*Supplemental table 3.* ERCP-related mortality

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| --- | --- | --- | --- | --- | --- | --- |
| **AE** | **n (%)** | **Age** | **ASA score** | **Symptom onset (days)** | **Mortality (days after ERCP)** | **Comments** |
| **Total** | 20 (100%) | - | - | - | - | - |
| **PEP** | 2 (10%) | 80 | Unknown | 1 | 1 | Acute pancreatitis with multi-organ dysfunction |
| 71 | 3 | 1 | 3 | Acute pancreatitis with multi-organ dysfunction |
| **Bleeding** | 2 (10%) | 51 | 3 | 2 | 9 | Patient with advanced stage pancreatic adenocarcinoma under palliative care. Decision: best supportive care |
| 84 | 4 | 1 | 4 | Bleeding controlled with metallic stent placement. Patient died after 4 days (autopsy report: hypovolemic shock) |
| **Cholangitis** | 3 (15%) | 59 | 2 | 1 | 16 | Septic shock due to cholangitis with multi-organ dysfunction |
| 63 | 3 | 3 | 8 | Septic shock due to cholangitis. Submitted to emergency cholecystostomy but died one week after ERCP |
| 86 | Unknown | 2 | 17 | Patient advanced stage pancreatic adenocarcinoma under palliative care. Initiated large spectrum antibiotherapy due to cholangitis. Progressive clinical worsening. Decision: best supportive care |
| **Other infection** | 3 (15%) | 94 | 3 | 1 | 7 | Nosocomial pneumonia |
| 68 | 4 | 1 | 4 | Nosocomial tracheobronchitis |
| 72 | 3 | 3 | 5 | Aspiration pneumonia |
| **Cardiac or pulmonary AEs** | 5 (25%) | 75 | 2 | 1 | 1 | AMI |
| 75 | 2 | 1 | 11 | Pulmonary embolism |
| 80 | 4 | 1 | 27 | Pulmonary embolism |
| 92 | 4 | 1 | 1 | Cardiac arrest |
| 74 | 4 | 7 | 7 | Cardiac arrest (suspicion of aspiration pneumonia after ERCP) |
| **Perforation** | 5 (25%) | 42 | 4 | 1 | 1 | Perforation detected the following day of ERCP. Patient died due to cardiac arrest |
| 60 | 3 | 4 | 39 | Perforation evident 4 days after procedure, with multiple associated intra-abdominal collections. Submitted to multiple surgical procedures and admitted to ICU. Progressive clinical worsening with multi-organ dysfunction |
| 84 | 3 | 0 | 24 | Duodenal perforation identified during procedure, closed with OTSC. Progressive clinical worsening |
| 91 | 4 | 0 | 3 | Duodenal perforation identified during procedure. Closure with clips no possible. Submitted to emergency surgery but died 3 days later |
| 77 | 2 | 0 | 0 | Patient with advanced stage hilar cholangiocarcinoma, under palliative treatment. Abdominal pain after procedure, with identification of duodenal perforation. Referred for best supportive care |

AE: adverse event; AMI: acute myocardial infarction; ASA: American Society of Anesthesiologists; ERCP: endoscopic retrograde cholangiopancreatography; ICU: intensive car unit; OTSC: over-the-scope clip; PEP: post-ERCP pancreatitis