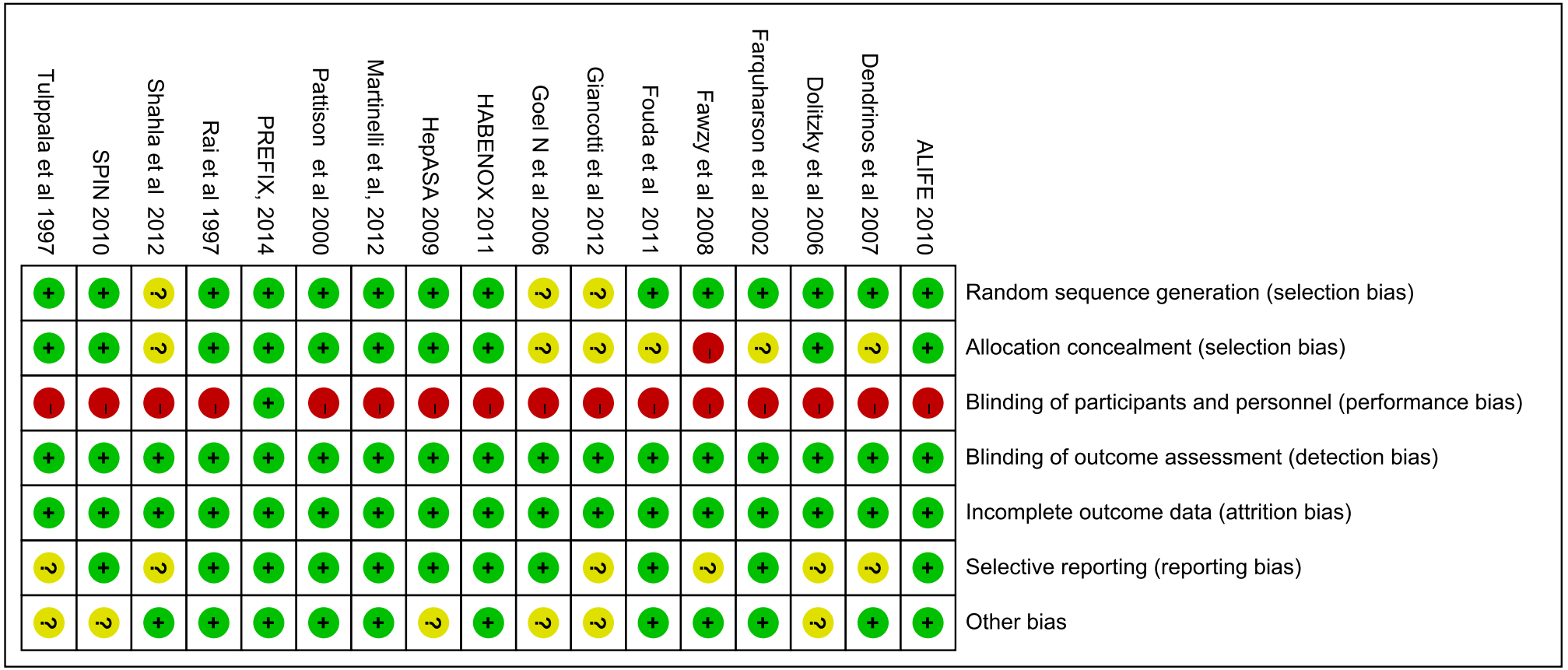
Article Title: Antithrombotic treatment for recurrent miscarriage: Bayesian network meta-analysis and systematic review

