In Response:

We appreciate the commentary by Drs Jia and Jiang on our study\(^1\) and offer a response.

The intent of this study was to identify a retrievable inferior vena cava filter (rIVCF) dwell time when the risk of standard retrieval technique failure increases significantly, thereby requiring advanced techniques to maintain overall technical success. At 7 months, the likelihood of requiring advanced techniques to successfully retrieve an rIVCF is significant. We believe that the clinical applicability of this finding is in prospectively guiding clinicians to refer such patients to centers with retrieval expertise.

The factors that affect rIVCF retrieval and increase procedural complexity are well described in the literature and include filter tilt, encasement of the filter apex, and filter strut incorporation.\(^2\)\(^-\)\(^4\) However, these factors are frequently noted during a retrieval procedure or in preprocedural planning at the direction of the interventionalist. Thus, the role that these factors play in rIVCF retrievability has limited applicability to most referring physicians. From the current analysis, as well as previously published data,\(^5\) rIVCF dwell time is the most critical baseline characteristic associated with the necessity of advanced techniques for successful retrieval.

Disclosures

Dr Desai is on the Speaker’s Bureau for Cook Medical and Boston Scientific, and consults for AngioDynamics and Spectranetics. Dr Ryu consults for Spectranetics. The other authors report no conflicts.

Kush R. Desai, MD
James L. Laws, BS

Riad Salem, MD, MBA
Samdeep K. Mouli, MD
Martin F. Errea, BS
Jennifer K. Karp, RN
Yihe Yang, MD
Robert J. Lewandowski, MD
Department of Radiology
Northwestern University Feinberg School of Medicine
Chicago, IL

Robert K. Ryu, MD
Department of Radiology
University of Colorado School of Medicine
Aurora

References


Response by Desai et al to Letter Regarding Article, "Defining Prolonged Dwell Time: When Are Advanced Inferior Vena Cava Filter Retrieval Techniques Necessary? An Analysis in 762 Procedures"


_Circ Cardiovasc Interv._ 2017;10:
doi: 10.1161/CIRCINTERVENTIONS.117.005766

_Circulation: Cardiovascular Interventions_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2017 American Heart Association, Inc. All rights reserved.
Print ISSN: 1941-7640. Online ISSN: 1941-7632

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circinterventions.ahajournals.org/content/10/9/e005766

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in _Circulation: Cardiovascular Interventions_ can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to _Circulation: Cardiovascular Interventions_ is online at:
http://circinterventions.ahajournals.org//subscriptions/