

Supplementary Table S1. Forrest Classification

Forrest Classification	Stigmata of bleeding at ulcer base
Ia	Spurting bleeding
Ib	Oozing bleeding
IIa	Non-bleeding visible vessel
IIb	Adherent clot
IIc	Hematin on ulcer base
III	Clean base ulcer

Adapted from Forrest et al.[6]

Supplementary Table S2. Criteria for rebleeding *.

Hematemesis or bloody nasogastric aspirate > 6 hours after endoscopy
Melena after normalization of stool color
Hematochezia after normalization of stool color or after melena
Development of tachycardia (heart rate ≥ 110 beats per minute) or hypotension (systolic blood pressure ≤ 90 mmHg) after at least one hour of hemodynamic stability in the absence of an alternative explanation for hemodynamic instability such as sepsis, cardiogenic shock, or medication.
Hemoglobin drop of ≥ 2 g/dL after two consecutive stable hemoglobin values (< 0.5 g/dL decrease) ≥ 3 hours apart
Tachycardia or hypotension that does not resolve within 8 hours after index endoscopy despite appropriate resuscitation (in the absence of an alternative explanation), associated with persistent melena or hematochezia
Persistently dropping hemoglobin of > 3 g/dL in 24 hours associated with persistent melena or hematochezia

* Rebleeding was defined as fulfillment of one of these criteria. Adapted from Laine et al.[16]