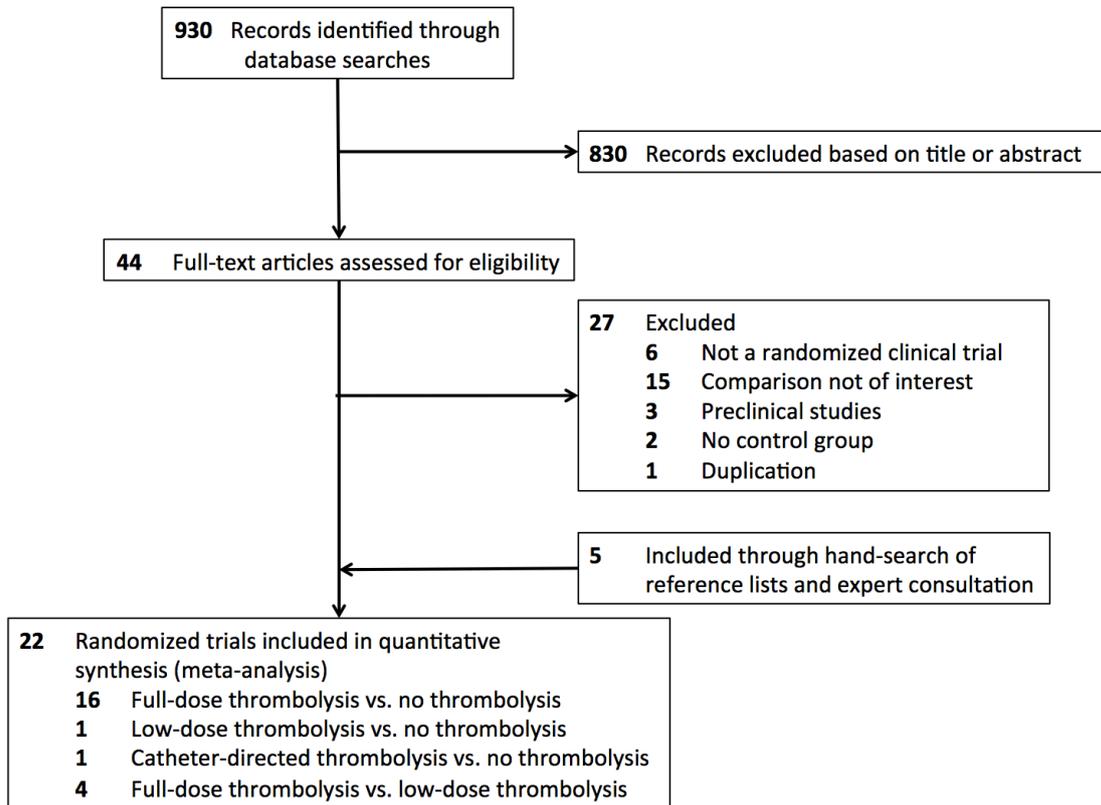


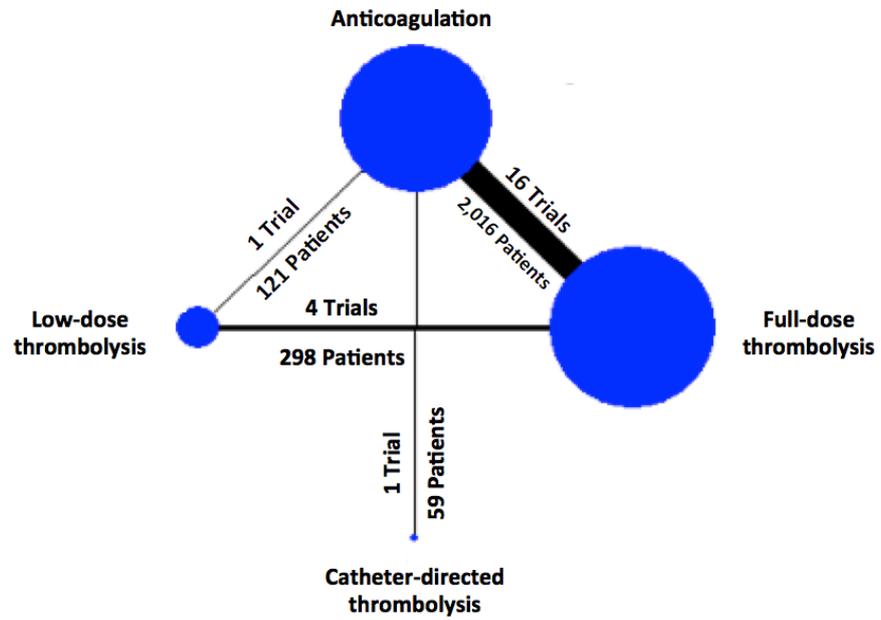
Thrombolysis for PE

eFigure 1.



Thrombolysis for PE

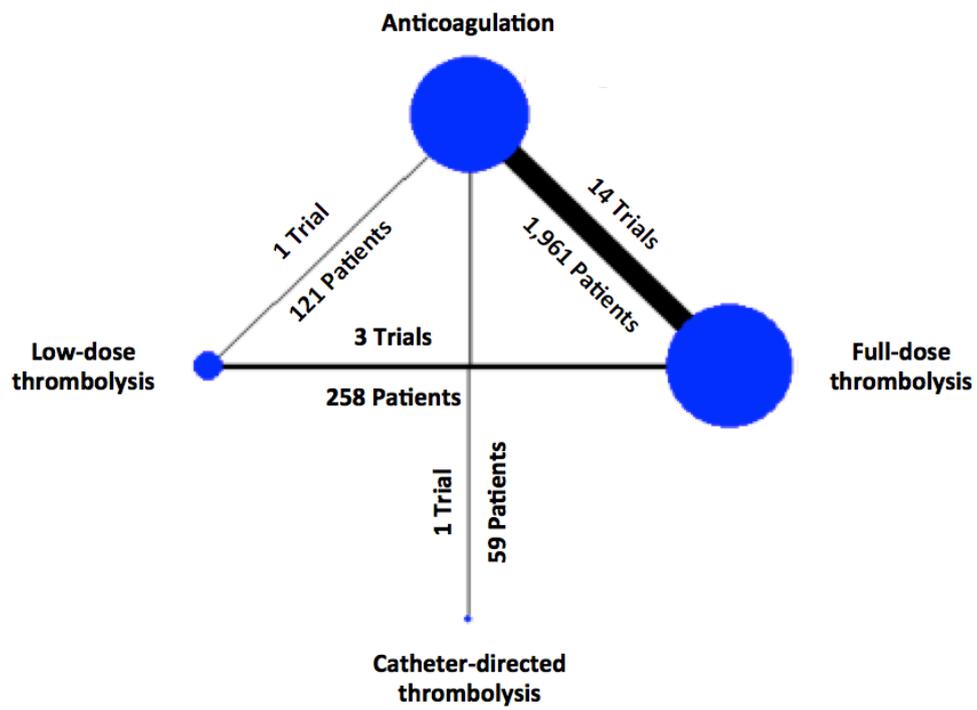
eFigure 2.



