SUPPLEMENTAL MATERIAL

Topics for the American Society of Hematology guidelines on Venous Thromboembolism

1	Prevention of VTE in Surgical Hospitalized Patients
2	Prevention of VTE in Medical Hospitalized Patients
3	Treatment of Acute VTE (DVT and PE)
4	Optimal Management of Anticoagulation Therapy
5	Prevention and Treatment of VTE in Patients with Cancer
6	Heparin-Induced Thrombocytopenia (HIT)
7	Thrombophilia
8	Pediatric VTE
9	VTE in the Context of Pregnancy
10	Diagnosis of VTE

Search Strategies

Database: MEDLINE

Interface: Ovid

Search Strategy: search terms

1. *Attitude to Health/
2. *Patient Participation/
3. preference*.ti,ab.
4. *Patient Preference/
5. choice.ti.
6. choices.ti.
7. value*.ti.
8. health state values.ti,ab.
9. valuation*.ti.
10. expectation*.ti,ab.
11. attitude*.ti,ab.
12. acceptab*.ti,ab.
13. knowledge.ti,ab.
14. point of view.ti,ab.
15. user participation.ti,ab.
16. users participation.ti,ab.
17. users' participation.ti,ab.
18. user's participation.ti,ab.
19. patient participation.ti,ab.
20. patients' participation.ti,ab.
21. patients participation.ti,ab.
22. patient's participation.ti,ab.
23. patient perspective*.ti,ab.
24. patients perspective*.ti,ab.
25. patients' perspective*.ti,ab.
26. patient's perspective*.ti,ab.
27. patient perce*.ti,ab.
28. patients perce*.ti,ab.
29. patients' perce*.ti,ab.
30. patient's perce*.ti,ab.
31. health perception*.ti,ab.
32. user view*.ti,ab.
33. users view*.ti,ab.
34. users' view*.ti,ab.
35. user's view*.ti,ab.
36. patient view*.ti,ab.
37. patients view*.ti,ab.
38. patients' view*.ti,ab.
39. patient's view*.ti,ab.
40. or/1-39
41. patient*.ti.
42. user*.ti.
43. men.ti.
44. women.ti.
45. or/41-44
46. exp *Decision Making/
47. decision mak*.ti,ab.
48. decisions mak*.ti,ab.
49. decision*.ti.
50. mak*.ti.
51. 49 and 50
52. avoidance learning/
53. 46 or 47 or 48 or 51 or 52

54. 45 and 53
55. discrete choice.ti,ab.
56. decision board*.ti,ab.
57. decision analy*.ti,ab.
58. decision-support.ti,ab.
59. decision tool*.ti,ab.
60. decision aid*.ti,ab.
61. discrete-choice*.ti,ab.
62. decision*.ti,ab.
63. 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62
64. 45 and 63
65. 54 or 64
66. decision support techniques/
67. (health and utilit*).ti.
68. gamble*.ti,ab.
69. prospect theory.ti,ab.
70. preference score.ti,ab.
71. preference elicitation.ti,ab.
72. health utilit*.ti,ab.
73. (utility and (value* or score* or estimate*)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
74. health state.ti,ab.
75. feeling thermometer*.ti,ab.
76. best-worst scaling.ti,ab.
77. best worst scaling.mp.
78. best worst.ti,ab.
79. TTO.ti,ab.
80. time trade-off.ti,ab.
81. probability trade-off.ti,ab.
82. or/66-81
83. Choice Behavior/
84. or/66-83
85. preference based.ti,ab.
86. preference score.ti,ab.
87. multiattribute.ti,ab.
88. multi attribute.mp.
89. EuroQoL 5D.mp.
90. EuroQoL5D.ti,ab.
91. EQ5D.mp.
92. EQ 5D.ti,ab.
93. SF6D.ti,ab.
94. SF 6D.ti,ab.
95. HUI.ti,ab.
96. 15D.ti,ab.
97. or/85-96
98. SF36.ti,ab.
99. SF 36.ti,ab.
100. SF12.ti,ab.
101. SF 12.mp.
102. HRQoL.ti,ab.
103. QoL.ti,ab.
104. quality of life.ti,ab.
105. "Quality of Life"/
106. or/98-105
107. 40 or 65 or 84 or 97 or 106
108. exp Thromboembolism/ or exp Venous Thromboembolism/

109. exp Pulmonary Embolism/
110. exp Venous Thrombosis/
111. Thrombophlebitis/
112. (DVT or VTE or PE).mp.
113. ((Pulmon$ or vein or venous or lung) adj (Emboli$ or thromb$)).mp.
114. (thrombus* or thrombotic* or thrombolic* or thromboemboli* or thrombos* or embol*).mp.
115. (((deep or thromb* or stasis) adj2 (vein* or venous)) or (blood flow stasis or blood clot)).mp.
116. or/108-115
117. exp Thrombocytopenia/
118. thrombocytopen*.mp.
119. or/117-118
120. (heparin* or acute or secondary or isolated).mp.
121. 119 and 120
122. ((Heparin adj2 thrombocytopenia) or Heparin-induced thrombocytopenia or (acute adj3 thrombocytopenia) or isolated thrombocytopenia).mp.
123. ((HIT or HITT) and (prothromb* or thromb* or heparin*)).mp.
124. or/121-123
125. 116 or 124
126. exp Hemorrhage/
127. (bleed$ or hemorrhage or haemorrhage or bloodloss$ or blood loss$).ti,ab,kw.
128. 126 or 127
129. Intracranial Embolism/
130. Intracranial Thrombosis/
131. exp "Intracranial Embolism and Thrombosis"/
132. exp Sinus Thrombosis, Intracranial/
133. ((cerebral vein or cerebral venous or sinus or intracranial) adj thrombo*).ti,ab,kw.
134. ((intracranial or cerebral) adj embolism).ti,ab,kw.
135. 129 or 130 or 131 or 132 or 133 or 134
136. exp Cerebral Hemorrhage/
137. Intracranial Hemorrhages/
138. ((cerebral or intracerebral or intracranial or brain) adj1 (hemorrhag* or haemorrhag* or bleed*)).ti,ab,kw.
139. ((hemorrhag* or haemorrhag*) adj1 stroke).ti,ab,kw.
140. 136 or 137 or 138 or 139
141. exp hospitalization/
142. (hospital stay or ("length of stay" adj hospital)).ti,ab,kw.
143. hospitali?ation.ti,ab,kw.
144. 141 or 142 or 143
145. abortion, spontaneous/
146. exp Embryo Loss/
147. exp Fetal Death/
148. Aborted Fetus/
149. Pregnancy Outcome/
150. Pregnancy Complications/
151. (((fetal or fetus or foetus or pregnancy or embryo) adj1 (loss or death)) or miscarr*).ti,ab,kw.
152. 145 or 146 or 147 or 148 or 149 or 150 or 151
153. Hypersensitivity/
154. Contrast Media/
155. 153 and 154
156. ((Allerg* adj reaction*) and (contrast adj (dye* or medi*))).ti,ab,kw.
157. 155 or 156
158. exp Mesenteric Vascular Occlusion/
159. exp Mesenteric Ischemia/
160. Mesenteric vein thrombosis.mp.
161. Mesenteric venous thrombosis.mp.
162. (Mesenteric vein adj thrombo*).ti,ab,kw.
163. exp Mesenteric Veins/

164. exp Thrombosis/
165. 163 and 164
166. 158 or 159 or 160 or 161 or 162 or 165
167. Portal vein thrombosis.mp.
168. Portal vein embolism.mp.
169. (Portal vein adj thrombo*).ti,ab,kw.
170. exp Portal Vein/
171. exp Thrombosis/
172. 170 and 171
173. 167 or 168 or 169 or 172
174. Retinal vein thrombosis.mp.
175. exp Retinal Vein Occlusion/
176. (Retinal vein adj thrombo*).ti,ab,kw.
177. exp Retinal Vein/
178. exp Thrombosis/
179. 177 and 178
180. 174 or 175 or 176 or 179
181. exp Postthrombotic Syndrome/
182. (post adj thrombo*).ti,ab,kw.
183. Postthrombo* Syndrome*.mp.
184. 181 or 182 or 183
185. exp Hypertension, Pulmonary/
186. exp Pulmonary Embolism/ or exp Thromboembolism/
187. 185 and 186
188. (thrombo* adj pulmonary hypertension).ti,ab,kw.
189. 187 or 188
190. (productivity adj3 loss).ti,ab,kw.
191. ((work adj3 lost) or (work adj3 loss)).ti,ab,kw.
192. sick leave/
193. absenteeism/
194. presenteeism/
195. return to work/
196. or/190-195
197. 128 or 135 or 140 or 144 or 152 or 157 or 166 or 173 or 180 or 184 or 189 or 196
198. ((cardio* or cardiac or coronary or heart or atrium or ventricle) adj surgery).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
199. CABG.mp.
200. exp Thoracic Surgery/
201. exp Cardiopulmonary Bypass/
202. cardiopulmonary bypass.mp.
203. cardiac surgery.mp.
204. exp Coronary Artery Bypass/
205. coronary artery bypass.mp.
206. exp Cardiovascular Surgical Procedures/
207. cardiovascular surgical procedure.mp.
208. 198 or 199 or 200 or 201 or 202 or 203 or 204 or 205 or 206 or 207
209. exp Cardiac Catheterization/
210. Cardiac Catheterization.mp.
211. exp Percutaneous Coronary Intervention/
212. Percutaneous Coronary Intervention.mp.
213. exp Angioplasty, Balloon, Coronary/
214. exp Coronary Angiography/
215. Balloon coronary angioplasty.mp.
216. exp Angioplasty/
217. angioplasty.mp.
218. coronary angiography.mp.

219. (coronary adj1 angioplasty).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
220. 209 or 210 or 211 or 212 or 213 or 214 or 215 or 216 or 217 or 218 or 219
221. exp Renal Replacement Therapy/
222. exp Acute Kidney Injury/
223. exp Kidney Failure, Chronic/
224. acute kidney injury.mp.
225. exp Renal Insufficiency/
226. renal failure.mp.
227. Renal Insuficiency.mp.
228. exp Renal Dialysis/
229. renal dialysis.mp.
230. 221 or 222 or 223 or 224 or 225 or 226 or 227 or 228 or 229
231. exp Platelet Transfusion/
232. platelet transfusion$1.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
233. 231 or 232
234. exp Plasma Exchange/
235. exp Plasmapheresis/
236. plasma exchange$1.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
237. Plasmapheresis.mp.
238. 234 or 235 or 236 or 237
239. exp Emergency Medical Tags/
240. exp Patient Identification Systems/
241. Patient Identification System$.mp.
242. (medical adj1 alert$).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
243. (Alert adj1 card$1).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
244. (alert adj1 bracelet$).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
245. (equipment and supplies).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
246. (medical adj1 bracelet).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
247. (medic$ adj2 bracelet$ adj2 alert$).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
248. 239 or 240 or 241 or 242 or 243 or 244 or 245 or 246 or 247
249. 208 or 220 or 230 or 233 or 238 or 248
250. exp Bandages/ or exp Compression Bandages/
251. exp Intermittent Pneumatic Compression Devices/
252. exp Mechanical Processes/
253. exp Stockings, Compression/
254. (stocking or stockings or hose or hosiery or tights or bandage).mp.
255. mechanical.mp.
256. (((calf or elastic or graded or limb or leg or pneumatic or sequential or plantar or foot) adj1 compression) or (device adj1 compression) or (foot adj1 pump*)).mp.

257. or/250-256
258. exp Patient Education as Topic/
259. Health Education/
260. exp Patient Compliance/
261. ((patient or patients) adj3 (education or educate or educating or information or literature or leaflet$ or booklet$ or pamphlet$)).mp.
262. or/258-261
263. exp Dermatan Sulfate/
264. (Dermatan Sulfate or (Chondroitin Sulfate adj B) or Dermatan Sulfphate or DS 435 or MF-701 or OP-370 or b-Heparin or Mistral or Venorix).mp.
265. 263 or 264
266. exp anticoagulant agent/
267. Anticoagula$.mp.
268. or/266-267
269. Antithrombins.mp. or exp Antithrombins/
270. thrombin inhibitor/ or thrombin inhibitor.mp.
271. Factor Xa Inhibitors.mp. or exp Factor Xa Inhibitors/
272. rivaroxaban/ or dabigatran etexilate/ or apixaban/ or edoxaban/ or betrixaban/ or ximelagatran/
273. (rivaroxaban or Xarelto or apixaban or Eliquis or dabigatran etexilate or Edoxaban or Savaysa or Betrixaban or ximelagatran or pradaxa or lixiana or exanta or Darexaban or Otamixaban$ or Razaxaban or Bivalirudin or Desirudin or Lepirudin or Melagatran or YM 150 or Iprivask or argatrovan or pradax or BIBR-953 or BIBR-953ZW or BAY 59-7939 or BMS-562247 or DU-176 or DU-176b).mp.
274. (TSOAC$ or NOAC$ or DOAC$).ti,ab,kw.
275. ((Target adj Specific adj Oral adj Anticoagulant$) or (oral adj anticoagulant$) or (novel adj anticoagulant$) or (new adj anticoagulant$) or (direc$ adj anticoagulant$)).mp.
276. ((new or novel or direct or direct-acting or target-specific or targeted or non-vitamin K) adj3 oral anticoagulant*).mp.
277. (factor Xa adj2 (antag* or inhibit*)).mp.
278. or/269-277
279. exp Heparin/ or heparin.mp.
280. exp Heparin, Low-Molecular-Weight/
281. dalteparin/ or enoxaparin/ or nadroparin/ or heparinoids/
282. (LMWH or LMWHs or low molecular weight heparin or nadroparin or fraxiparin* or enoxaparin* or clexane or klexane or lovenox or dalteparin or fragmin or ardeparin* or normiflo or tinzaparin or logiparin or innohep or certoparin or sandoparin or reviparin or clivarin* or danaproid or danaparoid or orgaran or antixarin or bemiparin* or hibor or zibor or ivor or badyket or semuloparin or parnaparin or tedelparin or fluxum or lohepa or lowhepa or parvoparin or seleparin* or tedelgliparin or lomoparan or orgaran or sulodexide or zivor or embolex or xaparin or clivarine).mp.
283. (FR-860 or FR 860 or FR860 or PK-10,169 or PK 10,169 or PK10,169 or PK-10169 or PK 10169 or PK10169 or EMT-967 or EMT 967 or EMT967 or EMT-966 or EMT 966 or EMT966 or CY 216 or CY-216 or CY216 or LMF CY-216 or LMF CY 216 or LMF CY216).mp.
284. or/279-283
285. exp Platelet Aggregation/
286. Aspirin/
287. Aminosalicylic Acids/
288. Phosphodiesterase inhibitors/
289. Dipyridamole/
290. Thienopyridines/
291. Ticlopidine/
292. Prasugrel Hydrochloride/
293. (Platelet Aggregation or Aspirin or Aminosalicylic Acids or Triflusal or Cilostazol or dipyridamole or Clopidogrel or Prasugrel or Ticlopidine or Tirofiban or Abciximab or Eptifibatide).mp.
294. or/285-293
295. exp 4-Hydroxycoumarins/ or warfarin/ or acenocoumarol/ or dicumarol/ or Coumarins/ or coumarin anticoagulant/ or ethyl biscoumacetate/ or phenprocoumon/ or phenindione/
296. vitamin K antagonist$.mp.

