

Table S1 Mean dwell-time in days of removed IVCF

Characteristics	NSF group (n=144)	GP group (n=53)	MD group (n=77)	N	P	Test
Dwell time (days)	208±218	258±160	216±98			
NSF vs. GP	–	–	–	197	0.08	Welch
NSF vs. MD	–	–	–	221	0.71	Welch

Data are presented as mean ± SD. GP, general practitioner; IVCF, inferior vena cava filter; MD, multidisciplinary; NSF, no specific follow-up; SD, standard deviation.

Table S2 Complications discovered while follow-up

Characteristics	NSF group (n=356)	GP group (n=125)	MD group (n=155)	N	P	Test
DVT discovered while follow-up	28 (7.9)	3 (2.4)	5 (3.2)	36	0.02	Chi-squared
IVCF migration [†]	0 (0.0)	0 (0.0)	1 (0.7)	1	0.44	Fisher
Venous perforation [‡]	3 (0.8)	0 (0.0)	0 (0.0)	3	0.59	Fisher

Data are presented as n (%). [†], one IVCF fracture occurred, resulting in migration of a leg in suprarenal inferior vena cava. A lasso was used to remove the leg and the IVCF remaining. [‡], venous perforations were characterised by protrusion of the legs outside the vena cava. One perforation resulted in extravasation when the filter was inserted. None of the perforations were symptomatic. DVT, deep vein thrombosis; GP, general practitioner; IVCF, inferior vena cava filter; MD, multidisciplinary; NSF, no specific follow-up.

Table S3 Complications during retrieval procedure

Characteristics	NSF group (n=144)	GP group (n=53)	MD group (n=77)	N	P	Test
Complications while retrieval	17 (12.0)	7 (13.0)	8 (10.0)	32	0.88	Chi-squared
Retrieval failure	14 (9.7)	5 (9.4)	7 (9.1)	26	0.99	Chi-squared
Allergy	1 (0.7)	0 (0.0)	0 (0.0)	1	>0.99	Fisher
Venous thrombosis discovered during procedure	5 (3.5)	0 (0.0)	3 (3.9)	8	0.50	Fisher
Haematoma ^a	1 (0.7)	1 (1.9)	0 (0.0)	2	0.43	Fisher
Filter left in subclavian or jugular vein ^b	1 (0.7)	1 (1.9)	0 (0.0)	2	0.43	Fisher
Filter left in femoral vein	2 (1.4)	0 (0.0)	0 (0.0)	2	0.70	Fisher
Use of lasso ^c	1 (0.7)	2 (3.8)	3 (3.9)	6	0.16	Fisher
Need for surgery ^d	5 (3.5)	0 (0.0)	0 (0.0)	5	0.12	Fisher
Venous perforation ^e	0 (0.0)	0 (0.0)	1 (1.3)	1	0.48	Fisher

Data are presented as n (%). ^a, haematoma: IVCF was tilted, requiring use of lasso to extract him. When IVCF was extracted from jugular vein, peri-venous a haematoma appeared, and a simple compression was enough to stop the bleeding but in one case surgery excision of collection was necessary. ^b, filter left in subclavian or jugular vein: occurred when the removal device failed to hold the filter during the entire removal process. No intracardiac migration occurred. One migration was into jugular vein, use of lasso failed and surgery was needed for retrieval. Second migration was into the subclavian vein and required general anaesthesia for successful extraction due to pain. ^c, use of lasso: concerning difficult retrieval, mostly when filter is tilted or stick to the vein wall. ^d, need for surgery: for IVCF removal avec failure of radiological attempt. This not happened again after 2019. ^e, venous perforation: IVCF was discovered with the head and half of the legs outside the vena cava, in the retro-cava space, removal was unsuccessful. GP, general practitioner; IVCF, inferior vena cava filter; MD, multidisciplinary; NSF, no specific follow-up.

	ACCP	ESC/ERS	ACR	BSCH	CIRSE	SFR	SIR	SPLF	ESA	AHA	ASH
DVT or PE + temporary contraindication to AT	V	V	V	V	V	V	V	V	V	V	V
Recurrent PE with AT	V	V	V	S	V	V	V	V		V	S
Recurrent DVT with AT	V		V			V	V	NV			
Massive PE with residual DVT					V		S				
Ilio-cava DVT or DVT with floating thrombus		NV		NV	V	NV	S			S	S
Before surgery in patients with recent (<1 month) DVT/PE	NV			S	S	V		S	S		
Prophylaxis in severe trauma and contraindication of compression stockings and AT	NV	S	S		S	V	S		S		
Prophylaxis in high-risk patients (immobilization, resuscitation) and contraindication of compression stockings and AT	NV	S			S		S		S		

Figure S1 Recommendations for the installation of temporary filters in the inferior vena cava. ACCP, The American College of Chest Physicians [2012]; ACR, American College of Radiology [2019]; AHA, American Heart Association; ASH, American Society of Hematology; AT, anticoagulant therapy; BSCH, British Committee for Standards in Hematology [2006]; CIRSE Cardiovascular and Interventional Radiological Society of Europe [2003]; DVT, deep vein thrombosis; ESA, European Society of Anaesthesiology [2018]; ESC, European Society of Cardiology [2019]; ERS, European Respiratory Society [2019]; NV, not validated; PE, pulmonary embolism; S, suggested; SFR, Société Française de Radiologie [2012]; SIR, Society of Interventional Radiology [2016]; SPLF, Société de Pneumologie de Langue Française [2019]; V, validated.

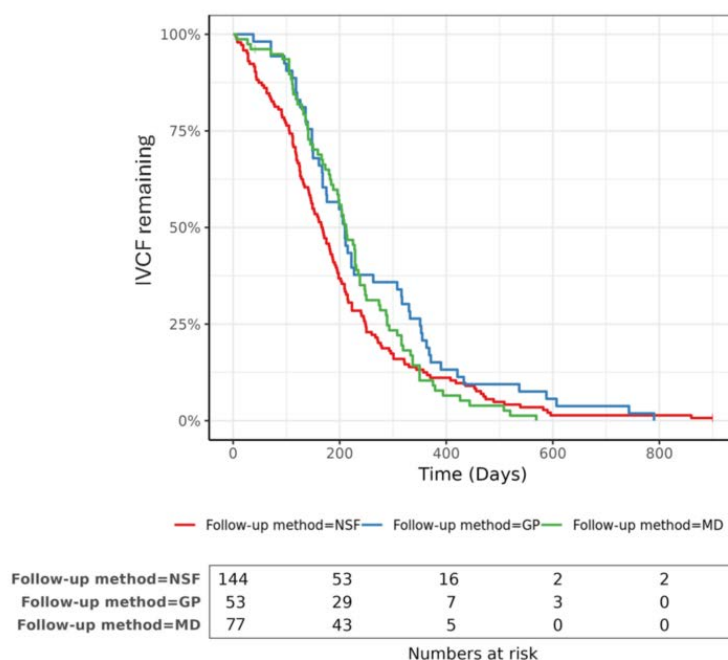


Figure S2 Dwell time of retrieved IVCF. Curves represent the proportion of IVCF remaining among all the IVCF removed during the study period. One patient was censored from the NSF group to make the figure readable, as the follow-up was 2,183 days. GP, general practitioner; IVCF, inferior vena cava filter; MD, multidisciplinary; NSF, no specific follow-up.