The size of the nodes and the thickness of the edges are weighted according to the number of studies evaluating each treatment and direct comparison.

Thrombolysis for PE

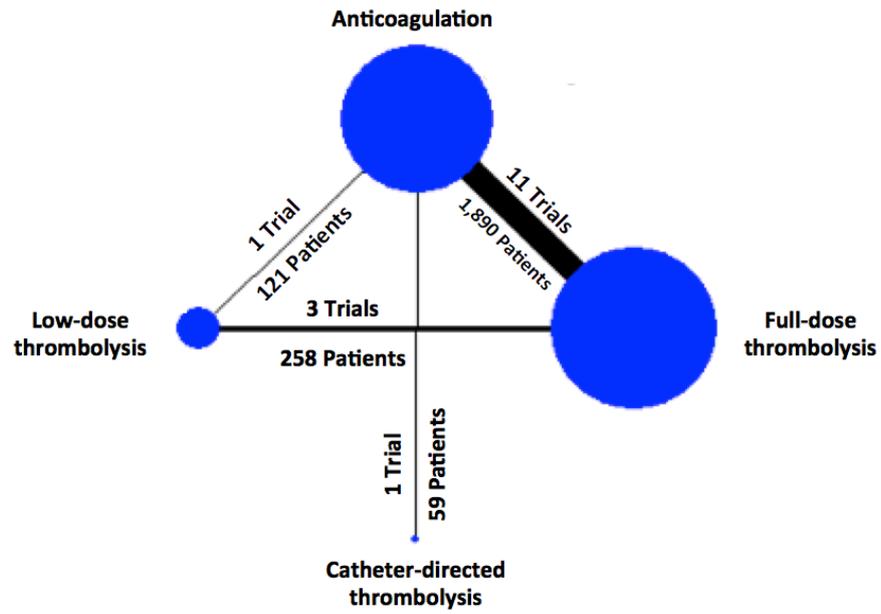
eFigure 3.



