Supplementary Online Content


eAppendix. Criteria for classification of VTE events.

This supplementary material has been provided by the authors to give readers additional information about their work.
Appendix

Criteria for classification of VTE events*

Deep vein thrombosis:

**Definite** – if confirmed by venography, compression/Duplex ultrasound, CT scan, MRI scan, or at autopsy.

**Probable** – if the above tests were not performed, or were indeterminate, but impedance plethysmography, radionuclide venography, or radiolabelled fibrinogen scan test results were reported as positive.

**Possible** – if all of these confirmatory tests were not performed, or were indeterminate, and 2 of the following criteria were satisfied – medical record indicates that the physician made a diagnosis of DVT, signs and/or symptoms of DVT were documented, and the patient underwent therapy with anticoagulants, or an IVC filter was placed.

Pulmonary embolism:

**Definite** – if confirmed by pulmonary angiography, spiral CT scan, MRI scan, or pathology.

**Probable** – if the above tests were not performed, or were indeterminate, but ventilation-perfusion scan findings were of high probability.

**Possible** – if all of the above confirmatory tests were not performed, or were indeterminate, and 2 of the following criteria were satisfied – medical record indicates that the physician made a diagnosis of PE, signs and/or symptoms of PE were documented, and the patient underwent therapy with anticoagulants, or an IVC filter was placed.

*Modification of criteria previously used by Silverstein et al. in the Olmstead County study of VTE (1). Given increasing acceptance over the last decade of compression/Duplex ultrasound as a single diagnostic modality for DVT, we have classified patients with DVT confirmed by compression/Duplex ultrasound as definite, whereas these patients would be classified as probable by Silverstein's criteria.


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