1. Terminology such as "provoked" versus "unprovoked" PE/DVT is no longer supported by the Guidelines, as it is potentially misleading and not helpful for decision-making regarding the duration of anticoagulation.
2. Extended oral anticoagulation of indefinite duration should be considered for patients with a first episode of PE and:
   a. No identifiable risk factor
   b. A persistent risk factor
   c. A minor transient or reversible risk factor

Abbreviations: PE, pulmonary embolism; VTE, venous thromboembolism.

TABLE 279-6 Risk of Recurrent Venous Thromboembolism after Discontinuing Anticoagulation (European Society of Cardiology 2019 Pulmonary Embolism Guidelines

RISK OF RECURRENCE	EXAMPLES
Low risk (<3% per year)	Major surgery or trauma
Intermediate risk (3–8% per year)	Minor surgery Hospitalized with acute medical illness Pregnancy/estrogens Long-haul flight Inflammatory bowel disease Autoimmune disease No identifiable risk factor (formerly called "unprovoked")
High risk (>8% per year)	Active cancer Antiphospholipid syndrome

INFERIOR VENA CAVA FILTERS

The two principal indications for insertion of an IVC filter are (1) active bleeding that precludes anticoagulation and (2) recurrent venous thrombosis despite intensive anticoagulation. Prevention of recurrent PE in patients with right heart failure who are not candidates for fibrinolysis and prophylaxis of extremely high-risk patients are "softer" indications for filter placement. The filter itself may fail by permitting the passage of small- to medium-size clots via collateral veins that develop. Paradoxically, by providing a nidus for clot formation, filters increase the DVT rate, even though they