The size of the nodes and the thickness of the edges are weighted according to the number of studies evaluating each treatment and direct comparison.

Thrombolysis for PE

eFigure 4.

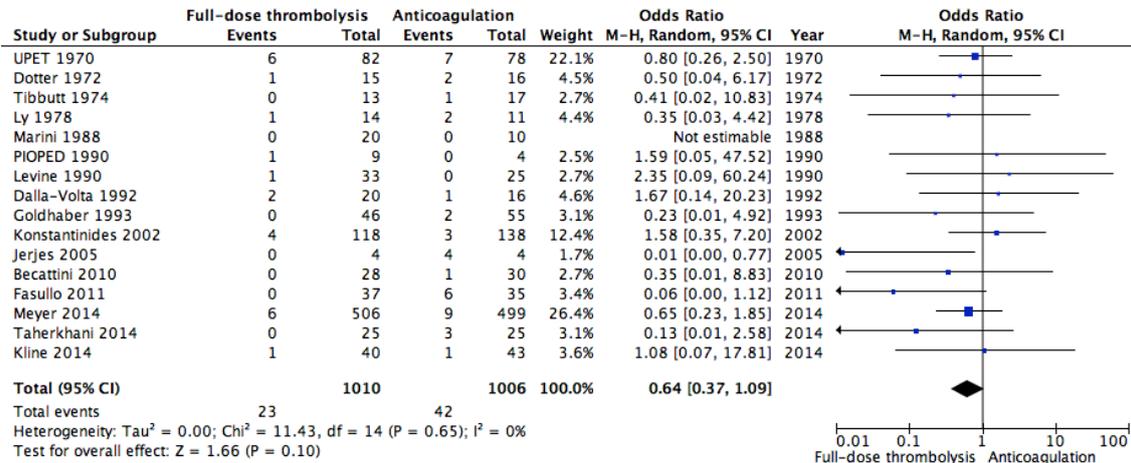


The size of the nodes and the thickness of the edges are weighted according to the number of studies evaluating each treatment and direct comparison.

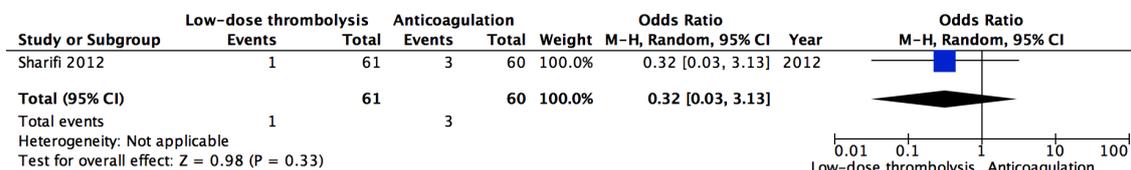
Thrombolysis for PE

eFigure 5.

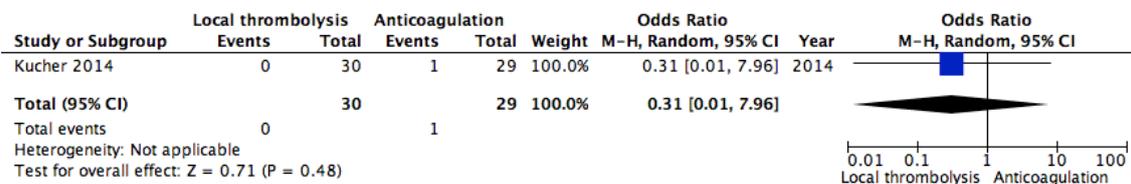
a) Full-dose thrombolysis vs. anticoagulation