297. (4-Hydroxycoumarins or warfarin or acenocoumarol or nicoumalone or sinthrome or Sintrom or phenindione or dicoumarol or coumadin or phenprocoumon or phepromaron or ethyl-biscoumacetate or phenindione or Diphenadione or Tioclomarol or Racumi or Marcoumar or Marcumar or Falithrom or Coumadin or Jantoven or vitamin K antagonist$ or VKA or fluindione or difenacoum or coumatetralyl).mp.
298. 295 or 296 or 297
299. (fondaparinux or Arixtra).mp.
300. exp Heparin/
301. (un?fract* adj heparin).mp.
302. UFH.mp.
303. ((sodium or alpha) adj1 heparin).mp.
304. (Hepalean or Calcilean or Calciparine or Liquaemin or Liquemin or Multiparin or Novoheparin or Eparina or Hep-lock or Heparinate or Heparinic acid or Panheprin or Hepalean or Heparin Leo or Heparin Lock).mp.

305. or/300-304
306. 268 or 278 or 284 or 294 or 298 or 299 or 305
307. exp vena cava filter/
308. ven* cava filter*.mp.
309. (Celect or Greenfield or Gunther Tulip or Ninitol Bard G2 or OptEase or Trapease or Vena Tech).mp
310. or/307-309
311. Health Services/
312. exp Management Service Organizations/
313. exp Patient Care Management/
314. exp Managed Care Programs/
315. exp Ambulatory Care Facilities/ or exp Ambulatory Care/
316. exp Practice Patterns, Physicians'/
317. exp Practice Management, Medical/
318. exp Pharmaceutical Services/ or Pharmacists/
319. exp Professional Role/
320. anticoagul* management*.mp.
321. ((thrombosis or anticoagul*) adj2 (service or clinic or manage* or ambulatory)).ti,ab,kw.
322. 311 or 312 or 313 or 314 or 315 or 316 or 317 or 318 or 319 or 320 or 321
323. exp Point-of-Care Systems/
324. exp Self Care/
325. exp Self administration/
326. exp International Normalized Ratio/
327. Patient education/
328. exp Drug Monitoring/
329. ((Point-of-care or monitor* or manage*) adj home).mp.
330. (self adj1 (monitor* or test* or management*)).ti,ab,kw.
331. ((monitor* or test* or management*) adj1 home).ti,ab,kw.
332. 323 or 324 or 325 or 326 or 327 or 328 or 329 or 330 or 331
333. ultrasonography/ or ultrasonography, doppler/
334. (ultrasound$ or ultrason$ or sonograph$).mp.
335. or/333-334
336. Fibrin Fibrinogen Degradation Products/
337. (D-dimer or d dimer).mp.
338. (label$ adj2 (fibrogen or fibrinogen)).mp.
339. 336 or 337 or 338
340. exp Cone-Beam Computed Tomography/
341. Tomography, Spiral Computed/
342. Tomography, X-Ray Computed/
343. (compute* tomograph* or compute*-tomograph*).mp.
344. or/340-343
345. exp Ventilation-Perfusion Ratio/
346. (lung adj1 (ventilation or perfusion)).ti,ab,kw.
347. (lung adj ventilation adj scan).ti,ab,kw.
348. (lung adj perfusion adj scan).ti,ab,kw.

349. (lung adj1 scan).ti,ab,kw.
350. VQ scan.mp.
351. 345 or 346 or 347 or 348 or 349 or 350
352. 335 or 339 or 344 or 351
353. exp Thrombolytic Therapy/
354. exp Fibrinolytic Agents/
355. Fibrinolysis/
356. exp Plasminogen Activators/
357. (plasminogen adj2 activator*).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
358. (rt-pa or tPA).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
359. tissue plasminogen activator/ or urokinase-type plasminogen activator/
360. (Urokinase* or alteplase* or reteplase* or tenecteplase* or saruplase* or anistreplase* or monteplase* or streptokinase* or staphylokinase or avelizin or awelysin or celiase* or distreptase* or Kabikinase* or kabivitrum 22 or Streptase* or streptodecase* or apsac or Abbokinase* or renokinase* or Actilyse* or Activase* or Eminase* or Retavase* or Rapilysin or desmopletase* or u-pa or alfimeprase* or thromboly* or fibrinoly* or antithrombotic or antithrombic).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]
361. or/353-360
362. 257 or 262 or 265 or 306 or 310 or 322 or 332 or 352 or 361
363. 249 or 362
364. 197 or 363
365. 107 and 125 and 364
366. 84 and 125 and 364
367. 40 and 125 and 364
368. 65 and 125 and 364
369. (97 or 106) and 125 and 364
370. 367 not 366
371. 368 not (366 or 367)
372. 369 not (366 or 367 or 368)

1. Database: EMBASE

Interface: Ovid

Search Strategy: search terms

1. *Attitude to Health/
2. *Patient Participation/
3. preference*.ti,ab.
4. *Patient Preference/
5. choice.ti.
6. choices.ti.
7. value*.ti.
8. health state values.ti,ab.
9. valuation*.ti.
10. expectation*.ti,ab.
11. attitude*.ti,ab.
12. acceptab*.ti,ab.
13. knowledge.ti,ab.
14. point of view.ti,ab.
15. user participation.ti,ab.
16. users participation.ti,ab.
17. users' participation.ti,ab.
18. user's participation.ti,ab.
19. patient participation.ti,ab.
20. patients' participation.ti,ab.
21. patients participation.ti,ab.
22. patient's participation.ti,ab.
23. patient perspective*.ti,ab.
24. patients perspective*.ti,ab.
25. patients' perspective*.ti,ab.
26. patient's perspective*.ti,ab.
27. patient perce*.ti,ab.
28. patients perce*.ti,ab.
29. patients' perce*.ti,ab.
30. patient's perce*.ti,ab.
31. health perception*.ti,ab.
32. user view*.ti,ab.
33. users view*.ti,ab.
34. users' view*.ti,ab.
35. user's view*.ti,ab.
36. patient view*.ti,ab.
37. patients view*.ti,ab.
38. patients' view*.ti,ab.
39. patient's view*.ti,ab.
40. or/1-39
41. patient*.ti.
42. user*.ti.
43. men.ti.
44. women.ti.
45. or/41-44
46. exp *Decision Making/
47. decision mak*.ti,ab.
48. decisions mak*.ti,ab.
49. decision*.ti.
50. mak*.ti.
51. 49 and 50
52. avoidance behavior/
53. 46 or 47 or 48 or 51 or 52
54. 45 and 53

55. discrete choice.ti,ab.
56. decision board*.ti,ab.
57. decision analy*.ti,ab.
58. decision-support.ti,ab.
59. decision tool*.ti,ab.
60. decision aid*.ti,ab.
61. discrete-choice*.ti,ab.
62. decision*.ti,ab.
63. 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62
64. 45 and 63
65. 54 or 64
66. decision support techniques/
67. (health and utilit*).ti.
68. gamble*.ti,ab.
69. prospect theory.ti,ab.
70. preference score.ti,ab.
71. preference elicitation.ti,ab.
72. health utilit*.ti,ab.
73. (utility and (value* or score* or estimate*)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
74. health state.ti,ab.
75. feeling thermometer*.ti,ab.
76. best-worst scaling.ti,ab.
77. best worst scaling.mp.
78. best worst.ti,ab.
79. TTO.ti,ab.
80. time trade-off.ti,ab.
81. probability trade-off.ti,ab.
82. or/66-81
83. Choice Behavior/
84. or/66-83
85. decision support system/
86. decision making/
87. patient decision making/
88. family decision making/
89. or/66-88
90. preference based.ti,ab.
91. preference score.ti,ab.
92. multiattribute.ti,ab.
93. multi attribute.mp.
94. EuroQoL 5D.mp.
95. EuroQoL5D.ti,ab.
96. EQ5D.mp.
97. EQ 5D.ti,ab.
98. SF6D.ti,ab.
99. SF 6D.ti,ab.
100. HUI.ti,ab.
101. 15D.ti,ab.
102. or/90-101
103. SF36.ti,ab.
104. SF 36.ti,ab.
105. SF12.ti,ab.
106. SF 12.mp.
107. HRQoL.ti,ab.
108. QoL.ti,ab.
109. quality of life.ti,ab.
110. exp "quality of Life"/

111. or/103-110
112. 40 or 65 or 89 or 102 or 111
113. exp vein thrombosis/
114. exp Venous Thromboembolism/
115. exp 'lung embolism'/
116. Thrombophlebitis/
117. (PE or DVT or VTE).mp.
118. ((Pulmon$ or vein or venous or lung) adj (Emboli$ or thromb$)).mp.
119. (thrombus* or thrombotic* or thrombolic* or thromboemboli* or thrombos* or embol*).mp.
120. (((deep or thromb* or stasis) adj2 (vein* or venous)) or (blood flow stasis or blood clot)).mp.
121. or/113-120
122. exp Thrombocytopenia/
123. thrombocytopen*.mp.
124. or/122-123
125. (heparin* or acute or secondary or isolated).mp.
126. 124 and 125
127. ((Heparin adj2 thrombocytopenia) or Heparin-induced thrombocytopenia or (acute adj3 thrombocytopenia) or isolated thrombocytopenia).mp.
128. ((HIT or HITT) and (prothromb* or thromb* or heparin*)).mp.
129. or/126-128
130. 121 or 129
131. exp bleeding/
132. (bleed$ or hemorrhage or haemorrhage or bloodloss$ or blood loss$).ti,ab,kw.
133. 131 or 132
134. exp cerebral sinus thrombosis/
135. exp occlusive cerebrovascular disease/
136. brain embolism/
137. ((cerebral vein or cerebral venous or sinus or intracranial) adj thrombo*).ti,ab,kw.
138. ((intracranial or cerebral) adj embolism).ti,ab,kw.
139. 134 or 135 or 136 or 137 or 138
140. brain hemorrhage/
141. ((cerebral or intracerebral or intracranial or brain) adj1 (hemorrhag* or haemorrhag* or bleed*)).ti,ab,kw.
142. ((hemorrhag* or haemorrhag*) adj1 stroke).ti,ab,kw.
143. 140 or 141 or 142
144. exp hospitalization/
145. hospitali?ation.ti,ab,kw.
146. (hospital stay or ("length of stay" adj hospital)).ti,ab,kw.
147. 144 or 145 or 146
148. exp Apontaneous abortion/
149. exp embryo death/
150. fetus death/ or fetus resorption/ or stillbirth/
151. pregnancy outcome/
152. pregnancy complication/
153. (((fetal or fetus or foetus or pregnancy or embryo) adj1 (loss or death)) or miscarr*).ti,ab,kw.
154. or/148-153
155. exp allergic reaction/
156. contrast medium/
157. 155 and 156
158. ((Allerg* adj reaction*) and (contrast adj dye*)).ti,ab,kw.
159. 157 or 158
160. exp mesenteric blood vessel occlusion/
161. Mesenteric vein thrombosis.mp.
162. Mesenteric venous thrombosis.mp.
163. exp mesenteric ischemia/
164. (Mesenteric vein adj thrombo*).ti,ab,kw.
165. exp Mesenteric Veins/

166. exp Thrombosis/
167. 165 and 166
168. 160 or 161 or 162 or 163 or 164 or 167
169. exp portal vein thrombosis/
170. Portal vein thrombosis.mp.
171. Portal vein embolism.mp.
172. (Portal vein adj thrombo*).ti,ab,kw.
173. exp Portal Vein/
174. exp Thrombosis/
175. 173 and 174
176. 169 or 170 or 171 or 172 or 175
177. (productivity adj3 loss).ti,ab,kw.
178. ((work adj3 lost) or (work adj3 loss)).ti,ab,kw.
179. medical leave/
180. absenteeism/
181. return to work/
182. work resumption/
183. or/177-182
184. Retinal vein thrombosis.mp.
185. exp Retinal Vein Occlusion/
186. (Retinal vein adj thrombo*).ti,ab,kw.
187. exp Retinal Vein/
188. exp Thrombosis/
189. 187 and 188
190. 184 or 185 or 186 or 189
191. exp Postthrombotic Syndrome/
192. postthrombosis syndrome/
193. (post adj thrombo*).ti,ab,kw.
194. Postthrombo* Syndrome*.mp.
195. 191 or 192 or 193 or 194
196. exp Hypertension, Pulmonary/
197. exp chronic thromboembolic pulmonary hypertension/
198. ((thrombo* or embol*) adj pulmonary hypertension).ti,ab,kw.
199. 197 or 198
200. 196 and 199
201. 133 or 139 or 143 or 147 or 154 or 159 or 168 or 176 or 183 or 190 or 195 or 200
202. exp plasmapheresis/
203. Plasma Exchange$.mp.
204. 202 or 203
205. ((cardio* or cardiac or coronary or heart or atrium or ventricle) adj surgery).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
206. CABG.mp.
207. exp cardiovascular surgery/
208. cardiovascular surgical procedure$.mp.
209. exp coronary artery bypass graft/
210. exp coronary artery surgery/
211. coronary artery bypass.mp.
212. coronary artery surgery.mp.
213. exp cardiopulmonary bypass/ or exp extracorporeal circulation/
214. cardiopulmonary bypass.mp.
215. extracorporeal circulation.mp.
216. thorax surgery/ or exp heart surgery/
217. cardiac surgery.mp.
218. 205 or 206 or 207 or 208 or 209 or 210 or 211 or 212 or 213 or 214 or 215 or 216 or 217
219. exp heart catheterization/
220. Cardiac Catheterization.mp.

221. exp percutaneous coronary intervention/ or exp interventional cardiovascular procedure/ or exp transluminal coronary angioplasty/
222. exp interventional cardiovascular procedure/
223. exp percutaneous coronary intervention/
224. (coronary adj1 angioplasty).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
225. Percutaneous Coronary Intervention.mp.
226. 219 or 220 or 221 or 222 or 223 or 224 or 225
227. exp thrombocyte transfusion/
228. platelet transfusion$.mp.
229. thrombocyte transfusion$.mp.
230. 227 or 228 or 229
231. exp renal replacement therapy/
232. renal replacement therapy.mp.
233. 231 or 232
234. exp kidney failure/
235. kidney failure.mp.
236. 234 or 235
237. 233 or 236
238. (Alert adj1 card$1).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
239. exp emergency health service/
240. medical alert$.mp.
241. exp hospital information system/
242. alert bracelet$.mp.
243. electronic tag$.mp.
244. human/
245. 243 and 244
246. 238 or 239 or 240 or 241 or 242 or 243 or 244 or 245
247. exp patient safety/
248. patient safety.mp. or patient safety/
249. 247 or 248
250. 246 or 249
251. 204 or 218 or 226 or 230 or 237 or 250
252. exp bandage/
253. exp intermittent pneumatic compression device/
254. exp compression stocking/
255. (((calf or elastic or graded or limb or leg or pneumatic or sequential or plantar or foot) adj1 compression) or (device adj1 compression) or (foot adj1 pump*)).mp.
256. mechanical.mp.
257. (stocking or stockings or hose or hosiery or tights or bandage).mp.
258. or/252-257
259. exp Patient Education as Topic/
260. Health Education/
261. exp Patient Compliance/
262. ((patient or patients) adj3 (education or educate or educating or information or literature or leaflet$ or booklet$ or pamphlet$)).mp.
263. or/259-262
264. exp Dermatan Sulfate/
265. (Dermatan Sulfate or (Chondroitin Sulfate adj B) or Dermatan Sulfphate or DS 435 or MF-701 or OP-370 or b-Heparin or Mistral or Venorix).mp.
266. or/264-265
267. exp antithrombin/ or Antithrombins.mp.
268. thrombin inhibitor/ or thrombin inhibitor.mp.
269. Factor Xa Inhibitors.mp. or exp blood clotting factor 10a inhibitor/
270. rivaroxaban/ or dabigatran etexilate/ or apixaban/ or edoxaban/ or betrixaban/ or ximelagatran/ or Darexaban/ or Otamixaban/ or Razaxaban/ or Bivalirudin/ or Desirudin/ or Lepirudin/ or Melagatran/

