OR in 28 days for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: OR in 28 days

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk OR in 28 days	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
OR in 28 days	Study population		RR 1.26 (1.12 to 1.41)	435 (6 studies)	⊕⊕⊖⊖ low[1,2]	
	647 per 1000	815 per 1000 (725 to 912)				
	Medium risk population					
	684 per 1000	862 per 1000 (766 to 964)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Allocation concealment is uncertain

[2] Funnel plot is not symmetric.

OR in 3 months for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: OR in 3 months

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk OR in 3 months	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
OR in 3 months	Study population		RR 2.41 (1.82 to 3.19)	218 (3 studies)	⊕⊕⊕⊕ high[1]	
	336 per 1000	810 per 1000 (612 to 1000)				
	Medium risk population					
	360 per 1000	868 per 1000 (655 to 1000)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Randomized method was not mentioned.

CR in 28 days for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: CR in 28 days

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk CR in 28 days	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
CR in 28 days	Study population		RR 2.06 (1.63 to 2.62)	435 (6 studies)	⊕⊕⊖⊖ low[1,2]	
	275 per 1000	566 per 1000 (448 to 720)				
	Medium risk population					
	239 per 1000	492 per 1000 (390 to 626)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Concealment of allocation was uncertain

[2] There was a publication bias.

CR in 3 months for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: CR in 3 months

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk CR in 3 months	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
CR in 3 months	Study population		RR 5.07 (2.91 to 8.86)	218 (3 studies)	⊕⊕⊕⊕ high	
	112 per 1000	568 per 1000 (326 to 992)				
	Medium risk population					
	100 per 1000	507 per 1000 (291 to 886)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

PR in 28 days for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: PR in 28 days

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk PR in 28 days	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
PR in 28 days	Study population		RR 0.66 (0.49 to 0.88)	435 (6 studies)	⊕⊕⊕⊖ moderate[1]	
	372 per 1000	246 per 1000 (182 to 327)				
	Medium risk population					
	408 per 1000	269 per 1000 (200 to 359)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] Concealment of allocation was uncertain.

PR in 3 months for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: PR in 3 months

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk PR in 3 months	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
PR in 3 months	Study population		RR 1.08 (0.67 to 1.74)	218 (3 studies)	⊕⊕⊕⊕ high	
	224 per 1000	242 per 1000 (150 to 390)				
	Medium risk population					
	227 per 1000	245 per 1000 (152 to 395)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

SR in 6 months for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: SR in 6 months

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk SR in 6 months	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
SR in 6 months	Study population		RR 1.73 (1.36 to 2.19)	296 (3 studies)	⊕⊕⊕⊖ moderate[1]	
	370 per 1000	640 per 1000 (503 to 810)				
	Medium risk population					
	366 per 1000	633 per 1000 (498 to 802)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] concealment of allocation

SR in 12 months for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: SR in 12 months

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk SR in 12 months	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
SR in 12 months	Study population		RR 2.19 (1.6 to 3.02)	274 (3 studies)	⊕⊕⊕⊖ moderate[1]	
	262 per 1000	574 per 1000 (419 to 791)				
	Medium risk population					
	222 per 1000	486 per 1000 (355 to 670)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] concealment of allocation

Relapse for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: Relapse

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk Relapse	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
Relapse	Study population		RR 0.63 (0.4 to 1.02)	437 (5 studies)	⊕⊕⊕⊕ high	
	269 per 1000	169 per 1000 (108 to 274)				
	Medium risk population					
	254 per 1000	160 per 1000 (102 to 259)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

Treg on baseline for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: Treg on baseline

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk Treg on baseline				
Treg on baseline		The mean Treg on baseline in the intervention groups was **0 higher** (0.2 lower to 0.19 higher)		246 (3 studies)	⊕⊕⊕⊖ **moderate**[1]	

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] risk of bias

Treg day14 for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: Treg day14

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk Treg day14				
Treg day14		The mean Treg day14 in the intervention groups was **1.02 higher** (0.76 to 1.28 higher)		246 (3 studies)	⊕⊕⊕⊖ **moderate**[1]	

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] risk of bias

Treg on day 28 for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: Treg on day 28

Outcomes	Illustrative comparative risks* (95% CI)		Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
	Assumed risk Control	Corresponding risk Treg on day 28				
Treg on day 28		The mean Treg on day 28 in the intervention groups was **2.19 higher** (1.6 to 2.77 higher)		246 (3 studies)	⊕⊕⊕⊖ **moderate**[1]	

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] risk of bias

serious AE for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: serious AE

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk Serious AE	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
serious AE	**Study population**		**RR 1.93** (1 to 3.71)	286 (3 studies)	⊕⊕⊕⊕ **high**	
	81 per 1000	**156 per 1000** (81 to 301)				
	Medium risk population					
	80 per 1000	**154 per 1000** (80 to 297)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

infection for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: infection

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk Infection	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
infection	**Study population**		**RR 1.19** (0.86 to 1.65)	684 (8 studies)	⊕⊕⊖⊖ **low**[1,2]	
	135 per 1000	**161 per 1000** (116 to 223)				
	Medium risk population					
	44 per 1000	**52 per 1000** (38 to 73)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] risk of bias
[2] publication bias exsisted

hyperglycemia for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: hyperglycemia

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk Hyperglycemia	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
hyperglycemia	**Study population**		**RR 0.9** (0.58 to 1.38)	546 (7 studies)	⊕⊕⊕⊖ **moderate**[1]	
	120 per 1000	**108 per 1000** (70 to 166)				
	Medium risk population					
	86 per 1000	**77 per 1000** (50 to 119)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] risk os bias

hypertension for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: hypertension

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk Hypertension	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
hypertension	Study population		RR 1.19 (0.75 to 1.89)	367 (5 studies)	⊕⊕⊕⊖ moderate[1]	
	137 per 1000	163 per 1000 (103 to 259)				
	Medium risk population					
	57 per 1000	68 per 1000 (43 to 108)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] risk of bias

electrolyte disorder for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: electrolyte disorder

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk Electrolyte disorder	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
electrolyte disorder	Study population		RR 1.13 (0.83 to 1.54)	394 (5 studies)	⊕⊕⊕⊖ moderate	
	244 per 1000	276 per 1000 (203 to 376)				
	Medium risk population					
	80 per 1000	90 per 1000 (66 to 123)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

fever for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: fever

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk Fever	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
fever	Study population		RR 4.3 (0.92 to 20.06)	290 (3 studies)	⊕⊕⊕⊕ high[1]	
	7 per 1000	30 per 1000 (6 to 140)				
	Medium risk population					
	0 per 1000	0 per 1000 (0 to 0)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] risk of bias

erythra for primary immune thrombocytopenia

Patient or population: patients with primary immune thrombocytopenia
Settings:
Intervention: erythra

Outcomes	Illustrative comparative risks* (95% CI) Assumed risk Control	Corresponding risk Erythra	Relative effect (95% CI)	No of Participants (studies)	Quality of the evidence (GRADE)	Comments
erythra	**Study population**		RR 2.05 (0.53 to 7.98)	246 (3 studies)	⊕⊕⊖⊖ **low**[1,2]	
	16 per 1000	**33 per 1000** (8 to 128)				
	Medium risk population					
	0 per 1000	**0 per 1000** (0 to 0)				

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval; **RR:** Risk ratio;

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

[1] risk of bias
[2] publication bias exsisted

S2 Fig. Assessment of evidences by GRADE pro software.