

**Table S1.** Thrombotic MPN patients with different gene mutations and gene polymorphisms.

Type of patients	Total number of patients	Number of thrombotic patients (%)	References
<b>Tyrosine kinase</b>			
<i>JAK2 V617F</i>			
PV	40	14 (35.0)	[1]
	16	3 (18.8)	[2]
	35	8 (22.9)	[3]
	215	28 (13.0)	[4]
	53	18 (34.0)	[5]
	35	15 (42.9)	[6]
	69	14 (20.3)	[7]
	31	11 (35.5)	[8]
	323	110 (34.1)	[9]
ET	30	14 (46.7)	[1]
	31	13 (41.9)	[2]
	77	35 (45.5)	[3]
	153	27 (17.6)	[4]
	55	17 (30.9)	[5]
	60	28 (46.7)	[10]
	22	7 (31.8)	[6]
	466	33 (7.1)	[11]
	369	111 (30.1)	[12]
	21	3 (14.3)	[13]
	35	4 (11.4)	[14]
	567	48 (8.5)	[15]
	179	39 (21.8)	[7]
	35	10 (28.6)	[8]
	382	138 (36.1)	[9]
PMF	4	0 (0.0)	[2]
	54	9 (16.7)	[4]
	7	0 (0.0)	[5]
	16	5 (31.3)	[6]
	6	0 (0.0)	[16]
	6	0 (0.0)	[8]
MPN	32	20 (62.5)	[17]
	59	18 (30.5)	[18]
	273	84 (30.8)	[19]
	126	39 (31.0)	[20]
	200	169 (84.5)	[21]
	119	45 (37.8)	[22]
	44	23 (52.3)	[23]
	123	58 (47.2)	[24]
	209	84 (40.2)	[25]
PV or ET	44	38 (86.4)	[26]
	36	9 (25.0)	[27]
	74	34 (45.9)	[28]

<b>JAK2 exon12</b>			
PV	4	1 (25.0)	[7]
<b>Receptors</b>			
<b>MPL</b>			
ET	25	10 (40.0)	[12]
PMF	2	0 (0.0)	[29]
ET or PMF	32	11 (34.4)	[30]
<b>CALR</b>			
ET	85	6 (7.1)	[4]
	176	5 (2.8)	[11]
	89	12 (13.5)	[12]
	23	5 (21.7)	[13]
	10	0 (0.0)	[16]
	208	7 (3.4)	[15]
	47	3 (6.4)	[7]
PMF	21	1 (4.8)	[4]
	3	0 (0.0)	[16]
MPN	91	9 (9.9)	[31]
<b>FAS AA</b>			
MPN	32	10 (31.3)	[32]
<b>FAS AG + GG</b>			
MPN	69	16 (23.2)	[32]
<b>TLR4 D299G</b>			
MPN	18	4 (22.2)	[22]
<b>TLR4 T399I</b>			
MPN	18	6 (33.3)	[22]
<b>DNA methylation</b>			
<b>TET2</b>			
PV	4	0 (0.0)	[33]
	14	2 (14.3)	[34]
	20	13 (65.0)	[35]
ET	6	3 (50.0)	[33]
	3	3 (100.0)	[34]
	1	1 (100.0)	[36]
PMF	2	1 (50.0)	[33]
	0	10 (0.0)	[34]
	2	2 (100.0)	[36]
<b>Histone methylation</b>			
<b>ASXL1</b>			
ET	14	6 (42.9)	[13]
<b>DNMT3A + TET2 + ASXL1 (DTA)</b>			
PV	29	19 (65.5)	[35]
<b>Thrombophilic genetic factors</b>			
<b>F5</b>			
MPN	11	2 (18.2)	[22]
	20	5 (25.0)	[37]

PV or ET	14	5 (35.7)	[38]
<b>F2</b>			
MPN	15	6 (40.0)	[22]
	7	1 (14.3)	[37]
<b>GPIIIa PI<sup>A1</sup></b>			
PV	32	6 (18.8)	[39]
<b>GPIIIa PI<sup>A2</sup></b>			
PV	11	6 (54.5)	[39]
<b>MTHFR</b>			
MPN	96	32 (33.3)	[22]
<b>DNA repair</b>			
<b>XRCC1</b>			
MPN	78	22 (28.2)	[40]
<b>Chemokine</b>			
<b>SDF-1 AA</b>			
PV or ET	10	7 (70.0)	[41]
<b>SDF-1 AG + GG</b>			
PV or ET	63	21 (33.3)	[41]

