

Supplementary Table S1. Recent studies evaluating the anticoagulant treatment of solid-cancer-associated splanchnic vein thrombosis.

<i>Author (year)</i>	<i>Study design</i>	<i>N. patients with SVT and cancer</i>	<i>Patient characteristics</i>	<i>Management</i>	<i>Recurrent VTE</i>	<i>Major bleeding</i>	<i>Mortality</i>
Regnault H. et al, 2018 [28]	Retrospective	118	Patients with PVT and digestive cancers (other than hepatocellular carcinoma)	82/118 (69.5%) pts received anticoagulant treatment (not further specified)	NR	22/118 (18.6%) pts had gastrointestinal bleeding (severity not specified): <ul style="list-style-type: none"> 13/82 (15.9%) anticoagulated pts 9/36 (25.0%) non-anticoagulated pts 	70/118 (59.3%) pts died (not separately reported for treated vs. non-treated)
Sule A.A. et al, 2018 [27]	Retrospective	13	Patients with PVT and malignancy	6/13 (46.2%) pts received anticoagulant treatment: <ul style="list-style-type: none"> LMWH n=5 VKA n=1 Mean duration 75 days 	No events	Not separately reported for cancer-patients	8/13 (61.5%) pts died: <ul style="list-style-type: none"> 4/6 (66.7%) anticoagulated pts 4/7 (57.1%) not anticoagulated
Afzal A. et al, 2020 [29]	Retrospective	122	Patients with SVT and advanced pancreatic cancer	51/122 (41.8%) pts received anticoagulant treatment: <ul style="list-style-type: none"> LMWH n=37 VKA n=11 Fondaparinux n=3 	NR	12/122 (9.8%) pts had major bleeding: <ul style="list-style-type: none"> 7/51 (13.7%) anticoagulated pts 5/71 (7.0%) non-anticoagulated pts 	SVT doubled 1-year mortality (compared to pts without SVT). No significant difference between patients who did vs. did not receive anticoagulation.
Valeriani E. et al, 2021 [14]	Prospective	132	Patients with SVT and solid cancer	91/132 (68.9%) pts received anticoagulant treatment: <ul style="list-style-type: none"> Parenteral n=61 VKA n=30 Median duration 6 m 	6/132 (4.5%) pts had recurrent VTE: <ul style="list-style-type: none"> 4/91 (4.4%) anticoagulated pts 2/41 (4.9%) non-anticoagulated pts 	3/132 (2.3%) pts had major bleeding: <ul style="list-style-type: none"> 3/91(3.3%) anticoagulated pts 0/41 (0%) non-anticoagulated pts 	55/132 (41.7%) pts died (not separately reported for treated vs. non-treated)
Kang M. et al, 2022 [30]	Prospective	51	Patients with SVT and gastrointestinal cancer	9/51 (17.6%) pts received anticoagulant treatment: <ul style="list-style-type: none"> LMWH n=6 VKA n=1 DOAC n=2 Median duration 4.7 m 	2/51 (3.9%) pts had recurrent VTE (not separately reported for treated vs. non-treated)	2/9 (22.2%) anticoagulated pts had major bleeding (NR for the non-anticoagulated group)	23/51 (45.1%) pts died (not separately reported for treated vs. non-treated)

Legend: DOAC = direct oral anticoagulants, LMWH = low molecular weight heparin, m = months, NR = not reported, pts = patients, PVT = portal vein thrombosis, SVT = splanchnic vein thrombosis, VKA = vitamin K antagonist, VTE = venous thromboembolism.

Supplementary Table S2. Studies evaluating the epidemiology of ovarian vein thrombosis in cancer patients.

<i>Author (year)</i>	<i>N. patients enrolled</i>	<i>Population characteristics</i>	<i>Years of enrolment</i>	<i>Anticoagulant prophylaxis</i>	<i>Imaging and timing</i>	<i>N. patients with OVT</i>	<i>OVT symptoms</i>	<i>OVT treatment</i>	<i>OVT outcome</i>
Yassa N. et al, 1999 [37]	50	Pts who underwent total abdominal hysterectomy and bilateral salpingo-oophorectomy with retroperitoneal lymph node dissection, due to: <ul style="list-style-type: none"> cervical ca (n=15) endometrial ca (n=5) ovarian ca (n=30) 	1992-1996	NR	Contrast-enhanced CT scan every 3 months, up to 2 years after surgery	40/50 (80%)	All asymptomatic	None	<ul style="list-style-type: none"> Thrombosis unchanged at 3-24 months in 20 out of 20 OVT pts (100%) with available CT scan None of OVT pts developed signs or symptoms of PE
Mantha S. et al, 2015 [38]	159	Pts who underwent debulking surgery, due to: <ul style="list-style-type: none"> ovarian ca (n=159) 	2001-2010	NR	Contrast-enhanced CT scan within 12 weeks after surgery	41/159 (25.8%)	All asymptomatic	Only 5 patients were anticoagulated (LMWH n=5)	<ul style="list-style-type: none"> VTE at 1 year: 17.1% in OVT pts, vs. 15.3% in non-OVT pts (p=0.78) Survival at 1 year: 95.1% in OVT pts, vs. 93.2% in non-OVT pts (p=0.84)
Takahashi Y. et al, 2021 [36]	417	Pts who underwent bilateral adnexectomy, due to: <ul style="list-style-type: none"> cervical ca (n=60) endometrial ca (n=188) ovarian ca (n=169) 	2013-2017	387 (92.8%)	Contrast-enhanced CT scan within 6 months after surgery	55/417 (13.2%)	All asymptomatic	Only 6 patients were anticoagulated (VKA n=3, DOAC n=3)	<ul style="list-style-type: none"> VTE at 1 year: 1.8% in OVT pts, vs. 2.8% in non-OVT pts (p=1.0) Survival at 3 years: 92.6% in OVT pts, vs. 83.3% in non-OVT pts (p=0.17)

Legend: ca = cancer; CT = computed tomography; DOAC = direct oral anticoagulants; LMWH = low molecular weight heparin; NR= not reported; OVT = ovarian vein thrombosis; PE = pulmonary embolism; pts = patients; VKA = vitamin K antagonists.