Factors Affecting Outpatient Follow Up for Low-Risk PE: A Single Center Experience

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Background

The Pulmonary Embolism Response Team (PERT) at Rush University Medical Center (RUMC) is activated for all pulmonary embolisms identified on imaging, regardless of risk stratification. This allows for the ability to track long-term follow-up for patients with low-risk PE.

Dedicated PE follow up has been shown to increase the rate of diagnosis and early treatment for significant sequelae of PE, such as CTEPH.

Patients with intermediate or high-risk PE often have good follow-up. However, follow-up may be inadequate for those with low-risk PE.

Objectives

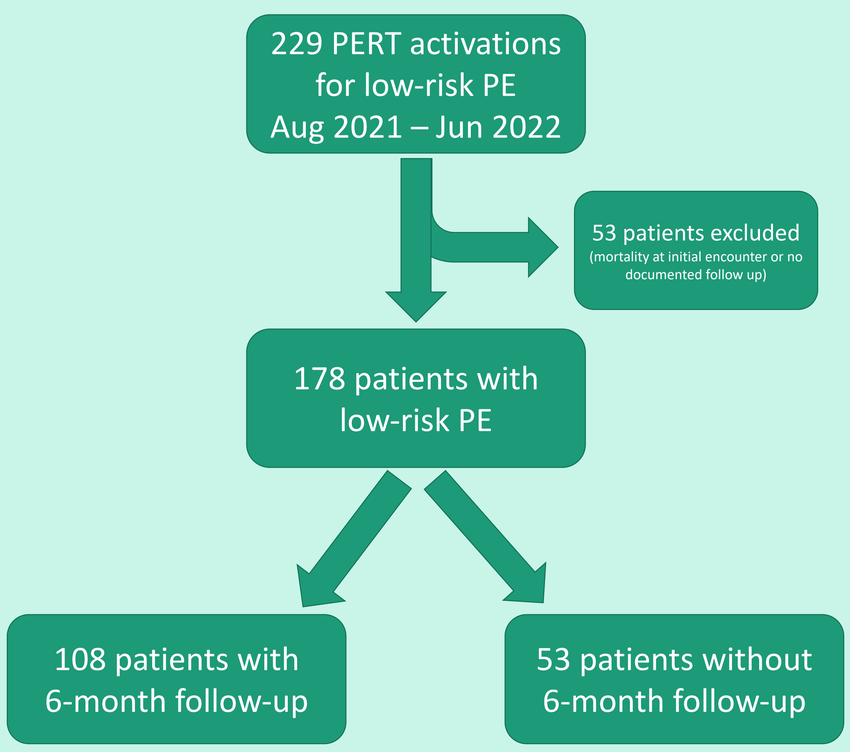
1. To evaluate the demographics and risk factors associated with outpatient follow-up for patients with low-risk PE

2. To identify patient populations who may be at risk for inadequate follow-up

3. To set up the stage for further studies regarding follow-ups for patients with low-risk PE

Methods

Single-center retrospective pilot study



Results

	With 6-mo f/up (N= 108)	Without 6-mo f/up (N=53)
Age	56 years (SD 15)	58 years (SD 18)
BMI	31.48 (SD 7.70)	29.94 (SD 9.63)
Female	33 (62%)	51 (48%)
3-month follow up	48 (91%)	47 (44%)

Demographics of patients with and without appropriate 6-month follow-up

	With 6-month f/up (N= 108) – no. (%)	Without 6-month f/up (N=53) – no. (%)
Active smoker	7 (13%)	17 (16%)
Former smoker	22 (48%)	44 (49%)
Pre-existing lung disease	5 (9%)	16 (15%)
OSA (mod/severe)	9 (17%)	9 (9%)
Heart failure	5 (11%)	22 (21%)
Malignancy	17 (32%)	22 (21%)
Prior DVT	10 (19%)	29 (27%)
Prior PE	9 (17%)	28 (26%)

Co-morbidities of patients with and without appropriate 6-month follow-up

Conclusions

- Our preliminary data suggests that there may be factors predictive of 6-month follow up in patients diagnosed with low-risk PE.
- Interestingly, patients without follow-up at 6 months were more likely to have a prior DVT/PE compared to those who had appropriate follow-up at 6 months

Next Steps

- Expand the study to include multiple institutions to maximize external validity
- Identify populations that are at risk for poor follow-up
- Evaluate the association between long-term PE complications and appropriate follow-up