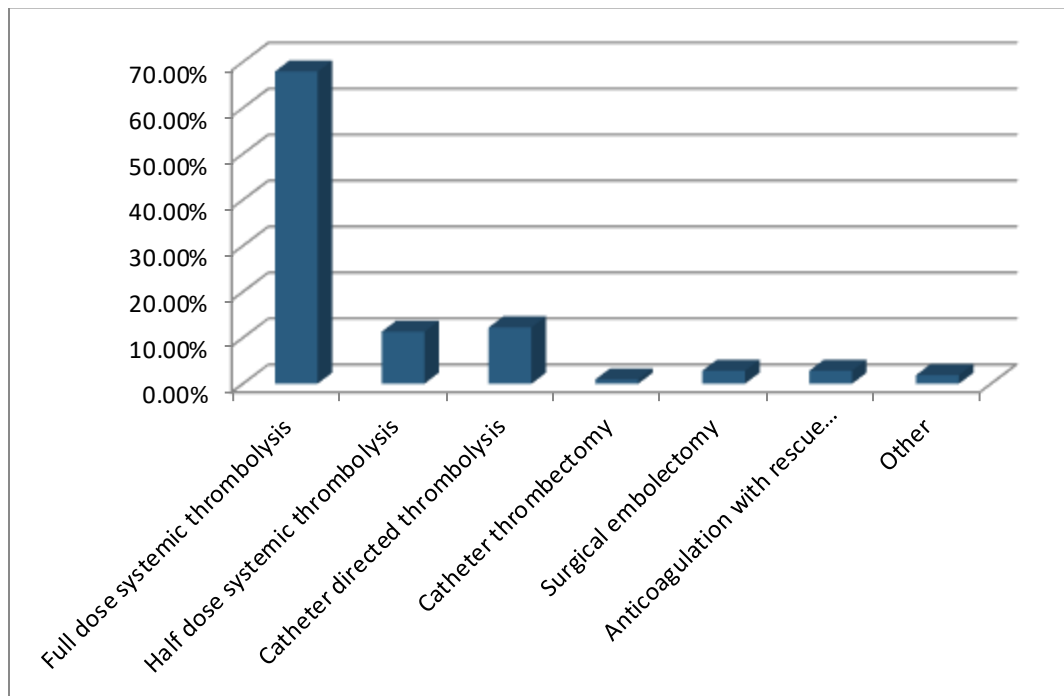


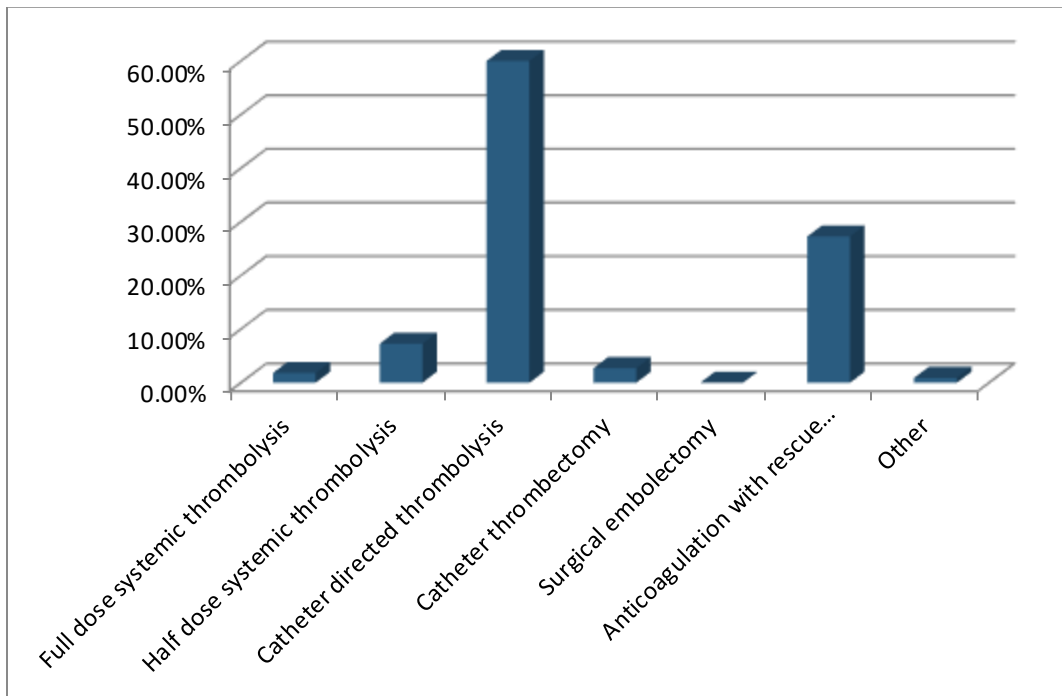
## Supplementary Material: PERT Survey Results

