THE LANCET

Supplementary appendix

This appendix formed part of the original submission. We post it as supplied by the authors.

Supplement to: Horby P, Staplin N, Haynes R, Landray M. Tocilizumab in COVID-19 therapy: who benefits, and how?—Authors' reply. *Lancet* 2021; **398:** 300.

Appendix.
Authors' reply to correspondence from Yang and Neumann regarding Lancet 2021;397: 1637–45.

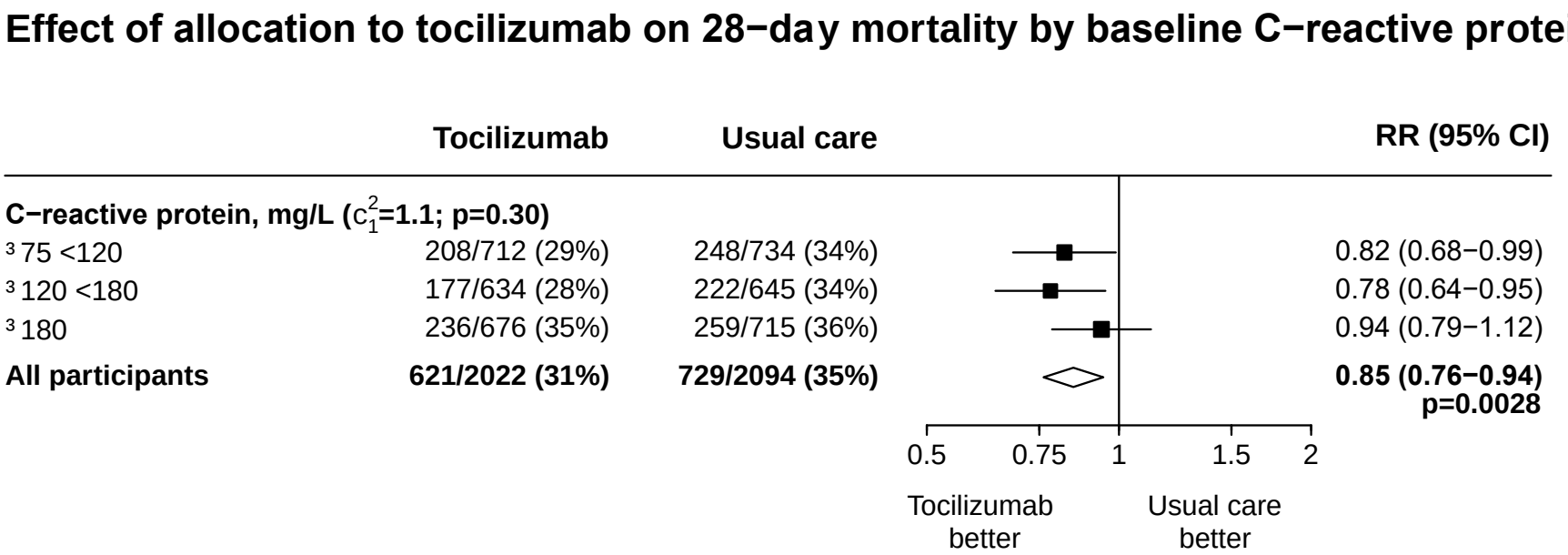
Table. Effect of allocation to tocilizumab on thrombotic events

	Treatment allocation			
	Tocilizumab (n=2022)	**Usual care (n=2094)**	**RR (95% CI)**	**p value**
Number with follow-up form*	1220	1278		
Thrombotic events				
Pulmonary embolism	86 (7.0%)	77 (6.0%)	1.17 (0.87-1.58)	0.30
Deep-vein thrombosis	6 (0.5%)	4 (0.3%)	1.57 (0.44-5.55)	0.48
Ischaemic stroke	3 (0.2%)	6 (0.5%)	0.52 (0.13-2.09)	0.36
Myocardial infarction	7 (0.6%)	9 (0.7%)	0.81 (0.30-2.18)	0.68
Systemic arterial embolism	2 (0.2%)	2 (0.2%)	1.05 (0.15-7.43)	0.96
Subtotal: Any thrombotic event	98 (8.0%)	92 (7.2%)	1.12 (0.85-1.47)	0.43

*Information on new thrombotic events was only collected on follow-up forms from 1 November 2020 onwards; percentages are of those with such a form completed.

Appendix.
Authors' reply to correspondence from Yang and Neumann regarding Lancet 2021;397: 1637–45.

Figure: Effect of allocation to tocilizumab on 28-day mortality by baseline C-reactive protein level



Subgroup−specific rate ratio estimates are represented by squares (with areas of the squares proportional to the amount of statistical information) and the lines through them correspond to the 95% CIs.