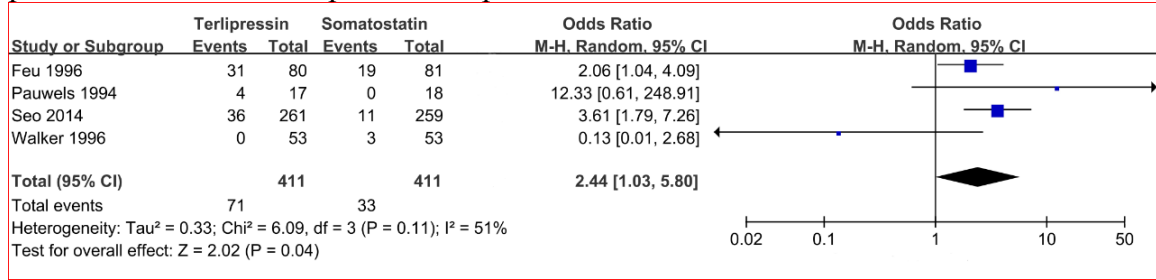


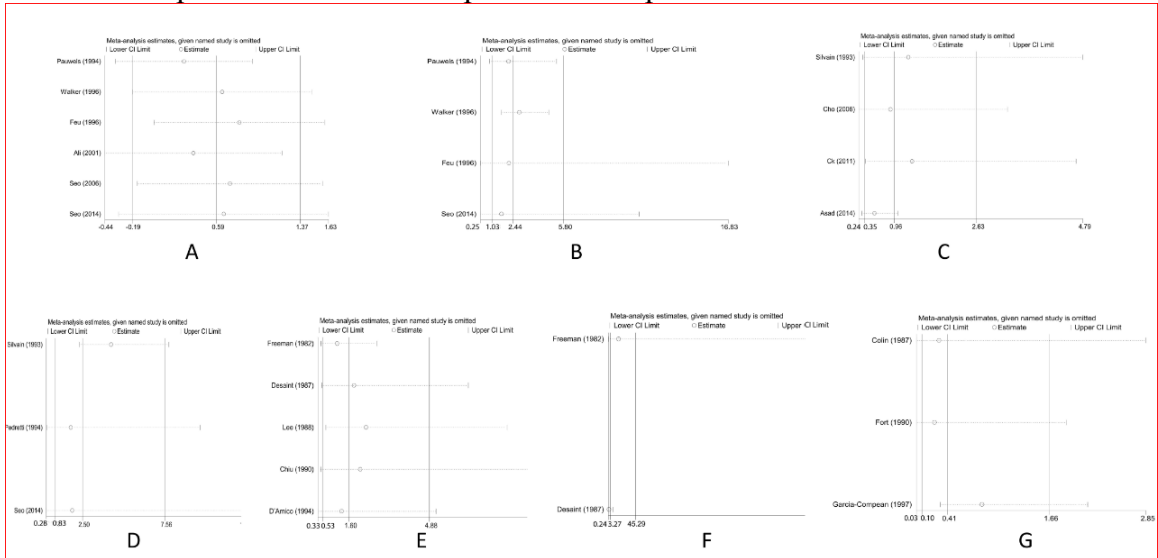
	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Abid 2009	+	+	+	?	+	+	?
Ali 2001	?	?	?	?	-	+	?
Asad 2014	?	?	?	?	+	+	?
Blanc 1994	?	?	?	?	-	-	?
Brunati 1996	+	?	-	?	-	-	?
Chelarescu 2001	?	?	+	?	-	-	?
Chiu 1990	+	?	-	?	+	+	?
Cho 2006	+	?	?	?	+	+	?
Ck 2011	?	?	?	?	+	+	?
Colin 1987	?	?	-	?	+	-	?
D'Amico 1994	+	+	-	?	+	+	?
Desaint 1987	?	?	-	?	-	-	?
Escorsell 2000	+	+	-	?	+	+	?
Feu 1996	+	+	+	?	+	+	?
Fort 1990	+	?	-	?	+	+	?
Freeman 1982	?	?	-	?	-	-	?
Freeman 1989	?	?	+	?	+	+	?
Garcia-Compean 1997	+	?	-	?	+	+	?
Lee 1988	?	?	-	?	-	-	?
Levacher 1995	?	?	+	?	+	+	?
Lo 2009	+	+	+	?	+	+	?
Patch 1999	?	?	+	?	?	+	?
Pauwels 1994	?	-	-	?	-	-	?
Pedretti 1994	+	+	-	?	+	+	?
Seo 2006	+	?	?	?	+	+	?
Seo 2014	+	-	-	?	+	-	?
Silvain 1993	+	?	-	?	+	+	?
Söderlund 1990	?	?	+	?	+	+	?
Walker 1986	?	+	+	?	+	+	?
Walker 1996	?	+	+	?	+	+	?

Supplementary Figure 1 Risk of bias assessment.

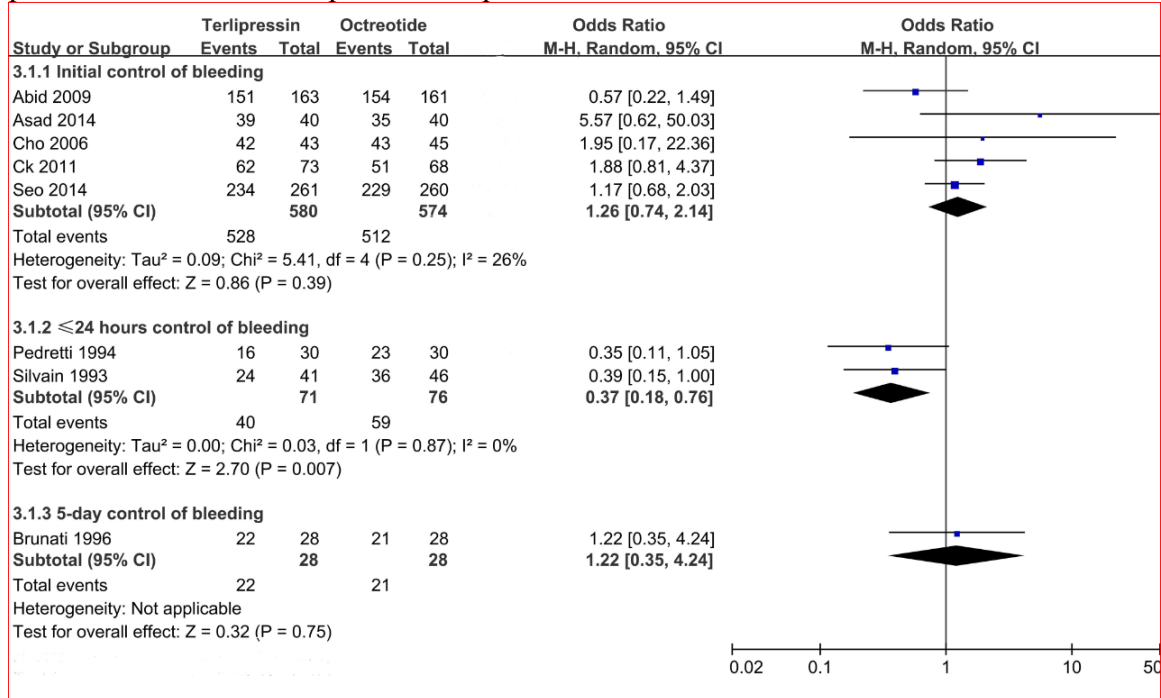
Supplementary Figure 2 Forest plot showing the difference in the complications in patients treated with terlipressin compared with somatostatin.



