



Predictive roles of D-dimer for mortality of patients with community-acquired pneumonia: a systematic review and meta-analysis

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Table S1. Test results in studies reporting optimal cutoff values of D-dimer for predicting mortality.

Study	Optimal cutoff value, mg/L	TP	FP	FN	TN
Dai et al. ⁽¹²⁾	2.0	27	80	11	402
Nastasijević Borovac et al. ⁽⁷⁾	1.538	11	16	2	100
Salluh et al. ⁽⁶⁾	1.798	11	26	3	50

TP: true positives; FP: false positives; FN: false negatives; and TN: true negatives.

Table S2. Test results in studies reporting normal ranges for predicting mortality due to community-acquired pneumonia.

Study	Normal range (mg/L)	TP	FP	FN	TN
Chalmers et al. ⁽¹¹⁾	0.0-0.5	22	217	0	75
Milbrandt et al. ⁽¹³⁾	0.0-3.0	79	511	5	137
Snijders et al. ⁽¹⁴⁾	0.0-0.5	8	123	0	16

TP: true positives; FP: false positives; FN: false negatives; and TN: true negatives.

Table S3. Quality assessment of the studies included in the analysis according to Newcastle-Ottawa Scale for cohort studies.

Study	Selection				Comparability ^a	Outcome			Total scores
	A	B	C	D		E	F	G	
Chalmers et al. ⁽¹¹⁾	1	1	1	1	0	0	1	0	5
Dai et al. ⁽¹²⁾	0	1	1	1	0	1	1	1	6
Milbrandt et al. ⁽¹³⁾	1	1	1	1	0	1	1	1	7
Nastasijević Borovac et al. ⁽⁷⁾	0	1	1	1	0	0	1	0	4
Salluh et al. ⁽⁶⁾	0	1	1	1	0	1	1	1	6
Shilon et al. ⁽⁹⁾	1	1	1	1	0	1	1	1	7
Snijders et al. ⁽¹⁴⁾	0	1	1	1	0	1	1	1	6
Xu et al. ⁽⁸⁾	0	1	1	1	0	1	1	1	6

A: representativeness of the exposed cohort; B: selection of the non-exposed cohort; C: ascertainment of exposure; D: demonstration that outcome of interest was not present at start of study; E: assessment of outcome; F: follow-up long enough for outcomes to occur; and G:adequacy of follow-up of cohorts. ^aComparability of cohorts on the basis of the design or analysis.

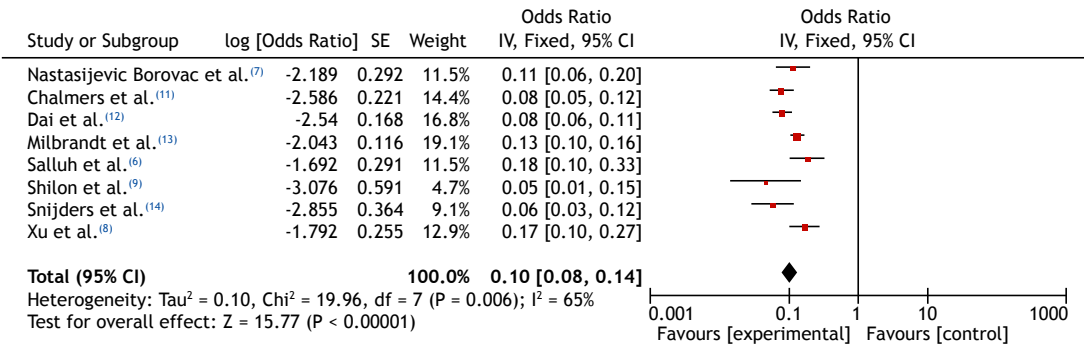


Figure S1. Meta-analysis and forest plot of mortality rate of patients with community-acquired pneumonia