The Pulmonary Embolism Response Team (PERT) Consortium conducted a survey of practice patterns at the June 2017 national meeting regarding the use of systemic and catheter directed thrombolysis. The results below reflect the responses from 124 clinicians from member institutions of the PERT Consortium to selected questions regarding thrombolysis. The majority of these physicians (80%) were from academic institutions and consisted of interventional cardiology (32%), pulmonary/critical care (23%), cardiology (15%), interventional radiology (9%), vascular medicine (7%), surgery (4%), and other (10%). The results of this survey were used to help guide the development of the PERT Protocol Algorithms.

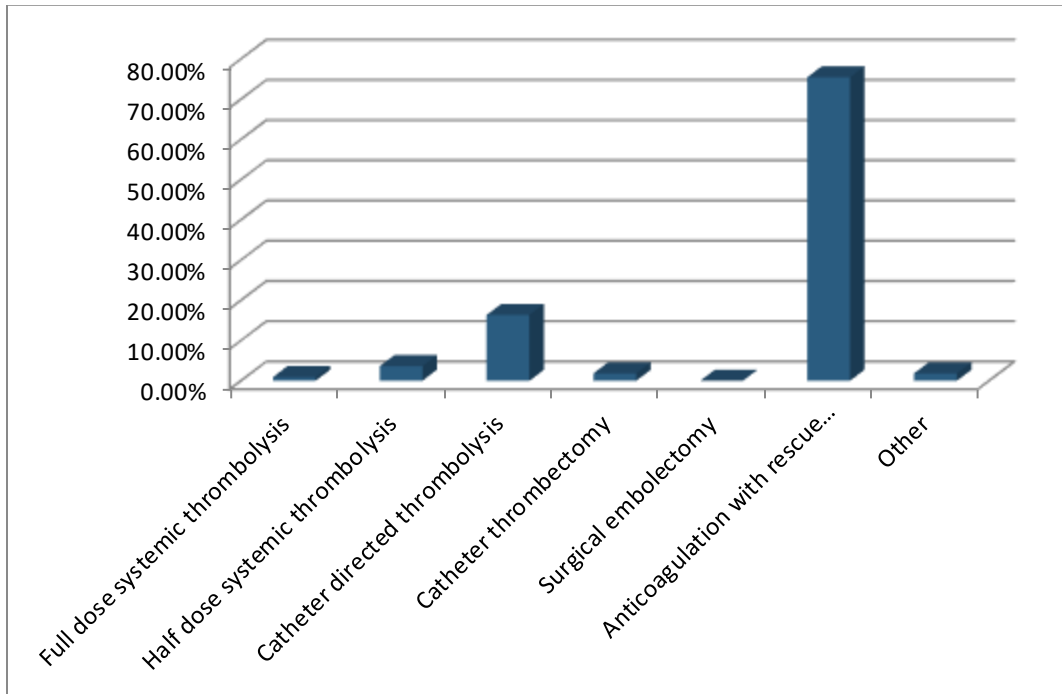
### 1. In general, for high-risk (massive) pulmonary embolism, what is your institution's treatment?



