Supplementary table 1. Critical appraisal of statistical methodology of individual studies.

Reference	Number of	Post-injury sampling time	Type of analysis & biomarker classification*	Statistical method and critical
Hayes et al. (2002) ³⁵	1	>12 months after injury	cross-sectional diagnostic	student's t tests with unmatch tests for differences between subjects; limited to one sample: only inc
Davies et al. (2007) ³²	1	post-acute 2–52 wk post-injury chronic >52 wk	cross-sectional diagnostic	ANOVA for differences betwee subjects; multiple linear regres features in patients with SCI; limited to one sample; only inc
Moghaddam et al. (2016) ⁴²	11	day 0 - 3 months	longitudinal predictive	prediction of AIS improvemen analysis for repeated measure
Tong et al. (2018) ⁴¹	4	day 0 – 4 weeks	longitudinal predictive	prediction of LEMS and "mark marked recovery = 2 or more problematic in terms of scaling
Ahadi et al. (2015) ³⁴	3	24 - 72 hours	cross-sectional diagnostic	statistical analysis is not stated illustrated only descriptively; p and control are reported in the parametric or non-parametric blood sample collection only in
Kuhle et al. (2015) ²¹	15	within 12 h - 7 days	longitudinal diagnostic	mixed-effects linear regression differences in AUC for the 7 da between the groups; Spearma levels and motor and sensory
Biglari et al. (2015) ³⁶	9	day 0 – 12 weeks	longitudinal prognostic	Mann–Whitney U-Test betwee improvement); Wilcoxon signe cytokine levels within groups; analysis for repeated measure
Wolf et al. (2014) ³¹	1	within 24 h	cross-sectional diagnostic	Wilcoxon signed-rank test betw neurologic lesions; small sample size; limited to one sample in the ad
De Mello Rieder et al. (2019) ³³	2	within 48 h and after 7 days	cross-sectional diagnostic	Biomarker concentrations wer Control using unpaired t-test v limited to two samples
Heller et al. (2017) ³⁷	10	4 hours - 12 weeks	longitudinal prognostic	Logistic regression modeling; p assessed by estimation of the testing; clinical endpoint = AIS convers after injury – no data on neuro point were reported
Hassanshahi et al. (2013) ³⁹	4	3–6 hours - 3 months	longitudinal diagnostic	Repeated measures ANOVA / measures; corrected for multip repeated measures ANOVA we

				and partial eta; bar charts don
				lower error bar
Kijima et al. (2019) ²⁶	1	within 3 days	cross-sectional	Statistical methods were descr
			prognostic	difficult for the reader to distin
				for the animal trial data and th
				limited to one sample; blood s
				injury phase
Du et al. (2018) ²²	8	day 0 - 14 days	longitudinal	Statistics were described very
			prognostic	measurements were included
Kwon et al. (2010) ²⁹	?	every 6 to 8 hours	cross-sectional	predictive modeling described
		for the first 72	prognostic	the reader, how many blood s
		hours		at 24 hours was used for statis
				not report analysis for repeate
				why the sample at 24 hours w
				blood sample collection only in
Kwon et al. (2017) ²⁸	1	24 hours	cross-sectional	Predictive modeling using a co
			prognostic	sub-groups (cervical vs. thorac
				limit the utility in acute patien
				not be available;
				limited to one sample in the ad
Dalkilic et al. (2017) ³⁰	1	24 hours	cross-sectional	Linear discriminant analysis an
			prognostic	predict AIS conversion;
				limited to one sample in the a
Pouw et al. (2014) ²⁴	1	3 - 24 hours	cross-sectional	Correlations and differences b
			diagnostic	model was used
				very small sample size; limited
				phase
Ungureanu et al. (2014) ³⁸	3-12	6 hours – 11 days	cross-sectional	statistical analysis was not stat
			diagnostic	stated which blood samples in
				were used for the calculation;
Hayakawa et al. (2012) ²³	12	6 hours - 21 days	longitudinal	Repeated measure ANOVA; re
			diagnostic	were not reported: no F value,
				sample size

* Biomarker classification: "diagnostic" if the studies reported on injury severity or the mere presence of SCI (when the control group consisted of patients without SCI) and "prognostic" if the included studies reported on neurological improvement by means of AIS grade conversion.