

Healthcare Resource Utilization and Outcomes Among Patients with Intermediate-Risk Pulmonary Embolism Treated with Computer Assisted Vacuum Thrombectomy Versus Other Treatment Modalities

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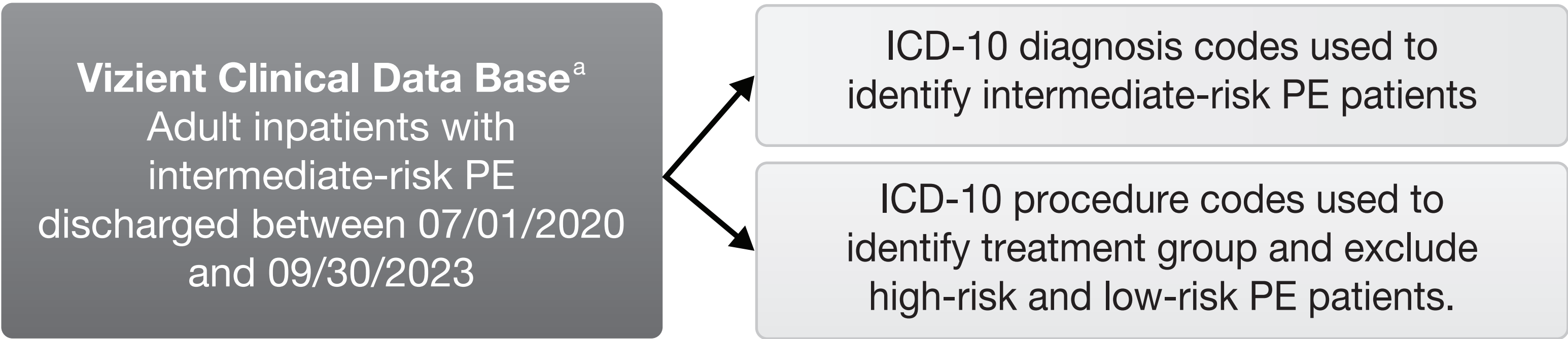
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Objective

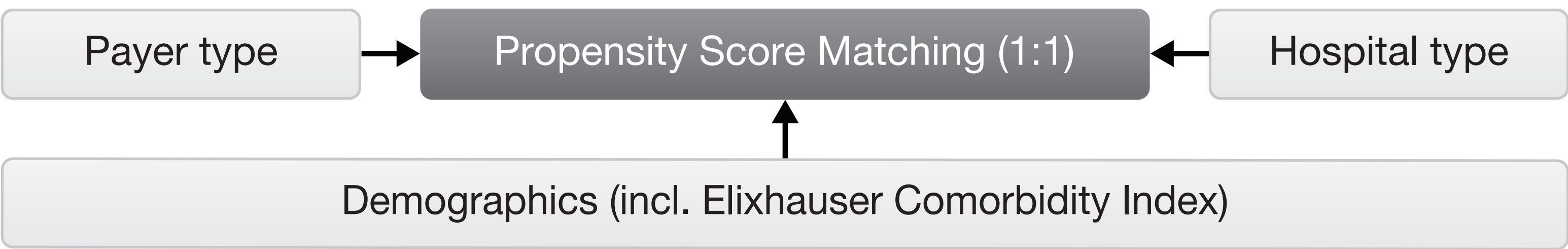
Retrospective analysis of resource use and health outcomes among patients with intermediate-risk pulmonary embolism (PE) treated with CAVT™ Computer Assisted Vacuum Thrombectomy with Lightning® 12 and Lightning Flash® 1.0 compared to anticoagulation (AC), catheter directed thrombolysis (CDL), or other mechanical thrombectomy (MT) in the United States.