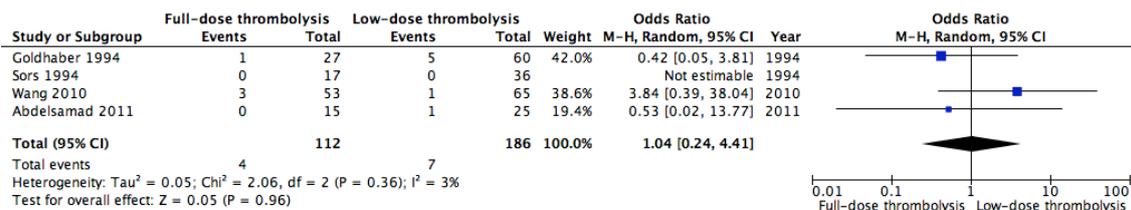
b) Low-dose thrombolysis vs. anticoagulation



c) Catheter-directed thrombolysis vs. anticoagulation



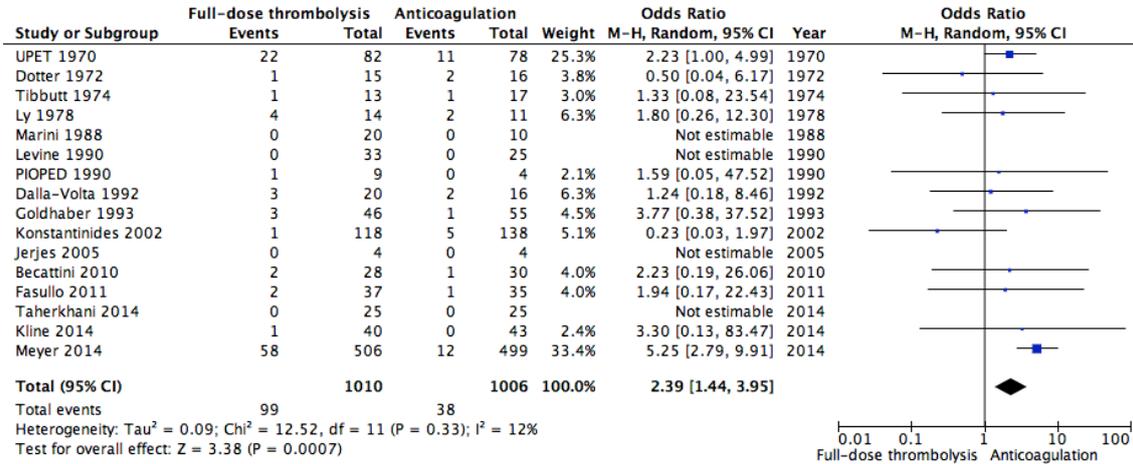
d) Full-dose thrombolysis vs. low-dose thrombolysis



Thrombolysis for PE

eFigure 6.

a) Full-dose thrombolysis vs. anticoagulation



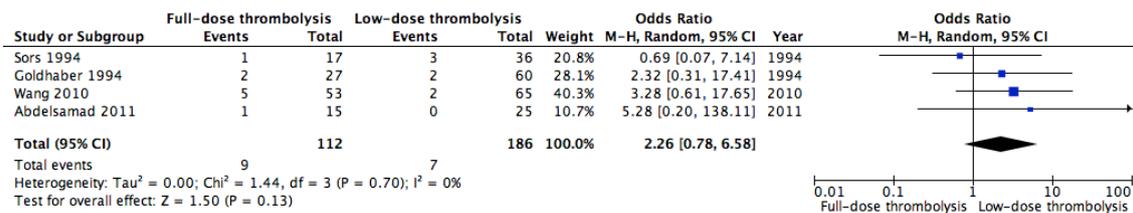
b) Low-dose thrombolysis vs. anticoagulation

