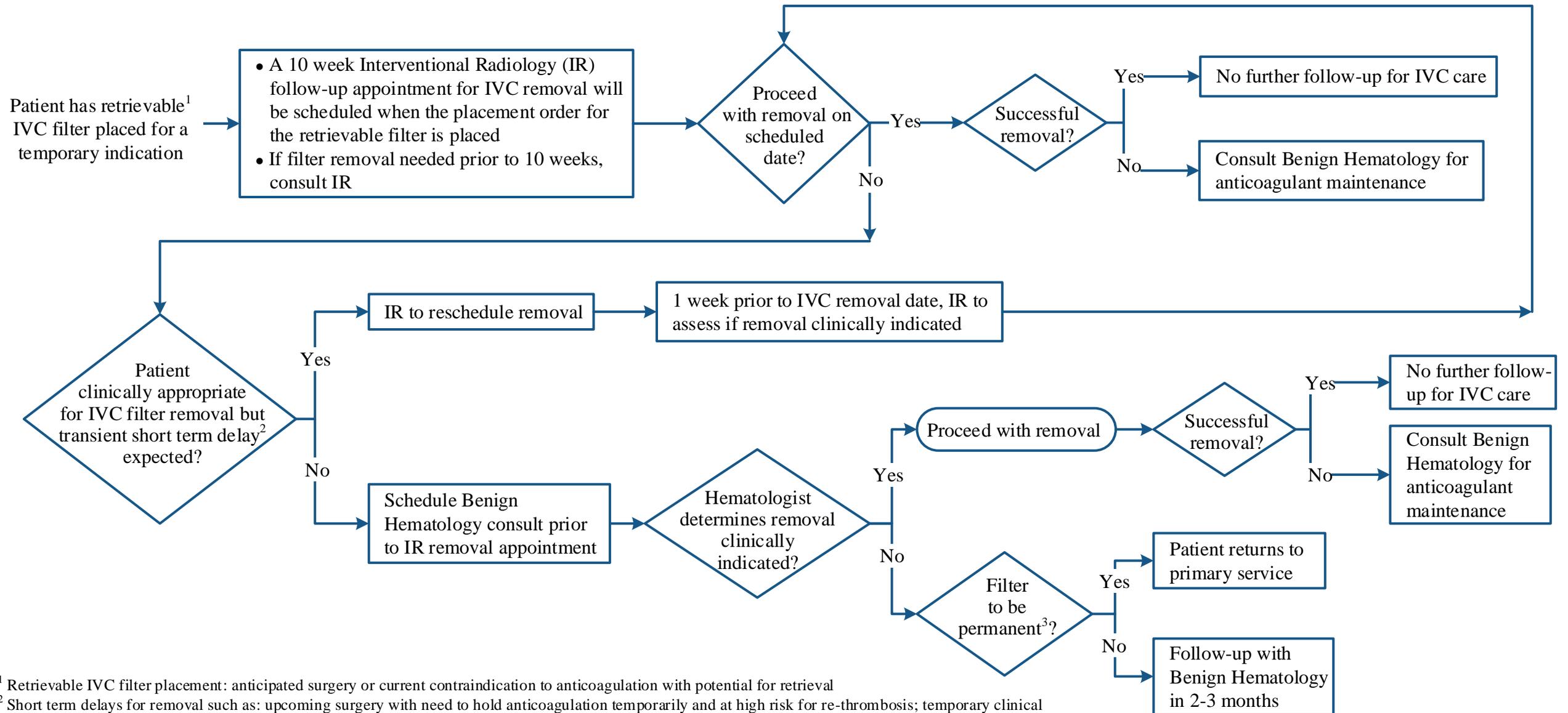


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.



¹ Retrievable IVC filter placement: anticipated surgery or current contraindication to anticoagulation with potential for retrieval

² Short term delays for removal such as: upcoming surgery with need to hold anticoagulation temporarily and at high risk for re-thrombosis; temporary clinical deterioration, infection, and/or hospitalization with expected recovery within the next month; recent significant bleeding episode on anticoagulation and unclear if patient able to tolerate anticoagulation in the long-term; delays secondary to logistical considerations (vacations or patient difficulty getting to IR suite), etc.

³ Change in patient status where filter will not be removed: patient going to hospice, temporary delay due to repeat surgery or recent bleeding episode preventing anticoagulation

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SUGGESTED READINGS

Litwin, R., Huang, S., Sabir, S., Hoang, Q., Ahrar, K., Ahrar, J., . . . Gupta, S. (2017). Impact of an inferior vena cava filter retrieval algorithm on filter retrieval rates in a cancer population. *Journal of Vascular Surgery: Venous and Lymphatic Disorders*, 5(5), 689-697. <https://doi.org/10.1016/j.jvsv.2017.05.017>

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DEVELOPMENT CREDITS

This practice consensus algorithm is based on majority opinion of the Interventional Radiology Department experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

Eric Fountain, MD (Cancer Medicine)[‡]
Wendy Garcia, BS[♦]
Amanda Hamlin, MS, PA-C (Interventional Radiology)
Quoc Hoang, PA-C (Interventional Radiology)
Steven Huang, MD (Interventional Radiology)
Pauline Koinis, BSMT[♦]
Michael Kroll, MD (Benign Hematology)
Amy Pai, PharmD[♦]

[‡] Core Development Team

[♦] Clinical Effectiveness Development Team