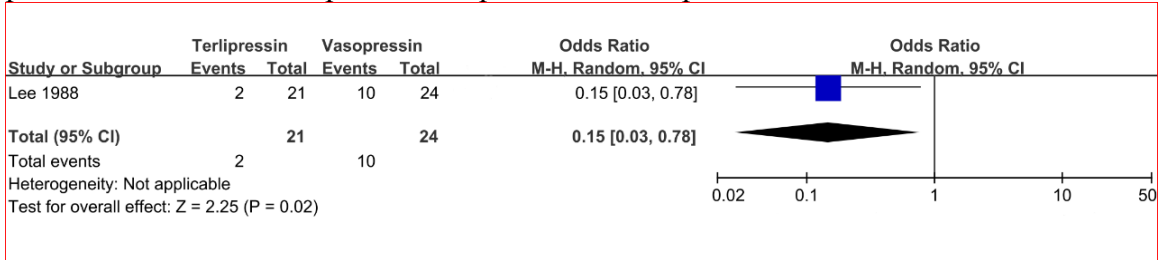
Supplementary Figure 3 The results of sensitivity analyses. Panel A: Terlipressin vs somatostatin - Transfusion requirements; Panel B: Terlipressin vs somatostatin - Complications; Panel C: Terlipressin vs octreotide - Rebleeding within 42 days; Panel D: Terlipressin vs octreotide - Complications; Panel E: Terlipressin vs vasopressin - 24 hours control of bleeding; Panel F: Terlipressin vs vasopressin - In-hospital rebleeding; Panel G: Terlipressin vs balloon tamponade - Complications.



Supplementary Figure 4 Forest plot showing the difference in the control of bleeding in patients treated with terlipressin compared with octreotide.



Supplementary Figure 5 Forest plot showing the difference in the complications in patients treated with terlipressin compared with vasopressin.



Supplementary Table 1. Previous meta-analyses regarding terlipressin for acute variceal bleeding

First author (year)	Country	No. studies	No. Pts	Aims of studies	Findings
Wang (2015)	China	6	1224	To compare the risk of rebleeding between vasopressin/terlipressin and somatostatin/octreotide groups	There was no significant difference in the rebleeding within 5 days (OR=0.87, 95% CI=0.51-1.50, p=0.623) and beyond 5 days (OR=1.12, 95% CI=0.64-1.95, p=0.69) between patients treated with vasopressin/terlipressin and somatostatin/octreotide.
Well (2012)	Canada	30	3111	To determine the efficacy of vasoactive medications in AVB patients	Compared with no vasoactive drug, vasoactive drugs significantly improved the control of bleeding (RR=1.21, 95% CI=1.13-1.30, p<0.001) and decreased the 7-day mortality (RR=0.74, 95% CI=0.57-0.95, p=0.02), transfusion requirement (WMD= -0.70, 95% CI= -1.01 to -0.38, p<0.001), and duration of hospitalization (WMD= -0.71, 95% CI= -1.23 to -0.19, p=0.007). The efficacy was not significantly different among different types of vasoactive drugs for AVB.
Ioannou (2003)	USA	20	1609	To determine the efficacy and safety of terlipressin in AVB patients	Compared with placebo, terlipressin significantly decreased the mortality (RR=0.66, 95% CI=0.49-0.88, p=0.004), failure of control of bleeding (RR=0.63, 95% CI=0.45-0.89, p=0.002), and number of emergency procedures per patient required for uncontrolled bleeding or rebleeding (RR=0.72, 95% CI=0.55-0.93, p=0.01). The efficacy of terlipressin was not significantly different from that of endoscopic sclerotherapy, balloon tamponade, somatostatin, or vasopressin. Adverse events were similar between terlipressin and the other comparison groups except for vasopressin, which caused more withdrawals due to adverse events.

AVB, acute variceal bleeding; OR, odds ratio; RR, risk ratio; CI, confidence interval; WMD, weighted mean difference.

Supplementary Table 2. Patient characteristics

First author (year)	Age (mean)	Male (%)	Etiology (alcoholic %)	HCC (%)	Child-Pugh Class C (%)	Ascites (%)	Encephalopathy (%)	Previous variceal bleeding (%)	Active bleeding at endoscopy (%)	Source of bleeding (esophagus %)
Terlipressin vs no vasoactive drug										
Walker (1986)	50	74	84	NA	50	50	NA	68	NA	NA
Freeman (1989)	53	NA	77.4	NA	29	NA	NA	NA	NA	100
Söderlund (1990)	59	68.3	81.7	NA	33.3	50	20	46.7	NA	NA
Pauwels (1994)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Levacher (1995)	52	NA	91	NA	81	NA	NA	54	NA	NA
Brunati (1996)	NA	NA	25	NA	36	NA	NA	NA	NA	NA
Patch (1999)	NA	NA	NA	NA	62	NA	NA	NA	30	NA
Terlipressin vs somatostatin										
Pauwels (1994)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Walker (1996)	NA	NA	74	NA	12	74.5	82	NA	NA	91.5
Feu (1996)	57	74	54	NA	29	43.5	10.6	32.3	43.5	94.4
Ali (2001)	57	59	6	NA	100	NA	NA	NA	NA	NA
Chelarescu (2001)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Seo (2006)	54	85	62	11.2	42	63.3	20.4	39.8	NA	48.9
Ck (2011)	NA	89	63	NA	NA	32.4	NA	NA	13.8	NA
Seo (2014)	53	85.4	56	0	32.8	NA	NA	43.6	43.5	70.9
Terlipressin vs octreotide										
Silvain (1993)	58	79	91	0	47	NA	NA	0	100	83

Pedretti (1994)	66	58	33	NA	12	NA	NA	28.3	NA	68.3
Brunati (1996)	NA	NA	25	NA	36	NA	NA	NA	NA	NA
Cho (2006)	55	84	40	19.3	33	53	11	51	37.5	NA
Abid (2009)	50	NA	<8	NA	54	NA	NA	NA	20.7	NA
Ck (2011)	NA	89	63	NA	NA	32.4	NA	NA	13.8	NA
Seo (2014)	53	85.4	56	0	32.8	NA	NA	43.6	43.8	70.9
Asad (2014)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Terlipressin vs vasopressin										
Freeman (1982)	NA	NA	48	NA	15	NA	NA	NA	NA	100
Desaint (1987)	NA	NA	NA	NA	43	NA	NA	NA	NA	NA
Lee (1988)	59	96	NA	28.9	27	NA	NA	NA	NA	NA
Chiu (1990)	50	74	26	NA	59	NA	NA	51.9	NA	NA
D'Amico (1994)	59	62	19	11.5	19	NA	NA	52.1	67.9	61.2
Terlipressin vs terlipressin plus EVL										
Lo (2009)	51	83	34.4	0	22.6	41.9	4	28.0	0	65.6
Terlipressin vs sclerotherapy										
Escorsell (2000)	56	72	40	0	31.5	NA	NA	28.8	39.3	100
Terlipressin vs balloon tamponade										
Colin (1987)	51	70.4	NA	0	20	NA	NA	51.9	79	NA
Fort (1990)	61	62	68	NA	55	NA	NA	59.6	NA	100
Blanc (1994)	53	62.2	NA	NA	NA	NA	NA	NA	NA	NA
Garcia-Compean (1997)	53	65	88	NA	40	60	35	25	NA	55

NA, not available; HCC, hepatocellular carcinoma; EVL, endoscopic variceal ligation.

