

SUPPLEMENTAL MATERIAL

Supplemental Table I: Recommendations for the use of global coagulation to tests for the identification of relevant anticoagulant effect of dabigatran

Dabigatran	Sufficient	Sufficient in most cases	Insufficient
PT within normal range			Cuker 2014 ¹ Diener 2013 ² Hayes et al. 2013 ³ Heidbuchel 2013 ⁴ Lippi 2014 ⁵ Siegal et al. 2013 ⁶ Tripodi 2013 ⁷
aPTT within normal range	Lippi 2014 ^{*5} Steiner 2013 ⁸	Diener 2013 ² Eickelboom 2013 ⁹ Kitchen 2014 ¹⁰ Konkle 2013 ¹¹ Levy 2013 ¹² Siegal 2013 ⁶ Tran 2014 ¹³ Tripodi 2013 ⁷	Cuker 2014 ¹ Douxfls 2014 ¹⁴ Hankey 2014 ¹⁵ Hayes et al. 2013 ³ Hapgood 2013 ¹⁶ Heidbuchel 2013 ⁴
TT within normal range	Cuker 2014 ¹ Diener 2013 ² Douxfls 2014 ¹⁴ Hankey 2014 ¹⁵ Hayes 2013 ³ Heidbuchel 2013 ⁴ Kepplinger 2014 ^{*17} Kitchen 2014 ¹⁰ Konkle 2013 ¹¹ Siegal 2013 ⁶ Steiner 2013 ⁸ Tran 2014 ¹³ Tripodi 2013 ⁷	Hapgood 2013 ¹⁶ Levy 2013 ¹²	
aPTT and TT within normal range	Eickelboom 2013 ⁹ Hapgood 2013 ¹⁶ Tran 2014 ¹³		

* using reagent-specific cut offs

Supplemental Table II: Recommendations for the use of global coagulation to tests for the identification of relevant anticoagulant effect of rivaroxaban

Rivaroxaban			
	Sufficient	Sufficient in most cases	Insufficient
PT within normal range	Kepplinger 2014* ¹⁷ Lippi 2014* ⁵ Shahoun 2015 ¹⁸ Siegal 2013 ⁶ Tripodi 2013 ⁷	Crowther 2015 ¹⁹ Douxfls 2014 ¹⁴ Kitchen 2014 ¹⁰ Tran 2014 ¹³	Cuker 2014 ¹ Francard 2014 ²⁰ Hankey 2014 ¹⁵ Heidbuchel 2013 ⁴ Levy 2013 ¹²
aPTT within normal range			Cuker 2014 ¹ Francard 2014 ²⁰ Hankey 2014 ¹⁵ Heidbuchel 2013 ⁴ Kitchen 2014 ¹⁰ Levy 2013 ¹² Tran 2014 ¹³
PT and aPTT within normal range		Diener 2013 ² Steiner 2013 ⁸	

* using reagent-specific cut offs

Supplemental Table III: Recommendations for the use of global coagulation to tests for the identification of relevant anticoagulant effect of apixaban

Apixaban			
	Sufficient	Sufficient in most cases	Insufficient
PT within normal range		Shahoun 2015 ¹⁸	Cuker 2014 ¹ Douxflis 2014 ¹⁴ Hankey 2014 ¹⁵ Kepplinger 2014 ¹⁷ Kitchen 2014 ¹⁰ Siegal 2013 ²¹ Tran 2014 ¹³ Tripodi 2013 ⁷ Ward 2013 ²²
aPTT within normal range			Cuker 2014 ¹ Hankey 2014 ¹⁵ Kitchen 2014 ¹⁰ Tran 2014 ¹³ Ward 2013 ²²
PT and aPTT within normal range		Diener 2013 ² Steiner 2013 ⁸	

Supplemental Table IV: Patient characteristics in the three DOAC groups

	Rivaroxaban	Apixaban	Dabigatran
Dose ¹	15 mg: 2 (7%) 20 mg: 28 (93%)	2.5 mg: 13 (41%) 5 mg: 19 (59%)	110 mg: 10 (39%) 150 mg: 16 (62%)
Sex, female ¹	13 (43%)	15 (47%)	13 (50%)
Age, years ²	69 ± 15	75 ± 13	74 ± 14
Body weight, kg ²	80 ± 19	72 ± 15	80 ± 23
Body mass index ²	27 ± 6	25 ± 4	27 ± 6