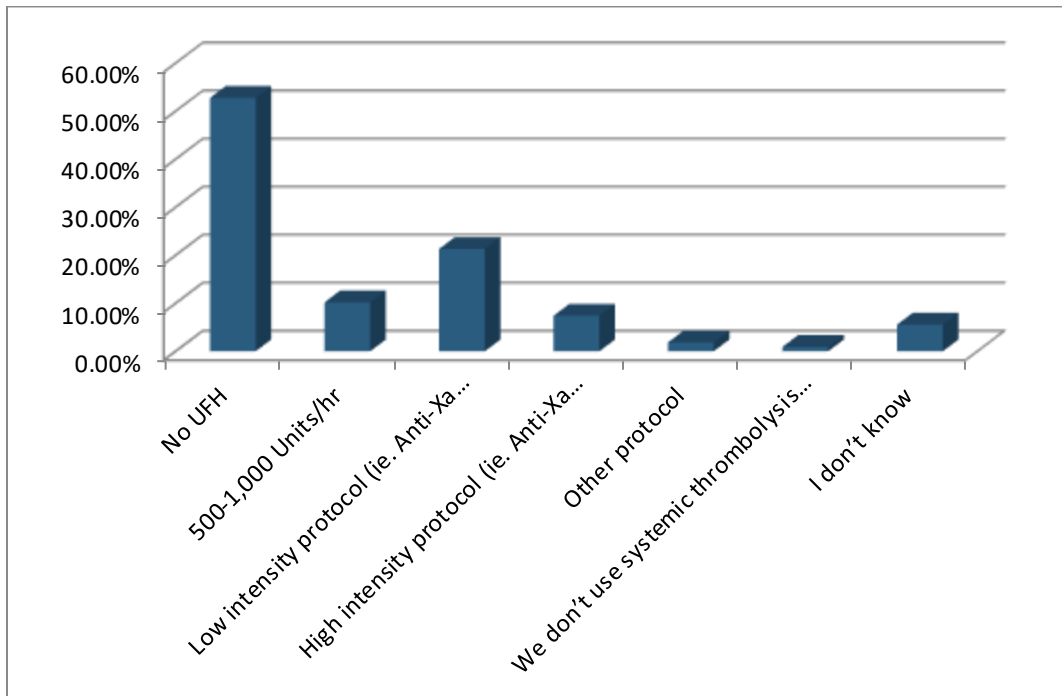
**2. For high-intermediate risk (submassive) pulmonary embolism (RV dysfunction and positive biomarkers), what is your institution's preferred treatment?**



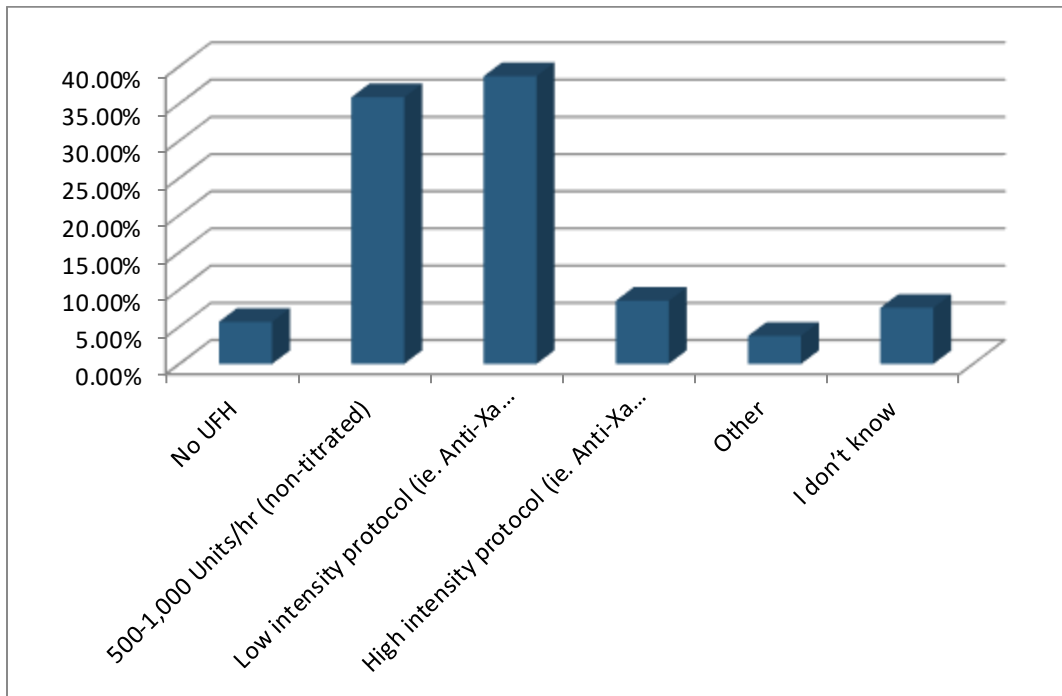
**3. For low-intermediate risk (submassive) pulmonary embolism (RV dysfunction or positive biomarkers), what is your institution's preferred treatment?**



**4. When giving systemic thrombolysis (100mg alteplase or equivalent dose of tenecteplase), what dose of unfractionated heparin (UFH) is given during tPA infusion?**



**5. During catheter-directed thrombolysis (CDL), what dose of UFH is given during CDL tPA infusion?**



**6. On average, what total dose of tPA is used during CDL?**