Supplementary Table 3. Outcomes

First author (year)	No. Pts	Control of bleeding (n)	Treatment failure (n)	Rebleeding (n)	Mortality (n)	Duration of hospital stay (days)	
Terlipressin vs no vasoactive drug							
Walker (1986)	25/25	36 h: 20/25 vs 13/25	NA	In-hospital: 5/25 vs 5/25	In-hospital: 3/25 vs 8/25	NA	Mea 5.4±
Freeman (1989)	15/16	Initial: 9/15 vs 6/16 5-day: 8/15 vs 3/15	NA	In-hospital: 1/15 vs 3/16	In-hospital: 3/15 vs 4/16	NA	Med 3 (1-
Söderlund (1990)	31/29	24-36 h: 28/31 vs 17/29	NA	NA	In-hospital: 3/31 vs 11/29	NA	Med 2 (0-
Pauwels (1994)	17/14	48 h: 10/17 vs 8/14	NA	48 h: 1/17 vs 0/14	30-day: 6/17 vs 5/14	NA	Mea 4.9±
Levacher (1995)	41/43	12 h: 29/41 vs 20/43	NA	42-day: 15/41 vs 15/43	42-day: 12/41 vs 20/43	NA	Mea 0.79 ever
Brunati (1996)	28/27	5-day: 22/28 vs 16/27	NA	NA	5-day: 4/28 vs 4/27	NA	Med 2 (1-
Patch (1999)	66/66	5-day: 29/66 vs 26/66	NA	NA	5-day: 11/66 vs 9/66 42-day: 22/66 vs 28/66	NA	Med 2.5 v

Terlipressin vs somatostatin

Pauwels (1994)	17/18	48 h: 10/17 vs 14/18	NA	48 h: 1/17 vs 2/18	30-day: 6/17 vs 7/18	NA	Mea 4.9±
Walker (1996)	53/53	Initial: 48/53 vs 43/53	24 h: 9/53 vs 15/53	24 h: 5/53 vs 5/53 In-hospital: 18/53 vs 12/53	In-hospital: 11/53 vs 11/53	Mean±SD: 17.4±11.9 vs 16±11.3	Mea 5.5±
Feu (1996)	80/81	48 h: 64/80 vs 68/81	NA	42-day: 24/80 vs 23/81	42-day: 13/80 vs 13/81	NA	Mea 1.8±
Ali (2001)	17/17	48 h: 14/17 vs 12/17	NA	NA	In-hospital: 3/17 vs 5/17	NA	Mea 3.6±
Chelarescu (2001)	32/27	NA	5-day: 11/32 vs 10/27	NA	5-day: 5/32 vs 4/27	NA	NA
Seo (2006)	48/50	NA	5-day: 10/48 vs 6/50	5-day: 6/48 vs 3/50	5-day: 5/48 vs 3/50	Mean±SD: 10.6±6.0 vs 11.5±8.0	Mea 5.3±
Ck (2011)	73/69	Initial: 62/73 vs 56/69	NA	42-day: 10/73 vs 11/69	42-day: 10/73 vs 7/69	NA	NA
Seo (2014)	261/259	Initial: 234/261 vs 227/259	5-day: 36/261 vs 43/259	5-day: 8/261 vs 11/259	5-day: 21/261 vs 23/259 42-day: 34/261 vs 30/259	NA	Mea 4.6±

Terlipressin vs octreotide

Silvain (1993)	41/46	12 h: 24/41 vs 36/46	NA	12-48 h: 5/24 vs 10/36 30-day: 6/24 vs 15/36	30-day: 11/41 vs 10/46	NA	Med 3 (0-
Pedretti (1994)	30/30	24 h: 16/30 vs 23/30	NA	60-day: 2/30 vs 2/30	60-day: 4/30 vs 3/30	NA	Mea 1.8±
Brunati (1996)	28/28	5-day: 22/28 vs 21/28	NA	NA	5-day: 4/28 vs 4/28	NA	Med 2 (1-
Cho (2006)	43/45	Initial: 42/43 vs 43/45	NA	5-day: 5/43 vs 4/45 42-day: 12/43 vs 11/45	42-day: 6/43 vs 8/45	Mean±SD: 10±6.8 vs 13.1±9.9	Mea 2.1±
Abid (2009)	163/161	Initial: 151/163 vs 154/161	NA	NA	In-hospital: 9/163 vs 7/161	Mean±SD: 4.5±1.5 vs 5.3±2.0	Mea 3.7±
Ck (2011)	73/68	Initial: 62/73 vs 51/68	NA	42-day: 10/73 vs 18/68	42-day: 10/73 vs 12/68	NA	NA
Seo (2014)	261/260	Initial: 234/261 vs 229/260	5-day: 36/261 vs 42/260	5-day: 8/261 vs 10/260	5-day: 21/261 vs 23/260 42-day: 34/261 vs 30/260	NA	Mea 4.6±
Asad (2014)	40/40	Initial: 39/40 vs 35/40	NA	5-day: 2/40 vs 4/40 30-day: 12/40 vs 4/40	5-day: 2/40 vs 3/40 30-day: 4/40 vs 5/40	NA	NA

Terlipressin vs vasopressin

Freeman (1982)	10/11	24 h: 7/10 vs 1/11	NA	In-hospital: 3/10 vs 3/11	In-hospital: 2/10 vs 3/11	NA	Med 3 (3-
Desaint (1987)	10/6	24 h: 8/10 vs 5/6	NA	In-hospital: 5/8 vs 0/5	In-hospital: 3/10 vs 2/6	NA	NA
Lee (1988)	21/24	24 h: 4/21 vs 8/24	NA	NA	42-day: 10/21 vs 8/24	NA	Mea 4.8±
Chiu (1990)	26/28	24 h: 13/26 vs 15/28	NA	7-day: 4/13 vs 3/15	In-hospital: 12/26 vs 10/28	NA	NA
D'Amico (1994)	56/55	24 h: 51/56 vs 42/55	NA	NA	NA	NA	NA

Terlipressin vs terlipressin plus EVL

Lo (2009)	46/47	48 h: 42/46 vs 46/47	5-day: 11/46 vs 1/47	48-120 h: 7/46 vs 0/47	42-day: 3/46 vs 1/47	Mean±SD: 9.1±5.5 vs 7.8±5.5	Mea 1.9± Mea 1.4±
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Terlipressin vs sclerotherapy

Escorsell (2000)	105/114	48 h: 85/105 vs 94/114	5-day: 35/105 vs 36/114	5-day: 15/105 vs 16/114 42-day: 26/105 vs 29/114	42-day: 26/105 vs 19/114	Mean±SD: 17±10 vs 18±10	Mea 4.7±
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Terlipressin vs balloon tamponade

Colin (1987)	27/27	48 h: 22/25 vs 22/25	NA	4-day: 4/22 vs 5/22	In-hospital: 4/27 vs 6/27	NA	NA
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Fort (1990)	23/24	12 h: 18/23 vs 19/24	NA	12-48 h: 6/18 vs 3/19	In-hospital: 2/23 vs 2/24	NA	Mea 3.5 (
Blanc (1994)	20/20	24 h: 14/20 vs 19/20	NA	NA	30-day: 7/20 vs 7/20	NA	NA
Garcia- Compean (1997)	20/20	24 h: 14/20 vs 19/20	NA	7-day: 2/14 vs 7/19 30-day: 4/14 vs 17/19	7-day: 4/20 vs 6/20 30-day: 7/20 vs 7/20	NA	Mea 3±3.

NA, not available; EVL, endoscopic variceal ligation.

