

Supplementary Material
Cardiovascular Events after Intracerebral Hemorrhage

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Supplemental Table S1. Studies that Reported the Incidence of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE) and Venous Thromboembolism (VTE) after ICH

Year	Time frame	N	%DVT	%PE	% VTE	Time from onset	Independent risk factors	
Symptomatic VTE:								
Skaf ⁸²	1979-2003	In-hospital	1,606,000	1.4	0.7	-	-	
Goldstein ⁸³	1994-2006	In-hospital	988	1.1	1.8	-	11 days for PE and 18 days for DVT	
Gregory ⁸⁴	1999	In-hospital	1926	1.9	0.4	-	-	Length of stay
Stecker ⁸⁵	2008-2012	In-hospital	272	-	-	2.9	-	Length of stay and heart failure
Ding ⁸⁶	2010-2016	In-hospital	2902	2.0	0.7	3.0	-	Prior history of VTE, intubation, presence of IVH
Ji ⁸⁷	2016	In-hospital	314	5.7	-	-	7.5 days	Age, admission NIHSS, length of stay
Kim ⁸⁸	2001-2004	ICU	516	-	-	2.9	17 days	Presumed infection, immobility>72h, indwelling central venous catheter
Chu ⁸⁹	2001-2012	ICU	848	7.0	1.5	8.1	-	Malignancy, pulmonary circulation disease, coagulopathy, age, length of stay
Routine screening with ultrasound scan:								
Yablon ⁹⁰	1996-2001	24h	213	16.0	-	-	-	-
Lacut ⁹¹	2002-2003	Day 10	-	16.0	-	-	-	-
Kawase ⁹²	2006	Day 14	81	21.0	1.2	-	-	Female sex
Ogata ⁹³	2005-2006	Day 14	52	40.4	1.9	-	-	NIHSS score and D-dimer
Cheng ⁹⁴	2012-2014	Day 15	210	26.0	-	-	-	NIHSS score, haematoma volume, female sex, age, D-dimer and CRP.

Abbreviations: DVT, deep venous thrombosis; CRP, C-Reactive Protein; ICU, intensive care unit; IVH, intraventricular hemorrhage; NIHSS, National Institutes of Health Stroke Scale; PE, pulmonary embolism; VTE, venous thromboembolism