271. (rivaroxaban or Xarelto or apixaban or Eliquis or dabigatran etexilate or Edoxaban or Savaysa or Betrixaban or ximelagatran or pradaxa or lixiana or exanta or Darexaban or Otamixaban$ or Razaxaban or Bivalirudin or Desirudin or Lepirudin or Melagatran or YM 150 or Iprivask or argatrovan or pradax or BIBR-953 or BIBR-953ZW or BAY 59-7939 or BMS-562247 or DU-176 or DU-176b).mp.
272. (TSOAC$ or NOAC$ or DOAC$).ti,ab,kw.
273. ((Target adj Specific adj Oral adj Anticoagulant$) or (oral adj anticoagulant$) or (novel adj anticoagulant$) or (new adj anticoagulant$) or (direc$ adj anticoagulant$)).mp.
274. ((new or novel or direct or direct-acting or target-specific or targeted or non-vitamin K) adj3 oral anticoagulant*).mp.
275. (factor Xa adj2 (antag* or inhibit*)).mp.
276. or/267-275
277. exp 4 hydroxycoumarin/ or exp 4 hydroxycoumarin derivative/
278. warfarin/
279. acenocoumarol/
280. coumarin/ or coumarin derivative/
281. phenindione/
282. dicoumarol derivative/ or dicoumarol/
283. phenprocoumon/
284. phepromaron/
285. ethyl biscoumacetate/
286. fluindione/ or difenacoum/ or coumatetralyl/
287. vitamin K antagonist.mp. or antivitamin K/
288. (4 hydroxycoumarin or warfarin or acenocoumarol or nicoumalone or sinthrome or Sintrom or phenindione or dicoumarol or coumadin or phenprocoumon or phepromaron or ethyl-biscoumacetate or phenindione or Diphenadione or Tioclomarol or Racumi or Marcoumar or Marcumar or Falithrom or Coumadin or Jantoven or vitamin K antagonist$ or VKA or fluindione or difenacoum or coumatetralyl).mp.
289. or/277-288
290. exp anticoagulant agent/
291. Anticoagula$.mp.
292. 290 or 291
293. exp Platelet Aggregation/
294. Aspirin/
295. Aminosalicylic Acids/
296. triflusal/
297. Phosphodiesterase inhibitors/
298. Dipyridamole/
299. cilostazol/
300. Thienopyridines/
301. clopidogrel/
302. prasugrel/
303. Ticlopidine/
304. Abciximab/
305. Eptifibatide/
306. Tirofiban/
307. (Platelet Aggregation or Aspirin or Aminosalicylic Acids or Triflusal or Cilostazol or dipyridamole or Clopidogrel or Prasugrel or Ticlopidine or Tirofiban or Abciximab or Eptifibatide).mp.
308. 293 or 294 or 295 or 296 or 297 or 298 or 299 or 300 or 301 or 302 or 303 or 304 or 305 or 306 or 307

309. (fondaparinux or Arixtra).mp.
310. exp Heparin/
311. (un?fract* adj heparin).mp.
312. UFH.mp.
313. ((sodium or alpha) adj1 heparin).mp.
314. (Hepalean or Calcilean or Calciparine or Liquaemin or Liquemin or Multiparin or Novoheparin or Eparina or Hep-lock or Heparinate or Heparinic acid or Panheprin or Hepalean or Heparin Leo or Heparin Lock).mp.

315. or/310-314

316. exp heparin derivative/ or heparin*.mp.
317. nadroparin/
318. enoxaparin/
319. dalteparin/
320. ardeparin/
321. tinzaparin/
322. certoparin/
323. reviparin/
324. danaparoid/
325. (LMWH or LMWHs or low molecular weight heparin or nadroparin or fraxiparin* or enoxaparin* or clexane or klexane or lovenox or dalteparin or fragmin or ardeparin* or normiflo or tinzaparin or logiparin or innohep or certoparin or sandoparin or reviparin or clivarin* or danaproid or danaparoid or orgaran or antixarin or bemiparin* or hibor or zibor or ivor or badyket or semuloparin or parnaparin or tedelparin or fluxum or lohepa or lowhepa or parvoparin or seleparin* or tedelgliparin or lomoparan or orgaran or sulodexide or zivor or embolex or xaparin or clivarine).mp.
326. (FR-860 or FR 860 or FR860 or PK-10,169 or PK 10,169 or PK10,169 or PK-10169 or PK 10169 or PK10169 or EMT-967 or EMT 967 or EMT967 or EMT-966 or EMT 966 or EMT966 or CY 216 or CY-216 or CY216 or LMF CY-216 or LMF CY 216 or LMF CY216).mp.
327. or/316-326
328. 276 or 289 or 292 or 308 or 309 or 315 or 327
329. exp vena cava filter/
330. ven* cava filter*.mp.
331. (Celect or Greenfield or Gunther Tulip or Ninitol Bard G2 or OptEase or Trapease or Vena Tech).mp.
332. or/329-331
333. health service/
334. "organization and management"/
335. exp patient care/
336. exp ambulatory care/
337. exp health program/ or exp health care delivery/
338. exp ambulatory care/
339. exp medical practice/
340. exp pharmaceutical care/ or Pharmacists/
341. exp professional standard/
342. anticoagul* management*.mp.
343. ((thrombosis or anticoagul*) adj2 (service or clinic or manage* or ambulatory)).ti,ab,kw.
344. 333 or 334 or 335 or 336 or 337 or 338 or 339 or 340 or 341 or 342 or 343
345. exp hospital information system/
346. exp self care/
347. exp drug monitoring/
348. ((Point-of-care or monitor* or manage*) adj home).mp.
349. (self adj1 (monitor* or test* or management*)).ti,ab,kw.
350. ((monitor* or test* or management*) adj1 home).ti,ab,kw.
351. International Normalized Ratio/
352. exp drug self administration/
353. patient education/
354. 345 or 346 or 347 or 348 or 349 or 350 or 351 or 352 or 353
355. ultrasonography/ or ultrasonography, doppler/
356. (ultrasound$ or ultrason$ or sonograph$).mp.
357. 355 or 356
358. fibrin degradation product/
359. D dimer/
360. (D-dimer or d dimer).mp.
361. (label$ adj2 (fibrogen or fibrinogen)).mp.
362. 358 or 359 or 360 or 361
363. exp cone beam computed tomography/
364. spiral computer assisted tomography/
365. computer assisted tomography/

366. (compute* tomograph* or compute*-tomograph*).mp.
367. or/363-366
368. exp lung scintiscanning/
369. exp Ventilation-Perfusion Ratio/
370. (lung adj1 (ventilation or perfusion)).ti,ab,kw.
371. (lung adj ventilation adj scan).ti,ab,kw.
372. (lung adj perfusion adj scan).ti,ab,kw.
373. (lung adj1 scan).ti,ab,kw.
374. VQ scan.mp.
375. 368 or 369 or 370 or 371 or 372 or 373 or 374
376. 355 or 356 or 357 or 358 or 359 or 360 or 361 or 362 or 363 or 364 or 365 or 366 or 367 or 368 or 369 or 370 or 371 or 372 or 373 or 374 or 375
377. fibrinolytic therapy/
378. fibrinolytic agent/
379. exp fibrinolysis/
380. exp plasminogen activator/
381. (Urokinase* or alteplase* or reteplase* or tenecteplase* or saruplase* or anistreplase* or monteplase* or streptokinase* or staphylokinase or avelizin or awelysin or celiase* or distreptase* or Kabikinase* or kabivitrum 22 or Streptase* or streptodecase* or apsac or Abbokinase* or renokinase* or Actilyse* or Activase* or Eminase* or Retavase* or Rapilysin or desmopletase* or u-pa or alfimeprase* or thromboly* or fibrinoly* or antithrombotic or antithrombic).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword]
382. or/377-381
383. 258 or 263 or 266 or 328 or 332 or 344 or 354 or 376 or 382
384. 251 or 383
385. 201 or 384
386. 112 and 130 and 385
387. 89 and 130 and 385
388. 40 and 130 and 385
389. 65 and 130 and 385
390. (102 or 111) and 130 and 385
391. limit 386 to embase
392. limit 387 to embase
393. limit 388 to embase
394. limit 389 to embase
395. limit 390 to embase

2. Database: PSYCINFO

Interface: Ovid

Search Strategy: search terms

1. *Health Attitudes/
2. *Client Participation/
3. preference*.ti,ab.
4. exp Preferences/ or exp Client Attitudes/
5. choice.ti.
6. choices.ti.
7. value*.ti.
8. health state values.ti,ab.
9. valuation*.ti.
10. expectation*.ti,ab.
11. attitude*.ti,ab.
12. acceptab*.ti,ab.
13. knowledge.ti,ab.
14. point of view.ti,ab.
15. user participation.ti,ab.
16. users participation.ti,ab.
17. users' participation.ti,ab.
18. user's participation.ti,ab.
19. patient participation.ti,ab.
20. patients' participation.ti,ab.
21. patients participation.ti,ab.
22. patient's participation.ti,ab.
23. patient perspective*.ti,ab.
24. patients perspective*.ti,ab.
25. patients' perspective*.ti,ab.
26. patient's perspective*.ti,ab.
27. patient perce*.ti,ab.
28. patients perce*.ti,ab.
29. patients' perce*.ti,ab.
30. patient's perce*.ti,ab.
31. health perception*.ti,ab.
32. user view*.ti,ab.
33. users view*.ti,ab.
34. users' view*.ti,ab.
35. user's view*.ti,ab.
36. patient view*.ti,ab.
37. patients view*.ti,ab.
38. patients' view*.ti,ab.
39. patient's view*.ti,ab.
40. or/1-39
41. patient*.ti.
42. user*.ti.
43. men.ti.
44. women.ti.
45. or/41-44
46. *decision making/
47. decision mak*.ti,ab.
48. decisions mak*.ti,ab.
49. decision*.ti.
50. mak*.ti.
51. 49 and 50
52. exp Avoidance Conditioning/
53. 46 or 47 or 48 or 51 or 52
54. 45 and 53

55. discrete choice.ti,ab.
56. decision board*.ti,ab.
57. decision analy*.ti,ab.
58. decision-support.ti,ab.
59. decision tool*.ti,ab.
60. decision aid*.ti,ab.
61. discrete-choice*.ti,ab.
62. decision*.ti,ab.
63. 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62
64. 45 and 63
65. 54 or 64
66. exp Decision Support Systems/ or exp Decision Making/
67. (health and utilit*).ti.
68. gamble*.ti,ab.
69. exp Prospect Theory/ or prospect theory.mp.
70. preference score.ti,ab.
71. preference elicitation.ti,ab.
72. health utilit*.ti,ab.
73. (utility and (value* or score* or estimate*)).mp.
74. health state.ti,ab.
75. feeling thermometer*.ti,ab.
76. best-worst scaling.ti,ab.
77. best worst scaling.mp.
78. best worst.ti,ab.
79. TTO.ti,ab.
80. time trade-off.ti,ab.
81. probability trade-off.ti,ab.
82. or/66-81
83. choice behavior/
84. or/66-83
85. preference based.ti,ab.
86. preference score.ti,ab.
87. multiattribute.ti,ab.
88. multi attribute.mp.
89. EuroQoL 5D.mp.
90. EuroQoL5D.ti,ab.
91. EQ5D.mp.
92. EQ 5D.ti,ab.
93. SF6D.ti,ab.
94. SF 6D.ti,ab.
95. HUI.ti,ab.
96. 15D.ti,ab.
97. or/85-96
98. SF36.ti,ab.
99. SF 36.ti,ab.
100. SF12.ti,ab.
101. SF 12.mp.
102. HRQoL.ti,ab.
103. QoL.ti,ab.
104. quality of life.ti,ab.
105. "quality of life"/
106. or/98-105
107. 40 or 65 or 84 or 97 or 106
108. exp Thromboses/ or Embolisms/
109. Embolism*.mp.
110. Thromboembolism*.mp.
111. Thrombophlebitis.mp.

112. DVT.mp.
113. VTE.mp.
114. (PE and (vein or venous)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
115. ((Pulmon$ or vein or venous or lung) adj (Emboli$ or thromb$)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
116. (thrombus* or thrombotic* or thrombolic* or thromboemboli* or thrombos* or embol*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
117. (((deep or thromb* or stasis) adj2 (vein* or venous)) or (blood flow stasis or blood clot)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
118. or/108-117
119. thrombocytopen*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
120. Heparin-induced.mp.
121. HITT.mp.
122. ((HIT or HITT) and (prothromb* or thromb* or heparin*)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures]
123. or/108-122

3. Database: CINAHL

Interface: EBSCOhost

Search Strategy: search terms

S107	S40 OR S65 OR S84 OR S97 OR S106
S106	S98 OR S99 OR S100 OR S101 OR S102 OR S103 OR S104 OR S105
S105	(MH "Quality of Life")
S104	TX quality of life
S103	TX QoL
S102	TX HRQoL
S101	TX SF 12
S100	TX SF12
S99	TX SF 36
S98	TX SF36
S97	S85 OR S86 OR S87 OR S88 OR S89 OR S90 OR S91 OR S92 OR S93 OR S94 OR S95 OR S96
S96	TX 15D
S95	TX HUI
S94	TX SF 6D
S93	TX SF6D
S92	TX EQ 5D
S91	TX EQ5D
S90	TX EuroQoL5D
S89	TX EuroQoL 5D
S88	TX multi attribute
S87	TX multiattribute
S86	TX preference score
S85	TX preference based
S84	S66 OR S67 OR S68 OR S69 OR S70 OR S71 OR S72 OR S73 OR S74 OR S75 OR S76 OR S77 OR S78 OR S79 OR S80 OR S81 OR S82 OR S83
S83	"Choice Behavior"
S82	S66 OR S67 OR S68 OR S69 OR S70 OR S71 OR S72 OR S73 OR S74 OR S75 OR S76 OR S77 OR S78 OR S79 OR S80 OR S81
S81	TX probability trade-off
S80	TX time trade-off
S79	TX TTO
S78	TX best worst
S77	TX best worst scaling
S76	TX best-worst scaling
S75	TX feeling thermometer*
S74	TX health state
S73	TX (utility and (value* or score* or estimate*))
S72	TX health utilit*
S71	TX preference elicitation
S70	TX preference score
S69	TX prospect theory
S68	TX gamble*
S67	TI health and utilit*
S66	(MH "Decision Support Techniques")
S65	S54 OR S64
S64	S45 AND S63
S63	S55 OR S56 OR S57 OR S58 OR S59 OR S60 OR S61 OR S62
S62	TX decision*
S61	TX discrete-choice*
S60	TX decision aid*
S59	TX decision tool*
S58	TX decision-support
S57	TX decision analy*
S56	TX decision board*

S55 TX discrete choice
S54 S45 AND S53
S53 S46 OR S47 OR S48 OR S51 OR S52
S52 "avoidance learning"
S51 S49 AND S50
S50 TI mak*
S49 TI decision*
S48 TI decisions mak*
S47 TX decision mak*
S46 (MM "Decision Making+")
S45 S41 OR S42 OR S43 OR S44
S44 TI women
S43 TI men
S42 TI user*
S41 TI patient*
S40 S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26 OR S27 OR S28 OR S29 OR S30 OR S31 OR S32 OR S33 OR S34 OR S35 OR S36 OR S37 OR S38 OR S39
S39 TX patient's view*
S38 TX patients' view*
S37 TX patients view*
S36 TX patient view*
S35 TX user's view*
S34 TX users' view*
S33 TX users view*
S32 TX user view*
S31 TX health perception*
S30 TX patient's perce*
S29 TX patients' perce*
S28 TX patients perce*
S27 TX patient perce*
S26 TX patient's perspective*
S25 TX patients' perspective*
S24 TX patients perspective*
S23 TX patient perspective*
S22 TX patient's participation
S21 TX patients participation
S20 TX patients' participation
S19 TX patient participation
S18 TX user's participation
S17 TX users' participation
S16 TX users participation
S15 TX user participation
S14 TX point of view
S13 TX knowledge
S12 TX acceptab*
S11 TX attitude*
S10 TX expectation*
S9 TI valuation*
S8 TX health state values
S7 TI value*
S6 TI choices
S5 TI choice
S4 "Patient Preference"
S3 TX preference*
S2 (MM "Consumer Participation")
S1 (MM "Attitude to Health")

