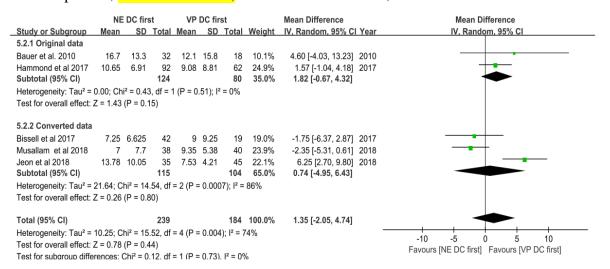
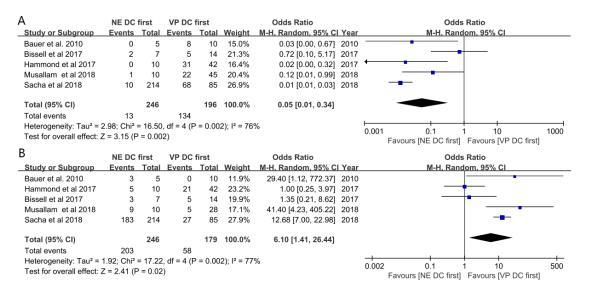
	NE DC first		VP DC first		Mean Difference			Mean Difference		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Fixed, 95% CI	Year	IV, Fixed, 95% CI
Bauer et al. 2010	9.45	11.06	5	5.87	11.95	10	1.3%	3.58 [-8.62, 15.78]	2010	
Bissell et al 2017	15.5	24.8	7	7.18	8.24	14	0.5%	8.32 [-10.55, 27.19]	2017	
Musallam et al 2018	4.74	4.56	10	3.36	4.84	28	17.0%	1.38 [-1.97, 4.73]	2018	
Jeon et al 2018	1.89	1.02	26	3.93	2.27	9	81.1%	-2.04 [-3.57, -0.51]	2018	-
Total (95% CI)			48			61	100.0%	-1.33 [-2.71, 0.05]		•
Heterogeneity: Chi² = 4.97, df = 3 (P = 0.17); l² = 40% Test for overall effect: Z = 1.89 (P = 0.06) Test for overall effect: Z = 1.89 (P = 0.06) Favours [NE DC first]										

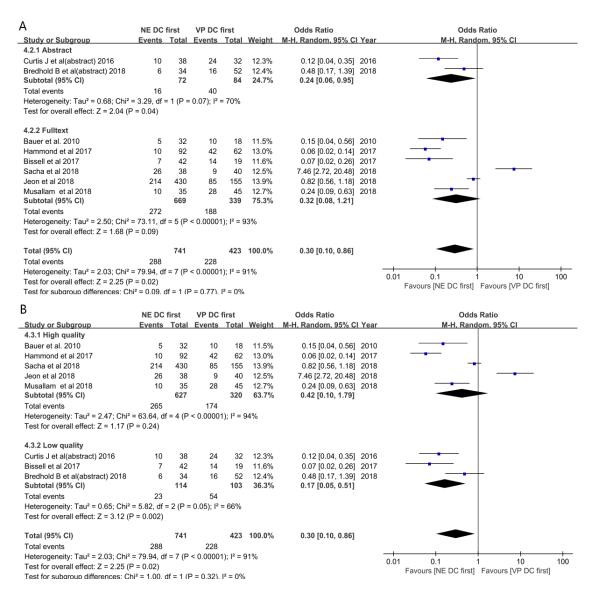
Supplementary Figure 1. Mean difference in time (hours) to hypotension in different vasopressor discontinuation order in patients with septic shock. NE: norepinephrine; VP: vasopressin; DC: discontinued; CI: confidence interval, M-H: Mantel-Haenszel.



Supplementary Figure 2. Forrest plot showing the effect of different vasopressor discontinuation order on ICU length of stay(days) for patients with septic shock NE: norepinephrine; VP: vasopressin; DC: discontinued; CI: confidence interval, IV: Inverse Variance.

