

Summary of Findings

Table 3. Summary of Findings – Thromboprophylaxis A versus thromboprophylaxis B with outcomes thrombotic complications, ischemic stroke, hemorrhage, mortality, and quality of life (QOL)

Population: Children with a treatment indication for cardiomyopathies

Intervention: Thromboprophylaxis A (specified in table)

Comparator: No thromboprophylaxis/thromboprophylaxis B (specified in table)

Outcome	Study results and measurements	Absolute effect estimates		Certainty of the Evidence (Quality of evidence)	Summary
		No thromboprophylaxis	Aspirin		
Thrombotic complications (critical)	Relative risk: 0.17 (95% CI 0.01 to 2.19) Based on data from 54 participants in 1 study Follow-up: Mean: 33.6 ± 35.6 months (3 days – 168 months)	9 per 100	0 per 100	Very low Due to very serious risk of bias, due to very serious imprecision ¹	The evidence is very uncertain about the effect of aspirin on thrombotic complications when compared with no thromboprophylaxis in children with DCM (Irdem, 2014)
		Difference: 9 fewer per 100 (95% CI 18 fewer to 0 fewer)			
Ischemic stroke (important) Hemorrhage (important) Mortality (important) Quality of life (QOL) (important)	-	-	-	No GRADE (No evidence was found)	No evidence was found regarding the effect of thromboprophylaxis A on ischemic stroke, hemorrhage, mortality, and quality of life (QOL), when compared with no thromboprophylaxis/thromboprophylaxis B in children with a treatment indication for cardiomyopathies

1. **Risk of bias: very serious (-2 levels).** No exclusion criteria were defined, high risk of confounding by indication, and no confounder-adjusted statistical analyses were conducted.
Imprecision: very serious (-2 levels). Confidence interval crosses both borders of clinical relevance.