Supplementary Table 4. Definitions of relevant outcomes

First author (year)	Definitions of control of bleeding	Definitions of treatment failure	Definitions of rebleeding
Freeman (1982)	Unavailable	Therapy in each group was regarded as having failed if further measures, usually a Sengstaken tube, had to be used to control bleeding.	Unavailable
Walker (1986)	Bleeding was considered to have been controlled, when bleeding ceased within 36 h, and there was a period of at least 24 h without evidence of bleeding.	Unavailable	Unavailable
Colin (1987)	Initial hemostasis was defined as the absence of blood on two successive gastric aspirations within the first 48 h of the trial.	Unavailable	Early rebleeding was defined as bleeding before the 96th h after who had an initial hemostasis.
Desaint (1987)	Unavailable	Unavailable	Unavailable
Lee (1988)	Complete control of bleeding was defined as the initial control of bleeding followed by no recurrence for the subsequent 18 h (total 24 h) while receiving a reduced dose of terlipressin or vasopressin.	If bleeding continued at the end of 6 h, as determined by the presence of fresh blood in the stomach, unstable vital signs, or the need for further blood transfusion, treatment was considered as a failure.	Recurrent bleeding was defined as signs and fresh blood aspirated or lavage at any time during drug initial control of bleeding.
Freeman (1989)	Hourly hemodynamic measurements and hemoglobin were stable, there was no apparent continuing loss of blood, and further blood transfusion was considered unnecessary.	Vasoconstrictor therapy was regarded as having failed if, after at least two doses of drug, continued hematemesis or fresh melena necessitated the passage of a Sengstaken tube.	Unavailable
Söderlund (1990)	Unavailable	Failure was defined as a need for active intervention (for example, with tamponade and/or emergency sclerotherapy) to stop variceal bleeding during the treatment period.	Unavailable
Chiu (1990)	Successful control of bleeding was defined as the initial control of bleeding followed by no rebleeding in the subsequent 12 h.	In the initial 12 h, if bleeding was active and vital signs were unstable despite blood transfusion, we defined this as failure and changed therapy.	Rebleeding was defined as having bloody stool again within 7 days of control.
Fort (1990)	Complete control of bleeding was suggested by stability of blood pressure, stability of Hb, stability of hematocrit level and no further transfusion requirement.	Unavailable	Unavailable
Silvain (1993)	The criteria used to define the control of variceal hemorrhage were stability of blood pressure, stability of pulse rate, stability of Hb levels and hematocrit level measured hourly and maintained above 30%, with no further transfusion requirements.	Unavailable	Unavailable
Blanc (1994)	Unavailable	Unavailable	Unavailable
D'Amico (1994)	Gastric aspirate was clear and remained clear for at least 6 h.	Failure if there was blood in the gastric aspirate or if blood reappeared within 6 h. Death or uncontrollable bleeding requiring emergency surgery within the 24 h of trial was considered as failures.	Unavailable
Pedretti (1994)	Control of hemorrhage was defined as the cessation of bleeding for at least 12 h consecutively. Cessation of bleeding was defined by the absence of fresh blood in the nasogastric aspirate for 1 h, associated with stabilization of hematocrit and vital signs.	Treatment failure was defined as the occurrence of each one of the following symptoms: continued bleeding uncontrolled by treatments and requiring blood transfusion; deterioration of vital signs unrelated to other factors.	Rebleeding was defined as re-emesis or bright red blood in the stool with a drop in the Hb level of
Pauwels (1994)	Unavailable	Treatment failure was defined as the occurrence of cardiovascular events, need for alternative treatment to stop bleeding or 48 h continuous bleeding.	Unavailable
Levacher (1995)	Control of bleeding was defined as the appearance of clear gastric lavage fluid and stability of haemoglobin.	Failure was defined by the following criteria: persistent bleeding, or rebleeding, side-effects of treatment requiring interruption of the trial, and death.	Rebleeding was defined as the blood in gastric lavage and/or more than 2 g/dL Hb after initial control.
Walker (1996)	Bleeding was considered to be controlled by the medication studied when bleeding ceased within the 24 h study period and a period of at least 24 h passed without any evidence of rebleeding.	Treatment was considered to have failed when a balloon tamponade was necessary or when rebleeding occurred within a 24 h period.	Rebleeding was defined as aspirated from the stomach, occurred within the 24 h study period.
Brunati (1996)	Unavailable	Unavailable	Unavailable
Feu (1996)	Success of therapy was defined as the absence of hematemesis, absence of signs of hypovolemia, absence of a decrease in hematocrit of >8 points, and absence of fresh blood in gastric aspirates within this 24 h period.	Unavailable	Rebleeding was defined as any further evidence of hemorrhage after achieving initial control of bleeding.

Garcia-Compean (1997)	Hemostasis was defined as obtaining of heart rate and arterial tension normalization; hematocrit stabilization or absence of hematemesis or melena.	The treatment was considered a failure when hemodynamic instability persisted after the transfusion of four blood units on a 6 h period or bleeding recurrence within 24 h after the beginning of treatment.	Unavailable
Patch (1999)	Unavailable	Unavailable	Unavailable
Escorsell (2000)	Hemostasis was defined as 24-hour bleeding-free period within the first 48 hours after randomization.	Failure of therapy was considered when any of the following occurred: inability to achieve initial control of bleeding, need for alternative therapy, early rebleeding, or death during the study.	Rebleeding was defined as new bleeding after a 24 h bleeding-free period.

Ali (2001)	The absence of blood on naso-gastric aspiration performed hourly within two days of treatment was regarded as initial control of bleeding.	The need for blood transfusion three or more times in succession in the hours following introduction of treatment to maintain haemodynamic state was considered as treatment failure and alternative treatment options were tried.	Unavailable
Chelarescu (2001)	The success was considered as 24 hours bleeding free period during 48 hours and lack of further bleeding from initial control to 5 days later.	Unavailable	Unavailable
Cho (2006)	24 hours bleeding free period within 48 hours, lack of further bleeding, stable vital signs.	Unavailable	Rebleeding was defined as re-hematemesis and/or melena or decrease of systolic blood pressure or increase of heart rate >15 bpm
Seo (2006)	Unavailable	5-day failure rate defined as failure to control bleeding, rebleeding or death within 5 days of admission.	Rebleeding was defined as re-hematemesis or melena or decrease of systolic blood pressure
Abid (2009)	Control of variceal bleed was achieved when any of the features of Baveno III criteria (of failure to control bleed) were not met.	Baveno III criteria	Unavailable
Lo (2009)	Control of acute bleeding was defined as when criteria for failure did not occur within 48 h of enrolment.	Treatment failure was defined as failure to control acute bleeding episodes or very early rebleeding or death within 5 days. Failure to control acute variceal bleeding was based on the modified criteria of Baveno consensus III.	Very early rebleeding was defined as failure to control acute variceal bleeding between 48 and 120 h after enrolment achieving control of acute bleeding
Ck (2011)	Baveno-□ criteria	Baveno-□ criteria	Baveno-□ criteria
Seo (2014)	Treatment was considered successful when the initial bleeding was controlled without rescue treatment and the patient remained alive without early recurrence of bleeding.	Unavailable	Unavailable
Asad (2014)	Unavailable	Unavailable	Unavailable

EVL, endoscopic variceal ligation; TIPS, transjugular intrahepatic portosystemic shunts; Hb, haemoglobin.

