Trending: #filterOUT

What happens when an interventional radiologist and IVC filter retrieval enthusiast starts a hashtag aimed at spreading the word on retrieval? We're eager to find out …

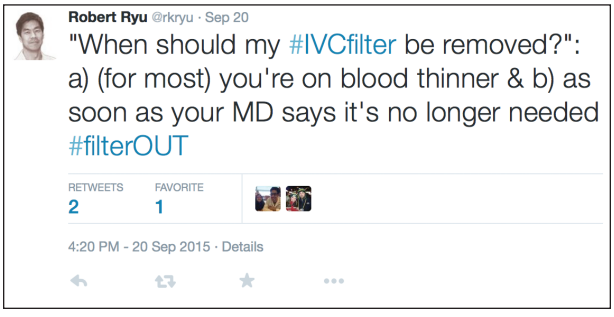
BY ROBERT K. RYU, MD, FSIR

I joined Twitter in 2010, writing fake tweets posing as my boss, Bob Vogelzang. Twitter was the new, New Thing; I wasn't thinking about the potential impact of social media at the time—it was purely for entertainment value. It wasn't until recently that my friend, Reed Omary, got me to start thinking about Twitter more seriously. Reed encouraged me to consider the potential of Twitter to not just connect people, but efficiently connect seemingly disparate, "unconnectable" groups of people and interests in very meaningful and unique ways. Twitter is an ideal venue for the cross-pollination of people, ideas, interests, and expertise.

Bob Lewandowski, Kush Desai, and I started our inferior vena cava (IVC) filter clinic in 2010. We've built clinical and research expertise centered on filter device management. The PREPIC study showed that filters prevent pulmonary embolism but increase deep vein thrombosis risk.[1] As a result, we have been strong advocates for filter retrieval when the device is no longer needed. In *JAMA Internal Medicine,* we demonstrated no difference in the retrieval success rate (97% vs 94%) when comparing IVC filters that were in place for less versus more than 6 months.[2] Dwell time was not an independent risk factor for procedural complications either. In other words, retrieving filters is always safe; there is no excuse for leaving them in if they are no longer needed.

IVC filter management is a common interest for interventional radiologists (IRs), physicians in other specialties, health care administrators, advocacy organizations, industry partners, the medicolegal community, and, most importantly, the general public. Hashtags (indicated by a # before a key term) organize Twitter conversations around a specific topic. I started #filterOUT to raise awareness, provide education, and promote discussion among these audiences. Despite our different perspectives, #filterOUT is a concept that these groups can uniformly agree upon and support.

I have no idea where this social media experiment will lead, but it has been a valuable learning experience. My hopes for #filterOUT are pretty modest: if patients find the hashtag, they might want to find out if their filters can be removed. Perhaps an IR decides to learn how to use forceps,



or maybe it gets an internist to review the MAUDE database for filter complications.

#filterOUT is only one small idea that may or may not grow into something bigger. Twitter is the perfect place to try out new ideas, like this one: Subscribe to an accredited Twitter account that automatically sends you one CME question a day. Send your answer, then get a tweet with links for the answer, explanation, and relevant references. Manageable, relevant, continuous, and mobile CME: #microCME. It would sure beat frantically cramming self-assessment modules at the end of your recertification cycle!

LEARN MORE ABOUT HEALTH CARE ON TWITTER

For an excellent reference to learn about how health care hashtags work, visit http://bit.ly/1W0qWf2.

OK, now it's your turn—come up with an idea that brings us together. Make up a hashtag, and let's see what happens. ■

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1. PREPIC Study Group. Eight-year follow-up of patients with permanent vena cava filters in the prevention of pulmonary embolism: the PREPIC (Prevention du Risque d'Embolie Pulmonaire par Interruption Cave) randomized study. Circulation. 2005;112:416-422.
2. Desai KR, Lewandowski RJ, Salem R, et al. Retrieval of inferior vena cava filters with prolonged dwell time: a single-center experience in 648 retrieval procedures. JAMA Intern Med. 2015;175:1572-1574.