

1. SUPPLEMENTARY MATERIAL

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3. Table S1a. AI-generated clinical outputs (ChatGPT)						
4. Case	5. Clinical scenario	6. Decision and Rationale	7. Strategy	8. Selected Drug	9. Regimen	10. Assessment
11. 1	12. Hemophilia A, moderate, acute lymphoblastic leukemia	13. Chemotherapy identified as primary treatment with bleeding risk	14. FVIII prophylaxis during chemotherapy	15. Octocog alfa	16. 25–40 IU/kg three times weekly	17. Coherent overall clinical framing
18. 2	19. Hemophilia A, severe, thyroid carcinoma	20. Surgery recognised as high bleeding risk setting	21. Intensive perioperative FVIII coverage	22. Octocog alfa	23. Preoperative bolus followed by repeated dosing every 12 hours	24. Clinically coherent overall reasoning
25. 3	26. Hemophilia A, severe, rectal cancer	27. Major abdominal surgery identified as high-risk	28. Intensive perioperative management	29. Octocog alfa	30. High-frequency dosing in perioperative phase	31. Good global clinical framing
32. 4	33. Hemophilia A, severe, malignant melanoma	34. Surgery and systemic therapy considered	35. Standard prophylaxis with peri-procedural escalation	36. Octocog alfa	37. Regular dosing with adjustments around procedures	38. Adequate synthesis of clinical scenario
39. 5	40. Hemophilia B, moderate, basal cell carcinoma	41. Minor surgical intervention identified	42. FIX prophylaxis for procedure	43. Nonacog alfa	44. Preoperative dosing with short-term maintenance	45. Coherent low-complexity management
46. 6	47. Hemophilia B, moderate, gastric cancer	48. Major surgery recognised as high	49. Intensive perioperative FIX management	50. Nonacog alfa	51. Preoperative bolus followed by	52. Good overall clinical reasoning

		hemorrhagic risk			repeated dosing	
53.	54.	55.	56.	57.	58.	59.
60. Table S1b. AI-generated clinical outputs (Copilot)						
61.	62.	63.	64.	65.	66.	67.
68. Case	69. Clinical scenario	70. Decision and Rationale	71. Strategy	72. Selected Drug	73. Regimen	74. Assessment
75. 1	76. Hemophilia A, moderate, acute lymphoblastic leukemia	77. Chemotherapy with thrombocytopenia risk acknowledged	78. FVIII prophylaxis with target levels	79. Kovaltry	80. 40 IU/kg three times weekly	81. Coherent global assessment
82. 2	83. Hemophilia A, severe, thyroid carcinoma	84. High surgical bleeding risk correctly identified	85. Intensive perioperative coverage with defined targets	86. Eloctate	87. High-dose perioperative regimen with maintenance phase	88. Clinically coherent reasoning
89. 3	90. Hemophilia A, severe, rectal cancer	91. Major abdominal surgery identified as high-risk	92. Continuous infusion strategy proposed	93. Adynovi	94. Bolus plus continuous infusion (4 IU/kg/h)	95. Good conceptual framing
96. 4	97. Hemophilia A, severe, malignant melanoma	98. Surgery and systemic therapy considered	99. Prophylaxis with adaptive escalation	100. NovoEight	101. 30–50 IU/kg with adjustments	102. Adequate synthesis
103. 5	104. Hemophilia B, moderate, basal cell carcinoma	105. Minor surgery appropriately framed	106. FIX prophylaxis with target levels	107. Alprolix	108. 40 IU/kg every 5 days	109. Coherent management
110. 6	111. Hemophilia B, moderate, gastric cancer	112. Major surgery recognised as high-risk	113. Intensive perioperative FIX management	114. Rixubis	115. Preoperative bolus followed by	116. Good global reasoning

					repeated dosing for 7 days	
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