

Appendix 1

Literature Search Strategy (MEDLINE)

1. Venous Thromboembolism/
2. Venous Thrombosis/
3. Pulmonary Embolism/
4. ven* thrombos*.tw
5. ven* thromboe*.tw
6. pulmonary embol*.tw
7. DVP.mp
8. or/1-7
9. Anticoagulants/
10. Warfarin/
11. Rivaroxaban/
12. Dabigatran/
13. Heparin/
14. Heparin, Low-Molecular-Weight/
15. Factor Xa Inhibitors/
16. vitamin k antagonist.tw
17. VKA.tw
18. Aspirin/
19. ASA.tw
20. or/9-19
21. 8 and 20
22. Secondary Prevention/
23. Recurrence/
24. Randomized Controlled Trial/
25. Cohort Studies/
26. 24 or 25
27. 22 or 23
28. 21 and 27
29. 26 and 28

Appendix 2

Definition of recurrent VTE

a. Deep vein thrombosis (DVT):

In patients with a history of deep vein thrombosis, deep-vein thrombosis is diagnosed if there is a new non-compressible site or if the diameter of a clot had increased by at least 4 mm from a previous measurement. If the change in clot diameter is 1 mm or less, recurrence is ruled out. If the clot diameter has increased by 1.1 to 3.9 mm, the ultrasound examination repeated one week later or venography performed.

Reference: Wells PS, Anderson DR, Rodger M, et al. Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis. *N Engl J Med* 2003;349:1227-35.

b. Pulmonary embolism (PE):

All patients with a suspected pulmonary embolism undergone a ventilation–perfusion scan. If results of the scan were normal, unchanged or better than those from the baseline exam, diagnosis of recurrent PE is excluded. If the ventilation–perfusion scan showed a new mismatched segmental defect or a greater perfusion defect compared with baseline, a PE is diagnosed. If a new matched or sub-segmental perfusion defect was found, a spiral CT scan is performed. If this scan showed an intraluminal filling defect in a segmental or larger artery in an area that had normal perfusion in the baseline ventilation–perfusion scan, a PE is diagnosed. All other patients required to undergo pulmonary angiography to diagnose or exclude suspected recurrent pulmonary embolism. Pulmonary embolism found at autopsy is considered to be diagnostic of recurrent VTE.

Reference: Rodger MA, Kahn SR, Wells PS, Anderson DA, Chagnon I, Le Gal G et al. Identifying unprovoked thromboembolism patients at low risk for recurrence who can discontinue anticoagulant therapy. *CMAJ* 2008;179:417-426.