Abbreviations: *ASXL1*: Additional Sex Combs Like 1, *CALR*: Calreticulin, ET: Essential thrombocythaemia, *F2*: Factor II, *F5*: Factor 5, *GPIIIa PI<sup>A1</sup>*: Glycoprotein IIIa *PI<sup>A1</sup>* allele, *GPIIIa PI<sup>A2</sup>*: Glycoprotein IIIa *PI<sup>A2</sup>* allele, *JAK2*: Janus kinase 2, PMF: Primary myelofibrosis, *MPL*: Myeloproliferative leukaemia virus oncogene, MPN: Myeloproliferative neoplasms, *MTHFR*: Methylene tetrahydrofolate reductase, PV: Polycythaemia vera, *SDF-1*: Stromal cell-derived factor-1, *TET2*: Ten-eleven translocation 2, *TLR4*: Toll-like receptor 4, *XRCC1*: X-ray repair cross complementing 1.

**Table S2.** Summary of *JAK2*, *CALR*, *MPL*, *TET2*, *ASXL1* and gene mutation and polymorphisms in thrombotic MPN patients.

MUTATIONS			
Genes	Descriptions	P value	References
<i>JAK2</i> V617F	<i>JAK2</i> V617F is associated to thrombosis in PV and ET.	0.02	[1]
	Increase the thrombotic risk in MPN.	0.04	[17]
	Thrombosis is more common in MPN patients with the mutation. Allele burden increases progressively with age.	0.006	[42]
	Higher incidence of thrombosis in MPN patients with the mutation.	0.047	[2]
	<i>JAK2</i> mutation and additional thrombophilic markers predispose MPN patients with thrombocythaemia to thrombosis.	0.017	[43]
	<i>JAK2</i> is an independent risk factor for thrombosis.	-	[44]
	ET and PMF with <i>JAK2</i> mutation are more susceptible to thrombosis.	<0.01	[19]
	<i>JAK2</i> mutated ET patients showed more frequent thrombotic events.	0.004	[45]
	No significant difference was found between BCS and PVT and <i>JAK2</i> V617F.	0.989	[46]
	Higher prevalence of <i>JAK2</i> V617F mutation in non-cirrhotic and non-malignant PVT patients.	<0.001	[47]
	Weak association with thrombosis, particularly VTE present in sites other than the splanchnic region.	-	[48]
	Low incidence of <i>JAK2</i> V617F in SVT.	-	[49]
	No significant different between ET patients with or without mutation.	0.57	[50]
	Patients with 12.6-30% and 78-100% <i>JAK2</i> V617F allele burden have higher rate of arterial thrombosis. Allele burden can predict the site of thrombosis but had no effect on thrombosis timing.	0.001	[28]
	Patients with <i>JAK2</i> V617F allele burden >20% had 7.4-fold increased VTE risk.	0.004	[20]
	Risk of VTE increased as <i>JAK2</i> V617F allele burden is higher.	<0.05	
	The allele burden of <i>JAK2</i> V617F correlate to thrombotic events in ET.	0.01	[51]
	Related to the thrombotic events before or during diagnosis.	<0.03	[10]
	More frequent thrombosis in those with homozygous <i>JAK2</i> V617F.	0.003	[21]
	PV patients with >75% <i>JAK2</i> V617F allele burden displayed higher thrombotic risk compared to <25%.	0.003	[52]
	Increase arterial thrombosis in <i>JAK2</i> mutated ET, but no association between the allele burden and thrombosis.	0.001	[53]
	Equal number of thrombosis was observed in <i>JAK2</i>	-	[5]