Not estimable

c) Catheter-directed thrombolysis vs. anticoagulation

Not estimable

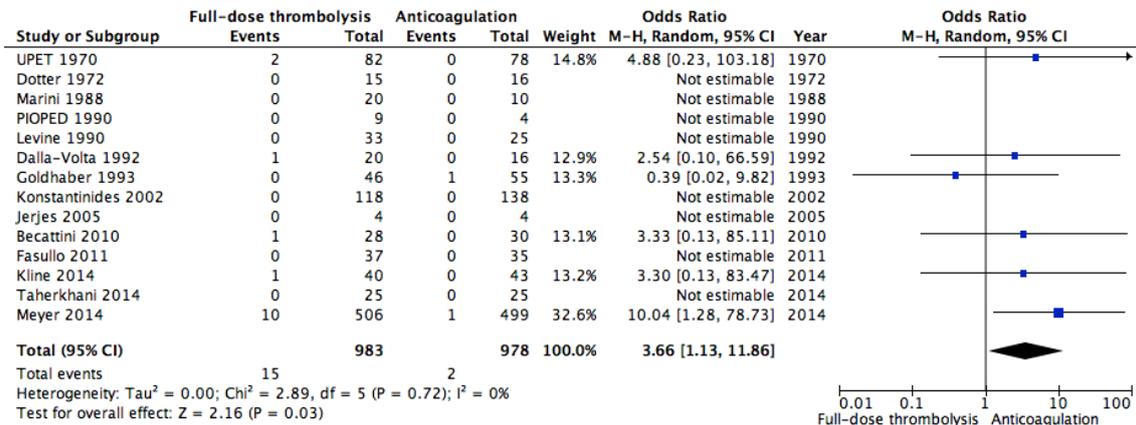
d) Full-dose thrombolysis vs. low-dose thrombolysis



Thrombolysis for PE

eFigure 7.

a) Full-dose thrombolysis vs. anticoagulation



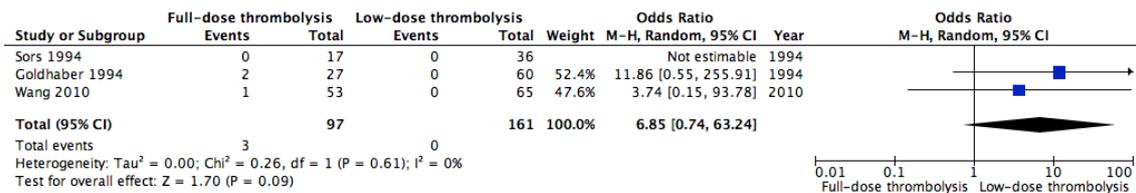
b) Low-dose thrombolysis vs. anticoagulation

Not estimable

c) Catheter-directed thrombolysis vs. anticoagulation

Not estimable

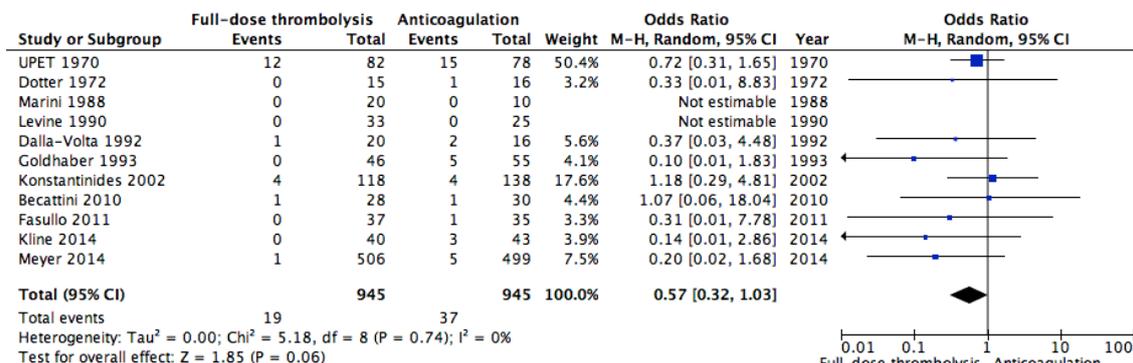
d) Full-dose thrombolysis vs. low-dose thrombolysis