Table 1S. Selection criteria

	INCLUSION	EXCLUSION
Study characteristic	RCT, Observational studies (cross-sectional, cohorts, case-controls), qualitative studies	non-primary studies (e.g. clinical practice guidelines, reviews, commentaries, communications, letters, or viewpoints), case report, and case series; as well as studies reporting health related quality of life studies not reporting utility information and health economic evaluation studies including cost-effectiveness analysis and cost utility analysis without original utility elicitation.
Patient characteristic	Individuals at risk or with a VTE disease with the following characteristics: Surgical, medically ill patients and patients with cancer at risk of thromboembolic disease, patients in treatment for VTE, patients with Heparin-Induced-Thrombocytopenia, with thrombophilia and pregnant women with VTE or at risk (adults and pediatric)	Patients with any other condition not mentioned in inclusion criteria
Intervention/ Comparison	Mechanical Processes Intermittent Pneumatic Compression Devices, Compression Bandages Anticoagulant agent (Antithrombins, Heparin, Low-Molecular-Weighted heparin, Factor Xa Inhibitors, new or novel or direct oral anticoagulant, Platelet Aggregation, vitamin K antagonist, fondaparinux, UFH) Thrombolytic Therapy Ultrasonography D-dimer Computed Tomography Ventilation-Perfusion Patient Education Health Services (Management Service, Patient Care Management Managed Care Programs, Ambulatory Care Facilities, Practice Patterns Physicians, Pharmaceutical Services) Point-of-Care Systems Self-Care Self-administration Drug Monitoring Vena cava filter	Any others not included across the ten guidelines
Outcomes:	Mortality, DVT (any population, location, severity, including recurrence) PE (any population, location, severity, including recurrence) Bleeding (any population, location, severity, including recurrence) Cerebral haemorrhage (bleed)/hemorrhagic stroke Cerebral vein thrombosis Chronic thrombotic pulmonary hypertension Mesenteric vein thrombosis Portal vein thrombosis Post-thrombotic syndrome Retinal vein thrombosis Pregnancy loss Allergic reactions contrast dye Days of work lost HIT Hospitalization (including ER visits) Quality of Life	

Figure 1S. Screening algorithm

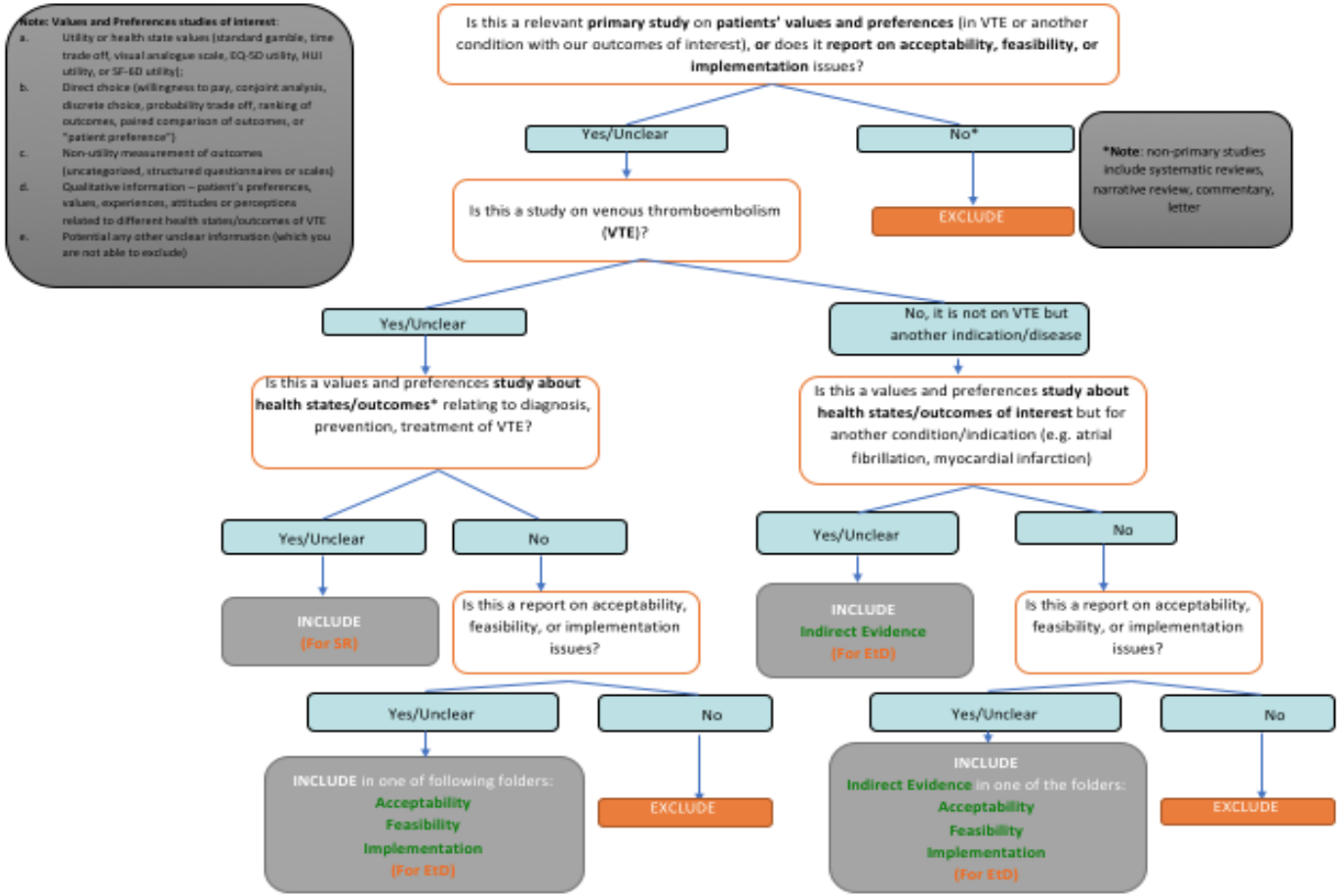

Table 2S. FT studies EXCLUDED with reasons:

N#	First Author	Publication Year	Final reason
1	Abdel-Aziz, H.	2015	No study type of interest (review, conference abstract or duplicates publications of the same study)
2	Abdou, J. K.	2016	duplicate
3	Agarwal, A.	2010	No VP
4	Ageno (named Riva)	2012	No VP
5	Agharezaei, Z.	2014	No VP
6	Ahn, J. S.	2014	No VP
7	Al-Dorzi, H. M.	2011	No VP
8	Alahmari, A.	2015	No VP
9	Alegret, J. M.	2014	No VTE (no patient or no intervention of interest)
10	Alexander, M.	2014	No VP
11	AlGahtani, F. H.	2009	No VP
12	Alolabi, N.	2015	No VTE (no patient or no intervention of interest)
13	Alphonsa, A.	2015	No VTE (no patient or no intervention of interest)
14	Alzoubi, K. H.	2013	No VP
15	Amin, A.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
16	Anand, S.	2007	No VTE (no patient or no intervention of interest)
17	Arepally, G.	2010	No VP
18	Arpaia, G.	2009	No VP
19	Ashrani, A. A.	2010	No VP
20	Auyeung, V.	2016	No VP
21	Azboy, I.	2016	No VP
22	Bahri, O.	2015	No VTE (no patient or no intervention of interest)
23	Baker, J. W.	2011	No VP
24	Bamber, L.	2015	No VP
25	Barcellona, D.	2015	No VTE (no patient or no intervention of interest)
26	Barnes, G. D.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
27	Basey, A. J.	2012	No VP
28	Baumann, S.	2015	No study type of interest (review, conference abstract or duplicates publications of the same study)

N#	First Author	Publication Year	Final reason
29	Bavozet, F.	2014	No VP
30	Bekker, M. W.	2015	No VP
31	Bhalla, R.	2013	No VP
32	Bikdeli, B.	2011	No VP
33	Biss, T. T.	2016	No VP
34	Blattler, W.	2005	No VP
35	Blondon	2010	No VP
36	Bonderup, M. A.	2011	No VTE (no patient or no intervention of interest)
37	Boom, M. S.	2015	No VTE (no patient or no intervention of interest)
38	Boriani, G.	2015	No study type of interest (review, conference abstract or duplicates publications of the same study)
39	Bouabellou, F.	2014	No VP
40	Bounameaux, H.	2011	No study type of interest (review, conference abstract or duplicates publications of the same study)
41	Brown	2011	No VTE (no patient or no intervention of interest)
42	Brown (named Siu)	2012	No study type of interest (review, conference abstract or duplicates publications of the same study)
43	Bruce, A. K.	2013	No study type of interest (review, conference abstract or duplicates publications of the same study)
44	Brunner, H. I.	2002	No VP
45	Bryson, D. J.	2012	No VP
46	Bullock-Palmer, R. P.	2008	No VP
47	Cajfinger, F.	2016	No VP
48	Can, M. M.	2012	No VTE (no patient or no intervention of interest)
49	Caprini, J. A.	2005	No VP
50	Carles, M.	2015	No VP
51	Carpenedo, M.	2014	No VTE (no patient or no intervention of interest)
52	Casais	2005	No VP
53	Catarinella, F.	2014	No VP
54	Catarinella, F. S.	2015	No VP
55	Chapman, N. H.	2011	No VP

N#	First Author	Publication Year	Final reason
56	Chen	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
57	Chiong, W.	2014	No VTE (no patient or no intervention of interest)
58	Chiong, W.	2014	No VTE (no patient or no intervention of interest)
59	Choi, J. C.	2014	No VTE (no patient or no intervention of interest)
60	Christensen, T. D.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
61	Cimminiello, C.	2012	No VP
62	Cindolo, L.	2009	No VP
63	Clarkesmith, D. E.	2013	No VTE (no patient or no intervention of interest)
64	Clay, E.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
65	Connell, N. T.	2015	No VP
66	Connell, N. T.	2015	No VP
67	Cook, D.	2013	No VP
68	Cook, D.	2014	No VP
69	Cook, D.	2001	No VP
70	Cowper, P. A.	2015	No VTE (no patient or no intervention of interest)
71	Cox	2003	No VP
72	Croxford, A.	2015	No VP
73	D'Souza, R.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
74	Dalla Libera, M.	2016	No VP
75	Day, M. S.	2014	No VP
76	Day, R. W.	2015	No VTE (no patient or no intervention of interest)
77	De Caterina, R.	2014	No VTE (no patient or no intervention of interest)
78	De Perrot, M.	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
79	DeBreucker	2010	No VTE (no patient or no intervention of interest)
80	Deitcher, S. R.	2004	No VP

N#	First Author	Publication Year	Final reason
81	DeKoven	2012	No VTE (no patient or no intervention of interest)
82	Dennis	2013	No VTE (no patient or no intervention of interest)
83	Dentali, F.	2014	No VP
84	DeSilva	2013	No VTE (no patient or no intervention of interest)
85	Dharmarajan, T. S.	2006	No VP
86	Dharmarajan, T. S.	2012	No VP
87	Diker, E.	2015	No VTE (no patient or no intervention of interest)
88	Donnelly, J. C.	2014	No VP
89	Douketis, J. D.	1999	No VP
90	Dracup	2003	No VTE (no patient or no intervention of interest)
91	Dranitsaris, G.	2016	duplicate
92	Duff, J.	2013	No VP
93	Duff, J.	2013	No VP
94	Eckman, M. H.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
95	Egarter, C.	1997	No VP
96	Eijgenraam, P.	2015	No VP
97	Elbur, A. I.	2015	No VP
98	Enden	2013	duplicate
99	Essers, B. A. B.	2010	No study type of interest (review, conference abstract or duplicates publications of the same study)
100	Fang	2006	No VP
101	Farge-Bancel, D.	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
102	Farge, D.	2014	No VP
103	Feder, S. L.	2014	No VTE (no patient or no intervention of interest)
104	Frias Iniesta, J.	1996	No VP
105	Fu, A. Z.	2016	No VTE (no patient or no intervention of interest)
106	Fuchs, P.	2015	No VTE (no patient or no intervention of interest)
107	Fuenzalida, C.	2015	No VP
108	Gadisseur, A. P. A.	2004	No VP

N#	First Author	Publication Year	Final reason
109	Gage, B. F.	1998	No VTE (no patient or no intervention of interest)
110	Galbraith, E. M.	2010	No VP
111	Gao, F.	2010	No VP
112	Garcia, A. C. F.	2005	No VP
113	Gartner, V.	2012	No VP
114	Geyer, B. C.	2014	duplicate
115	Gibson, N. S.	2009	No VP
116	Glauser, T. A.	2016	No VP
117	Gnanalingham, K. K.	2003	No VP
118	González	2014	No VTE (no patient or no intervention of interest)
119	Gonzalez-Rojas, N.	2012	No VTE (no patient or no intervention of interest)
120	Green, A. R.	2007	No VTE (no patient or no intervention of interest)
121	Grier	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
122	Gross	2003	No VTE (no patient or no intervention of interest)
123	Grunau, B. E.	2011	No VTE (no patient or no intervention of interest)
124	Guimicheva, B.	2015	No VP
125	Guryel, E.	2012	No VP
126	Hanson, S. J.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
127	Hardy, E.	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
128	Harvey, Carol V.	2011	No study type of interest (review, conference abstract or duplicates publications of the same study)
129	Hauber	2010	No VTE (no patient or no intervention of interest)
130	Hawryluk, G. W. J.	2011	No VP
131	Haymes	2016	No VP
132	Hedner, E.	2004	No VP
133	Hendriks, J. M.	2015	No VTE (no patient or no intervention of interest)

N#	First Author	Publication Year	Final reason
134	Hillis, C.	2015	No study type of interest (review, conference abstract or duplicates publications of the same study)
135	Hindorff, L. A.	2009	No VTE (no patient or no intervention of interest)
136	Hinz, P.	2003	No VP
137	Hirschfeld, J.	2014	No VP
138	Hodgson	1998	No VTE (no patient or no intervention of interest)
139	Hogg	2013	duplicate
140	Hohmann, C.	2012	No VP
141	Holley	2006	No VP
142	Howitt	1999	No VTE (no patient or no intervention of interest)
143	Huber, T.	2016	No VP
144	Hull	2008	No study type of interest (review, conference abstract or duplicates publications of the same study)
145	Hull, R. D.	2009	No VP
146	Hur, H. C.	2015	No VTE (no patient or no intervention of interest)
147	Hyers, T. M.	2007	No VP
148	Iannuzzi	2014	No VP
149	Imani, B.	2014	No VP
150	Insam, C.	2016	No VP
151	Isma'eel, H.	2006	No VP
152	Ivarsson, B.	2014	No VP
153	Jafri, S. D.	2015	No VTE (no patient or no intervention of interest)
154	Johnson, M. J.	2012	No VP
155	Jolobe	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
156	Jones, J. M.	2010	No VTE (no patient or no intervention of interest)
157	Jordan, L. A.	2014	No VTE (no patient or no intervention of interest)
158	Jowett, S.	2011	No VTE (no patient or no intervention of interest)
159	Jurcut, R.	2015	No VTE (no patient or no intervention of interest)
160	Kahn, S. R.	2002	No VP
161	Kaiser, K.	2014	No VTE (no patient or no intervention of interest)

