Table S2. Characteristics of the Included Studies

Study	Study design	Anticoagulants	Primary outcome	Secondary outcome	Therapeutic schedule	Follow-up	Villalta score					Recurrence of DVT				
González-Fajardo 2008	Prospect cohort study	Enoxaparin Coumarin	Villalta score	Recurrent VTE	Coumarin: INR 2-3 for at least 3 months Enoxaparin: Twice daily 40 mg for 1 week followed by once-daily enoxaparin 40 mg for 3 months	1, 2, 3, 6, 12 months and yearly to 5 years		Enoxaparin	Coumarin			Enoxaparin	Coumarin			
							Villalta score < 5	22	13			10	17			
							Villalta score 5 to 14	23	18							
							Villalta score ≥ 15 or venous ulcer	11	13							
Spiezia 2022	Prospect cohort study	Dabigatran Rivaroxaban Endoxaban Apixaban	Villalta score	NA	Anticoagulant treatment were based on international guidelines and physicians	6, 12, 24 and 36 months		Dabigatran	Rivaroxaban	Apixaban	Edoxaban	Dabigatran	Rivaroxaban	Apixaban	Edoxaban	
							Villalta score < 5	80	265	153	119	NA	NA	NA	NA	
							Villalta score≥ 5	22	68	41	21					
Wik 2021	Cross-sectional study	Dabigatran Warfarin	PRV	Original Villalta score Recurrent VTE HRQoL VEINES-QOL	5–7 days of LMWH or intravenous unfractionated heparin Dabigatran: 150 mg BID for 6 months Wafarin: INR 2-3 for 6 months	3 years		Dabigatran	Warfarin			Dabigatran	Warfarin			
							Villalta score < 5	66	77			34	38			
							Villalta score 5 to 14	68	82							
							Villalta score ≥ 15 Venous ulcer	30 9	22 5							
Sebastian 2018*	Prospect cohort study	Rivaroxaban Warfarin	Venous patency rate	Villalta score	Rivaroxaban and VKA followed by endovascular therapy and heparin for at least 3 months	3, 6, 12 months		Rivaroxaban	Warfarin			Rivaroxaban	Warfarin			
							Villalta score < 5	31	19			7	6			
							Villalta score 5 to 9	4	1							
							Villalta score 10 to14	1	0							
							Villalta score ≥ 15 or venous ulcer	0	0							
Prandoni 2019†	Prospect cohort study	Rivaroxaban Warfarin	RTV	Villalta score Recurrent DVT	Patients received conventional dose of rivaroxaban according to instructions VKAs: Duration of anticoagulation was 3 months	3 years		Rivaroxaban	Warfarin			Rivaroxaban	Warfarin			
							Villalta score < 5	184	571			29	143			
							Villalta score 5 to 9	44	267							
							Villalta score 10 to14	19	115							
							Villalta score ≥ 15 or venous ulcer	12	83							
Cheung 2016‡	Post-hoc analysis	Rivaroxaban Warfarin	Cumulative incidence of PTS	Severity of PTS Recurrent VTE	Rivaroxaban: 15 mg twice daily for 3 weeks, followed by 20 mg once daily Subcutaneous enoxaparin followed by a VKA (either warfarin or acenocoumarol:target INR2-3)	Median follow-up: 57 months		Rivaroxaban	Warfarin			Rivaroxaban	Warfarin			
							Villalta score < 5	116	104			34	29			
							Villalta score 5 to 14	40	60							
							Villalta score≥15 or venous ulcer	6	10							
Jeraj 2017	Cross-sectional study	Rivaroxaban Warfarin	Villalta score	Recurrent DVT	Rivaroxaban: 15 mg twice daily for 3 weeks and 20 mg once daily Warfarin overlapping with dalteparin until INR reached 2 to 3	12 to 36 months		Rivaroxaban	Warfarin			Rivaroxaban	Warfarin			
							Villalta score < 5	46	20			4	3			
							Villalta score 5 to 9	15	15							
							Villalta score 10 to14	0	3							
							Villalta score≥15 or venous ulcer	0	1							
Utne 2018	Cross-sectional study	Rivaroxaban Warfarin	PRV	EQ-5D-3L VEINES-QOL/Sym	At least 90 days of anticoagulants either with initial LMWH and Warfarin or rivaroxaban	24 ± 6 months or at least 3 months after recurrent DVT		Rivaroxaban	Warfarin			Rivaroxaban	Warfarin			
							Villalta score < 5	89	61			6	12			
							Villalta score 5 to 9	35	46							
							Villalta score 10 to14	28	26							
							Villalta score≥15 or venous ulcer	9	15							
Ferreira 2020	Cross-sectional study	Rivaroxaban Warfarin	Prevalence of PTS	RTV	Rivaroxaban and Warfarin were treated for at least 3 months	15 months for patients treated with Rivaroxaban 61 months for patients treated with Warfarin		Rivaroxaban	Warfarin			Rivaroxaban	Warfarin			
							Villalta score < 5	35	18			10	12			
							Villalta score 5 to 9	29	22							
							Villalta score 10 to14	3	8							
							Villalta score≥15 or venous ulcer	4	10							

deAthayde 2019	RCT	Rivaroxaban Warfarin	Incidence of PTS Venous recanalization	Prevalence of pulmonary embolism Death Complications	Subcutaneous enoxaparin every 12 h or intravenous unfractionated heparin for at least 48 to 72 h Rivaroxaban: 15mg twice daily for 21 days after initial dose and 20 mg once daily for 6 months Warfarin: sufficient to maintain an INR of 2 to 3 for 6 months or extended anticoagulant therapy	1,3,6 and 12 months		Rivaroxaban	Warfarin		Rivaroxaban	Warfarin	
						Villalta score < 5	42	27		10	33	
						Villalta score 5 to 9	4	7				
						Villalta score 10 to14	0	4				
						Villalta score≥15 or venous ulcer	0	0				
Norberto 2016	RCT	Rosuvastatin +Bemiparin Bemiparin	D-dimer level	CRP decrease levels Venous recanalization PTS incidence	Bemiparin: Subcutaneously every 24 hours accordingto body weight for 7days,follow by 3 months therapy Rosuvastatin+Bemiparin: 10 or 5 mg/d Rosuvastatin+ Bemiparin according to body weight	3 months		Rosuvastatin+Bemipari	Bemiparin		Rosuvastatin+Bemiparin	Bemiparin
						n		60			NA	NA
						Villalta score < 5	70	56				
						Villalta score ≥5	44					

Abbriviations: VTE: venous thromboembolism; DVT: deep vein thrombosis; INR: international normalized ratio; PRV: patient-reported Villalta scale; RTV: residual vein thrombosis; PTS: post-thrombotic syndrome; CRP: C-reactive protein
* This is a subgroup analysis of patients dignosed with iliofemoral vein thrombosis, followed by catheter-based early thrombus removal and stent placement.
† The estimate is from the a prospective cohort study and a historical cohort from 2003 to 2009.
‡ Data of the investigator-initiated cohort study is from an open-label, randomized, event-driven, noninferiority study (EINSTEIN study).