**Supplementary Table 3.** **Therapeutic strategies for nontumoral portal vein thrombosis in cirrhosis**

|  |  |  |  |
| --- | --- | --- | --- |
| **Modality** | **Indication** | **Contraindication** | **Therapeutic agent** |
| **Systemic anticoagulant** | 1. Liver transplantation candidate2,3,11
2. Extension to SMV2,3,11
3. Inherited prothombophillic disorder2,3,11
 | Relative contraindications1. Untreated high risk esophageal varies
2. Platelet count <50×109/L (increased risk of bleeding complication)80
 | **Warfarin*** Therapeutic INR of 2.0-3.025,79-82
* Consider CTP class A and B (7-8)82
* Initial dose of 1 mg/day with 1-mg increment until therapeutic range achieved82

**Low molecular weight heparin*** Consider CTP B9 and CTP C cirrhosis82
* 40-50% dose in patient with thrombocytopenia (platelet <50×109/L)46,82,83
* 40% dose reduction if creatinine clearance less than 50 mL/min46
* Enoxaparin 200 U/kg/d84
* Enoxaparin 1 mg/kg subcutaneously q 12 h85
* Nadroparin 5,700 IU/day25
* Nadroparin 95 antiXa U/kg body weight td83
* Danapariod sodium 2500 U/day86
* Fondaparinux1 (dosage not available)

**Direct oral anticoagulant*** 50% dose reduction in CCr 30-50 mL/min and body weight ≤60 kg86
* Do not use in decompensated cirrhosis87
* Do not use in patient with CCr <30 mL/min
* Edoxaban 60 mg once daily (50% hepatic elimination)86
* Rivaroxaban 10 mg oral q 12 h85 (65% hepatic elimination)
* Dabigatran (20% hepatic elimination)
* Apixaban (75% hepatic elimination)87,88
 |
| **Transjugular intrahepatic portosystemic shunts** | 1. Refractory or no response to systemic anticoagulation89
2. Strong contraindication for systemic anticoagulation89
3. Consider in cirrhotic patients with PVT and co-existing refractory variceal bleeding /refractory ascites90
 | Absolute contraindications 1. Refractory hepatic encephalopathy91
2. Severe cardiopulmonary co-morbidities91
3. Active infection91
4. Significant renal dysfunction91
5. Relative contraindications
6. SMV involvement92
7. Presence of portal carvernoma92
 | * No need for routine post-procedural anticoagulation therapy91
* Consider prophylactics for stent dysfunction: post-operative intravenous heparin (8,000-12,000 U/day) for 5-7 days, warfarin for 6-12 months, and lifelong aspirin,92 particularly in patients with complete thrombosis93
* Intravenous arginine and branch chain amino acid as prophylactics for hepatic encephalopathy92
* An intravenous antibiotic for prevention of procedural-related infection92
 |

Abbreviations: CCr, creatinine clearance; CTP, Child-Turcotte-Pugh; INR, international normalized ratio; PVT, portal vein thrombosis; SMV, superior mesenteric vein.