N#	First Author	Publication Year	Final reason
162	Kakkar, N.	2004	No VP
163	Kaur, R.	2012	No study type of interest (review, conference abstract or duplicates publications of the same study)
164	Kayssi, A.	2015	No VP
165	Kayssi, A.	2012	No VP
166	Kearon, C.	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
167	Kesieme, E. B.	2016	No VP
168	Khan, S.	2016	No VP
169	Khorana	2009	No study type of interest (review, conference abstract or duplicates publications of the same study)
170	Khudair	2010	No VP
171	Kleinjan, A.	2012	No VP
172	Kleinjan, A.	2014	No VP
173	Klok	2010	No VP
174	Knapp	2010	No VTE (no patient or no intervention of interest)
175	Kneeland, P. P.	2010	No study type of interest (review, conference abstract or duplicates publications of the same study)
176	Kodatsky	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
177	Kooistra, H. A.	2015	No VTE (no patient or no intervention of interest)
178	Koops	2002	No study type of interest (review, conference abstract or duplicates publications of the same study)
179	Korte	2008	No study type of interest (review, conference abstract or duplicates publications of the same study)
180	Kotirum, S.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
181	Krieger, C.	2015	No VP
182	Krishnan, S.	2013	No VP
183	Kristiansen, A.	2014	No VP
184	Kristoffersen, A. H.	2006	No VTE (no patient or no intervention of interest)

N#	First Author	Publication Year	Final reason
185	Kristoffersen, A. H.	2016	No VP
186	Kucher, N.	2009	No VP
187	Kukhareva, P. V.	2014	No VTE (no patient or no intervention of interest)
188	Kumar, R.	2014	No VP
189	Lane, D. A.	2006	No VTE (no patient or no intervention of interest)
190	Langland-Orban, B.	1993	No VP
191	Larsen, T. B.	2015	No VTE (no patient or no intervention of interest)
192	Lau, B. D.	2015	No VP
193	Lau, C.	2015	No VP
194	Lee, J. A.	2014	No VP
195	Lee, J. A.	2014	No VP
196	Lee, S.	2012	No VTE (no patient or no intervention of interest)
197	Lip	1996	No VTE (no patient or no intervention of interest)
198	Lip, G. Y.	2002	No VTE (no patient or no intervention of interest)
199	Lip, G. Y.	2011	No study type of interest (review, conference abstract or duplicates publications of the same study)
200	Lloyd, N. S.	2012	No VP
201	Lozada, Y.	2012	No VTE (no patient or no intervention of interest)
202	Lozano Sanchez, F. S.	2013	No VP
203	Lubenow	2007	No VP
204	Lustig, D. B.	2015	No VP
205	Lynd, L. D.	2004	No study type of interest (review, conference abstract or duplicates publications of the same study)
206	Machado, R. B.	2015	No VP
207	MacLean	2012	No study type of interest (review, conference abstract or duplicates publications of the same study)
208	MacLean	2010	No study type of interest (review, conference abstract or duplicates publications of the same study)
209	Macquart de Terline, D.	2016	No VTE (no patient or no intervention of interest)
210	Maeda, K.	2012	No VTE (no patient or no intervention of interest)

N#	First Author	Publication Year	Final reason
211	Mahan, C. E.	2010	No study type of interest (review, conference abstract or duplicates publications of the same study)
212	Majluf-Cruz, A.	2013	No VP
213	Man-Son-Hing	1999	No VTE (no patient or no intervention of interest)
214	Marini, B. L.	2014	No VP
215	Martens, Tanya Z.	2007	No VP
216	Matzdorff, A.	2015	No VP
217	May	2006	No VP
218	McAlister, F. A.	2004	No VTE (no patient or no intervention of interest)
219	McFarland, L.	2014	No VP
220	McFarland, L.	2013	No VP
221	McGowan, K. E.	2016	No VP
222	Mean, M.	2014	No VP
223	Mellon, L.	2015	No VTE (no patient or no intervention of interest)
224	Mendoza, E.	2012	No VP
225	Mengiardi, S.	2011	No VTE (no patient or no intervention of interest)
226	Mennuni, M.	2014	No VTE (no patient or no intervention of interest)
227	Merwin, S. L.	2013	No VP
228	Meyding-Lamade, U.	2014	No VTE (no patient or no intervention of interest)
229	Meyer, G.	2004	No study type of interest (review, conference abstract or duplicates publications of the same study)
230	Meyer, G.	2004	No VP
231	Michtalik, H. J.	2013	No VP
232	Middlekauff	1995	No VP
233	Miller, P. S. J.	2005	No study type of interest (review, conference abstract or duplicates publications of the same study)
234	Mirkazemi, C.	2012	No VP
235	Mockler	2012	No VP
236	Mohamed, A. F.	2010	No VTE (no patient or no intervention of interest)
237	Moloczij, N.	2015	No VTE (no patient or no intervention of interest)
238	Mondry, A.	2015	No VTE (no patient or no intervention of interest)

N#	First Author	Publication Year	Final reason
239	Monnazzi, M. S.	2012	No VP
240	Moretto, P.	2014	No VP
241	Morgan, S. J.	2001	No VP
242	Mufti, H. N.	2015	No VP
243	Murthy, C.	2016	No VP
244	Myles, P. S.	2014	No VTE (no patient or no intervention of interest)
245	Nascimento, T.	2014	No VP
246	Naylor, C. D.	1990	No VTE (no patient or no intervention of interest)
247	Nazarenko, G. I.	2015	No VP
248	Noble, S.	2015	duplicate
249	Noble, S. I.	2006	No VP
250	Noble, S. I.	2005	duplicate
251	Noble, S. I. R.	2006	No VP
252	Nwulu, U.	2014	No VP
253	O'Brien, E. C.	2014b	No VTE (no patient or no intervention of interest)
254	O'Brien, E. C.	2014a	No VTE (no patient or no intervention of interest)
255	O'Connor, E.	2015	No VP
256	Oh	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
257	Okumura, K.	2015	No VTE (no patient or no intervention of interest)
258	Oterhals, K.	2014	No VP
259	Othieno, R.	2007	No study type of interest (review, conference abstract or duplicates publications of the same study)
260	Page, E. E.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
261	Pagella, P.	2007	No VP
262	Pai, M.	2013	No VP
263	Paiva, E. F.	2009	No study type of interest (review, conference abstract or duplicates publications of the same study)
264	Palomaki, A.	2016	No VTE (no patient or no intervention of interest)
265	Parikh, K. C.	2012	No VP

N#	First Author	Publication Year	Final reason
266	Parkash	2013	No study type of interest (review, conference abstract or duplicates publications of the same study)
267	Pascoe, H.	2014	No VTE (no patient or no intervention of interest)
268	Pessinaba, S.	2014	No VP
269	Piazza, G.	2012	No VP
270	Pillai, A.	2004	No VP
271	Pineo	2012	No study type of interest (review, conference abstract or duplicates publications of the same study)
272	Polk, H. C., Jr.	2008	No VP
273	Popoola, V. O.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
274	Porfidia, A.	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
275	Pouw	1995	No VP
276	Power	2013	No VTE (no patient or no intervention of interest)
277	Prins	2009	No VTE (no patient or no intervention of interest)
278	Prins, M.	2012	No VP
279	Protheroe, J.	2001	No VTE (no patient or no intervention of interest)
280	Protheroe, J.	2000	No VTE (no patient or no intervention of interest)
281	Provias, T.	2014	No VP
282	Rajasekhar, A.	2012	No VP
283	Rey, J. B.	2016	No VP
284	Rezaie, S. R.	2015	No VP
285	Rizzo-Padoin, N.	2001	No VP
286	Rodger	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
287	Rodger	2003	No VP
288	Rodgers, A.	1994	No VP
289	Roque, D. R.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)

N#	First Author	Publication Year	Final reason
290	Rossle, M.	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
291	Ruiz-Artacho, P.	2015	No study type of interest (review, conference abstract or duplicates publications of the same study)
292	Sacchi, L.	2015	No VP
293	Salinas, J.	2016	No VTE (no patient or no intervention of interest)
294	Samuelson, B. T.	2015	No VP
295	Scales, D. C.	2010	No VP
296	Schellong, S. M.	2015	No VP
297	Schousboe	2013	No VP
298	Schouten, H. J.	2014	No VP
299	Schwarz, T.	2001	No VP
300	Shaha, M.	2015	No VP
301	Sharma, V.	2010	No VP
302	Sheard, L.	2012	No VP
303	Shuaib, W.	2014	No VTE (no patient or no intervention of interest)
304	Smart, P.	2013	No VP
305	Smith, M. B.	2010	No VTE (no patient or no intervention of interest)
306	Soukoulis, V.	2015	No VP
307	Spitzer, K. A.	2006	No VP
308	Spokoyny, I.	2016	No study type of interest (review, conference abstract or duplicates publications of the same study)
309	Stecksen, A.	2014	No VTE (no patient or no intervention of interest)
310	Steib, A.	2014	No VP
311	Steiner	2013	No VP
312	Sterpu, R.	2015	No VP
313	Stolz	2015	No VP
314	Streiff, M. B.	2012	No VP
315	Sudlow	1998	No VTE (no patient or no intervention of interest)
316	Sullivan, P. W.	2006	No VTE (no patient or no intervention of interest)
317	Tanaka-Esposito, C.	2015	No study type of interest (review, conference abstract or duplicates publications of the same study)

N#	First Author	Publication Year	Final reason
318	Tang, X.	2015	No VP
319	Tanweer, O.	2014	No VTE (no patient or no intervention of interest)
320	Tardy	2003	No VP
321	Tavoly, M.	2015	No VP
322	Taylor	1994	No VP
323	Thach, A. V.	2016	No VTE (no patient or no intervention of interest)
324	Tietze, M.	2014	No study type of interest (review, conference abstract or duplicates publications of the same study)
325	Toyoda, K.	2015	No VTE (no patient or no intervention of interest)
326	Tulstrup, M.	2016	No VTE (no patient or no intervention of interest)
327	Umscheid, C. A.	2012	No VP
328	van Zyl, M.	2014	No VP
329	Vardi, M.	2012	No VP
330	Vasishta, S.	2001	No VTE (no patient or no intervention of interest)
331	Verhoef, T. I.	2015	No VTE (no patient or no intervention of interest)
332	Verhoef, T. I.	2014	No VP
333	Viale, P. H.	2004	No study type of interest (review, conference abstract or duplicates publications of the same study)
334	Vogt	2011	No VTE (no patient or no intervention of interest)
335	Volterrani	2013	No VTE (no patient or no intervention of interest)
336	Wade	2017	No study type of interest (review, conference abstract or duplicates publications of the same study)
337	Wang, Y.	2013	No VTE (no patient or no intervention of interest)
338	Warcel, D.	2014	No VTE (no patient or no intervention of interest)
339	Warle´-Van Herwaarden	2014	No VP
340	Welin	2014	No VTE (no patient or no intervention of interest)
341	Wells	2009	No VTE (no patient or no intervention of interest)
342	Wells, P. S.	1998	No VP

N#	First Author	Publication Year	Final reason
343	Wiemer, M.	2015	No VTE (no patient or no intervention of interest)
344	Winans, A. R. M.	2010	No VP
345	Wolpin, S.	2011	No VP
346	Woods, K.	2004	No VTE (no patient or no intervention of interest)
347	Wu, Y.	2004	No VTE (no patient or no intervention of interest)
348	Wutzler, A.	2014	No VTE (no patient or no intervention of interest)
349	Yamada	2015	No study type of interest (review, conference abstract or duplicates publications of the same study)
350	Yates, M.	2014	No VP
351	Yee, D. L.	2009	No VP
352	Young, A.	2016	No VP
353	Yuan	2014	No VTE (no patient or no intervention of interest)
354	Yuan, Z.	2014	No VTE (no patient or no intervention of interest)
355	Zairul-Nizam, Z. F.	2003	No VP
356	Zeidan, A. M.	2012	No VP
357	Zeidan, A. M.	2011	No VP
358	Zierler, B. K.	2002	No VP
359	Zytaruk, N.	2014	No VP
360	Gong	2017	No VTE (no patient or no intervention of interest)
361	Mehta	2018	No study type of interest (review, conference abstract or duplicates publications of the same study)
362	Shafrin	2016	No VTE (no patient or no intervention of interest)
363	van Blerk	2004	No VP
364	Abdou, J. K.	2015	conference abstract
365	Cohen	2014	conference abstract
366	Dranitsaris, G.	2006	No VP

