Appendix to Subsegmental Pulmonary Embolism Commentary

Vinson DR, Isaacs DJ, Taye E, Balasubramanian MJ. Challenges in managing isolated subsegmental pulmonary embolism. *Perm J*. 2021;

Table A1. Characteristics of computed tomography pulmonary angiography findings that support a diagnosis of subsegmental pulmonary embolism.

Characteristics	CHEST Guideline (2016/2021)[3,4]*	Multispecialty Panel of Experts in Delphi Consensus Study (2020)[1]

Technical elements	• Images of high quality with good opacification of the distal pulmonary arteries	• Scanner with a desired maximum collimator width of ≤1 mm
		• Quality factors include:
		  o Contrast timing
		  o Artefacts
		  o Identification of all subsegmental arteries

Filling defect(s)	• Multiple intraluminal filling defects • Involve more proximal subsegmental artery • Seen on more than one projection • Seen on more than one image • Surrounded by contrast rather than appearing to be adherent to the pulmonary artery walls	• Involve first arterial branch division of any segmental artery, independent of artery diameter • Visible in at least two subsequent axial slices

* The guideline provides additional clinical factors that increase the probability that a diagnosis of subsegmental PE "is more likely to be correct (i.e., a true positive)": patients have symptomatic PE, have a high clinical pretest probability for PE, or an elevated D-dimer level, particularly if marked and otherwise unexplained.

Figure A1. The P-CARD contraindications to structured surveillance without anticoagulation in stable outpatients with pulmonary embolism isolated to the subsegmental arteries*
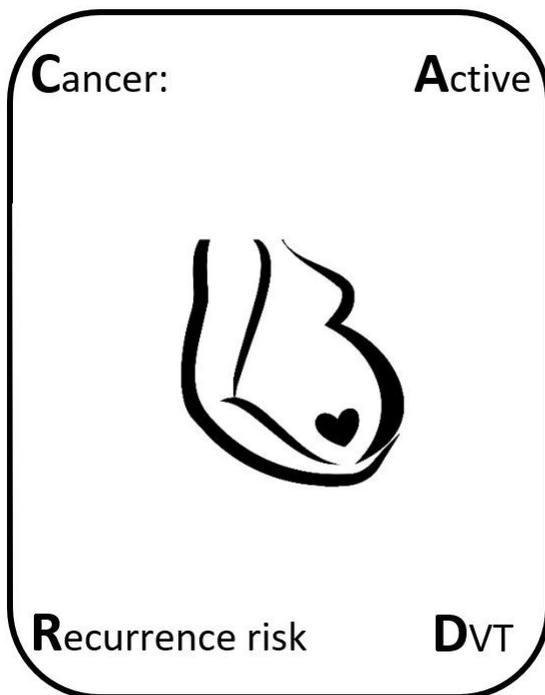
♥ The central graphic denotes pregnancy, represented by the letter P in P-CARD.

DVT, deep vein thrombosis

*The four characteristics from the sources in Table 1 that were most commonly suggested as contraindications for structured surveillance without anticoagulation in patients with isolated subsegmental pulmonary embolism were pregnancy, cancer (active), high recurrence risk for venous thromboembolism (e.g., prior unprovoked venous thromboembolism), and DVT. Using their first letters, we created an acronym, P-CARD, that may serve as a helpful mnemonic. The absence of all four contraindications identifies a patient who may be eligible for structured surveillance without anticoagulation.