



more frequent in patients with upper extremities DVT (63.8% and 29.8% at 1-year,  $P < 0.001$ ). The cumulative 3-year incidence of recurrent VTE was not different between the 2 groups (9.8% and 7.4%,  $P = 0.43$ ). After adjusting confounders, the risks of upper extremities DVT relative to lower extremities DVT for recurrent VTE remained insignificant (HR 0.94, 95%CI 0.36-2.01,  $P = 0.89$ ).

**CONCLUSIONS:** The prevalence of patients with DVT in upper extremities was 3.0% in the current large-scale real-world registry. Patients with DVT in upper extremities more often had active cancer at diagnosis and central venous catheter use as a transient risk factor for VTE, and less often had concomitant PE. Patients with DVT in upper extremities had similar long-term risk for recurrent VTE as those with DVT in lower extremities despite shorter duration of anticoagulation.

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Reference: