

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Stein PD, Fowler SE, Goodman LR, et al. Multidetector computed tomography for acute pulmonary embolism. *N Engl J Med* 2006;354:2317-27.

Stein 05-2367

ELECTRONIC SUPPLEMENTARY APPENDIX

CT angiography and venography were performed with 4, 8, or 16-detector scanners. Scanners with 4 detector arrays [High Speed Advantage, (General Electric, Milwaukee, Wisconsin), or Volume Zoom, (Siemens Medical Systems, Malvern, Pennsylvania)] were used in 691 patients. Eight detector scanners [Light Speed Ultra, General Electric) were used in 37 patients, and 16 detector scanners [Light Speed 16, (General Electric), Sensation 16, (Siemens), Aquillon (Toshiba)] in 45 patients. The CTA techniques have been described(27). Low osmolar nonionic contrast material (135-150 ml) was injected through an arm vein at 4 ml/second. An injection to scan delay of 20-28 sec was used, or delay was determined by bolus tracking. Patients were scanned from the diaphragm to the apex of the lung. For patients ≤ 250 pounds scanned on 4-slice equipment, collimation was 1.25 mm, table speed 7.5 mm/rotation, pitch 1.5 (usually between 1.0-2.0), voltage 120 kVp, current 400 mA, and rotation time approximately 0.8 seconds. Minor protocol modifications were made for heavier patients and for newer scanners.

The deep veins were scanned from the inferior vena cava confluence at the level of the iliac crest through the popliteal veins. The CTV used 7.5 mm collimation, 7.5 mm reconstruction, table speed 30 mm/rotation, pitch 1.5, and an injection to scan delay of 3 minutes. Current was 180 mA and rotation time was 1

second. In patients <250 lbs, voltage was 120 kVp and in patients >250 lbs, it was 140 kVp.