Supplemental material

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Author	Year	Country	Patients	Type of Study	Primary Group (n)	Comparison Group (n)	Major Endpoints	Outcomes	Comments
Nogueira et al.	2008	Multiple	305	Retrospective analysis of prospective trial data	Abnormal Bleeding = INR > 1.7 or PTT > 45 sec or platelet < 100K/uL (35)	Normal Bleeding = INR ≤ 1.7 and PTT ≤ 45 sec and platelet ≥ 100K/uL (270)	TIMI, sICH, 90DmRS	Abnormal: TIMI 2-3 = 60%, sICH = 8.6%, 90DmRS <3 = 9% Normal: TIMI 2-3 = 65%, sICH = 8.5%, 90DmRS <3 = 35%	Only 6/35 (17%) of the primary group had thrombocytopenia. Abnormal bleeding group also had worse pre sroke healh states, likely confounding results
Monch et al.	2019	Germany	294	Retrospective, single center	Initial thrombocytopenia (< 150K/uL) (29)	Normal Platelet (≥ 150 K/uL) (265)	sICH, 90Dmortality, 90DmRS	Thrombocytopenia: sICH = 10.3%, 90Dmortality = 48.3%, 90DmRS<3 = 24% Normal platelet: sICH = 6.8%, 90Dmortality = 22.6%, 90DmRS<3 = 37%	Only significnat difference was mortality. No adjustment for prestroke functional status. Also performed analysis of patients with and without a drop in plaelet counts (DPC) after presentation, showing that a DPC > 26% predictted mortality and worse clinical outcomes too
Desai et al.	2019	USA	555	Retrospective, single center	Thrombocytopenia (<150K/ul) (74)	Normal Platelet (≥ 150 K/uL) (481)	sICH, 90Dmortality, 90DmRS	Thrombocytopenia: sICH = 8.1-10.81%, 90Dmortality = 43.24%, 90DmRS<3 = 24.32% Normal platelet: sICH = 2.49-8.79%, 90Dmortality = 24.74%, 90DmRS<3 = 36.38%	Mortality and mRS worse. Used 3 separate definitions of sICH, with one having a statistical difference between groups, but 2 others did not. Performed subgroup anlaysis stratifying thrombocytopenic patients into (1) <100K/uL and (2) 100-150K/uL, with no real differences. Multivariate analysis: thrombocytopenia not related to rate of sICH.