First Author: Tianyi Zhang



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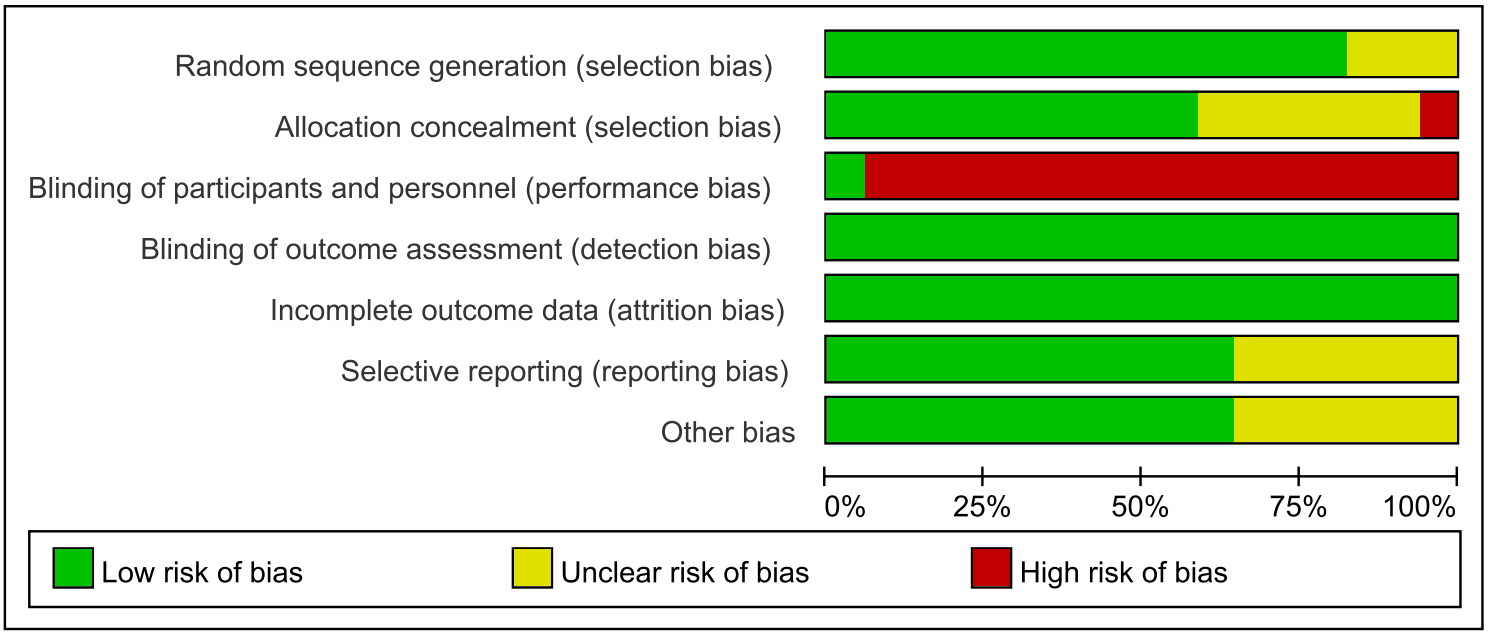

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Table S1 Quality assessment of included randomized clinical trial

Study	Random sequence generation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective reporting	Other bias
Schleussner et al,2015	low risk	low risk	high risk	low risk	low risk	low risk	Unclear risk
PREFIX, 2015	low risk	low risk	low risk	low risk	low risk	low risk	low risk
Giancotti et al,2012	Unclear risk	Unclear risk	high risk	low risk	low risk	Unclear risk	Unclear risk
Shahla et al,2012	Unclear risk	Unclear risk	high risk	low risk	low risk	Unclear risk	low risk
Martinelli et al, 2012	low risk	low risk	high risk	low risk	low risk	low risk	low risk
HABENOX,2011	low risk	low risk	high risk	low risk	low risk	low risk	low risk
Fouda et al, 2011	low risk	Unclear risk	high risk	low risk	low risk	low risk	low risk
ALIFE, 2010	low risk	low risk	high risk	low risk	low risk	low risk	low risk
SPIN，2010	low risk	low risk	high risk	low risk	low risk	low risk	Unclear risk
HepASA,2009	low risk	low risk	high risk	low risk	low risk	low risk	Unclear risk
Fawzy et al,2008	low risk	high risk	high risk	low risk	low risk	Unclear risk	low risk
Badawy et al, 2008	low risk	Low risk	high risk	low risk	Low risk	Unclear risk	high risk
Dendrinos et al, 2007	low risk	Unclear risk	high risk	low risk	low risk	Unclear risk	low risk

Goel N et al,2006	Unclear risk	Unclear risk	high risk	low risk	low risk	low risk	Unclear risk
Dolitzky et al,2006	low risk	low risk	high risk	low risk	low risk	Unclear risk	Unclear risk
Farquharson et al,2002	low risk	Unclear risk	high risk	low risk	low risk	low risk	low risk
Pattison et al, 2000	low risk	low risk	high risk	low risk	low risk	low risk	low risk
Tulppala et al, 1997	low risk	Low risk	high risk	low risk	low risk	Unclear risk	Unclear risk
Rai et al,1997	low risk	low risk	high risk	low risk	low risk	low risk	low risk

