Table 2. Characteristics of included studies

Study	Participants (number, age, other important characteristics)	Comparison	Follow-up	Outcome measures	Comments	Risk of bias (per outcome measure)*
1. Studies comparing thromboprophylaxis with no thromboprophylaxis						
Li, 2007	N at baseline Intervention: 306 Control: 67 Age (median, at surgery)[1] 8 days Sex Not reported	Intervention Aspirin Control No thromboprophylaxis	1 year	**Mortality** (one year post-surgery)	Funding: sponsored by Sanofi-aventis and Bristol-Meyers Squibb, Inc. Conflicts of interest: Drs Bokesch, Graham, Takahasi, Jaggers, and Sanders served on the Steering Committee and received honoraria from Sanofi-aventis. Dr. Rakhit is an employee of Bristol-Myers Squibb, and Dr Fontecave is an employee of Sanofi-aventis Paris. All authors, excluding Dr Michel-Behnke, who reports no conflicts, indicate that their institutions have received research grants from Birstol-Meyers Squibb and Sanofi-aventis. Drs Califf and Li received funding from grant 1UL 1RR024128-01 from the National Center for Research Resources and the National Institutes of Health	Very high (all outcomes)
Wessel, 2013	N at baseline Intervention: A: Clopidogrel only: 53 B: Aspirin only: 382	Intervention Clopidogrel/aspirin/clopidogrel + aspirin	Intervention (median (range))[2] 5.9 (0-12) months	**Shunt occlusion**, confirmed by detection of one or more of the following: decreased murmur and increased cyanosis; impairment of shunt flow observed on Doppler echocardiography, on angiography during surgery, or an MRI or CT after death; or	Funding: supported by Sanofi-Aventis and Bristol-Myers Squibb Conflicts of interest: not reported	Some concerns (all outcomes)

Study	Participants (number, age, other important characteristics)	Comparison	Follow-up	Outcome measures	Comments	Risk of bias (per outcome measure)*
	C: Clopidogrel + aspirin: 414 Control: 57 Age (mean ± SD)[2] Intervention: 36.1 ± 22.3 days Control: 36.0 ± 22.5 days Sex[2] Intervention: 58% male Control: 58% male	Control No thromboprophylaxis	Control[2] 5.6 (0-12) months	progressive cyanosis requiring urgent shunt revision or a revascularization procedure		
2. Studies comparing thromboprophylaxis A with thromboprophylaxis B						
Wessel, 2013	N at baseline Intervention: N = 467 Control: N = 439	Intervention Clopidogrel (+ concomitant aspirin in 83% of patients)	Intervention (median (range)) 5.9 (0-12) months	**Shunt occlusion**, confirmed by detection of one or more of the following: decreased murmur and increased cyanosis; impairment of shunt flow observed on Doppler echocardiography, on angiography during surgery, or an MRI or CT after death; or	Funding: supported by Sanofi-Aventis and Bristol-Myers Squibb Conflicts of interest: please refer to full text at NEJM.org	Some concerns (all outcomes)

Study	Participants (number, age, other important characteristics)	Comparison	Follow-up	Outcome measures	Comments	Risk of bias (per outcome measure)*
	<u>Age (mean ± SD)</u>[2] Intervention: 36.1 ± 22.3 days Control: 36.0 ± 22.5 days <u>Sex</u> Intervention: 58% male Control: 58% male	<u>Control</u> Placebo (+ concomitant aspirin in 85% of patients)	<u>Control</u> 5.6 (0-12) months	progressive cyanosis requiring urgent shunt revision or a revascularization procedure **(Gastrointestinal) hemorrhage** **Mortality** **Adverse events** (including bleeding events, infections and infestations, gastrointestinal disorders, respiratory, thoracic, and mediastinal disorders, cardiac disorders, injury, poisoning, and procedural complications, skin and subcutaneous tissue disorders, general disorders and administration site conditions, metabolism and nutrition disorders, nervous system disorders, investigations, eye disorders, blood and lymphatic system disorders, and vascular disorders		

**** For further details, see risk of bias table in the appendix***

[1]Only provided for the overall study population

[2]Only provided for the intervention (clopidogrel + possible additional aspirin) and placebo (only possible aspirin) groups