Supplementary Table 5. Complications

	Walker (1986)	Söderlund (1990)	Levacher (1995)	Pauwels (1994)	Walker (1996)	Feu (1996)	Seo (2014)	Silvain (1993)	Pedretti (1994)	Seo (2014)	Lee (1988)	Lo (2009)	Escorsell (2000)	Colin (1987)	Fort (1990)
	Terlipressin/ no vasoactive drug	Terlipressin/ no vasoactive drug	Terlipressin/ no vasoactive drug	Terlipressin/ somatostatin	Terlipressin/ somatostatin	Terlipressin/ somatostatin	Terlipressin/ somatostatin	Terlipressin/ octreotide	Terlipressin/ octreotide	Terlipressin/ octreotide	Terlipressin/ vasopressin	Terlipressin/ terlipressin plus EVL	Terlipressin/ sclerotherapy	Terlipressin/ balloon tamponade	Terlipressin/ balloon tamponade
	-	7/1	-	1/0	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	0/1	-	-	7/10	-	-
	-	-	-	-	-	-	-	-	-	-	1/2	0/1	-	-	2/0
	-	-	1/0	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	1/0	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	1/0	-	-
	1/0	8/2	-	-	-	2/0	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	4/5	0/5	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	0/1	-	-
	1/0	6/0	0/1	1/0	-	10/7	-	3/0	3/2	-	0/1	-	-	-	-
es episodes	-	-	1/0	-	-	-	-	-	1/1	-	-	-	-	-	-
	-	-	-	-	0/1	-	-	1/0	-	-	-	-	-	-	-
	-	-	-	-	-	1/0	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	1/0	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	1/0	-	-
	-	-	-	-	-	-	-	1/0	-	-	-	-	-	-	-
	-	2/0	-	-	-	-	1/3	-	3/0	1/2	-	-	1/0	-	-
	3/0	7/0	-	-	0/2	11/5	-	1/0	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1/0
	-	-	-	-	-	-	4/3	-	2/0	4/1	1/5	10/5	5/2	-	4/0
	-	3/1	-	-	-	-	0/1	-	-	-	0/1	-	1/0	-	3/0
	-	-	-	-	-	-	1/0	-	-	1/0	-	-	-	-	-
	-	2/2	-	-	-	-	-	0/2	7/2	0/2	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	2/0	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	0/6	0/1	0/1
ding	-	-	-	-	-	-	-	-	-	-	-	0/2	0/4	-	-
	-	-	-	-	-	-	-	-	-	0/1	0/1	2/5	1/8	-	0/1
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0/9
	-	-	-	-	-	-	-	-	-	-	-	1/0	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	0/3	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	0/1	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	0/4	-	-
e	-	-	-	-	-	-	-	-	-	-	-	-	-	1/0	-
	-	-	-	-	-	0/1	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	2/1	-	-	-
	-	-	-	1/0	-	0/1	-	-	-	-	-	0/1	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-	1/0	-	-

-	-	-	-	-	-	-	-	-	-	-	-	-	-	1/0	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	2/0	-
-	-	-	-	-	1/1	-	0/7	0/3	-	-	-	-	-	-	-
-	-	-	-	-	0/1	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	5/3	30/4	-	-	30/3	-	-	-	4/0	-	-
-	-	4/4	-	-	-	-	-	2/0	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	1/3	-

mal supraventricular tachycardia; SBP, spontaneous bacterial peritonitis; UTI, urinary tract infection; EVL, endoscopic variceal ligation.

Supplementary Table 6. GRADE quality of evidence summary table for the comparisons of terlipressin with no vasoactive drug for patients with acute variceal bleeding

Design	Quality assessment					No of patients		Effect		Quality
	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Terlipressin	No vasoactive drug	Relative (95% CI)	Absolute	
Initial control of bleeding										
	Serious [#]	No serious inconsistency [*]	No serious indirectness	Serious ^{**}	Likely publication bias [§]	9/15 (60%)	6/16 (37.5%)	OR 2.5 (0.59 to 10.62)	225 more per 1000 (from 114 fewer to 489 more)	⊕○○○ Very low
≤48 hours control of bleeding										
	Serious [#]	No serious inconsistency	No serious indirectness	Serious ^{ss}	None	87/114 (76.3%)	58/111 (52.3%)	OR 2.94 (1.57 to 5.51)	240 more per 1000 (from 110 more to 335 more)	⊕⊕○○ Low
5-day control of bleeding										
	Serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	Likely publication bias ^{&}	59/109 (54.1%)	45/108 (41.7%)	OR 1.86 (0.9 to 3.87)	154 more per 1000 (from 25 fewer to 318 more)	⊕⊕○○ Low
in-hospital rebleeding										
	Serious [#]	No serious inconsistency	No serious indirectness	Serious ^{ss}	None	6/40 (15%)	8/41 (19.5%)	OR 0.74 (0.22 to 2.47)	43 fewer per 1000 (from 144 fewer to 179 more)	⊕⊕○○ Low
30-day rebleeding										
	Very Serious ^{###}	No serious inconsistency [*]	No serious indirectness	Serious ^{**}	Likely publication bias [§]	1/17 (5.9%)	0/14 (0%)	OR 2.64 (0.1 to 69.88)	0 more per 1000 (from 0 fewer to 0 more)	⊕○○○ Very low
90-day rebleeding										
	Serious [#]	No serious inconsistency [*]	No serious indirectness	Serious ^{ss}	Likely publication bias [§]	15/41 (36.6%)	15/43 (34.9%)	OR 1.08 (0.44 to 2.63)	18 more per 1000 (from 158 fewer to 236 more)	⊕○○○ Very low

hospital mortality									
Serious [#]	No serious inconsistency	No serious indirectness	Serious ^{ss}	None	9/71 (12.7%)	23/70 (32.9%)	OR 0.31 (0.13 to 0.73)	197 fewer per 1000 (from 65 fewer to 269 fewer)	⊕⊕OO Low
day mortality									
Serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	15/94 (16%)	13/93 (14%)	OR 1.17 (0.52 to 2.62)	20 more per 1000 (from 62 fewer to 159 more)	⊕⊕⊕O Moderate
days mortality									
Serious [#]	No serious inconsistency	No serious indirectness	Serious ^{ss}	None	40/124 (32.3%)	53/123 (43.1%)	OR 0.63 (0.37 to 1.06)	108 fewer per 1000 (from 212 fewer to 14 more)	⊕⊕OO Low
requirements									
Serious [#]	No serious inconsistency	No serious indirectness	Serious ^{ss}	None	42	39	-	WMD 0.62 lower (1.75 lower to 0.5 higher)	⊕⊕OO Low
Serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	26/97 (26.8%)	9/97 (9.3%)	OR 3.52 (0.97 to 12.71)	172 more per 1000 (from 3 fewer to 472 more)	⊕⊕⊕O Moderate

Abbreviations: RCT, randomized controlled trial; OR, odds ratio; WMD, weighted mean difference; CI, confidence interval.

Notes: [#]The limitations are serious, because a majority of patients (≥50%) are from the studies judged as unclear risk of bias.

^{##}The limitations are very serious, because a majority of patients (≥50%) are from the studies judged as high risk of bias.

^{*}There is no serious inconsistency, because only one study is included.

^{**}The imprecision is serious, because 95% confidence interval is wide and the sample size is small.

[§]The publication bias is likely, because only one study is included.

^{ss}The imprecision is serious, because the sample size is small.

[&]The publication bias is likely, because the Egger's test demonstrates a statistically significant publication bias.