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Table S2 Probability of ranking for each treatment based on random and fix effects model in patients with or without thrombophilia

Ranking	Random Effects Model (%)				Fix Effects Model (%)			
	Placebo	Aspirin	LMWH	LMWH+Aspirin	Placebo	Aspirin	LMWH	LMWH+Aspirin
1	4.49	0.50	61.48	33.53	0.80	0.00	72.40	26.80
2	21.16	2.40	32.43	44.01	23.50	0.20	24.50	51.80
3	58.58	15.07	5.89	20.46	73.10	2.60	3.10	21.20
4	15.77	82.03	0.20	2.00	2.60	97.20	0.00	0.20
SUCRA	38.10	7.10	85.10	69.70	41.30	1.00	89.70	68.70

Note: The placebo group includes intensive surveillance; LMWH, low molecular weight heparin.

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Table S3 Probability of ranking for each treatment based on random and fix effects model in patients with APS

Ranking	Random Effects Model (%)					Fix Effects Model (%)				
	Placebo	Aspirin	LMWH	LMWH+Aspirin	UFH+Aspirin	Placebo	Aspirin	LMWH	LMWH+Aspirin	UFH+Aspirin
1	23.06	0.20	38.62	4.69	33.43	22.26	0.00	37.22	1.80	38.72
2	15.57	2.79	27.25	12.67	41.72	13.37	0.40	33.53	9.48	43.21
3	18.76	17.87	18.86	25.85	18.66	22.26	11.68	22.06	27.35	16.67
4	13.47	46.51	8.58	25.85	5.59	13.17	46.50	6.39	32.53	1.40
5	29.14	32.63	6.69	30.94	0.60	28.94	41.42	0.80	28.84	0.00
SUCRA	47.70	23.00	71.00	34.30	75.50	46.00	17.70	75.00	30.50	80.00

Note: The placebo group includes intensive surveillance; LMWH, low molecular weight heparin; UFH, unfractionated heparin; APS, antiphospholipd antibody syndrome.

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Table S4 Heterogeneity and publication bias assessment by traditional pair-wise analysis

Comparisons	I^2(P value)	P value for Egger's test
Patients with or without thrombophilia		
Aspirin vs Placebo	0.0% (0.758)	—
LMWH vs Placebo	73.5% (0.004)	0.412
LWMH+Aspririn vs Placebo	0.0% (0.814)	—
LWMH vs Aspirin	39.3% (0.144)	0.317
LWMH+Aspririn vs Aspirin	56.9% (0.040)	0.377
LWMH+Aspririn vs LWMH	0.0% (0.391）	0.478
Patients with APS		
Aspirin vs Placebo	—	—
LWMH vs Aspirin	—	—
LWMH+Aspririn vs Aspirin	—	—
UFH+Aspirin vs Aspirin	13.9% (0.313)	0.831
UFH+Aspirin vs LWMH+Aspirin	—	—

Note: P<0.1 and P<0.05 indicates the heterogeneity or publication bias is statistically significant,respectively; The Placebo group includes intensive surveillance; LMWH, low molecular weight heparin; UFH, unfractionated heparin; APS, antiphospholipd antibody syndrome.

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Table S5 Test for inconsistency between direct and indirect evidence by node-splitting method

Comparison	P-value
Patients with or without thrombophilia	
Aspirin vs Placebo	0.641
LMWH vs Placebo	0.828
LWMH+Aspririn vs Placebo	0.603
LWMH vs Aspirin	0.515
LWMH+Aspririn vs Aspirin	0.595
LWMH+Aspririn vs LWMH	0.253
Patients with APS	
Aspirin vs Placebo	0.953
LWMH vs Aspirin	0.956
LWMH+Aspririn vs Aspirin	0.964
UFH+Aspirin vs Aspirin	0.641
UFH+Aspirin vs LWMH+Aspirin	0.828

Note: P<0.05 indicates that there is significant inconsistency between direct and indirect evidence; The placebo group includes intensive surveillance; LMWH, low molecular weight heparin; UFH, unfractionated heparin; APS, antiphospholipd antibody syndrome.