Risk Factors

Arterial hypertension ¹	19 (63%)	27 (84%)	20 (77%)
Diabetes mellitus ¹	5 (17%)	8 (25%)	6 (23%)
Hyperlipidemia ¹	7 (23%)	17 (53%)	15 (58%)
Smoking ¹	4 (13%)	3 (9%)	2 (8%)

Concomitant antiplatelet agents (last dose <7 days)

Acetylsalicylic acid ¹	15 (50%)	15 (47%)	7 (27%)
Others ¹	1 (3%)	1 (3%)	0 (0%)

Prophylactic dose of heparins at any time during admission

Heparin ¹	20 (67%)	23 (72%)	19 (73%)
Enoxaparin ¹	14 (47%)	12 (38%)	6 (23%)

Indication for oral anticoagulation

Atrial fibrillation ¹	21 (70%)	15 (47%)	24 (92%)
Patent foramen ovale ¹	9 (30%)	0 (0%)	2 (8%)
ESUS ¹	0 (0%)	17 (53%)	0 (0%)

¹number (%), ²mean ± standard deviation; ESUS = Embolic Stroke of Undetermined Source

Supplemental Table V: Baseline lab results of patients in the three DOAC groups

	Rivaroxaban	Apixaban	Dabigatran	Reference Range
WBC, / μl^1	7147 \pm 2013	6969 \pm 1581	8297 \pm 2889	3800-10300
RBC, $10^6/\mu\text{l}$	4.4 \pm 0.6	4.2 \pm 0.7	4.5 \pm 0.5	4.2-6.2
Hematocrit	0.4 \pm 0.05	0.38 \pm 0.05	0.4 \pm 0.04	0.42-0.52
Hemoglobin, mmol/L	8.4 \pm 1.1	7.88 \pm 1.3	8.4 \pm 1	8.7-11.2
Platelet Count, $10^3/\mu\text{l}$	236 \pm 57	239 \pm 70	226 \pm 79	150-450
Quick, %	99 \pm 11	96 \pm 13	92 \pm 12	70-120
INR	1.0 \pm 0.	1.0 \pm 0.1	1.1 \pm 0.1	0.9-1.2
aPTT, seconds	26 \pm 6	27 \pm 5	27 \pm 4	<40
Anti-Xa, IE-aXa/mL	<0.09	<0.09	<0.09	<0.09
Fibrinogen, $\mu\text{mol/L}$	10.1 \pm 2.4	9.8 \pm 2.1	9.8 \pm 2.3	5-12.1
D-dimer, nmol/L	4.9 \pm 7.7	2.7 \pm 3.3	3.8 \pm 4.3	<2.7
Creatinine, $\mu\text{mol/L}$	68.6 \pm 15.3	76.3 \pm 38.1	68.6 \pm 15.3	45.8-83.9
GFR, mL/min/kg	81 \pm 19	78 \pm 31	75 \pm 17	>60
Protein total, g/L	70 \pm 7	68 \pm 7	68 \pm 7	65-85
Albumin, g/L	41 \pm 4	39 \pm 5	40 \pm 4	34-48
CRP, nmol/L	285.7 \pm 438.1	219.1 \pm 342.9	142.9 \pm 123.8	<47.6
Procalcitonin, $\mu\text{g/L}$	0.10 \pm 0.08	0.11 \pm 0.09	0.09 \pm 0.04	\leq 0.10
AST, $\mu\text{kat/L}$	0.55 \pm 0.2	0.65 \pm 0.42	0.58 \pm 0.3	\leq 0.83
ALT, $\mu\text{kat/L}$	0.53 \pm 0.3	0.6 \pm 0.53	0.52 \pm 0.33	\leq 0.83
GGT, U/L	0.78 \pm 0.6	1.15 \pm 1.49	1.05 \pm 1.15	\leq 1.00

¹mean \pm standard deviation, WBC = white blood count, RBC = red blood count, INR = international normalized ratio, aPTT = activated partial thromboplastin time, GFR = glomerular filtration rate, CRP = C-reactive protein, AST = aspartate transaminase, ALT = alanine transaminase, GGT = gamma-glutamyl transferase.

