Economic evaluation of strategies for restarting anticoagulation therapy with warfarin based on Venous Thromboembolism (VTE) risk after an index unprovoked VTE event

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Economic evaluation of restarting OAC therapy

Appendix Tables

Appendix Table I- Prognostic model risk equations taken from [1]

Probability of a recurrent VTE by	Risk Equation
6 months	1−0.9996^(exp((−0.0105×Age)+(0.5450×Gender)+(1.7354×Index Proximal DVT) +(1.7558 × Index PE)+(0.7006 × ln(D-Dimer)+(−0.2909×ln(lag time D-Dimer))))
12 months	1−0.9993^(exp((−0.0105×Age)+(0.5450×Gender)+(1.7354× Index Proximal DVT) +(1.7558 × Index PE)+(0.7006 × ln(D-Dimer)+(−0.2909×ln(lag time D-Dimer))))
24 months	1−0.9988^(exp((−0.0105×Age)+(0.5450×Gender)+(1.7354× Index Proximal DVT) +(1.7558 × Index PE)+(0.7006 × ln(D-Dimer)+(−0.2909×ln(lag time D-Dimer))))
36 months	1−0.9983^(exp((−0.0105×Age)+(0.5450×Gender)+(1.7354×Index Proximal DVT) +(1.7558 × Index PE)+(0.7006 × ln(D-Dimer)+(−0.2909× ln(lag time D-Dimer))))
Note: The logged lag time for D-Dimer measurement is fixed in the model as 30 days. Gender is defined as a binary variable where Female=0 & Male=1 VTE= Venous Thromboembolism; DVT= Deep Vein Thrombosis; PE= Pulmonary Embolism	

Appendix Table II Predicted 1 year risk of recurrent VTE (50,000 iterations)

Statistic	Value
Mean	9.30%
Median	7.45%
10% Percentile	2.50%
90% Percentile	18.15%
Standard deviation	7.33%

Appendix Table III Examples of predicted one year VTE recurrence risk using the prognostic model

Age	Gender	Index Event	D-dimer µg/L	Lag time D-dimer (days)	Calculated risk
60	Female	Distal Deep Vein Thrombosis	700	30	1.4%
60	Female	Proximal Deep Vein Thrombosis	700	30	7.9%
60	Female	Pulmonary Embolism	700	30	8.1%
60	Female	Pulmonary Embolism	425	30	5.7%
60	Male	Pulmonary Embolism	425	30	9.8%
70	Male	Pulmonary Embolism	425	30	8.8%

Reference

1 Ensor J, Riley R, Jowett S, Monahan M, Snell K, Bayliss S, Moore D, Fitzmaurice D. Prediction of risk of recurrence of venous thromboembolism following treatment for a first unprovoked venous thromboembolism: systematic review, prognostic model and clinical decision rule, and economic evaluation. *Health technology assessment (Winchester, England)*. 2016; **20**: 1-190.