Supplementary Table 7. GRADE quality of evidence summary table for the comparisons of terlipressin with somatostatin for patients with acute variceal bleeding

Sign	Quality assessment					No of patients		Effect		Quality
	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Terlipressin	Somatostatin	Relative (95% CI)	Absolute	
Initial control of bleeding										
	Very serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	344/387 (88.9%)	326/381 (85.6%)	OR 1.35 (0.88 to 2.07)	33 more per 1000 (from 17 fewer to 69 more)	⊕⊕○○ Low
48-hour control of bleeding										
	Serious ^{##}	No serious inconsistency	No serious indirectness	No serious imprecision	None	88/114 (77.2%)	94/116 (81%)	OR 0.79 (0.41 to 1.5)	39 fewer per 1000 (from 174 fewer to 55 more)	⊕⊕⊕○ Moderate
24-hour treatment failure										
	Serious ^{##}	No serious inconsistency	No serious indirectness	Serious ^{\$}	Likely publication bias ^{ss}	9/53 (17%)	15/53 (28.3%)	OR 0.52 (0.2 to 1.32)	113 fewer per 1000 (from 210 fewer to 60 more)	⊕○○○ Very low
5-day treatment failure										
	Very serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	57/341 (16.7%)	59/336 (17.6%)	OR 0.92 (0.61 to 1.41)	12 fewer per 1000 (from 61 fewer to 55 more)	⊕⊕○○ Low
hospital rebleeding										
	Serious ^{##}	No serious inconsistency ^{sss}	No serious indirectness	Serious ^{\$}	Likely publication bias ^{ss}	18/53 (34%)	12/53 (22.6%)	OR 1.76 (0.74 to 4.15)	114 more per 1000 (from 48 fewer to 322 more)	⊕○○○ Very low
3 hours rebleeding										
	Serious ^{##}	No serious inconsistency	No serious indirectness	Serious ^{\$}	Likely publication bias ^{ss}	6/70 (8.6%)	7/71 (9.9%)	OR 0.86 (0.27 to 2.74)	13 fewer per 1000 (from 70 fewer to 132 more)	⊕○○○ Very low

Day rebleeding										
Very serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	14/309 (4.5%)	14/309 (4.5%)	OR 1.1 (0.37 to 3.26)	4 more per 1000 (from 28 fewer to 89 more)	⊕⊕○○	Low
Day rebleeding										
Serious ^{##}	No serious inconsistency	No serious indirectness	No serious imprecision	None	34/153 (22.2%)	34/150 (22.7%)	OR 0.99 (0.57 to 1.71)	2 fewer per 1000 (from 84 fewer to 107 more)	⊕⊕⊕○	Moderate
Hospital mortality										
Serious ^{##}	No serious inconsistency	No serious indirectness	Serious ^{\$}	None	14/70 (20%)	16/70 (22.9%)	OR 0.85 (0.38 to 1.91)	27 fewer per 1000 (from 127 fewer to 133 more)	⊕⊕○○	Low
Day mortality										
Very serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	31/341 (9.1%)	30/336 (8.9%)	OR 1.01 (0.59 to 1.71)	1 more per 1000 (from 35 fewer to 54 more)	⊕⊕○○	Low
Days mortality										
Very serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	63/431 (14.6%)	57/427 (13.3%)	OR 1.12 (0.76 to 1.66)	14 more per 1000 (from 29 fewer to 70 more)	⊕⊕○○	Low
Requirements										
Very serious [#]	Serious [*]	No serious indirectness	No serious imprecision	None	476	478	-	WMD 0.59 higher (0.19 lower to 1.37 higher)	⊕○○○	Very low
Hospital stay										
Serious ^{##}	No serious inconsistency	No serious indirectness	Serious ^{\$}	None	101	103	-	WMD 0.24 lower (2.6 lower to 2.12 higher)	⊕⊕○○	Low
Very serious [#]	Serious [*]	No serious indirectness	No serious imprecision	None	71/411 (17.3%)	33/411 (8%)	OR 2.44 (1.03 to 5.8)	95 more per 1000 (from 2 more to 256 more)	⊕○○○	Very low

Abbreviations: RCT, randomized controlled trial; OR, odds ratio; WMD, weighted mean difference; CI, confidence interval.

Notes: [#]The limitations are very serious, because a majority of patients (≥50%) are from the studies judged as high risk of

bias.

^{##}The limitations are serious, because a majority of patients (≥50%) are from the studies judged as unclear risk of

bias.

^{\$}The imprecision is serious, because the sample size is small.

^{\$\$}The publication bias is likely, because only one study is included.

^{\$\$\$}There is no serious inconsistency, because only one study is included.

^{*}The inconsistency is serious, because the heterogeneity is high.

Supplementary Table 8. GRADE quality of evidence summary table for the comparisons of terlipressin with octreotide for patients with acute variceal bleeding

Design	Quality assessment					No of patients		Effect		Quality
	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Terlipressin	Octreotide	Relative (95% CI)	Absolute	
Bleeding - Initial control of bleeding										
RCT	Serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	528/580 (91%)	512/574 (89.2%)	OR 1.26 (0.74 to 2.14)	20 more per 1000 (from 33 fewer to 54 more)	⊕⊕⊕O Moderate
Bleeding - ≤24 hours control of bleeding										
RCT	Very serious ^{##}	No serious inconsistency	No serious indirectness	Serious ^{###}	None	40/71 (56.3%)	59/76 (77.6%)	OR 0.37 (0.18 to 0.76)	214 fewer per 1000 (from 51 fewer to 392 fewer)	⊕OOO Very low
Bleeding - 5-day control of bleeding										
RCT	Very serious ^{##}	No serious inconsistency [§]	No serious indirectness	Serious ^{###}	Likely publication bias ^{§§}	22/28 (78.6%)	21/28 (75%)	OR 1.22 (0.35 to 4.24)	35 more per 1000 (from 238 fewer to 177 more)	⊕OOO Very low
Event failure										
RCT	Very serious ^{##}	No serious inconsistency [§]	No serious indirectness	No serious imprecision	Likely publication bias ^{§§}	36/261 (13.8%)	42/260 (16.2%)	OR 0.83 (0.51 to 1.35)	24 fewer per 1000 (from 72 fewer to 45 more)	⊕OOO Very low
≤48 hours rebleeding										
RCT	Very serious ^{##}	No serious inconsistency [§]	No serious indirectness	Serious ^{###}	Likely publication bias ^{§§}	5/24 (20.8%)	10/36 (27.8%)	OR 0.68 (0.2 to 2.33)	70 fewer per 1000 (from 206 fewer to 195 more)	⊕OOO Very low
5-day rebleeding										
RCT	Very serious ^{##}	No serious inconsistency	No serious indirectness	No serious imprecision	None	15/344 (4.4%)	18/345 (5.2%)	OR 0.84 (0.41 to 1.71)	8 fewer per 1000 (from 30 fewer to 34 more)	⊕⊕OO Low

≤42 days rebleeding

RCT	Serious [#]	Serious*	No serious indirectness	No serious imprecision	None	33/180 (18.3%)	41/189 (21.7%)	OR 0.96 (0.35 to 2.63)	7 fewer per 1000 (from 129 fewer to 205 more)	⊕⊕⊕O Low
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60-day rebleeding

RCT	Very serious ^{##}	No serious inconsistency [§]	No serious indirectness	Serious ^{###}	Likely publication bias ^{§§}	2/30 (6.7%)	2/30 (6.7%)	OR 1 (0.13 to 7.6)	0 fewer per 1000 (from 57 fewer to 285 more)	⊕⊕⊕O Very low
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30-day hospital mortality

RCT	Serious [#]	No serious inconsistency [§]	No serious indirectness	No serious imprecision	Likely publication bias ^{§§}	9/163 (5.5%)	7/161 (4.3%)	OR 1.29 (0.47 to 3.54)	12 more per 1000 (from 23 fewer to 95 more)	⊕⊕⊕O Low
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30-day mortality

