

**Appendix 2:** Detailed characteristics of 19 studies included in our systematic review and meta-analysis of anticoagulation intensity and risk of hemorrhagic and thromboembolic events (part 1 of 2)

Study	Design	Setting	Drug	Method	Start of OAC use	Indication	N	Age, mean (SD or range)	Female (%)	Mean follow-up (yr)	No. of events		Person-years of observation
											Hemorrhagic events	Thromboembolic events	
Rosove et al. <sup>1</sup>	RC	C	W	NR	Before study	VTE, APIA	55	45.5 (17.3)	69	3.0	NR	9	162
Hutten et al. <sup>2</sup>	RC	C	NR	LI	Start of study	VTE	1 303	62.5 (15)	48	0.2	11	34	273
Yasaka et al. <sup>3</sup>	RC	C	W	E	Start of study	AF*	203	68.0 (7.1)	25	1.8	9	18	339
EAF <sup>4</sup>	RCT	C	NR	E	Start of study	AF*	214	71.0 (NR)	45	2.1	11	21	377
Chimowitz et al. <sup>5</sup>	RCT	C	W	LI	Start of study	CVD	289	64.3 (11.5)	37	1.8	24	40	407
Andersen et al. <sup>6</sup>	RC	C	W	LI	Start of study	VHD	204	62.5 (NR)	42	2.1	14	5	431
Torn et al. <sup>7</sup>	RC	ACC	NR	LI	59% of pts new users	CVD	356	69.0 (24–93)	45	1.8	22	19	614
Cheung et al. <sup>8</sup>	RC	C	W	LI	>1 week before study	AF	555	69.7 (NR)	58	1.6†	18	35	856
ESPRIT <sup>9</sup>	RCT	C	W, PH, A	LI	5% of pts new users	CVD	536	62.0 (10)	28	4.6	31	25	1 408
Poli et al. <sup>10</sup>	PC	ACC	W	LI	31% of pts new users	AF, VTE, IHD, other	903	63.5 (14.1)	41	1.9	84	63	1 408
Tangelder et al. <sup>11</sup>	RCT	C	PH, A	LI	Start of study	PVD	1 326	69.0 (33–93)	45	1.3	80	76	1 699
Kearon et al. <sup>12</sup>	RCT	C	W	LI	Start of study	VTE	738	57.0 (16)	45	2.4	15	11	1 725
Casais et al. <sup>13</sup>	RC	ACC	A	LI	>1 month before study	VTE, VHD, CHF	811	58.5 (5–88)	46	2.5	25	NR	1 959
Palareti et al. <sup>14</sup>	PC	ACC	W, A	LI	<1 month before study	VHD, IHD, CHF, other	2 745	62.4 (8–93)	43	0.7	NR	63	1 980
Palareti et al. <sup>15</sup>	PC	ACC	W, A	LI	<1 month before study	VHD, IHD, CHF, other	2 745	62.4 (8–93)	43	0.7	23	NR	1 980
Van Walraven et al. <sup>16</sup>	RC	C	W	LI	Before or during study	CVD, AF, VTE, VHD, IHD, other	10 020	77.0 (6.9)	50	0.6	182	124	3 307

**Appendix 2:** Detailed characteristics of 19 studies included in our systematic review and meta-analysis of anticoagulation intensity and risk of hemorrhagic and thromboembolic events\* (part 2 of 2)

Study	Design	Setting	Drug	Method	Start of OAC use	Indication	N	Age, mean (SD or range)	Female (%)	Mean follow-up (yr)	No. of events		Person-years of observation
											Hemorrhagic events	Thromboembolic events	
Azar et al. <sup>17</sup>	RCT	C	PH, A	LI	Start of study	IHD	1 700	61.0 (11)	19	2.0	55	375	6 918
Hylek et al. <sup>18</sup>	RC	C	W	LI	Before study	AF	13 559	76.0 (54–94)	48	0.9	61	152	12 592
Oden et al. <sup>19</sup>	RC	ACC	NR	NR	Start of study	CVD, AF, VTE, VHD, IHD	42 451	70.5 (9.1)	42	1.4	243	NR	60 465
Overall							80 713	64.8	44	1.8	908	1 070	98 900

Note: A = acenocoumarol, ACC = anticoagulation clinic, AF = atrial fibrillation, APIA = antiphospholipid antibodies, C = community, CHF = chronic heart failure, CVD = cerebrovascular disease, E = Equidivision, EAFT = European Atrial Fibrillation Trial Study Group, ESPRIT = European and Australian Stroke Prevention in Reversible Ischaemia Trial, IHD = ischemic heart disease, LI = linear interpolation NR = not reported, OAC = oral anticoagulant, PC = prospective cohort, PH = phenprocoumon, PVD = peripheral vascular disease, RC = retrospective cohort, RCT = randomized controlled trial, SD = standard deviation, VHD = valvular heart disease, VTE = venous thromboembolism, W = warfarin.  
\*Atrial fibrillation patients with a previous ischemic stroke.

†Median.

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