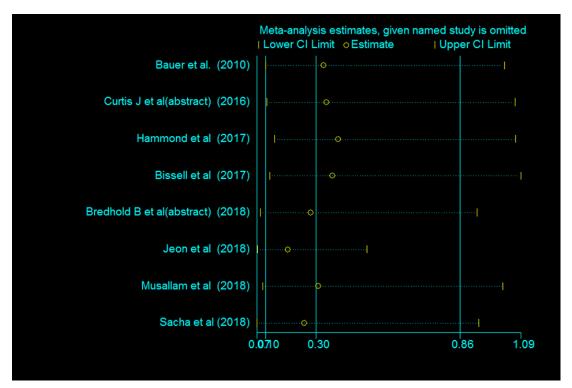


Supplementary Figure 3. Forrest plot showing the different favor therapeutic strategy (A. increased remain vasopressor dose and B. restarted vasopressor) after hypotension occurring for patients with septic shock. NE: norepinephrine; VP: vasopressin; DC: discontinued; CI: confidence interval, M-H: Mantel-Haenszel.

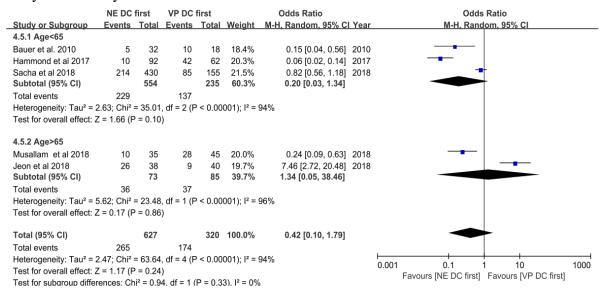


Supplementary Figure 4. Sensitivity analyses of the studies. (A. Analyzing published studies separately from abstracts, B. Including only high quality reports (Newcastle-Ottawa score ≥ 7).

. NE: norepinephrine; VP: vasopressin; DC: discontinued; CI: confidence interval, M-H: Mantel-Haenszel.



Supplementary Figure 5. Sensitivity analyses were performed by removing each study individually. CI: confidence interval.



Supplementary Figure 6. The effect of VP vasopressin discontinued first in the different average age for patients with septic shock. NE: norepinephrine; VP: vasopressin; DC: discontinued; CI: confidence interval, M-H: Mantel-Haenszel.

Supplementary Table 1. Methodology and reporting assessment a.Newcastle Ottawa scores (out of 9 maximum) of cohort study quality for included reports

Study	Selection	Comparability	Outcome	Total	
Bauer et al.	4	2	3	9	
Bissell et al.	2	1	3	6	
Hammond et al.	4	2	3	9	
Musallam et al.	3	2	3	8	
Sacha et al.	4	2	3	9	
Bredhold B et al.(abstract)	3	0	3	6	
Curtis J et al. (abstract)	3	0	3	6	

b.Cochrane Collaboration tool for assessing risk of bias

Study	Sequence generation	Allocation concealment	Blinding participants and outcome	of	Incomplete outcome data	Selective reporting	Risk of bias
Jeon et al.	Y	Y	Y		N	N	Low

Supplementary Table 2 Sensitivity Analyses of the Studies

Study Attributes	No. of Studies	No. of Patients	OR (95% CI)	P Value	<i>I</i> ² (%)
Bauer et al.	7	1114	0.33(0.10, 1.03)	0.06	92
Bissell et al.	7	1103	0.36(0.12, 1.09)	0.07	92
Hammond et al.	7	1010	0.39(0.14, 1.07)	0.07	89
Jeon et al.	7	1086	0.19(0.07, 0.50)	0.01	88
Musallam et al.	7	1084	0.31(0.09, 1.02)	0.05	92
Published articles	6	1008	0.32(0.08, 1.21)	0.09	93