RCT	Very serious ^{##}	No serious inconsistency	No serious indirectness	No serious imprecision	None	27/329 (8.2%)	30/328 (9.1%)	OR 0.89 (0.51 to 1.53)	9 fewer per 1000 (from 43 fewer to 42 more)	⊕⊕⊕O Low
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60 days mortality

RCT	Very serious ^{##}	No serious inconsistency	No serious indirectness	No serious imprecision	None	69/488 (14.1%)	68/489 (13.9%)	OR 1.03 (0.71 to 1.48)	4 more per 1000 (from 36 fewer to 54 more)	⊕⊕⊕O Low
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Quality requirements

RCT	Very serious ^{##}	No serious inconsistency	No serious indirectness	No serious imprecision	None	497	496	-	WMD 0.02 higher (0.29 lower to 0.34 higher)	⊕⊕⊕O Low
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30-day hospital stay

RCT	Serious [#]	No serious inconsistency	No serious indirectness	No serious imprecision	None	206	206	-	WMD 1.25 lower (3.04 lower to 0.54 higher)	⊕⊕⊕O Moderate
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RCT	Very serious ^{##}	Serious*	No serious indirectness	Serious ^{&}	None	60/332 (18.1%)	26/336 (7.7%)	OR 2.5 (0.83 to 7.56)	96 more per 1000 (from 12 fewer to 311 more)	⊕⊕⊕O Very low
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Abbreviations: RCT, randomized controlled trial; OR, odds ratio; WMD, weighted mean difference; CI, confidence interval.
 Notes: [#]The limitations are serious, because a majority of patients (≥50%) are from the studies judged as unclear risk of bias.
^{##}The limitations are very serious, because a majority of patients (≥50%) are from the studies judged as high risk of bias.
^{###}The imprecision is serious, because the sample size is small.
[§]There is no serious inconsistency, because only one study is included.
^{§§}The publication bias is likely, because only one study is included.
^{*}The inconsistency is serious, because the heterogeneity is high.
[&]The imprecision is serious, because 95% confidence interval is wide.

Supplementary Table 9. GRADE quality of evidence summary table for the comparisons of terlipressin with vasopressin for patients with acute variceal bleeding

Design	Quality assessment					No of patients		Effect		Quality
	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Terlipressin	Vasopressin	Relative (95% CI)	Absolute	
of bleeding										
	Very serious [#]	Serious ^{ss}	No serious indirectness	Serious ^{##}	None	83/123 (67.5%)	71/124 (57.3%)	OR 1.6 (0.53 to 4.88)	109 more per 1000 (from 157 fewer to 295 more)	⊕○○○ Very low
hospital rebleeding										
	Very serious [#]	No serious inconsistency	No serious indirectness	Serious ^s	None	8/18 (44.4%)	3/16 (18.8%)	OR 3.27 (0.24 to 45.29)	243 more per 1000 (from 135 fewer to 725 more)	⊕○○○ Very low
day rebleeding										
	Very serious [#]	No serious inconsistency [*]	No serious indirectness	Serious ^s	Likely publication bias ^{**}	4/13 (30.8%)	3/15 (20%)	OR 1.78 (0.32 to 10.01)	108 more per 1000 (from 126 fewer to 514 more)	⊕○○○ Very low
hospital mortality										
	Very serious [#]	No serious inconsistency	No serious indirectness	Serious ^{##}	None	17/46 (37%)	15/45 (33.3%)	OR 1.2 (0.5 to 2.89)	42 more per 1000 (from 133 fewer to 258 more)	⊕○○○ Very low
day mortality										
	Very serious [#]	No serious inconsistency [*]	No serious indirectness	Serious ^s	Likely publication bias ^{**}	10/21 (47.6%)	8/24 (33.3%)	OR 1.82 (0.54 to 6.07)	143 more per 1000 (from 121 fewer to 419 more)	⊕○○○ Very low
requirements										
	Very serious [#]	No serious inconsistency [*]	No serious indirectness	Serious ^s	Likely publication bias ^{**}	21	24	-	WMD 0.8 higher (1.46 lower to 3.06 higher)	⊕○○○ Very low

Very serious [#]	No serious inconsistency [*]	No serious indirectness	Serious [§]	Likely publication bias ^{**}	2/21 (9.5%)	10/24 (41.7%)	OR 0.15 (0.03 to 0.78)	320 fewer per 1000 (from 59 fewer to 396 fewer)	⊕○○○ Very low
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Abbreviations: RCT, randomized controlled trial; OR, odds ratio; WMD, weighted mean difference; CI, confidence interval.

Notes: [#]The limitations are very serious, because a majority of patients (≥50%) are from the studies judged as high risk of bias.

^{##}The imprecision is serious, because most included studies are small and the sample size is small

[§]The imprecision is serious, because the sample size is small.

^{§§}The inconsistency is serious, because the heterogeneity is high.

^{*}There is no serious inconsistency, because only one study is included.

^{**}The publication bias is likely, because only one study is included.

Supplementary Table 10. GRADE quality of evidence summary table for the comparisons of terlipressin alone with terlipressin plus EVL for patients with acute variceal bleeding

Sign	Quality assessment					No of patients		Effect		Quality
	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Terlipressin	Terlipressin plus EVL	Relative (95% CI)	Absolute	
of bleeding										
	Serious [#]	No serious inconsistency*	No serious indirectness	No serious imprecision	Likely publication bias [§]	42/46 (91.3%)	46/47 (97.9%)	OR 0.23 (0.02 to 2.12)	65 fewer per 1000 (from 500 fewer to 11 more)	⊕⊕O Low
Failure										
	Serious [#]	No serious inconsistency*	No serious indirectness	No serious imprecision	Likely publication bias [§]	11/46 (23.9%)	1/47 (2.1%)	OR 14.46 (1.78 to 117.33)	218 more per 1000 (from 16 more to 697 more)	⊕⊕O Low
bleeding										
	Serious [#]	No serious inconsistency*	No serious indirectness	No serious imprecision	Likely publication bias [§]	7/46 (15.2%)	0/47 (0%)	OR 18.04 (1 to 325.75)	0 more per 1000 (from 0 more to 0 more)	⊕⊕O Low
	Serious [#]	No serious inconsistency*	No serious indirectness	No serious imprecision	Likely publication bias [§]	3/46 (6.5%)	1/47 (2.1%)	OR 3.21 (0.32 to 32.04)	44 more per 1000 (from 14 fewer to 389 more)	⊕⊕O Low
requirements - ≤48 hours transfusion requirements										
	Serious [#]	No serious inconsistency*	No serious indirectness	No serious imprecision	Likely publication bias [§]	46	47	-	WMD 0.6 higher (0 to 1.2 higher)	⊕⊕O Low
requirements - 49-120 hours transfusion requirements										
	Serious [#]	No serious inconsistency*	No serious indirectness	No serious imprecision	Likely publication bias [§]	46	47	-	WMD 1.2 higher (0.43 to 1.97 higher)	⊕⊕O Low

fatal stay

Serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Likely publication bias [§]	46	47	-	WMD 1.3 higher (0.94 lower to 3.54 higher)	⊕⊕O Low
Serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Likely publication bias [§]	21/46 (45.7%)	20/47 (42.6%)	OR 1.13 (0.5 to 2.57)	30 more per 1000 (from 155 fewer to 230 more)	⊕⊕O Low

Abbreviations: RCT, randomized controlled trial; OR, odds ratio; WMD, weighted mean difference; CI, confidence interval; EVL, endoscopic variceal ligation.

Notes: [#]The limitations are serious, because a majority of patients (≥50%) are from the studies judged as unclear risk of bias.

^{*}There is no serious inconsistency, because only one study is included.