Table 3S. – Quantitative Studies' characteristic and Results table

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
Anand 2007	Cross-sectional survey	UK	NR	patients undergoing hip and knee joint replacement	43	Consecutive	100%	Mean: 69.9, range: 36-85	male/female: 14/29 (33%/67%)	forced choice: treatment preferences	printed questionnaire	Choice or proportion of choice	- direct choice preference - would rather not use the foot pump: 44.18% mechanical vs. 27.9% who would rather not have injections (p = 0.12) -51.2% would be willing to keep on using these foot pumps at home for 4 weeks after discharge from the hospital, + another 18.6% were neutral about it (overall 69.8%). -76.7% would be willing to continue LMWH at home (86% agree or neutral) -44.2% preferred to have the foot pump on only during the daytime. --37.2% preferred to have the foot pumps on only at night. 27.9% preferred to have the foot pumps on during both day and night. -72.1% agreed to use foot pumps if they were to have another hip or knee operation while 9.3% were neutral about it.	Moderate RoB
Attaya 2012	Cross-sectional study	USA	NR	patients older than 18 years and had been on warfarin for at least 2 months (for atrial fibrillation, pulmonary embolism, or deep venous thrombosis); Subgroup information for age >= 70 and <70, female and male was reported	155	Consecutive	86.00%	Mean (SD): 68 (± 12.6), range: 29-91	male/female: 78/71 (50%/4%, no response: 6, 4%)	forced choice: willingness to switch anticoagulants	Other: in question, for example "If there is a new drug that can replace warfarin without monitoring, but has to be taken	Choice or proportion of choice	When being asked whether they would like to replace the warfarin with a treatment without monitoring, 58% (90 of 154) of patients willing to switch anticoagulants, and 36% (55 of 154) willing to make a change despite increased cost. Patients older than 70 years were significantly more willing to switch anticoagulants than those younger than 70 years (48 of 68, 71% vs. 38 of 75, 51%). Women were significantly less willing to switch (31 of 71, 44% for women vs. 54 of 78, 69% for men)	Serious RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
											twice a day"			
Baba 2015	Cross-sectional study	Jordan	NR	cancer patients who underwent a major abdominal/pelvic surgery	125	NR	NR	<20:0, 20-40:16, 40-60:69, >60:40	male/female: 59/66 (47% / 53%)	forced choice: treatment preferences	Verbal description	Choice or proportion of choice	For patients receiving low molecular weight heparin (LMWH) after major abdominal/pelvic surgeries in cancer patients, 33 (26.4%), 50 (40.0%), and 42 (33.6%) prefer the first injection by himself, by nurse and by family/friend, respectively. 46 (36.8%), 42 (33.6%), and 37 (29.6%) prefer the second injection by himself, by nurse and by family/friend, respectively.	Serious RoB
Barcellona 2000	Cross-sectional study	Italy	NR	patients who were on long-term oral anticoagulation	264	Consecutive	NR	Mean (SD): 55(± 19)	male/female:127/137 (48% / 52%)	structured questionnaire: concerns about the treatment	no description	Choice or proportion of choice	11% of respondents answered the anticoagulant therapy is limiting their everyday life much, while 89% said little or none. When they have had a negative episode, 13% of them are not afraid of negative consequences.	Serious RoB
Bates 2016	Cross-sectional study	seven centers in six countries (Canada, USA, Brazil, Finland, Norway and Spain)	Private not for profit, Private for profit, Governmental	Pregnant women and women who consider pregnancy, women who are on thromboprophylaxis	123	NR	65.8% (123 of 187)	Mean (SD): 33.94 (± 6.2)	pregnant women	Direct choice-treatment trade off and VAS		Choice or proportion of choice	The median threshold reduction in VTE risk at which women were willing to accept use of LMWH, given a fixed 16% risk of VTE without prophylaxis, was 3%. women with less than 2 weeks of previous experience with LMWH during pregnancy, compared to those with 2 weeks or more of previous experience required a greater VTE risk reduction (2.0%; 95% CI: 0.3% to 3.8%); Pregnant women and women planning pregnancy required a greater VTE risk reduction (1.6%; 95% CI: -0.0% to 3.3%), compared to those neither pregnant nor planning a pregnancy, though the results did not reach conventional statistical significance (p = 0.07). The majority of women were willing to use prophylactic LMWH in the real-life scenario (21	Low RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
													of 35 or 60.0% of low risk women and 76 of 88 or 86.4% of high-risk women). This proportion was smaller in the women pregnant or planning a pregnancy (26 of 36 or 76.2% at higher risk of recurrence and 11 of 20 or 55.0% of those at lower risk). The preference for prophylaxis was consistent in all three hypothetical (low, medium and high risk of VTE) scenarios (67.0%, 84.0%, 89.7% respectively).	
Bouman 2016	randomized controlled trial	the Netherlands	Governmental	patients with DVT	300	Random	not report	Mean (SD): 59 (± 13)	Male/Female:184/116 (61%/39%)	discrete choice exercise/ conjoint analysis	no description	Relative importance of attributes	Significant determinants of preference were: PTS risk reduction, putting on the ECS, duration of ECS therapy, reduction in current complaints, comfort of wearing the ECS and ease of washing the ECS. Cost and appearance of the ECS did not significantly influence preference. Patients were willing to increase the duration of therapy by 1 year for an additional PTS risk reduction of 10%. Patients accepted a 29% increase in risk of PTS if they could put on the ECS independently.	Serious RoB
Brady 2007	Cross-sectional study	USA	NR	A survey design method was used to collect information from patients regarding why these stockings and/or compression devices were being used, whether they found them comfortable enough to wear, and how long they wore them per day. The study also included observations on the fit of TEDS and/or	124/137	Random	0.905	Range: 18-92	male/female: 65/72 (52%/48%)	forced choice: treatment burden with stockings	Verbal description	Choice or proportion of choice	For 91 patients who were not wearing sequential compression devices, 39% of them suggested SCDs were uncomfortable (hot, itchy); while for 51 patients who were not wearing thromboembolic deterrent stockings, 59% of them said these stockings were uncomfortable to wear.	Serious RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
				SCDs. Only those patients who had sufficient stamina and concentration to complete the 15-minute survey were asked to participate.										
Brekelmans 2017	Cross-sectional study	Netherland	No external funding	Patients treated with VKA for deep vein thrombosis (DVT) or pulmonary embolism (PE) at the Thrombosis Service of Amsterdam	135	Random	67.5% (135/200)	Mean (SD): 70 (± 12)	Male/Female: 61/74 (45%/55%)	Direct choice-treatment trade off	Different scenarios described in the questionnaire	Choice or proportion of choice	The response rate was 68%. In scenario 1 (no need for laboratory control), 36% of patients would switch to a DOAC. This proportion rises to 57% (odds ratio [OR] 2.3; 95% confidence interval [CI] 1.6-3.3) for scenario 2 (decreased bleeding risk). Scenario 3 (less interactions with food and other drugs) resulted in 64% of patients preferring a DOAC (OR 3.2; 95%CI 2.2-4.6). The advantage of greater efficacy, scenarios 4, did not result in a noteworthy change in the preference. Almost two-thirds of patients preferred DOACs over VKA. Major reasons for switching to a DOAC were the lack of regular laboratory monitoring, the low risk of bleeding and the absence of interactions with food and other drugs. Patients less satisfied with their current treatment, younger patients and patients with higher education were more likely to prefer a DOAC over a VKA.	Low RoB
Cajfinger 2013	cohort study	France	Private for profit	Eligible patients were aged ≥18 years, with (1) histologically or cytologically-diagnosed cancer including solid or hematologic cancer and receiving anti-	409	Consecutive	NR	Mean (SD): 65.0 (± 12.1)	male/female: 205/204 50.1%/49.9%	Structured questionnaire: treatment expectation	no description	Mean (SD)	Highest “Treatment Expectations” mean scores at study start were reported on the “importance of ease of use” (4.22 ± 0.9), “expectations of symptom relief” (3.98 ± 1.04), and “confidence in the treatment to prevent blood clots” (3.94 ± 0.75) while 54.3% of patients had low expectations of treatment-related side effects (bruise, bleeding) (2.45 ± 1.1). Lowest scores were reported on “worries	Serious RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
				neoplastic treatment or palliative care; (2) objectively diagnosed recent and symptomatic DVT of upper or lower limbs, PE, visceral thrombosis or CVC-associated thrombosis; (3) LMWH anticoagulant treatment for VTE started within 7 days before inclusion and (4) no contra-indication to LMWH.									about mistakes" (1.9 ± 1.1) and "worries about cost" (1.9 ± 1.3).	
Chan 2007	cohort study	UK	NR	Patients undergoing lower limb arthroplasty	30	NR	NR	Mean (SD): 72.4 (± 11.2), Range: 44-91	NR	Contingent choice	Booklet/ card	proportion of choice	It was detected an overall progressive decline in the level of compliance as post-operative time increased [P < 0.001, Chi-square (2) test]. The average level of patient "comfort" was 7.1 on a visual analogue scale of 0–10. Sleep disturbance was reported by 57% of patients, while 43% complained of "heat intolerance". It was also shown that compliance is significantly reduced in those who complained of "sleep disturbance" while using the foot pumps (t-test, P < 0.05).	Serious RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
Chiou-Tan 2003	RCT	USA	NR	Patients with spinal cord injury	95	Consecutive	84% (80/95)	Mean (SD): 36.1 (± 15.0); range, 16–75	male/female: 75%/25%	rating scale (1-10)	No described: patient were asked to answer a questioner	Mean (SD) and Range	After being discharged home, the patients receiving enoxaparin rated the shots significantly more inconvenient (two injections per day) compared with taking three pills per day, than those receiving dalteparin (one injection per day, P 0.05): painfulness (1: not at all - extremely painful): 1.90(1.52) vs 2.05 (1.99), hassle (1: much less-much more): 3.05 (3.24) vs. -1.32(1.16) and Difficulty of giving injections (extremely difficult to extremely easy): 9.25 (1.37) - range 5-10 enoxaparin; 9.63 (0.60) range 8-10.	Serious RoB
Drantisaris 2016	Cross-sectional study	Canada	Private for profit	People from general public	24	1. A Random sample from the Canadian tax paying public, using a multistage, random cluster sampling technique.	NR	52 years (range: 32-73 years)	male/female: 11/24 (45.8%) female	time trade off	Verbal description	Mean (95% Confidence interval)	Dalteparin group: 0.66 (0.57,0.74); Oral therapy group: 0.38 (0.30,0.45)	Low RoB
Elewa 2014	Cross-sectional study	USA	NR	warfarin patients followed in the outpatient anticoagulation clinic	260	NR	260 of 273	age (%): <30 5.1, 30-49 22.5, 50-70 43.5, >70 24.1	male/female: 45.1%/50.2%, missing 4.7	forced choice: treatment preferences	no description	Mean (SD)	With a scale of 1-5, one indicating being the least favorable or strongly disagree, and five indicating being most favorable or strongly agree, the willingness to change to a new oral anticoagulant as effective as warfarin for prevention was 3.3 (1.52), if this new medication taken twice a day, the willingness to change to this new treatment is 3 (1.59). The willingness to change to this new treatment increased if it has no interaction with foods or beverage (4.1 (1.26)), and if it will cost the same	Serious RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
													or less (3.9 (1.39)); and decreased if it will cost more (2.6 (1.49)).	
Enden 2013	randomized controlled trial	Norway	Governmental	Patients (18–75 years) with a high proximal DVT, symptoms <21 days and no increased risk of bleeding were eligible	189	Random	of 209 randomized, 189 were included in the analysis	Mean (SD): 51.5 (± 15.8)	male/female: 119/70 (63%/37%)	EQ-5D utility	EQ-5D	Mean (95% Confidence interval)	Generic QoL in CDT group (at 24 months): 0.80 (0.746 to 0.849) Generic QoL in standard care (at 24 months): 0.84 (0.807 to 0.875); Generic QoL in CDT group (at 6 months): 0.82 (0.780 to 0.856); Generic QoL in standard care (at 6 months): 0.81 (0.777 to 0.852)	Low RoB
Geyer 2014	Cross-sectional study	USA	Private not for profit	patients visiting emergency department, subgroup of patients with a previous PE	203	Consecutive	100% (203 (65.9%) enrolled of 308 screened, actually not all 308 eligible)	Mean (SD): 55 (± 17)	male/female: 123/80 (63%/37%)	forced choice: diagnosis preferences	Booklet/card	Choice or proportion of choice	128 (63%) subjects indicated that they would prefer to have CT-PA 74 (37%) of patients indicated that they would decline CT-PA testing if they had a D-dimer above normal but less than twice normal (500-1000 ng/mL) and low clinical probability of PE	Low RoB
Haac 2006l	RCT	USA	Private not for profit	patients treated with pelvic or acetabular fractures or an operative extremity fracture	232	Consecutive	100% of (all eligible - the ones who refused to participate)	Mean (SD): 47.9 (± 17.7)	male/female:132/100 (57%/43%)	Discrete choice exercise/ conjoint analysis	Booklet/card	Relative importance of attributes	Patients most strongly preferred a reduction in risk of death by PE, distantly followed by a reduction in the risk of VTE requiring therapeutic anticoagulation, wound complications requiring another surgery, and bleeding complications requiring a transfusion. Patients preferred oral pills over subcutaneous injections. Preferences changed in favor of injections with an absolute risk reduction of 6.98% in bleeding, 4.53% in wound	Low RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
													complications requiring reoperation, 1.27% in VTE, and 0.07% in death from pulmonary embolism (PE).	
Hogg 2013	cohort study	Canada	NR	Any patient attending the Thrombosis Clinic who had been diagnosed as having either lower extremity DVT or PE at any time was eligible to participate. Patients with a history of upper extremity thrombosis or unusual site thrombosis alone were not included.	216	Consecutive	NR	Mean (SD): 56 (± 16)	male/female: 113/103 (53%/47%)	Standard gamble	Verbal description, Visual portrayal/aid or Pictorial descriptions of risk (pictogram)	Median (Interquartile range)	deep vein thrombosis: 0.81 (0.55-0.94) pulmonary embolism: 0.75 (0.45-0.91) minor intracranial bleeding event: 0.75 (0.55-0.92) gastrointestinal tract bleeding event: 0.65 (0.15-0.86) major intracranial bleeding event: 0.15 (0.00-0.65)	Moderate RoB
Hogg 2014	repeated surveys	Canada	No funding	Thrombosis clinic patients treated for venous thrombosis	44	NR	NR	Median (IQR): 55 (41-68)	male/female: 28/16 (64% / 36%)	Standard gamble and visual analogue scale, SF-6D utility	SF-12/SF-36 and Computer program or Software	Median (Interquartile range)	Entire cohort with standard gamble: 0.97 (0.84 - 1.0) Pulmonary embolism with standard gamble: 0.93 (0.82 - 1.0) Deep vein thrombosis with standard gamble: 0.99 (0.85 - 1.0) Entire cohort with SF-6D: 0.64 (0.59 - 0.80) Pulmonary embolism with SF-6D: 0.68 (0.62 - 0.84) Deep vein thrombosis with SF-6D: 0.64 (0.58 - 0.69) Entire cohort with visual analogue scale: 70 (60 - 80) Pulmonary embolism with visual analogue scale: 70 (60 - 80) Deep vein thrombosis with visual analogue scale: 65 (50 - 80)	Moderate RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
Keita 2017	cross-sectional survey	France	NR	outpatients receiving anticoagulation therapy by VKA or by DOAC	100	Consecutive	95% (100/105)	Mean (SD): 60.4 (18.6) [IQR: 46–78]	male/female: 54%/46%	EQ-5D and PACT-Q2	EQ-5D and PACT-Q2	Mean (SD) and Interquartile range	EQ-VAS with DOAC 3 months: 70.2 EQ-VAS with VKA 3 months: 60.7 Satisfaction with DOAC treatment: 75.9 (8.5) [69–80] Satisfaction with VKA treatment: 71.3 (9.0) [66–77] Satisfaction with DOAC treatment: 88.0 (4.4) [85–91] Satisfaction with VKA treatment: 81.5 (7.4) [78–88]	Low RoB
Lattimer 2013	cohort study	UK	Private not for profit	34 consecutive patients (40 legs) with post-thrombotic syndrome PTS. Patients were given a study appointment a week later and requested to wear their usual compression as prescribed by the vascular surgeon or family doctor	34	Consecutive	NA	Median 62	male/female: 28/6 (82% / 18%)	Forced choice: treatment preferences	no description	Choice or proportion of choice	Patients were questioned on their use of compression to determine compliance. The results were not used (7/34, 20.6%), intermittent use (3/34, 8.8%), most days (3/34, 8.8%), and full compliance (21/34, 61.8%). After the study session, 21 of 40 (52.5%) participants indicated they wanted to change their compression, and 38% of these (8/21 patients) preferred an above-knee thigh-length stocking. The results indicate an above-knee thigh-length stocking may be preferable in many patients.	Serious RoB
Lemke 2016	cross-sectional survey	Canada	Unrestricted grant from Sanofi, partially	Patients prescribed with prophylactic LMWH for 28 days following discharge from hospital for a liver or pancreas resection	100	Consecutive	68.0% (100/147)	Median: 62 (IQR: 51, 71)	male/female:42%/58%	Ad-hoc developed questionnaire	no description	proportion of choice	The most frequent reasons for non-adherence were that a healthcare provider stopped the regimen or because of poor experience with injections. Over half the patients (55.7 %) did not find the injections bothersome.	Serious RoB
Lenert 1997	quasi randomised trial	USA	Governmental	30 healthy women	60	voluntary	NR	Median:35	male/female:16/44	standard gamble	Computer program	Median (95% Confidence interval)	Mild Post-thrombotic syndrome by standard gamble: 1.00 (0.91–1.00)	Moderate RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
									(27%/73%)		or Software		Severe Post-thrombotic syndrome by standard gamble: 0.95 (0.79–1.00) Central nervous system bleeding by standard gamble: 0.60 (0.02–1.00)	
Lloyd 2017	RCT	multinational: 32 countries (Canada, USA, France; Germany, Denmark…)	LeoPharmaA/S (Ballerup, Denmark)	Patients with active cancer	877	NR	99% (877/883)	<51.5years:25%, 51.5-60y:24%; 60-68y:25%; 68-89y:27%	male/female: 41%/59%	EQ-5D utility (rating scale)	EQ-5D	Mean ((95% Confidence interval)	Symptomatic nonfatal-DV: 0.605 (0.514 - 0.678) Symptomatic nonfatal-PE: 0.621 (0.477 - 0.725) Fatal PE: 0.456 (0.268 - 0.595) Recurrent VTE: 0.570 (0.485 - 0.641) Major bleeding: 0.593 (0.461 - 0.693) Clinically relevant nonmajor bleeding: 0.622 (0.568 - 0.669)	Low RoB
Locadia 2004	cross-sectional study	Netherlands	Governmental	3 groups (a) Newly diagnosed patients with a first or second episode of venous thromboembolism for whom treatment with vitamin K antagonists had been started; (b) patients who had experienced an episode of major bleeding during treatment with vitamin K	124	Consecutive	124/159	Mean: 53 range: 21 to 85	male/female: 47%/53%	time trade off	Verbal description	Choice or proportion of choice	Patients were asked to advise a hypothetical close friend for treatment with vitamin K antagonists after an episode of venous thromboembolism. Continuation of treatment would involve regular blood tests, a tendency to bruise and bleed more readily, a 3% chance of a major bleeding event, and a 2% chance of a recurrent episode of venous thromboembolism in the next 2 years. When the probability of a recurrent episode of venous thromboembolism without treatment were changed to 5%, 10% and 15%, 21%, 23% and 8% of participants would advise to stop the treatment. Meanwhile, 25% of the participants would always advise cessation of treatment, and 23% would always advise continue treatment.	Low RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
				antagonists in the previous year; (c) patients with a post-thrombotic syndrome, diagnosed at least one year after an episode of deep vein thrombosis, who had been treated with vitamin K antagonists for at least three months.								Median (Interquartile range)	non-fatal hemorrhagic stroke: 0.33 (0.14,0.53) Post-thrombotic syndrome: 0.82 (0.66 to 0.97) no treatment with VKA: 0.96 (0.82 to 1) patients' own current health: 0.95 (0.81 to 1) DVT: 0.84 (0.64 to 0.98) Pulmonary embolism: 0.63 (0.36 to 0.86) GI bleeding: 0.65 (0.49 to 0.86) muscular bleeding: 0.76 (0.59 to 0.95) treatment with VKA: 0.92 (0.77 to 0.98)	
Lutsey 2018	cross-sectional survey	USA	non-sponsored McKnight	VTE patients	519	in clinic + online	99% (519/521)	Mean (SD): 45.7 (+ 13.1)	male/female: 17%/83%	Agreement rating scale	booklet/ printed survey or online survey	Choice or proportion of choice	Proportions reporting being extremely concerned about the following outcomes were as follows: recurrent VTE 33%, major bleeding 21%, moderate bleeding 16% and all-cause death 29%. When asked about oral anticoagulant characteristics, patients strongly preferred anticoagulants that are reversible (53%), and for which blood drug levels can be monitored (30%). Lower proportions agreed with statements that regular blood testing is inconvenient (18%), that they are comfortable using the newest drug versus an established drug (15%) and that it is difficult to change their diet to accommodate their anticoagulant (17%)	Serious RoB
Marchetti 2001	cross-sectional study	Italy	NR	patients attending the local anticoagulation clinic	48	NR	NR	Mean (SD): 57 (±15)	NR	time trade off	Other, written description of two cases	Mean (SD)	treatment with warfarin: 0.989 (0.016) treatment with LMWH: 0.993 (0.024)	Moderate RoB
Marvig 2015	repeated survey	The Netherlands,	Private for profit	patients with venous thromboembolism	VTE:187,	NR	NR	Mean (SD): VTE:57.5 (±	male/female: VTE:105/	EQ-5D VAS,	EQ-5D	Mean (Interquartile range)	QOL in VTE patients by EQ-5D in baseline: 0.68 (0.62-0.85)	Moderate RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
		Sweden, United Kingdom, and Greece	, Governmental	and atrial fibrillation treated with coumarin anticoagulants	AF:660			16.6), AF:72.0 (± 9.7)	82, AF:412/248	EQ-5D utility			QOL in VTE patients by EQ-VAS in baseline: 65.7 (50.8-80.0)	
Maxwell 2002	randomized controlled trial	USA	Private for profit	Women >40y old with a suspected gyneocologic malignancy	211	Consecutive	NR	Median (range) of 61(35 to 85) in the LMWH group; 60 (41 to 87) in the external pneumatic compression group	all female	forced choice: treatment preferences	Verbal description	Choice or proportion of choice	In a randomized controlled trial, patients were randomized to accept either external pneumatic compression or low molecular weight heparin. Patient preference results suggested tendency for patients to prefer the method of prophylaxis to which they were randomly assigned. The postoperative preferences of 78% of patients receiving low molecular weight heparin and 74% of those wearing external pneumatic compression corresponded to what the patients actually received as a method of thromboembolism prevention. Only 4% of low molecular weight heparin patients and 3% of external pneumatic compression patients chose the alternative method of prophylaxis in their postoperative preference survey.	Serious RoB
Noble 2015a	Cross-sectional study and qualitative interviews	Germany, UK	Private for profit	cancer-associated thrombosis patients	100	NR	NR	Mean: 57	male/female: 45%/55%	discrete choice exercise/ conjoint analysis	Verbal description	Relative importance of attributes	In a conjoint analysis, participants with cancer-related thrombosis were asked to consider the relative importance of efficacy, risk of minor and major bleeding, interference with cancer treatment, administration form and frequency, and monitoring. Patients would place more importance on decreased risks of new or recurring blood clot, decreased risks of minor and major bleeding, no interference with cancer treatment, tablet rather than injection, and once daily rather than twice daily, and less frequent monitoring. The attribute with the highest relative importance for patients was the interference with cancer treatment (39%), followed by efficacy of the VTE treatment	Moderate RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
													(24%), and the risk of major bleeding (19%). The administration form of the VTE treatment seems to have moderate importance (13%), whereas risk of minor bleeds (2%), monitoring through blood tests (2%), and frequency of administration of the VTE drug (1%) are of minor relevance.	
O'Meara 1994	cross-sectional study	USA	NR	20 patients had not had DVT and 16 patients with this syndrome	36	Random	NR	>50	NR	standard gamble	Verbal description	Choice or proportion of choice	None of the participants was willing to accept an increased risk of death to avoid postphlebitic syndrome.	Moderate RoB
												Mean (95% Confidence interval); range	Mild postphlebitic syndrome: 0.995 (0.990-1.00); 0.99-1.0 Severe postphlebitic syndrome: 0.982 (0.962-1.00); 0.90-1.0 Central nervous system bleeding: 0.290 (0.127-0.453); 0.0-0.90 Mild postphlebitic syndrome: 0.995 Severe postphlebitic syndrome: 0.977 Central nervous system bleeding: 0.29 Mild postphlebitic syndrome: 0.997 Severe postphlebitic syndrome: 1	
Popoola 2016	Cross-sectional study	USA	Private not for profit	VTE patients and their family member	421	NR	Phase 2: 53.9%; Phase 3: 51.1%	Median (IQR):47.0 (37–58)	Male/Female: 88/331 (21% / 79%), not answer:2	forced choice: preferred route of VTE prophylaxis administration	Other, web-based survey tool	Choice or proportion of choice	When being asked the preferred route of VTE prophylaxis administration, 78.4% chose pill, 5.3% chose injection and 13.7% had no preference.	Critical RoB
Quante 2012	Cross-sectional study	Germany	Private for profit	patients who had undergone elective hip or knee endoprosthesia	178	NR	NR	Mean: 68.4 (range: 26 to 88)	NR	forced choice: treatment	no description	Choice or proportion of choice	71.9% of the respondents preferred oral treatment and 14.61 % favored the daily subcutaneous injection. The reasons of preferring oral treatment included easier to	Serious RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
				within the last 6 weeks and to which subcutaneously low molecular weight heparins were administered subcutaneously for thrombotic prophylaxis at the time of observation						preferences			take (86.6%), less cost than administering a syringe (73.1%), another tablet not mattering since other tablets needing to be taken (70.9%), faster than administering a syringe (67.2%), feeling more mobile (66.4%), less painful than administering a syringe in the abdomen (65.7%) and easier to integrate into the daily routine (59.7%). The reasons of prefering injection treatment included appearing safer to administer the drug compared to the tablet (55.3%), more effective than a tablet (47.4%), easier to take (31.6%), faster than taking a tablet (21.1%), problems with tablet swallowing and therefore preference for a syringe (18.4%), being less forgotten in daily life than taking a tablet (15.8%), less expensive than taking a tablet (7.9%), less painful than taking a tablet (5.3%), another injection not matter in addition to other injections (2.6%).	
Robertson 2000	Cohort study	USA	NR	Patients having primary or revision total joint arthroplasty	35	consecutive	NR	NR	NR	forced choice: treatment preferences	No described	Choice or proportion of choice	Of a subgroup'of 35 patients who had used both devices: 24 prefelrud-the fooi_ pump, 7 the SCD, and:4 had no preferenee	Serious RoB
Robinson 1993	randomized controlled trial		NR	Patients with venographically proven deep venous thrombosis were randomized to receive subcutaneous or intravenous heparin for 3 days followed by 3 days	20	Random	19/20	Mean: 55, range: 20-8	male/female: 7/13 (35% / 65%)	forced choice: treatment preferences	Verbal description	Choice or proportion of choice	For patients with venographically proven deep venous thrombosis, 15 of the 19 patients expressed a preference for the subcutaneous route for administration of heparin. Two preferred the intravenous route and two gave no preference.	Serious RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
				of the other treatment.										
Rymes 2002	cohort study (retrospective)	UK	NR	patients with a newly diagnosed DVT	344 (172 in each group)	NR	NR	mean 60.3 (range: 20-88) for patients treated at home; 60.3 (20-96) for patients treated at hospital	male/female: Home: 41/131(41%/59%) hospital: 74/97 (43% / 57%)	forced choice: place of treatment	no description	Choice or proportion of choice	79% of 172 respondents preferred treatment at home whilst 12% would have preferred to have been treated as inpatients. Nine per cent expressed no preference. Of all these respondents, 15 patients who had suffered a previous DVT for which they were treated in hospital stated that they preferred home treatment.	Serious RoB
Sousou 2010	Cross-sectional study	USA	Governmental	ambulatory cancer patients at the James P. Wilmot Cancer Center at the University of Rochester	190	NR	76.00%	58 (Range: 21 to 95)	male/female: 71/119 37%/63%	forced choice: treatment preferences	no description	Choice or proportion of choice	Regarding thromboprophylaxis, 87 patients (46%) were willing to administer daily injections of anticoagulants, whereas 163 patients (86%) were willing to use daily oral anticoagulants.	Serious RoB
Spahn 2002	Cross-sectional study	Germany	NR	patients undergoing arthroscopy of the knee joint who required thromboembolic prophylaxis with LMWH in the peri- and postoperative stag	300	NR	69% (207/300)	26 patients were < 20, 82 between 20 and 40, 51 between 40 and 60, and 48 patients > 60 years old.	male/female: 83%/ 17%	Contigent choice (questionary with predefined answer options)	Booklet/ card	Choice or proportion of choice	Only 81.2% of these patients would prefer self-injection in the same situation. Problems with self-injection were seen in 34.8% initially and in 6.3% the whole time.	Serious RoB
Tavoly 2016	Cross-sectional study	Norway	no funding		213	Consecutive	54% (Of the 406 remaining and thus invited	mean (SD): 61 (± 15)	male/female: 117/96 (55%/45 %)	EQ-5D-3L	VAS	Mean	Mean (EQ VAS) was 67 in PE as compared with 81 in the general population (p<0.005), Shorter 6 min walking distance (β=0.09, p<0.005) and patient-reported dyspnoea (β=11.27, p<0.005) were independent predictors of lower EQ VAS scores.	Low RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
							patients, 189 (46%) declined to participate)							
Utne 2016	Cross-sectional study	Norway	Private not for profit	patients with confirmed DVT	254	Consecutive	254 of 721	Mean (SD): 60 (± 13)	male/female: 167/87 (66% / 34%)	EQ-5D utility	EQ-5D	Mean (SD)	EQ-5D index value in patients with confirmed DVT: 0.79 (0.20) EQ-5D VAS value in patients with confirmed DVT: 72 (19)	Critical RoB
Van Korlaar 2005	Cross-sectional study	USA	Governmental	asymptomatic members of a large family with heritable protein C deficiency, including participants who had not been tested before (group 1), participants with protein C deficiency (group 2), and participants without protein C deficiency (group 3). Most of the participants who were tested before (group 2 and 3) were tested in a previous study	168	NR	74.70%	Mean (SD): 44.4 (± 14.2), range: 18 to 7	male/female: 73/95 (43%/57 %)	forced choice: test preferences	no description	Mean (SD)	A survey was conducted on members within a large family with heritable protein C deficiency. For those who had not been tested before, in a 7-point scale with 1 (not at all interested) to 7 (extremely interested), the mean score of test interst was 4.6, with the standard deviation of 2.4.	Serious RoB
Westrich 2003	Cohort study	USA	NR	patients who underwent primary unilateral TKA and who were using neumatic	100	Consecutive	100%	NR	NR	rating scale	no description	Mean and Choice or proportion of choice	Importance of the PlexiPulse foot pump for preventing blood clots after surgery: 7.09 (scale 1-9)	Moderate RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
				mechanical compression prophylaxis										
Wilke 2009	randomized controlled trial	Germany	Private for profit	73 doctors in 12 german hospitals; 195 current hip and knee replacement patients; 202 former thromboprophylaxis pts	Total of 397 pts, 195 "current pts", 202 "former pts"	Consecutive	all	Mean (SD): 69 (± 70)	male/female: 163/234 (41%/59%)	discrete choice exercise/ conjoint analysis	Booklet/ card	Relative importance of attributes	This discrete choice exercise suggested the dosage form of thromboprophlaxis is the most influential factor of decision, and the extra daily payments were the second most important factor. The participants would prefer oral formulation compared with injection, especially for current patients in rehabilitation hospitals, aged >60 years, males, and who felt strongly discomforted by daily LMWH injections. The participants prefer blood taking every 5th day compared with no blood taking.	Low RoB
Williams 2006	cross-sectional survey	UK	NR	patients admitted to the unit for total knee joint replacement	47	Consecutive	94%(47/50)	Mean 72 in below-knee stockings, and 70 in above-knee stockings group	male/female: 53%/47%	Contigent choice	no description	narrative description	all the female patients would have preferred to wear below-knee stockings.	Serious RoB
Wong 2015	Mixed methods survey	USA	NR	medical and surgical patients for pharmacologic VTE prophylaxis	227 (enteral group: 137; parentaral: 62; no preference: 28)	Consecutive	84.40%	Mean (SD): enteral group: 49.5 (± 14.7); parentaral:51.7 (± 16.1); no preference: 48.9 (± 14.6)	enteral group: 127/100 (56.%/44%)	forced choice: treatment preferences	no description	Mean (SD)	137 (60.4%) of the patients preferred enteral route and 62 (27.5%) of patients preferred injection route. For patients preferring enteral route, the stated reasons of preferences included: dislike of needles (41, 30.0%), pain from injection (38, 27.7%), ease of use (18, 13.1%), bruising from injection (9, 6.6%), other/no rationale (31, 22.6%); For patients preferring injection route, the stated reasons of preferences included faster onset of action (25, 40.3%), pill burden (11, 17.7%), ease of use (9, 14.5%) and other/no rationale (17, 27.5%).	Serious RoB

