

The PERT Consortium® Request for Research Proposals

1.	Proposal Submission Date:	
2.	Title:	
3.	Lead (i.e. first) Author:	
4.	Senior Author (record one):	
5.	Co-Authors:	
6.	Study Aims	
	Primary Aim:	
	(250 word max.)	



Secondary Aim:	
(250 word max.)	
7. Background and Significance:	
(250 word max.)	



8.	Design (e.g. case control, pre-	-post, primary exposure, descriptive):
	(250 word max.)	
9.	Study Population / Source Da	ata (e.g. study years, inclusion/exclusion criteria):
	(250 word max.)	



10.	Explanatory variable (i.e. va	riables for adjustment):
	(250 word max.)	
11.	Outcomes (include timepoin	+).
11.	Primary:	cy.
	(250 word max.)	



Secondary:	
(250 word max.)	
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12. Brief Analytic Plan:	
12. Brief Analytic Plan: (250 word max.)	
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13.	Funding (funding for Statistician time may be required; if external funding is available, please document):	
	(Tunumg for Statistician time	e may be required, if external funding is available, please document).
14.	Timeline (estimated date of	
	Complete Data Collection:	
	Complete Analysis:	
	Submit Manuscript:	
15.	Planned submissions	
	Abstracts (meeting/date):	
	Manuscript	
	(please add potential journals):	

To facilitate statistical analysis, Blank "Shell" Tables and Example Figures are required.

Please include as a PDF or similar to this document.

Reference can be made to the PERT Data Variables listed on the next page.



PERT Database Variables and Outcomes:

- Age
- Gender
- Race
- BMI
- Symptoms at Presentation
- Signs at Presentation
- Mental Status at Presentation
- Malignancy
- VTE Conditions
- PE Risk Factors
- Use of Vasopressor at Presentation
- CTPA Performed
 - o RV Strain on CTA
- V/Q Performed
- Venous Ultrasound performed
- DVT on Venous Ultrasound
- Echocardiogram performed at baselined
 - Any RV dysfunction on TTE
 - RVSP/PASP
 - Clot on echo
- Elevated troponin
- Elevated BNP / pro-NT BNP
- ICU admission
- PERT Risk Category
- Anticoagulation
- Anticoagulation type
- Advanced Therapy
 - o IVC filter placement
 - ECMO
 - Surgical embolectctomy
 - Catheter-directed therapy
 - Systemic thrombolysis
- Length of stay
- In-hospital death
- In-hospital major bleed



PERT Consortium Definitions:

- <u>Initial PE Event</u> the date of PERT activation will be used as the date for the initial PE Event, or the starting time point for all patients.
- <u>Advanced therapies</u> –Systemic IV thrombolysis, Catheter based Intervention, Surgical embolectomy, ECMO, or IVC Filter recorded at any of the three timepoints ascertained.
 - Patients who received an advanced therapy at any of the three times points in the database will be categorized as
 received the advanced therapy. Patients who did not receive the advanced therapy at any of the 3 time points will
 be categorized as not having received advanced therapy.
- Pert Risk Category
 - 1) High Risk Sub-massive/Massive
 - 2) Intermediate Risk Sub-massive
 - 3) Low Risk.