Study characteristics of included studies

	Country	Population	Comparison	Timing of resumption of anticoagulation	Baseline	Follow-up	Outcomes (critical) Mortality/major bleeding/TE (Resuming versus not)	Remarks
Intracranial bleeding								
Newman, 2020	USA	AF patients with ICH N=1,502	NOAC vs Warfarin vs Control	<= 6 weeks	6 wks after index event	Mean of 780 days	<u>OAC/no OAC</u> Mortality: HR 0.48 (95%CI 0.37–0.62) TE: HR 0.85 (95%CI 0.55–1.32) Recurrent ICH: HR 0.62 (95%CI 0.41–0.95)	Time-dependent analysis
Nielsen, 2017	Denmark	Patients with AF and ICH N=2415 (N=1325 with hemorrhagic stroke and 1090 with traumatic ICH)	Warfarin vs no warfarin	Not reported	14 days after discharge	Median of 279 days	Population hemorrhagic stroke: Recurrent ICH: aHR 1.31 (95%CI: 0.68-2.50) IS/SE: aHR 0.49 (95%CI 0.24-1.02) All-cause mortality: aHR 0.51 (95%CI 0.37-0.71)	Propensity-matched analysis (sensitivity analysis), Time-dependent analysis
Lin, 2022	Taiwan	AF patients with ICH	OAC (N=283) vs no AT (N=1069) OAC (N=283) vs antiplatelet (N=214)	Median of 42 days from discharge	90 days after hospital discharge	Median of 0.7 yrs	OAC vs no AT: All-cause mortality: HR 0.85 (95%CI 0.72–1.01) Major bleeding: HR 1.40 (95%CI 0.99–1.98) TE: HR 0.60 (95%CI 0.43–0.84)	IPTW-analysis
Biffi, 2017	Germany and USA	AF patients with ICH (non-trauma)	OAT (warfarin) vs no OAT	Within 90 days of index ICH	Date of ICH	1 year	Mortality: HR 0.27 (95%CI 0.19–0.40)	Propensity score matching, time-varying analysis

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	(joint analysis of 3 studies)	N=1,012					Recurrent ICH: HR 1.20 (95%CI 0.95–1.58) Ischemic stroke: HR 0.44 (95%CI 0.29–0.66)	
Gastro-intestinal bleeding								
Tapaskar 2022	USA	AF patients on warfarin or DOACs and hospitalized for GIB (within 1 year of start OAC) (discharged) 2008-2017 N=2991	Resumptions vs no resumption of OAC Separately for warfarin and DOAC	Within 90 days of discharge	Date of discharge	180 days	<u>Recurrent GIB (hospital admissions)</u> Warfarin: HR 2.12 (95%CI 1.43–3.14) DOAC: HR 1.43 (95%CI 0.81-2.52) <u>TE (hospital admissions)</u> Warfarin: HR 0.61 (95%CI 0.39–0.96) DOAC: HR 0.52 (95%CI 0.28–0.98)	Time-dependent analysis Secondary analysis: propensity-score matching. Only hospital admissions
Sengupta, 2018	USA	2010-2014 N=1338 Treated with DOAC and hospitalized for GIB within 1 year	DOAC within 30 days vs no DOAC within 30 days	Within 30 days of discharge	Date of discharge	6 months	Readmissions for TE: HR 0.99 (95%CI 0.53–1.70) Readmissions for GIB HR 1.56 (95%CI 0.95–2.47)	Only hospital admissions included
Other/combined bleeding								

	Country	Population	Comparison	Timing of resumption of anticoagulation	Baseline	Follow-up	Outcomes (critical) Mortality/major bleeding/TE (Resuming versus not)	Remarks
Little, 2021	Canada	Older patients (>65 years), hospitalized for bleeding while receiving OAC's N=6793 GIB: N=4297 ICH: N=805 Other: N=1691	Resumtion vs no resumption of OAC's within 1 year	Median time: 46 days	100 days after hospital discharge	Median of 82 weeks(restart) and 83 weeks (no restart)	<u>GIB</u> Bleeding: HR 2.02 (95%CI 1.69-2.40) Thrombosis: HR 0.56 (95%CI 0.44-0.71) All-cause mortality: HR 0.54 (95%CI 0.47-0.56) <u>Intracranial</u> Bleeding: HR 2.20 (95%CI 1.36-3.56) Thrombosis: HR 0.73 (95%CI 0.44-1.23) All-cause mortality: HR 0.54 (95%CI 0.43-0.68) <u>Other</u> Bleeding: HR 1.50 (95%CI 1.15-1.98) Thrombosis: HR 0.60 (95%CI 0.41-0.89) All-cause mortality: HR 0.54 (95%CI 0.43-0.68)	Time-varying analysis

AF: atrial fibrillation, aHR: adjusted hazard ratio, DOAC: direct oral anticoagulants, GIB: gastrointestinal bleeding, HR: hazard ratio, ICH: intracerebral haemorrhage, OAC: oral anticoagulants, TE: thrombo-embolic event