Supplemental Table VI: Test accuracy of a 50 ng/ml concentration threshold

Substance and safe-for-treatment threshold	Coagulation test	Result within normal range			Result below reagent-specific cut-off			
		Specificity (%)	Sensitivity (%)	LR+	Cut-off	Specificity (%)	Sensitivity (%)	LR+
Dabigatran <50 ng/mL	aPTT	62 (48-74)	88 (81-93)	2.3	aPTT <29 sec	98 (90-100)	57 (47-66)	32.9
	PT and aPTT	66 (52-77)	78 (69-84)	2.2				
	TT	100 (92-100)	20 (14-29)	∞	TT <75 sec	98 (90-100)	87 (79-92)	50.2
	TT <3xUNR	98 (90-100)	79 (70-86)	45.8				
	TT <4xUNR	95 (85-99)	99 (93-100)	4.5				
Rivaroxaban <50 ng/mL	PT	83 (74-90)	89 (76-96)	5.2	Quick >84%	96 (89-99)	61 (45-75)	15.2
	PT and aPTT	83 (74-90)	89 (76-96)	5.2				
Apixaban <50 ng/mL	PT	16 (9-25)	94 (85-98)	1.1				
	PT and aPTT	20 (13-30)	91 (81-96)	1.1				

Samples=178 (dabigatran); 146 (rivaroxaban); 157 (apixaban). Sensitivity and specificity are provided with 95% confidence intervals. aPTT, activated partial thromboplastin time (HemosIL APTT-SP); LR+, positive likelihood ratio; PT, prothrombin time (HemosIL RecombiPlasTin 2G); TT, thrombin time (Test-Thrombin Reagent).

Supplemental Table VII: Test accuracy of a sequential algorithm¹⁷

Substance	Test result	Specificity (%)	Sensitivity (%)	LR+
Dabigatran <31 ng/mL	TT <21 seconds	100 (95-100)	26 (18-36)	∞
	TT <21 sec or TT ≥21 sec and dTT <31 ng/mL	93 (85-97)	78 (68-86)	11.1
Dabigatran <62 ng/mL	TT <21 seconds	100 (90-100)	18 (12-26)	∞
	TT <21 sec or TT ≥21 sec and dTT <62 ng/mL	91 (78-97)	78 (70-84)	9.0
Rivaroxaban <20 ng/mL	INR <1.4	57 (47-65)	100 (83-100)	2.3
	INR <1.4 or INR ≥1.4 and anti-Xa <20 ng/mL	57 (47-65)	100 (83-100)	2.3
Rivaroxaban <91 ng/mL	INR <1.4	80 (69-88)	92 (83-97)	4.6
	INR <1.4 or INR ≥1.4 and anti-Xa <91 ng/mL	80 (69-88)	92 (83-97)	4.6
Apixaban <21 ng/mL	INR <1.4	5 (2-11)	100 (83-100)	1.1
	INR <1.4 or INR ≥1.4 and anti-Xa <21 ng/mL	5 (2-11)	100 (83-100)	1.1
Apixaban <40 ng/mL	INR <1.4	6 (3-13)	100 (91-100)	1.1
	INR <1.4 or INR ≥1.4 and anti-Xa <21 ng/mL	6 (3-13)	100 (91-100)	1.1

Samples=178 (dabigatran); 146 (rivaroxaban); 157 (apixaban). Sensitivity and specificity are provided with 95% confidence intervals. INR, international normalized ratio time (HemosIL RecombiPlasTin 2G); LR+, positive likelihood ratio; TT, thrombin time (Test-Thrombin Reagent).

