmalignant cirrhotic patients with PVTEarly anticoagulation: LMWH, VKA or DOACs | PVT regression: 58% (AC) vs. 28% (C) (*p*=0.08) for long-term ACLiver enzyme: Unaffected by ACSynthetic function: Trend towards improvement in AC groupAscites: Unaffected by AC | Variceal bleeding: 33% (AC) vs. 44% (C) |
| Delgado,89 2012 | 55 | Retrospective cohortCirrhotic patientsAcute or subacute PVT or thrombosis progressionLMWH or VKA | Recanalization: 60%Rethrombosis occurred in 38% after AC stoppedRecanalized patients suffered less complications (trend) | Bleeding: 10/55 (18%) -5 due to variceal bleedingThree died but unrelated to AC |
| Armitrano,84 2010 | 28 | Retrospective cohortSymptomatic acute PVTCirrhotic/noncirrhoticPretransplantEnoxaparin | Recanalization: 33% complete, 50% partialNo transplant outcome | No bleedingNo complication |
| Noncirrhotic treatment |
| Plessier,26 2010 | 102 | Prospective, multicenterPVT in noncirrhotic and no HCCLMWH, unfractionated and VKA | Recanalization: 38% | Bleeding: 9/95 (9%)Mesenteric infarction: 2 |
| Cirrhotic primary prevention |
| Villa,106 2012 | 70 | Prospective, randomizedCirrhotic (Child B or C) at high risk for PVTProphylactic 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, descriptiveSPVT in cirrhotics (no Child C) and noncirrhoticDOACs | Recurrent PVT rate: 2.7% cirrhotics; 0% noncirrhotics | Major bleeding: 5.1% (noncirrhotics); 2.7% (cirrhotics)- 4  |
| Janczak,100 2018 | 59 | Retrospective, matched controlled comparisonVTE-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 onlyDOAC: 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 comparisonCirrhotic (MELD 9-10)VTE/PVT/AFDOACs 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.