	positive and negative groups.		
	Thrombotic risk was not affected by <i>JAK2</i> mutation.	0.22	[18]
	Occurred more often in patients with <i>JAK2</i> V67F mutation but was statistically insignificant.	0.18	[27]
<i>JAK2</i> exon 12	Similar thrombotic risk as in <i>JAK2</i> V617F mutated PV patients.	0.4	[54]
<i>CALR</i>	Less frequent venous thrombosis in ET with <i>CALR</i> mutation compared to <i>JAK2</i> mutation.	0.03	[4]
	Lower risk to develop thrombosis in ET and PV with <i>CALR</i> mutation compared to <i>JAK2</i> mutation.	0.001	[11]
	ET has lower risk to develop thrombotic events.	0.01	[12]
<i>MPL</i>	No obvious differences in the frequency of thrombosis compared to other mutations. Exhibit micro vascular symptoms.	>0.05	[12]
	No correlation was established between <i>MPL</i> mutations and thrombosis.	>0.05	[30]
	No vascular complications observed in PMF patients with mutation.	-	[29]
<i>TET2</i>	Not related to the occurrence of thrombotic events in all subtypes of MPN.	0.422	[33]
	Significantly accompanied by the development of thrombosis in PV	0.03	[35]
<i>ASXL1</i>	Exhibit higher probability to develop thrombosis. A risk factor for vascular complications in ET.	0.021	[13]
	Leukocytosis, shorter overall survival in PMF.	<0.001	[55]
<b>POLYMORPHISMS</b>			
<i>GPIIIa</i> PIA2 allele	Higher chance to develop arterial thrombosis in PV patients with homozygous or heterozygous PIA2 polymorphism.	<0.05	[39]
HPA-1a/1b variant	No correlation was found with thrombotic events.	-	[56]
<i>GPIIb/IIIa</i> c.807C>T	Higher prevalence of TT genotype in MPN patients with arterial thrombosis.	0.049	[57]
<i>XRCC1</i> Gln399Arg	Associated with thrombotic and bleeding complications in MPN patients.	0.386	[40]
	CT genotype was detected more higher in MPN patients with thrombotic events compared to homozygous and wild type.	0.02	[57]
<i>F2</i> (Prothrombin's G20210A)	Not related to thrombosis in PV and ET.	-	
	No relationship observed between <i>F2</i> and thrombosis in MPN.	>0.05	[37]
<i>F5</i> (Leiden)	Not related to thrombosis in PV and ET.	-	[57]

mutation)	No relationship observed between <i>F5</i> and thrombosis in MPN.	>0.05	[37]
	Higher rate of detection of venous thrombosis before and at time of diagnosis and recurrence of venous thrombosis, but not arterial thrombosis.	0.03	[38]
	Increase the risk of thrombosis in MPN patients.	0.03	[58]
	Strong association with increased thrombotic risk.	0.019	[48]
<i>F7</i>	Independent risk factor in thrombotic development of overall MPN.	0.0007	[59]
<i>F7</i> (c.-323P0/10)	More frequently present in thrombotic MPN patients.	0.04	[57]
<i>F12</i> -46C/T	Not correlate to thrombotic complication in PV and ET.	-	[56]
<i>MMP9</i>	Might be a contributing factor for the occurrence of vascular events in MPN patients, especially in ET group.	0.002	[60]
<i>HPA5</i>	<i>HPA5 b</i> allele has a protective role for vascular events in MPN patients.	0.03	[61]
<i>MTHFR</i> -C667T	Could have a role as a prothrombotic factor and causing thrombosis in MPN patients.	<0.05	[62]
<i>SDF-1</i>	Homozygous AA PV and ET patients tend to have thrombosis. AA genotype can be as a predictor for thrombotic events in PV and ET patients.	0.03	[41]
<i>FAS</i> 670A>G	No association to venous thrombosis.	0.41	[32]
<i>FASL</i> 843C>T	No statistically significant correlation between the polymorphism and venous thrombosis.	>0.05	
<i>TERT</i>	Not related to thrombosis.	-	[63]
<i>ACE I</i> and <i>D</i> allele	Both showed no associated to thrombotic events.	>0.05	[64]
<i>TLR4</i> -D299G	Irrelevant to thrombotic risk. Seems to exhibit a protective role in thrombotic effect.	0.43	[22]
<i>TLR4</i> -T399I	Irrelevant to thrombotic risk.	0.99	

Abbreviations: *ASXL1*: Additional Sex Combs Like 1, *CALR*: Calreticulin, ET: Essential thrombocythaemia, *F2*: Factor II, *F5*: Factor 5, *GPIIIa* *PI*<sup>A1</sup>: Glycoprotein IIIa *PI*<sup>A1</sup> allele, *GPIIIa* *PI*<sup>A2</sup>: Glycoprotein IIIa *PI*<sup>A2</sup> allele, *JAK2*: Janus kinase 2, PMF: Primary myelofibrosis, *MPL*: Myeloproliferative leukaemia virus oncogene, MPN: Myeloproliferative neoplasms, *MTHFR*: Methylenetetrahydrofolate reductase, PV: Polycythaemia vera, *SDF-1*: Stromal cell-derived factor-1, *TET2*: Ten-eleven translocation 2, *TLR4*: Toll-like receptor 4, *XRCC1*: X-ray repair cross complementing 1.

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