[§]The publication bias is likely, because only one study is included.

Supplementary Table 11. GRADE quality of evidence summary table for the comparisons of terlipressin with sclerotherapy for patients with acute variceal bleeding

Sign	Quality assessment					No of patients		Effect		Quality
	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Terlipressin	Sclerotherapy	Relative (95% CI)	Absolute	
of bleeding										
Very serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Publication bias ^{\$}	85/105 (81%)	94/114 (82.5%)	OR 0.9 (0.46 to 1.8)	16 fewer per 1000 (from 141 fewer to 70 more)	⊕○○○ Very low	
failure										
Very serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Publication bias ^{\$}	35/105 (33.3%)	36/114 (31.6%)	OR 1.08 (0.61 to 1.91)	17 more per 1000 (from 96 fewer to 153 more)	⊕○○○ Very low	
day rebleeding										
Very serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Publication bias ^{\$}	15/105 (14.3%)	16/114 (14%)	OR 1.02 (0.48 to 2.18)	2 more per 1000 (from 68 fewer to 122 more)	⊕○○○ Very low	
day rebleeding										
Very serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Publication bias ^{\$}	26/105 (24.8%)	29/114 (25.4%)	OR 0.96 (0.52 to 1.78)	8 fewer per 1000 (from 104 fewer to 123 more)	⊕○○○ Very low	
Very serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Publication bias ^{\$}	26/105 (24.8%)	19/114 (16.7%)	OR 1.65 (0.85 to 3.19)	81 more per 1000 (from 21 fewer to 223 more)	⊕○○○ Very low	
requirements										
Very serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Publication bias ^{\$}	105	114	-	WMD 0.2 higher (1.01 lower to 1.41 higher)	⊕○○○ Very low	

ital stay									
Very serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Publication bias [§]	105	114	-	WMD 1 lower (3.65 lower to 1.65 higher)	⊕○○○ Very
Very serious [#]	No serious inconsistency [*]	No serious indirectness	No serious imprecision	Publication bias [§]	21/105 (20%)	34/114 (29.8%)	OR 0.59 (0.32 to 1.1)	98 fewer per 1000 (from 179 fewer to 20 more)	⊕○○○ Very

Abbreviations: RCT, randomized controlled trial; OR, odds ratio; WMD, weighted mean difference; CI, confidence interval.

Notes: [#]The limitations are very serious, because a majority of patients (≥50%) are from the studies judged as high risk of bias.

^{*}There is no serious inconsistency, because only one study is included.

[§]The publication bias is likely, because only one study is included.

Supplementary Table 12. GRADE quality of evidence summary table for the comparisons of terlipressin with balloon tamponade for patients with acute variceal bleeding

Design	Quality assessment					No of patients		Effect		Quality
	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Terlipressin	Balloon tamponade	Relative (95% CI)	Absolute	
Control of bleeding										
	Very serious [#]	No serious inconsistency	No serious indirectness	Serious ^{##}	None	68/88 (77.3%)	79/89 (88.8%)	OR 0.44 (0.14 to 1.37)	111 fewer per 1000 (from 362 fewer to 28 more)	⊕○○○ Very low
8 hours rebleeding										
	Very serious [#]	No serious inconsistency [§]	No serious indirectness	Serious ^{##}	Likely publication bias ^{\$\$}	6/18 (33.3%)	3/19 (15.8%)	OR 2.67 (0.55 to 12.88)	176 more per 1000 (from 64 fewer to 549 more)	⊕○○○ Very low
14 days rebleeding										
	Very serious [#]	No serious inconsistency	No serious indirectness	Serious ^{##}	Likely publication bias ^{\$\$}	6/36 (16.7%)	12/41 (29.3%)	OR 0.51 (0.16 to 1.57)	118 fewer per 1000 (from 231 fewer to 101 more)	⊕○○○ Very low
30-day rebleeding										
	Very serious [#]	No serious inconsistency [§]	No serious indirectness	Serious ^{##}	Likely publication bias ^{\$\$}	4/14 (28.6%)	17/19 (89.5%)	OR 0.05 (0.01 to 0.3)	596 fewer per 1000 (from 176 fewer to 816 fewer)	⊕○○○ Very low
30-day hospital mortality										
	Very serious [#]	No serious inconsistency	No serious indirectness	Serious ^{##}	None	6/50 (12%)	8/51 (15.7%)	OR 0.72 (0.23 to 2.29)	39 fewer per 1000 (from 116 fewer to 142 more)	⊕○○○ Very low
30-day mortality										
	Very serious [#]	No serious inconsistency [§]	No serious indirectness	Serious ^{##}	Likely publication bias ^{\$\$}	4/20 (20%)	6/20 (30%)	OR 0.58 (0.14 to 2.5)	101 fewer per 1000 (from 243 fewer to 217 more)	⊕○○○ Very low

Mortality - 30-day mortality									
2	RCT	Very serious [#]	No serious inconsistency	No serious indirectness	Serious ^{##}	None	14/40 (35%)	14/40 (35%)	OR 1 (0.4 to 2.51)
Transfusion requirements									
1	RCT	Very serious [#]	No serious inconsistency [§]	No serious indirectness	Serious ^{##}	Likely publication bias ^{§§}	20	20	-
Complications									
3	RCT	Very serious [#]	No serious inconsistency	No serious indirectness	Serious ^{##}	None	16/70 (22.9%)	28/71 (39.4%)	OR 0.41 (0.1 to 1.66)

Abbreviations: RCT, randomized controlled trial; OR, odds ratio; WMD, weighted mean difference; CI, confidence interval.

Notes: [#]The limitations are very serious, because a majority of patients ($\geq 50\%$) are from the studies judged as high risk of bias.

^{##}The imprecision is serious, because the sample size is small.

[§]There is no serious inconsistency, because only one study is included.

^{§§}The publication bias is likely, because only one study is included.

Supplementary Table 13. Results of meta-analyses according to Child-Pugh classifications

	No. Studies	No. Pts	Pooled OR [95% CI]	P value
1. Terlipressin vs somatostatin				
1.1 48-hour control of bleeding in Child's A and B	1	115	0.95[0.32, 2.81]	0.92
1.2 48-hour control of bleeding in Child's C	1	46	0.45[0.13, 1.61]	0.22
2. Terlipressin vs octreotide				
2.1 <24 hours control of bleeding in Child's A and B	2	99	0.37[0.15, 0.94]	0.04
2.2 <24 hours control of bleeding in Child's C	2	48	0.44[0.13, 1.47]	0.18
3. Terlipressin vs vasopressin				
3.1 24-hour control of bleeding in Child's A and B	2	112	2.92[0.99,8.62]	0.05
3.2 24-hour control of bleeding in Child's C	2	53	1.23[0.13, 11.17]	0.85
4. Terlipressin vs terlipressin plus EVL				
4.1 5-day treatment failure in Child's A and B	1	72	8.26[0.97, 69.96]	0.05
4.2 5-day treatment failure in Child's C	1	21	22.56[0.97, 524.40]	0.05
5. Terlipressin vs sclerotherapy				
5.1 5-day treatment failure in Child's A and B	1	150	0.92[0.46, 1.82]	0.80
5.2 5-day treatment failure in Child's C	1	69	1.55[0.56, 4.24]	0.40
6. Terlipressin vs Balloon tamponade				
6.1 <48 hours control of bleeding in Child's A and B	1	24	0.30[0.01, 4.64]	0.32
6.2 <48 hours control of bleeding in Child's C	1	16	0.09[0.01, 1.21]	0.07

EVL, endoscopic variceal ligation; OR, odds ratio; CI, confidence interval.