Study ID	Study design	Country	Funding source	Population description	Sample size	Sampling strategy	Response rate	Age (years)	Male/female	Measurement methods	Description of health states	Unit	Results	Overall RoB
Zolfaghari 2015	Cross-sectional study	Germany	NR	patients accepting anticoagulant therapy	1001	NR	NR	Mean (SD): 66.97 (± 11.9)	Male/Female: 633/368 (63%/37%)	forced choice: treatment preferences	no description	Choice or proportion of choice	Overall, 690 patients were treated with VKA (group 1), 155 patients had changed AC from VKA to NOAC (group 2), 137 were treated by NOAC de novo (group 3), and 19 patients changed therapy from NOAC to VKA (group 4). The patients in group 4 switched AC from NOAC to VKA due to complications such as hair loss after 9 months of treatment or general discomfort, due to fear of side effects on NOAC, or nonreimbursement by the health insurer. Patients in group 3 had fewer thoughts on alternative anticoagulation in the past, compared with group 1 and 2. Patients in group 1 had lower expectation for imporved quality of life with a new anticoagulant compared with group 2 and 3, because patients do not expect that changing therapy from VKA to NOAC would improve quality of life or because they may have constraints with the NOAC. As for the statement "I have a wish of a lack of routine monitoring for dose adjustment of anticoagulant therapy", patients of groups 1 and 4 assigned low values to this statement, because blood sampling does not represent a limitation to adjust the INR.	Serious RoB

