**Article Title: Restrictive Versus Liberal Transfusion Strategy in Extracorporeal Membrane Oxygenation**

**Additional File 1**

**Table of Content**

|  |  |
| --- | --- |
| **Pages** | **Materials** |
| 2 to 3 | **Table S1.** Definition of Study Outcomes |
| 4 | **Fig. S1.**  Receiver Operating Characteristic Curve and Calibration Plot  for Prediction of ICU Mortality |
| 5 | **Post-hoc power analysis** |

.

**Table S1.** Definition of Study Outcomes

1. **Thrombotic complications**

Thrombotic complications were defined as having the following international classification of diseases, ninth revision, clinical modification (ICD-9-CM) diagnosis codes in the period between start of extracorporeal membrane oxygenation (ECMO) and hospital discharge.

|  |  |
| --- | --- |
| ***Diagnosis*** | ***ICD-9-CM Diagnosis Codes*** |
| Pulmonary embolism and infarction | 415.1 |
| Cerebral thrombosis | 434.0 |
| Cerebral embolism | 434.1 |
| Nonpyogenic thrombosis of intracranial venous sinus | 437.6 |
| Arterial embolism and thrombosis | 444 |
| Portal vein thrombosis | 452 |
| Other venous embolism and thrombosis | 453 |

1. **Bacteraemia**

Bacteraemia was defined as having positive bacterial or fungal blood culture results during the period of ECMO support.

1. **New-onset end-stage renal failure**

New-onset end-stage renal failure was defined as having the following ICD-9-CM Diagnosis Codes and Procedure Codes or having a calculated eGFR using 2021 CKD-EPI < 15 mL/min/1.73m2 in the period between 28 days and 90 days after ECMO initiation.

|  |  |
| --- | --- |
| ***Diagnosis*** | ***ICD-9-CM Diagnosis Codes*** |
| Chronic renal failure | 585 |

|  |  |
| --- | --- |
| ***Procedure*** | ***ICD-9-CM Procedure Codes*** |
| Hemodialysis | 39.95 |
| Peritoneal dialysis | 54.98 |

1. **Secondary myocardial infarction**

Secondary myocardial infarction was defined as having an elevated troponin T or troponin I result in the period between 30 days and 90 days after stopping ECMO.

**Fig. S1.**

**Title:** Receiver Operating Characteristic Curve and Calibration Plot for Prediction of ICU Mortality

**Legend:** In the final multivariable regression model including APACHE IV score, age, type of ECMO, baseline haemoglobin, and baseline INR, it had good discriminatory performance with area under receiver operating characteristic curve of 0.73; 95% CI 0.69-0.76 (Panel A), and was well-calibrated with Hosmer-Lemeshow test, P=0.97 (Panel B).

**Post-hoc power analysis**

Assuming an ICU mortality of 40% in the liberal group, a sample size of 138 and 625 patients in the restrictive and liberal group respectively would have 90% power to detect a 15% difference between groups with a two-tailed type I error rate of 0.05.