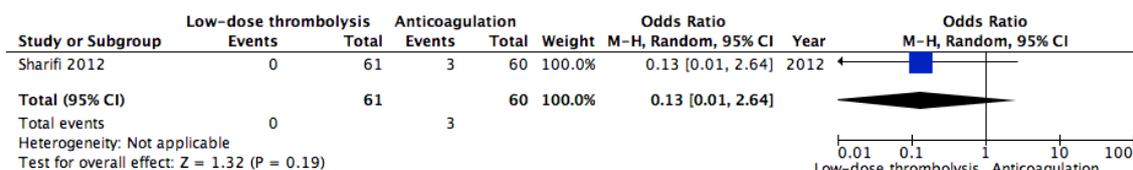
Thrombolysis for PE

eFigure 8.

a) Full-dose thrombolysis vs. anticoagulation



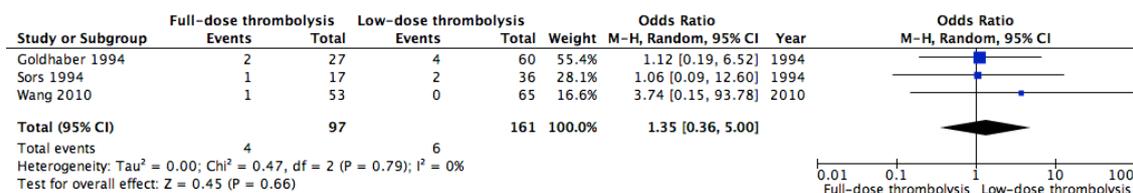
b) Low-dose thrombolysis vs. anticoagulation



c) Catheter-directed thrombolysis vs. anticoagulation

Not estimable

d) Full-dose thrombolysis vs. low-dose thrombolysis



Thrombolysis for PE

eFigure 9.

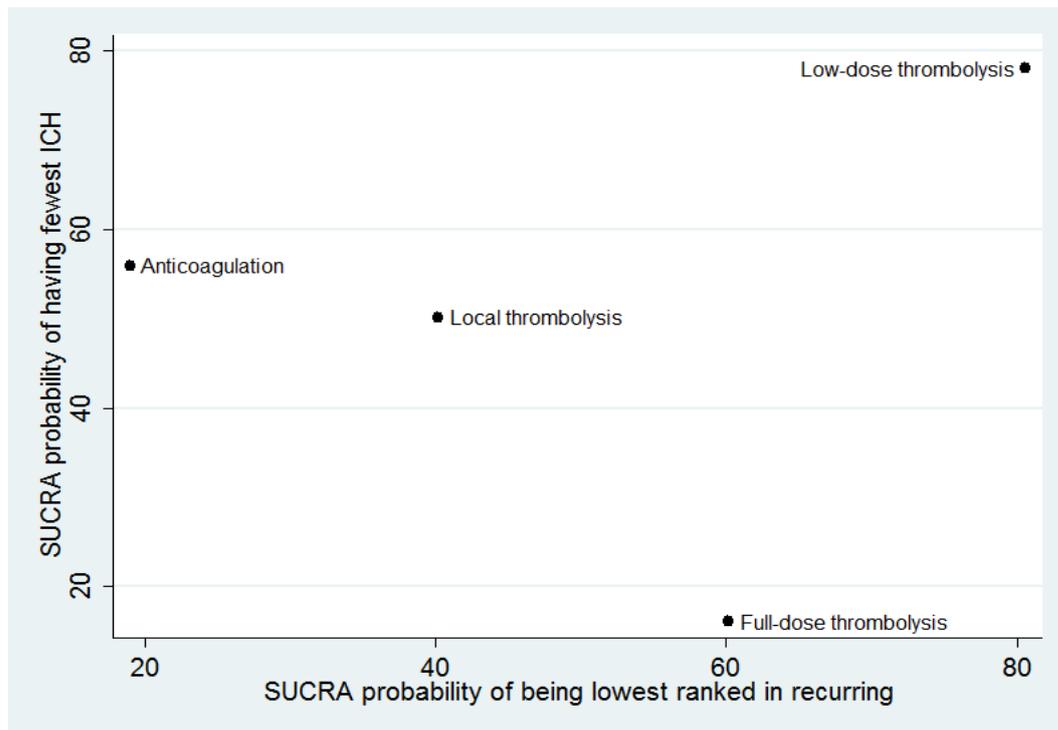
		Odds ratio (95% CI) for recurrent VTE			
Odds ratio (95% CI) for ICH	<i>Full-dose thrombolysis</i>	1.62 (0.49-5.39)	0.57 (0.01-31.10)	0.55 (0.31-0.98)	
	4.33 (0.75-24.83)	<i>Low-dose thrombolysis</i>	0.35 (0.01-22.69)	0.34 (0.09-1.25)	
	2.14 (0.04-122.95)	0.50 (0.01-39.38)	<i>Catheter-directed thrombolysis</i>	0.97 (0.02-50.36)	
	2.07 (0.86-5.02)	0.48 (0.07-3.14)	0.97 (0.02-50.36)	<i>Placebo</i>	