Supplemental References

1. Cuker A, Siegal DM, Crowther MA, Garcia DA. Laboratory measurement of the anticoagulant activity of the non-vitamin k oral anticoagulants. *Journal of the American College of Cardiology*. 2014;64:1128-1139
2. Diener H-C, Foerch C, Riess H, Röther J, Schroth G, Weber R. Treatment of acute ischaemic stroke with thrombolysis or thrombectomy in patients receiving anti-thrombotic treatment. *The Lancet Neurology*. 2013;12:677-688
3. Hawes EM, Deal AM, Funk-Adcock D, Gosselin R, Jeanneret C, Cook AM, et al. Performance of coagulation tests in patients on therapeutic doses of dabigatran: A cross-sectional pharmacodynamic study based on peak and trough plasma levels. *Journal of thrombosis and haemostasis : JTH*. 2013;11:1493-1502
4. Heidbuchel H, Verhamme P, Alings M, Antz M, Hacke W, Oldgren J, et al. European heart rhythm association practical guide on the use of new oral anticoagulants in patients with non-valvular atrial fibrillation. *Europace : European pacing, arrhythmias, and cardiac electrophysiology : journal of the working groups on cardiac pacing, arrhythmias, and cardiac cellular electrophysiology of the European Society of Cardiology*. 2013;15:625-651
5. Lippi G, Ardissino D, Quintavalla R, Cervellin G. Urgent monitoring of direct oral anticoagulants in patients with atrial fibrillation: A tentative approach based on routine laboratory tests. *Journal of thrombosis and thrombolysis*. 2014;38:269-274
6. Siegal DM, Crowther MA. Acute management of bleeding in patients on novel oral anticoagulants. *European heart journal*. 2013;34:489-498b
7. Tripodi A. The laboratory and the direct oral anticoagulants. *Blood*. 2013;121:4032-4035
8. Steiner T, Bohm M, Dichgans M, Diener HC, Ell C, Endres M, et al. Recommendations for the emergency management of complications associated with the new direct oral anticoagulants (doacs), apixaban, dabigatran and rivaroxaban. *Clinical research in cardiology : official journal of the German Cardiac Society*. 2013;102:399-412
9. Eikelboom JW, Weitz JI. Dabigatran monitoring made simple? *Thrombosis and haemostasis*. 2013;110:393-395
10. Kitchen S, Gray E, Mackie I, Baglin T, Makris M, committee B. Measurement of non-coumarin anticoagulants and their effects on tests of haemostasis: Guidance from the british committee for standards in haematology. *British journal of haematology*. 2014;166:830-841
11. Konkle BA. Monitoring target specific anticoagulants. *Journal of thrombosis and thrombolysis*. 2013;35:387-390
12. Levy JH, Faraoni D, Spring JL, Douketis JD, Samama CM. Managing new oral anticoagulants in the perioperative and intensive care unit setting. *Anesthesiology*. 2013
13. Tran H, Joseph J, Young L, McRae S, Curnow J, Nandurkar H, et al. New oral anticoagulants: A practical guide on prescription, laboratory testing and peri-procedural/bleeding management. *Internal medicine journal*. 2014;44:525-536
14. Douxfils J, Tamigniau A, Chatelain B, Goffinet C, Dogne JM, Mullier F. Measurement of non-vka oral anticoagulants versus classic ones: The appropriate use of hemostasis assays. *Thromb J*. 2014;12:24
15. Hankey GJ, Norrving B, Hacke W, Steiner T. Management of acute stroke in patients taking novel oral anticoagulants. *Int J Stroke*. 2014;9:627-632

16. Hapgood G, Butler J, Malan E, Chunilal S, Tran H. The effect of dabigatran on the activated partial thromboplastin time and thrombin time as determined by the hemoclot thrombin inhibitor assay in patient plasma samples. *Thrombosis and haemostasis*. 2013;110:308-315
17. Kepplinger J, Prakapenia A, Barlinn K, Siegert G, Gehrisch S, Zerna C, et al. Standardized use of novel oral anticoagulants plasma level thresholds in a new thrombolysis decision making protocol. *Journal of thrombosis and thrombolysis*. 2016;41:293-300
18. Shamoun F, Obeid H, Ramakrishna H. Novel anticoagulants in atrial fibrillation: Monitoring, reversal and perioperative management. *Biomed Res Int*. 2015;2015:424031
19. Crowther M, Crowther MA. Antidotes for novel oral anticoagulants: Current status and future potential. *Arterioscler Thromb Vasc Biol*. 2015;35:1736-1745
20. Francart SJ, Hawes EM, Deal AM, Adcock DM, Gosselin R, Jeanneret C, et al. Performance of coagulation tests in patients on therapeutic doses of rivaroxaban. A cross-sectional pharmacodynamic study based on peak and trough plasma levels. *Thrombosis and haemostasis*. 2014;111:1133-1140
21. Siegal DM, Cuker A. Reversal of novel oral anticoagulants in patients with major bleeding. *Journal of thrombosis and thrombolysis*. 2013;35:391-398
22. Ward C, Conner G, Donnan G, Gallus A, McRae S. Practical management of patients on apixaban: A consensus guide. *Thromb J*. 2013;11:27