

**Table S1** Clinical profiles of patients with FNAIT caused by anti-CD36 antibodies

Case	Year	Clinical description	CD36 mutations	Serological testing	Treatment	Reference
1	2001	A full-term female newborn (birth weight: 2,940 g; Apgar score: 9 and 10) with generalized petechiae hemorrhage at birth. Her mother was in good health with no history of transfusion. At 7 hours of life, the infant developed upper gastrointestinal hemorrhage. She was moderately anemic and had severe thrombocytopenia (Hb, 11.9 g/dL; Ht, 37%; platelet, 15,000/dL)	Unknown	MPHA: anti-CD36	A single dose of hydrocortisone (10 mg/kg) and IVIG (400 mg/kg). Two doses of maternal irradiated platelets and WBC-reduced RBCs	Kankirawatana <i>et al.</i> , 2001, (89)
2	2002	A newborn with a platelet count of 40,000/ $\mu$ L. The mother was a 37-year-old para 1, gravida 1 non-transfused Nigerian woman	Homozygous T1264G	PakPlus: anti-CD36, anti-HLA class I; PSIFT: pos; MACE: anti-CD36	No treatment	Curtis <i>et al.</i> , 2002, (90)
3	2002	A newborn with a platelet count of 60,000/ $\mu$ L. The mother was a non-transfused 32-year-old para 2, gravida 1 white woman of Italian descent. She had a history of moderate thrombocytopenia (platelets: 60–90,000/ $\mu$ L) during her first pregnancy 4 years earlier. Mild thrombocytopenia (platelets: 90,000–110,000/ $\mu$ L) recurred during the second pregnancy	Homozygous; exons 1–3 deletion	PakPlus: anti-CD36 and anti-HLA class I; PSIFT: pos; MACE: anti-CD36	A single dose of IVIG 1.0 g/kg 10 days before delivery	Curtis <i>et al.</i> , 2002, (90)
4	2002	Twin male newborns had widespread petechial hemorrhages on the first day of life and were found to be profoundly thrombocytopenic (platelets <10,000/ $\mu$ L). The mother was a non-transfused 28-year-old para 2, gravida 1 African-American woman	Homozygous T1264G	PakPlus: anti-CD36; PSIFT: pos; MACE: anti-CD36	5–6 random donor platelets during the first week of life. 400 mg/kg IVIG on 4 successive days and washed maternal platelets	Curtis <i>et al.</i> , 2002, (90)
5	2002	A female newborn was found to have a platelet count of 50,000/ $\mu$ L at birth without bleeding symptoms. Her mother was a non-transfused 21-year-old para 2, gravida 1 African-American woman	Unknown	PakPlus: anti-CD36; PSIFT: pos; MACE: anti-CD36	No treatment	Curtis <i>et al.</i> , 2002, (90)
6	2006	A female fetus had ascites at 18 weeks of gestational age by ultrasonography. Also, fetal anemia (Hb 3.2 g/dL) and hypoproteinemia (<1.0 g/dL) were revealed from umbilical cord centesis. This infant (birth weight: 2,420 g) was delivered by emergent caesarian section at 30 weeks and 3 days of gestational age (RBC: 1200,000/ $\mu$ L; Hb 4.5 g/dL; Ht 13.4%; platelets: 47,000/ $\mu$ L). Her mother was a non-transfused 27-year-old Japanese woman	C1156T; 1,228–1,239 delATTGTGCCTATT	PSIFT: pos	Intraperitoneal RBC transfusion and albumin replacement after delivery, and several bloodlettings	Okajima <i>et al.</i> , 2006, (119)
7	2006	A female fetus had ascites (ultrasonography) at 25 weeks of gestational age. She (birth weight: 1,920 g) was delivered by emergent caesarian section at a gestational age of 29 weeks (RBC: 990,000/ $\mu$ L; Hb 3.9 g/dL; Ht, 13.6%; platelets: 108,000/ $\mu$ L). Her mother was a non-transfused 28-year-old Japanese woman	C1156T; 1,228–1,239 delATTGTGCCTATT	PSIFT: pos	A single-volume exchange with 200 mL RBC	Okajima <i>et al.</i> , 2006, (119)