Abbreviations: CI, confidence interval; ICH, intracranial haemorrhage; VTE, venous thromboembolism.

Summary estimate represent odds ratio for recurrent venous thromboembolism (white background) and intracranial bleeding (grey background). Odds ratio for comparisons are in the cell in common between the column-defining and row-defining treatment. For recurrence, row treatment is compared with column treatment (i.e., column treatment is reference). For bleeding, column treatment is compared with row treatment (i.e., row treatment is reference). Numbers in parentheses indicate 95% confidence intervals (95% CIs). Numbers in bold represent statistically significant results.

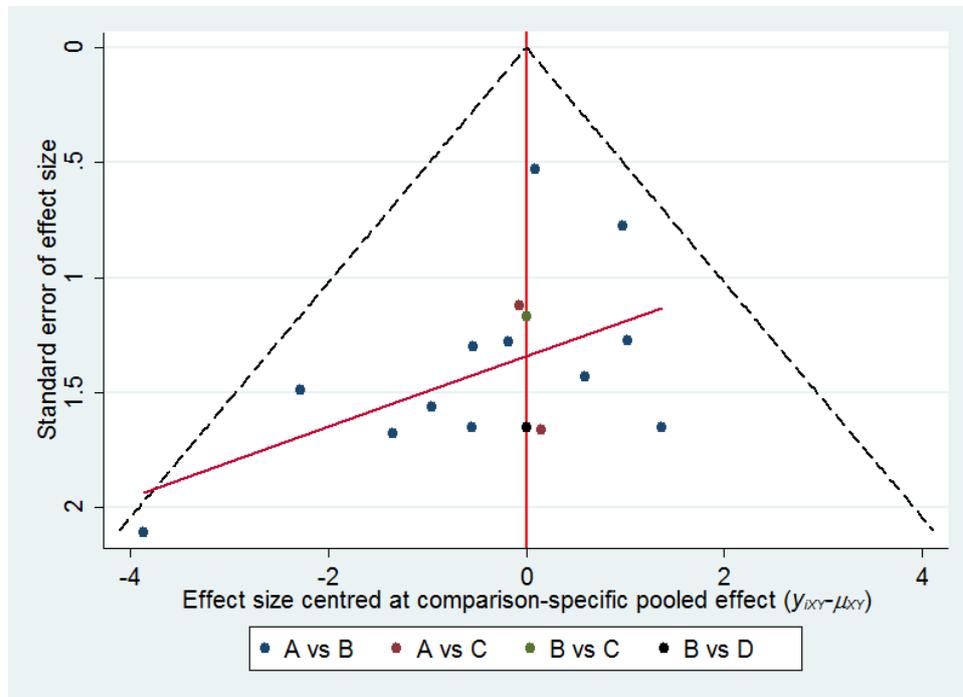
Thrombolysis for PE

eFigure 10.

