Supplementary Online Content

Guntupalli SR, Brennecke A, Behbakht K, et al. Safety and efficacy of apixaban vs enoxaparin for preventing postoperative venous thromboembolism in women undergoing surgery for gynecologic malignant neoplasm: a randomized clinical trial. *JAMA Netw Open*. 2020;3(6):e207410. doi:10.1001/jamanetworkopen.2020.7410

eTable 1. Description of Major Bleeding and Venous Thromboembolic Events

eTable 2. Grade Level of Related and Anticipated Adverse Events

eFigure. Treatment Diagram

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Description of Major Bleeding and Venous Thromboembolic Events

Patients	Event	Post- Operative Day	Surgery type	Treatment Arm
Major Bleeding Event				
Patient 1		2	Robotic assisted hysterectomy, BSO	apixaban
Patient 2		4	Abdominal hysterectomy BSO, tumor debulking	enoxaparin
VTE Event				
Patient 1	PE	4	Tumor debulking, omentectomy	apixaban
Patient 2	DVT	32	Radical hysterectomy, BSO, tumor debulking	enoxaparin
Patient 3	DVT, PE	69	Radical vulvectomy, bilateral groin dissection	apixaban
Patient 4	DVT	65	Abdominal hysterectomy BSO, tumor debulking	enoxaparin
Patient 5	DVT	52	Laparotomy loop colostomy	enoxaparin

eTable 2. Grade Level of Related and Anticipated Adverse Events

Adverse Event	Any (n=400)	Grade 3	Grade 4	Grade 5
Clinically relevant non-major bleeding events				
Hematoma	5 (<1.0)	1 (<1.0)	0	0
Bruising	15 (3.8)	0	0	0
Epistaxis	5 (<1.0)	0	0	0
Vaginal spotting/discharge/bleeding	4 (<1.0)	1 (<1.0)	0	0
Wound infection	6 (1.5)	11 (2.8)	0	0
Dizziness	11 (2.8)	0	0	0
Suspected allergic reaction	2 (<1.0)	0	0	0
Arthralgia	9 (2.3)	0	0	0
Skin rash/cellulitis	3 (<1.0)	0	0	0
Abscess/discharge from incision	0	2 (<1.0)	0	0
Headache	12 (3.0)	0	0	0

Values reported are n (%)

eFigure. Treatment Diagram

Patients identified/screened

In the Gynecologic Oncology Clinic Suspected Gyn cancer Suitable candidate for surgery

Excluded if non-gyn origin, SSRIs/SNRIs, Concomitant NSAIDS, known history of VTE, known bleeding disorders, active bleeding condition, or significant liver/renal disease

Preoperative Protocol

Pre-op heparin (5,000 units SQ, 30 minutes prior) SCDs intra-op

Postoperative Protocol

Post-op heparin as intended
Observed for no bleeding 12- 24 hours post-surgery
Epidural had been discontinued as intended
Deemed appropriate for randomization per operative surgeon

Randomization

1:1 either apixaban, 2.5mg PO BID OR enoxaparin, 40mg SQ QD

Visit 3: Day 14 post-op visit (± 4 days)

Evaluated for VTE/major bleeding assessment
Wells criteria
Physical exams
Symptoms
Medication adherence
Adverse events assessment

Visit 4: End of Treatment/Day 28 post-op visit (± 4 days)

Evaluated for VTE/major bleeding assessment
Wells criteria
Physical exams
Symptoms
Medication adherence
Adverse events assessment
Satisfaction/QOL

Visit 5: Follow-up/Day 90 post-op visit (± 14 days)

Evaluated for VTE/major bleeding assessment
Wells criteria
Physical exams
Symptoms
Adverse events assessment

Flow diagram of protocol treatment plan.