

**e-Table 4: Randomized studies comparing methotrexate (MTX) with laparoscopic salpingostomy (LS) for the treatment of ectopic pregnancy [unabridged]\***

Study (no. of patients)	Patient profile	MTX treatment	Treatment success rate, %			Other outcomes		Comments
			MTX	LS	RR or OR (95% CI)	MTX	LS	
Hajenius et al, 1997 <sup>56</sup> (100)	No tubal rupture; no fetal cardiac activity	4 doses	82	72	RR 1–2 (0.93–1.4)	<i>Tubal preservation rate, %</i> 90 (RR 0.98; 95% CI 0.87–1.1)	92	All patients underwent laparoscopy for diagnosis or treatment
Fernandez et al, 1998 <sup>57</sup> (100)	Pretherapeutic score < 13; no suspicion of tubal rupture	Single dose intramuscularly or transvaginally	88	96	OR 0.32 (0.03–1.92)	<i>Pregnancy rate, %</i> 96 (OR, 15.9; CI, 1.9–709.5) <i>Recurrent ectopic pregnancy rate, %</i> 3 (OR 0.18; 95% CI 0.004–1.721) <sup>†</sup>	62	One of a few centres using a scoring system and local MTX injection for ectopic pregnancy
Saraj et al, 1998 <sup>58</sup> (75)	Body weight < 90 kg; no fetal cardiac activity; tubal gestational sac < 3.5 cm and not ruptured	Single dose (1 mg/kg) intramuscularly	95	91	OR 2.25 (0.29–26.2)	<i>Tubal patency rate, %</i> 73 (OR 0.83; 95% CI 0.21–3.29) <i>Pregnancy rate, %</i> 28 (OR, 0.96; CI, 0.16–6.22) <sup>†</sup>	76	The study was underpowered
Sowter et al, 2001 <sup>59</sup> (62)	Tubal gestational sac < 3.5 cm; $\beta$ -hCG level < 5000 IU/L; no fetal cardiac activity; minimal hemoperitoneum	Single dose (50 mg/m <sup>2</sup> ) intramuscularly	65	93	95% CI 10–47 for difference in rate	<i><math>\beta</math>-hCG clearance time, d</i> 28 (14–71)	15 (5–49)	This study represents the general clinical management of ectopic pregnancy

Note: RR = relative risk, CI = confidence interval, OR = odds ratio.

\*An abridged version of this table was published with the article and is available at [www.cmaj.ca/cgi/content/full/178/8/905](http://www.cmaj.ca/cgi/content/full/178/8/905).

<sup>†</sup>Calculated OR.