8	2008	A female baby (birth weight: 2,406 g; Apgar score: 9) was born at a gestational age of 37 weeks. Her mother suffered from antiphospholipid antibody syndrome and had experienced two spontaneous abortions. The infant had cephalohematoma at birth and gradually increased after 3 days. The platelet count of this baby was low (106,000/ $\mu$ L) and fell to 18,000/ $\mu$ L 6 days after birth	Exon 4 skipping Exon 9 skipping	PakPlus: anti-CD36	The baby was given 400 mg/kg/day IVIG on 3 successive days from days 6 to 8 post birth	Taketani <i>et al.</i> , 2008, (120)
9	2013	A 30-year-old Chinese mother experienced four abortions. No history of blood transfusion and or transplantation. The last pregnancy ceased with fetal death at 27 weeks of gestation. Autopsy of the fetus showed edema of fetal skin with bleeding spots in the lower extremities, severe ICH, and hydrops fetalis	C380T; 429+4insg	PakPlus: anti-CD36; PSIFT: pos; MACE: anti-CD36 Coombs: neg	No treatment	Xu <i>et al.</i> , 2013, (81)
10	2018	A 36-year-old Chinese woman had a history of abortion at the first pregnancy, and intrauterine fetal deaths with fetal hydrops occurred during 6–8 months in the following five pregnancies. Ascites, pericardial effusion, cardiomegaly, and hydropic placenta were found by ultrasound at 26weeks of gestational age. At 27weeks of gestational age, umbilical cord centesis showed severe fetal anemia (Hb, 48g/L; Ht, 16.6%) and thrombocytopenia (platelets: 16,000/ $\mu$ L)	Homozygous 329–330delAC	PakPlus: anti-CD36; PSIFT: pos; Coombs: neg	Four intrauterine transfusions with RBC; two times leuko-depleted, non-irradiated CD36null platelets; prednisone for 11 days (10 mg, bid)	Xu <i>et al.</i> , 2018, (121)
11	2018	The neonate (birth weight: 3,500 g) developed thrombocytopenia (platelets: 36,000/ $\mu$ L) at 4 days of age. The mother was a non-transfused 26-year-old para 2, gravida 1 Taiwanese woman	329–330del AC; 1,254+6–1,254+11delTATTTG	FACS with transfected cells: anti-CD36; ACA: anti-CD36	Intravenous IVIG 1 g/kg at 8 days of ag	Lin <i>et al.</i> , 2018, (122)
12	2019	A 41-year-old para 4, gravida 1 Canadian woman originated from Africa, who delivered a male dead newborn at 39 weeks of gestation. The platelet count of the newborn was not defined, but ICH was identified	Homozygous T975G	PakLx: anti-CD36	No treatment	Bertrand <i>et al.</i> , 2019, (123)
13	2020	A fetus was found to increase the middle cerebral artery peak systolic velocity at 24 weeks of gestational age by ultrasonography. Analysis of umbilical cord blood showed fetal anemia (Hb, 96 g/L; Ht, 28%) at an early gestational age (23–24 weeks) and deteriorated slightly (Hb, 87 g/L; Ht, 25.2%), and the platelet count remained low (89,000/ $\mu$ L). Pericardial effusion and scant ascites were detected by ultrasonography. The Chinese mother had a history of recurrent spontaneous abortions	Homozygous 329–330delAC	PakPlus: anti-CD36; PSIFT: pos; Coombs: neg	Two times intrauterine transfusions with washed RBCs to improve the fetal anemia	Wu <i>et al.</i> , 2020, (124)
14	2021	A neonate of Arabian origin was born with a low platelet count (27,000/ $\mu$ L) without signs of bleeding. A random platelet apheresis concentrate was given, and the platelet count rose to 47,000/ $\mu$ L but dropped again to 23,000 on day 2. Second random platelet apheresis was successfully given on day 2, and the platelet count remained stable at 50,000/ $\mu$ L during the next days	C220CT (Gln74Stop); T1079G (Leu360Stop)	PakLx: anti-CD36	Two times random platelet transfusions	Flesch <i>et al.</i> , 2021, (116)

FNAIT, fetal neonatal and alloimmune thrombocytopenia; Hb, hemoglobin; Ht, hematocrit; RBC, red blood cell; ICH, intracranial hemorrhage; IVIG, intravenous immunoglobulin.