

**SUPPLEMENTARY DATA**

**Table 1 of the supplementary data.** CDT volume per hospital, per year, and per million population

Hospital	Years with active recruiting	Inclusion (total patients)	Inclusion (patients/y)	Hospital's catchment population <sup>1</sup>	CDT cases per year per million	HR-PE (%) treated by CDT <sup>2</sup>	IHR-PE (%) treated by CDT <sup>2</sup>
H1	6	83	13.83	550 000	25.15	15	90
H2	9	37	4.11	829 000	4.96	16	23
H3	8	34	4.25	1 031 049	4.12	5	20
H4	5	20	4.00	1 500 000	2.67	20	40
H5	7	16	2.29	661 831	3.45	5	1
H6	6	16	2.67	444 268	6.00	4	19
H7	5	15	3.00	900 000	3.33	3	15
H8	4	15	3.75	642 824	5.83	5	10
H9	1	7	7.00	1 000 000	7.00	70	20
H10	3	5	1.67	400 000	4.17	1	10
H11	1	3	3.00	500 000	6.00	3	17
H12	1	1	1.00	950 000	1.05	10	0
H13	1	1	1.00	400 000	2.50	12	5
Average	4.38	19.46	3.97	754 536.31	5.86	12.98	20.77

CDT, catheter-directed therapy; HR-PE, high-risk pulmonary embolism; IHR-PE, intermediate-high risk pulmonary embolism.

<sup>1</sup>Includes referral hospitals.

<sup>2</sup>This is an investigator's estimation from the years of recruiting for the registry.

**Table 2 of the supplementary data.** Invasive and noninvasive measurements pre- and post-CDT procedure

	Pre	Post	Difference	P
<i>Invasive hemodynamic measurements (n = 179)</i>				
Systolic pressure, mmHg	111.6 ± 24	122.1 ± 21	+ 10.5 ± 20	<.001
Diastolic pressure	63.1 ± 15	71.2 ± 13	+ 8.1 ± 15	<.001
Mean arterial pressure	80 ± 17	85.1 ± 17	5.1 ± 15	<.001
Systolic pulmonary pressure	57.3 ± 17	45.4 ± 14	-11.8 ± 11	<.001
Diastolic pulmonary pressure	23.3 ± 8	18.5 ± 7	-4.7 ± 7.4	<.001
Mean pulmonary pressure	35.59 ± 10.1	28.1 ± 8.4	-7.5 ± 6.8	<.001
<i>Noninvasive echocardiographic measurements (n = 67)</i>				
RV diameter, mm	46.4 ± 7.1	40.4 ± 7.5	-6.1 ± 8.2	.017
Tricuspid annulus systolic excursion, mm	14.5 ± 3.4	20 ± 3.8	+5.5 ± 4.4	.038
Tricuspid DTI S'	9.5 ± 2.2	13.3 ± 2.3	+3.8 ± 2.2	.016
Maximum velocity of TR, m/sec	3.2 ± 0.7	2.2 ± 0.7	-1 ± 0.8	.022

RV, right ventricle DTI, Doppler tissue imaging. TR, tricuspid regurgitation.

Hemodynamic measurements available in n=179 patients. Pre and post echocardiogram assessment available in n=67 patients.

**Table 3 of the supplementary data.** Description of procedural complications

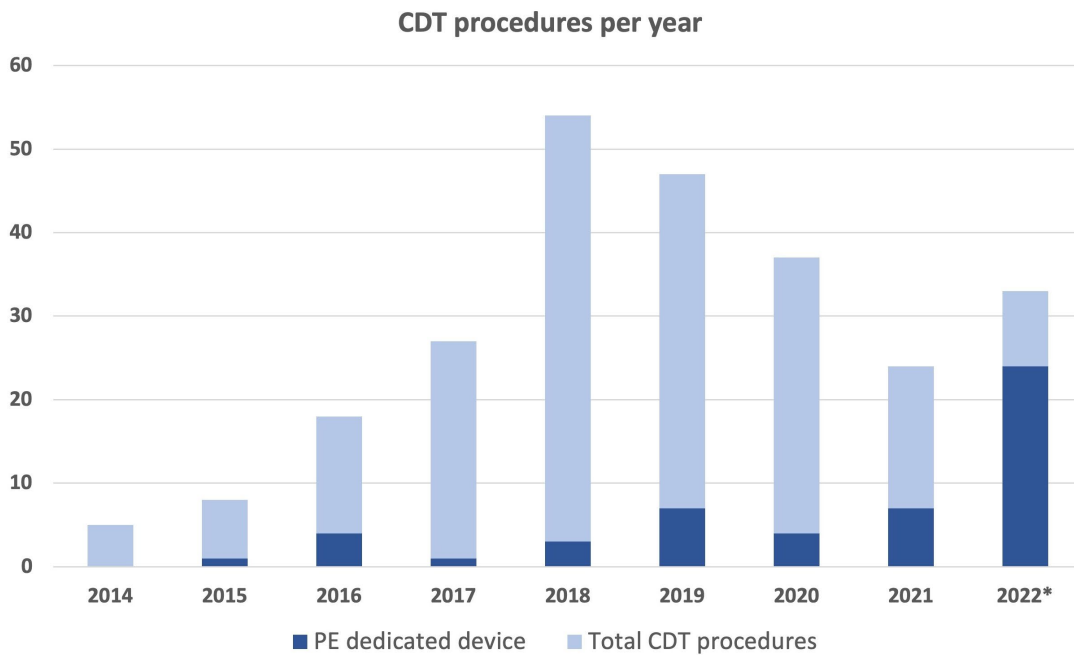
Procedural complication	PE risk category	CDT strategy	Device-related complication	Outcome
Cardiac tamponade	HR-PE	AT+LT, no device	definite	In-hospital death
Cardiac arrest (baseline obstructive shock)	HR-PE	LT, no device	unlikely	In-hospital death
Cardiac arrest (baseline persistent hypotension)	HR-PE	LT, no device	unlikely	In-hospital death
AV Block followed by PEA and cardiac arrest (baseline obstructive shock) <sup>1</sup>	HR-PE	AT+LT, no device	possible	In-hospital death
Progressive shock and cardiac arrest	IHR-PE	LT, no device	unlikely	In-hospital death
Thrombus detached from catheter tip and trapped in tricuspid valve (retrieved in a second procedure)	IHR-PE	AT, Flowtriever	definite	Discharged
AV Block requiring definite pacemaker <sup>2</sup>	IHR-PE	LT, no device	possible	Discharged

AT, aspiration thrombectomy; AV, atrioventricular; CDT, catheter-directed therapy; HR-PE, high-risk pulmonary embolism; IHR-PE, intermediate-high risk pulmonary embolism; LT, local thrombolysis; PE, pulmonary embolism; PEA, pulseless electrical activity.

<sup>1</sup> Progressive obstructive shock with eventual AV block and pulseless electrical activity; a pacemaker was implanted during resuscitation. The progressive shock rather than the AV block was considered the primary cause of cardiac arrest.

<sup>2</sup> Patient had advanced conduction disturbances at baseline with transient AV block, and a temporary pacemaker was placed during CDT. After CDT, a permanent pacemaker was implanted. In both cases, traumatic bundle branch block was considered to be improbable but possible.

**Figure 1 of the supplementary data.** Number of CDT procedures per year, including the percentage of patients with dedicated PE devices. \*The year 2022 represents only cases performed up to September 30.



CDT, catheter-directed therapy; PE, pulmonary embolism.