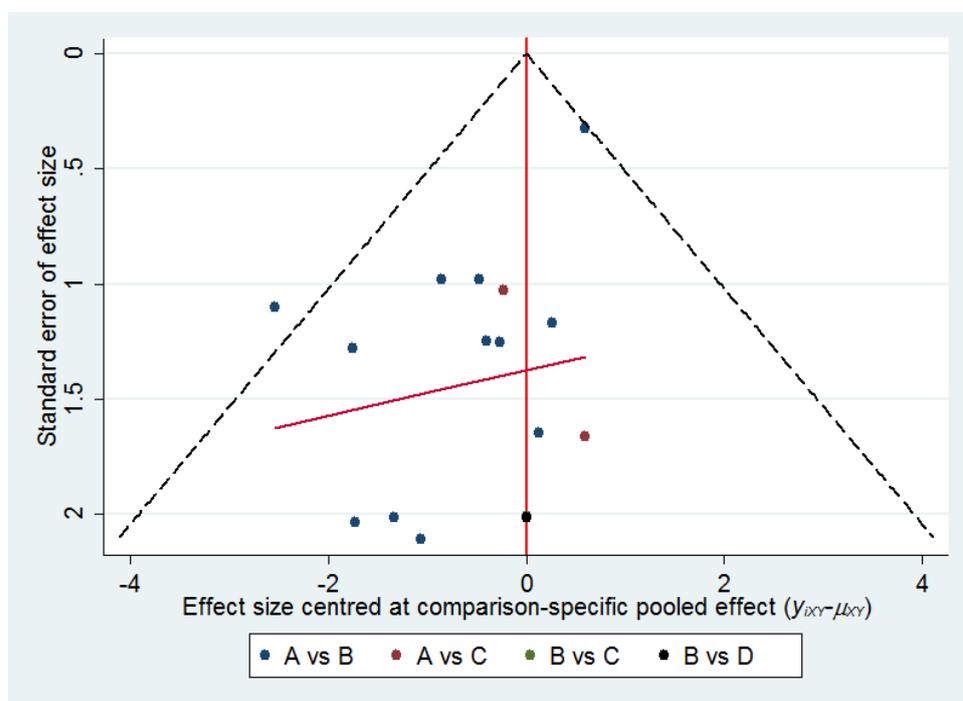


eFigure 11.

A) All-cause mortality



B) Major bleeding



Thrombolysis for PE

A: Full-dose thrombolysis

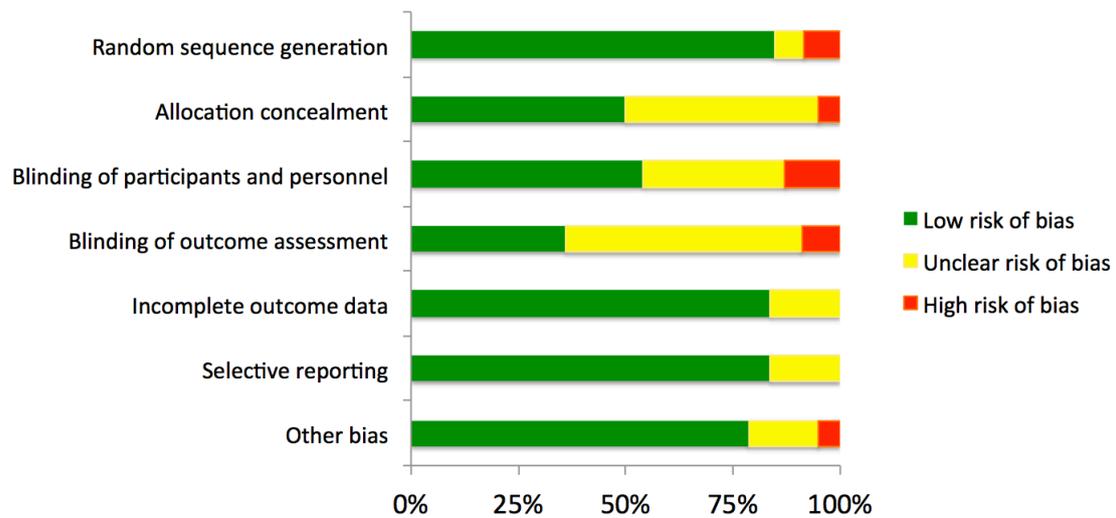
B: Anticoagulation

C: Low-dose thrombolysis

D: Catheter-directed thrombolysis

Thrombolysis for PE

eFigure 12.



Overall risk of bias using Cochrane's risk of bias assessment tool. In this tool, studies were deemed to be at high, low or unclear risk of bias based on adequacy of sequence generation, allocation concealment, blinding, method of addressing incomplete data, selective reporting, and other biases. The review authors' judgments about each risk of bias item are presented as percentages across all included studies.