Table 4S. Summary of RoB for Utility and Non-utility quantitative studies

Study	OVERALL RoB		Risk of bias for sampling	Risk of bias for response rate	Risk of bias for measurement instrument	Risk of bias for Intended use of measurement	Risk of bias for health state presentation	Risk of bias for Understanding	Risk of bias for data analysis
Anand 2007	Moderate RoB	➡	Low RoB	Low RoB	Serious RoB	Low RoB	Low RoB	Low RoB	Low RoB
Baba 2015	Serious RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Serious RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Barcellona 2000	Serious RoB	➡	Low RoB	Unclear (moderate) RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB
Bates 2016	Low RoB	➡	Low RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Bouman 2016	Serious RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Serious RoB	Low RoB	Low RoB
Brady 2007	Serious RoB	➡	Low RoB	Low RoB	Serious RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Brekelmans 2017	Low RoB	➡	Low RoB	moderate RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Cajfinger 2013	Serious RoB	➡	Low RoB	Unclear (moderate) RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB
Chan 2007	Serious RoB	➡	Low RoB	Serious RoB	Serious RoB	Unclear (moderate) RoB	Serious RoB	Low RoB	Low RoB
Chioutan 2003 .	Serious RoB	➡	Low RoB	Low RoB	Serious RoB	Unclear (moderate) RoB	Unclear (moderate) RoB	Low RoB	Low RoB
Dranitsaris 2016	Low RoB	➡	Low RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB

Study	OVERALL RoB		Risk of bias for sampling	Risk of bias for response rate	Risk of bias for measurement instrument	Risk of bias for Intended use of measurement	Risk of bias for health state presentation	Risk of bias for Understanding	Risk of bias for data analysis
Elewa 2014	Serious RoB	➡	Unclear (moderate) RoB	Low RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB
Enden 2013	Low RoB	➡	Low RoB	Low RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Geyer 2014	Low RoB	➡	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Haac 2017	Low RoB	➡	Low RoB	Low RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Hogg 2013	Moderate RoB	➡	Low RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Hogg 2014	Moderate RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Keita 2017	Low RoB	➡	Low RoB	Low RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Lattimer 2013	Serious RoB	➡	Low RoB	Unclear (moderate) RoB	Serious RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Lemke 2016	Serious RoB	➡	Low RoB	Low RoB	Serious RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB
Lenert 1997	Moderate RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Lloyd 2017	Low RoB	➡	Low RoB	Low RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Locadia 2004	Low RoB	➡	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB

Study	OVERALL RoB		Risk of bias for sampling	Risk of bias for response rate	Risk of bias for measurement instrument	Risk of bias for Intended use of measurement	Risk of bias for health state presentation	Risk of bias for Understanding	Risk of bias for data analysis
Lutsey 2018	Serious RoB	➡	Serious RoB	Low RoB	Serious RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Marchetti 2001	Moderate RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Marvig 2015	Moderate RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Maxwell 2002	Serious RoB	➡	Low RoB	Unclear (moderate) RoB	Serious RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Noble 2015a	Moderate RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
O'Meara 1994	Moderate RoB	➡	Low RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Popoola 2016	Critical RoB	➡	Low RoB	Critical RoB	Serious RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Quante 2012	Serious RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB
Robertson 2000	Serious RoB	➡	Low RoB	Serious RoB	Serious RoB	Low RoB	Low RoB	Low RoB	Low RoB
Robinson 1993	Serious RoB	➡	Low RoB	Low RoB	Serious RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Rymes 2002	Serious RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB

Study	OVERALL RoB		Risk of bias for sampling	Risk of bias for response rate	Risk of bias for measurement instrument	Risk of bias for Intended use of measurement	Risk of bias for health state presentation	Risk of bias for Understanding	Risk of bias for data analysis
Sousou 2010	Serious RoB	➡	Unclear (moderate) RoB	Low RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB
Spahn 2002	Serious RoB	➡	Low RoB	Unclear (moderate) RoB	Serious RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB
Tavoly 2016	Low RoB	➡	Low RoB	Low RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Utne 2016	Critical RoB	➡	Low RoB	Critical RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
VAN KORLAAR 2005	Serious RoB	➡	Unclear (moderate) RoB	Low RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB
Westrich 2003	Moderate RoB	➡	Low RoB	Unclear (moderate) RoB	Low RoB	Low RoB	Low RoB	Low RoB	Low RoB
Wilke 2009	Low RoB	➡	Low RoB	Low RoB	Low RoB	Low RoB (probably)	Low RoB	Low RoB	Low RoB
Williams 2006	Serious RoB	➡	Low RoB	Low RoB	Serious RoB	Unclear (moderate) RoB	Unclear (moderate) RoB	Low RoB	Serious RoB
Wong 2015	Serious RoB	➡	Low RoB	Low RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB
Zolfaghari 2014	Serious RoB	➡	Unclear (moderate) RoB	Unclear (moderate) RoB	Serious RoB	Low RoB (probably)	Serious RoB	Low RoB	Low RoB

Table 5S. – Qualitative Studies' characteristic table

Author(s)	Title	Date	Country	Study design	Methodology	Participants and participant characteristics
Apenteng, P. N., et al.	Patients' perceptions and experiences of the prevention of hospital-acquired thrombosis: a qualitative study.	2016	UK	Mixed-methods (qualitative component nested in larger study)	Framework analysis; Semi-structured interviews	31 patients requiring venous thromboembolism (VTE) prophylaxis following a recent hospital admission
Haxaire, C., et al.	A Qualitative Study to Appraise Patients and Family Members Perceptions, Knowledge, and Attitudes towards Venous Thromboembolism Risk.	2015	Canada and France	Mixed-methods (qualitative component nested in larger study)	Qualitative interpretive approach; thematic analysis	10 patients with (1) either the factor V Leiden or the G20210A prothrombin gene mutation abnormality or not; and (2) an episode of symptomatic PE or an episode of symptomatic isolated proximal DVT
Hunter, R., et al.	"Post-thrombotic panic syndrome": A thematic analysis of the experience of venous thromboembolism.	2017	UK	Qualitative	Inductive thematic analysis; Semi-structured interviews	7 women and 5 men (the ages ranged from 18 to 6 experienced a VTE within the previous 6 months
Kline, J. A., et al.	Outpatient treatment of low-risk venous thromboembolism with monotherapy oral anticoagulation: patient quality of life outcomes and clinician acceptance.	2016	USA	Mixed-methods (Qualitative component of mixed-method study.)	Qualitative questionnaire with three open-ended questions	253 unique Hestia-negative VTE patients, including 67 with PE
Martens, T. Z. and J. D. Emed	The Experiences and Challenges of Pregnant Women Coping with Thrombophilia.	2007	Canada	Qualitative	Phenomenology methodology; semi-structured interviews; with descriptive thematic analysis	9 married women between the ages of 30 and 36 with acquired or inherited thrombophilia who were prescribed UFH or LMWH during pregnancy and who were pregnant at the time of the study or had been pregnant within the past 12 months were eligible. 5 participants were pregnant at the time.
May, V., et al.	What information patients require on graduated compression stockings.	2006	UK	Qualitative	Descriptive case study; telephone interviews	12 adults who had been patients within the past 2 months, and who had worn compression stockings for more than 48 hours
Mockler, A., et al.	The experience of patients with cancer who develop venous	2012	Canada	Qualitative	Descriptive qualitative study;	10 patients (5 in-patients and 5 out-patients) aged 35-78 years, including 4 women and 6 men

Author(s)	Title	Date	Country	Study design	Methodology	Participants and participant characteristics
	thromboembolism: an exploratory study.				Semi-structured interviews	
Najafzadeh, M., et al.	Patients' perception about risks and benefits of antithrombotic treatment for the prevention of venous thromboembolism (VTE) after orthopedic surgery: a qualitative study.	2015	USA	Qualitative	Exploratory qualitative study; Semi-structured interviews	12 patients who had recently undergone knee or hip replacement surgery at a tertiary care hospital
Noble, S. & Finlay, I.	Is long-term low-molecular-weight heparin acceptable to palliative care patients in the treatment of cancer related venous thromboembolism? A qualitative study	2005	UK	Qualitative	Semi-structured interviews	40 patients, with the following conditions for inclusion: • Under established follow-up of the palliative care service for at least one month. • Metastatic malignancy with no curative treatment available. • Receiving LMWH for proven VTE or has received treatment dose LMWH for at least seven successive days within the past two months.
Noble, S. I. R., et al.	Acceptability of low molecular weight heparin thromboprophylaxis for inpatients receiving palliative care: qualitative study.	2006	UK	Qualitative	Thematic analysis; semi-structured interviews	28 patients receiving palliative care for cancer
Noble, S., et al.	Patients' experiences of living with cancer-associated thrombosis: the PELICAN study.	2015	UK	Qualitative	Framework analysis; Semi-structured interviews	20 patients (10 women; 10 men) receiving treatment for cancer-associated thrombosis [CAT] (receiving LMWH for a proven new VTE (DVT or PE) and having received such treatment for at least two consecutive months)

Author(s)	Title	Date	Country	Study design	Methodology	Participants and participant characteristics
Saukko, P. M., et al.	Are genetic tests exceptional? Lessons from a qualitative study on thrombophilia.	2006	UK	Qualitative	Thematic analysis; semi-structured interviews	42 patients with personal history of DVTs and with a family history of DVTs or thrombophilia
Seaman, S., et al.	Cancer-associated thrombosis, low-molecular-weight heparin, and the patient experience: a qualitative study.	2014	UK	Qualitative	Thematic content analysis; Semi-structured interviews	14 patients who were: 1) receiving LMWH for a proven new VTE (DVT or PE) and having received such treatment for at least 3 consecutive months; 2) diagnosis of active advanced cancer, to include locally advanced cancers with no curative treatment available (eg, primary brain tumors and cancers with distant metastatic spread).
Wild et al.	Patient perspectives on taking vitamin K antagonists: a qualitative study in the UK, USA and Spain	2009	UK, USA, Spain	Qualitative	Thematic analysis; Semi-structured interviews	60 patients were recruited into the study: 20 each from the UK, USA and Spain. In total, 40% of the patients had completed college or university, 47% of the patients were diagnosed with AF and 53% with VTE. Patients with AF had received a VKA for an average of 6 years. Among the respondents receiving a VKA for VTE, the average treatment duration was 4 years, with 22% of all patients having been receiving therapy for longer than 5 years.

Table 6S. Descriptive summary of included qualitative studies (N = 15)

Study Design	**N**
Qualitative	12
Mixed-methods	3
Qualitative Methodologies	**N**
Descriptive case study	1
Phenomenology	1
Qualitative (otherwise unspecified)	13
Study Location	**N**
Canada	2
Canada & France	1
USA	2
UK	9
UK, USA, & Spain	1

Table 7S. – Qualitative Studies' – Strengths and Weaknesses

	Study Authors	Strengths	Weaknesses
1.	Apenteng, P. N., et al.	Ethics approval sought Verification of interview data was completed through triangulation with the corresponding survey responses to establish credibility and dependability Data collection continued until theoretical saturation was attained Specifically describes characteristics of the researcher interviewing participants	Surgical patients were over-represented, and inclusion of medical patients would have provided a broader representation of hospitalized patients No explanation of why the authors used framework analysis
2.	Haxaire, C., et al.	Ethics approval sought Specifically describes characteristics of the researcher interviewing participants Data collection continued until theoretical saturation was attained	Relatively small sample size (n=10)
3.	Hunter, R., et al.	Ethics approval sought Researchers had clearly justified the selection of research methodology based on her research objective Clear description of domain and theme development Includes recommendations for practice and future research	Analysis was largely conducted by one investigator (second investigator reviewed the analysis only) No mention of data saturation
4.	Kline, J. A., et al.	Ethics approval sought Study included acknowledgment that medical students who administered the survey and questions were trained to do so Three investigators independently conducted the analysis	Qualitative part of a mixed-methods study: no explanation of how the qualitative component adds to the quantitative part Researcher has not clearly justified the selection of research methodology based on her research objective

	Study Authors	Strengths	Weaknesses
			Limited collection of qualitative data (only 3 optional, written open-ended questions in quantitative survey, lacking the depth of conventional qualitative data collection) No mention of data saturation Poor description of analytical procedure (no clear description of the development of themes)
5.	Kuljis, J., et al.	Ethics approval sought Researchers had clearly justified the selection of research methods based on her research objective Convenience sampling Relatively small number of participants (n=17)(even though authors described reaching data saturation) Study included acknowledgment of the investigator's no prior personal contact or relationship with participants who took part in this study	Not clear how many researchers participated in the analysis process after the initial coding stage
6.	Martens, T. Z. and J. D. Emed	Ethics approval sought Researchers had clearly justified the selection of research methodology based on her research objective Includes implications for health providers	Relatively small sample size (n=9) and no mention of data saturation or justification for a small sample size Appears to be a single author analysis, under review and validation of another author; no description of initial independent coding
7.	May, V., et al.	Ethics approval sought Researchers had clearly justified the selection of research methodology based on her research objective	Not clear how many researchers participated in the coding process

	Study Authors	Strengths	Weaknesses
		Field testing of interview guide with 2 subjects Relatively small number of participants (n=12) (even though authors described reaching data saturation) Includes implications for practice and policy	Poor description of analytical procedure (no description of how they developed the themes)
8.	Mockler, A., et al.	Ethics approval sought Researcher has clearly justified the selection of research methods based on her research objective Purposive sampling Relatively small number of participants (n=10) (even though authors discussed data saturation) Study included acknowledgment of the investigator's own experiences and assumptions about the phenomenon of study Includes recommendations for practice and future research	Unclear if analysis was independent and/or done by multiple researchers
9.	Najafzadeh, M., et al.	Ethics approval sought Relatively small sample size (n=12) (even though authors described reaching data saturation) Two authors reviewed and analyzed the transcripts separately before meeting to discuss codes and emergent and recurrent themes together with a third author	
10.	Noble, S., et al. (2005)	Ethics approval sought Maximum variation sampling	Researcher has not clearly justified the selection of research methodology based on the research objective

	Study Authors	Strengths	Weaknesses
		Data collection continued until theoretical saturation was attained	Not clear how many researchers participated in the analysis process
11.	Noble, S., et al. (2006)	Ethics approval sought Researcher has clearly justified the selection of research methodology based on her research objective Recruitment continued until data saturation (n=28) had been reached in the analysis Includes recommendations for practice	Poor description of analytical procedure Unclear if analysis was independent and/or done by multiple researchers
12.	Noble, S., et al. (2015)	Ethics approval sought Researcher has clearly justified the selection of research methodology based on her research objective Study included acknowledgment of the investigator's no prior personal contact or relationship with participants who took part in this study Clear rationale for the adoption of the theoretical framework Clear description of theme,development	No mention of data saturation Unclear if analysis was independent and/or done by multiple researchers
13.	Saukko, P. M., et al.	Ethics approval sought Maximum variation sampling One author reviewed the transcripts separately and other 2 authors reviewed 6 of the transcripts independently to confirm coding and themes	No mention of data saturation
14.	Seaman, S., et al.	Ethics approval sought	Only one researcher analyzed most interviews (independent person checked and confirmed coding)

	Study Authors	Strengths	Weaknesses
		Study included acknowledgment of the investigator's no prior personal contact or relationship with participants who took part in this study Relatively small number of participants (n=8) (even though authors discussed data saturation) Field testing of interview guide	
15.	Wild, D., et al.,	Ethics approval sought Authors described reaching data saturation Includes recommendations for future research	Not clear how many researchers participated in each stage of the analysis process