Methods

Data source and study sample

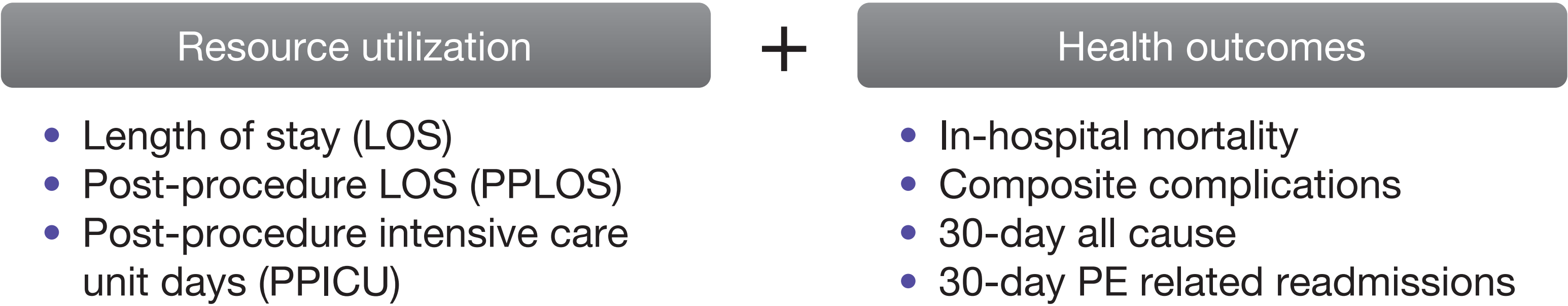


Statistical analysis

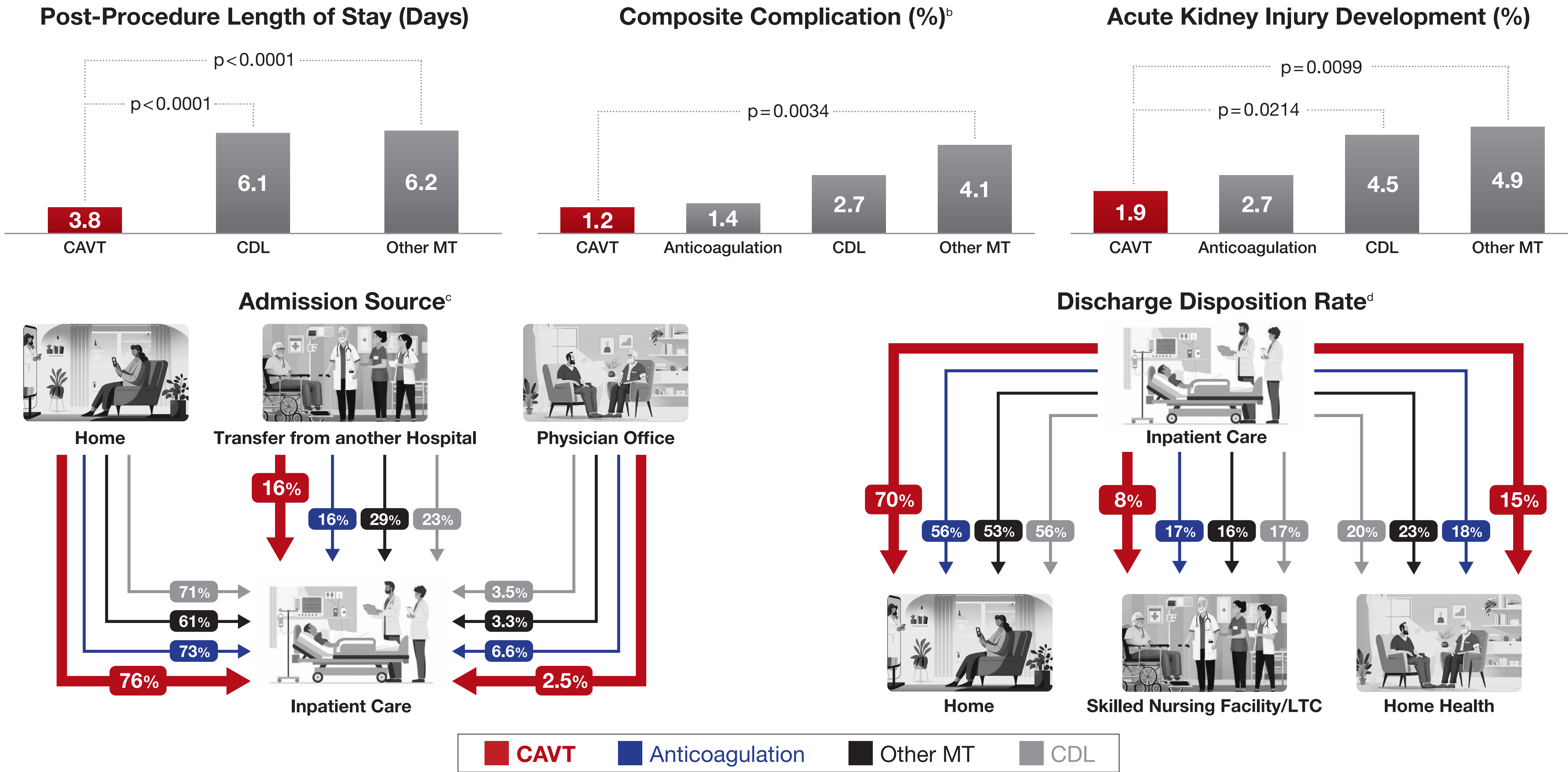


All data access, sample selection, processing, and statistical analyses were exclusively carried out by Sg2, a Vizient company specialized in analytics and consulting services.

Study outcomes



Results



Conclusion

The study suggests that in intermediate-risk PE patients, treatment with CAVT was associated with significantly shorter post-procedure length of stay, lower rates of complications and acute kidney injury, and a higher likelihood of discharge to home.

a. Vizient Clinical Data Base. Irving, TX: Vizient, Inc.; 2023. <https://www.vizientinc.com>. Accessed: May 2024.

b. Vizient Composite Complications include: in-hospital stroke, GI hemorrhage prevention, post-operative infection, hospital acquired acute myocardial infarction, readmit for infection due to previous care, readmit for other complications of internal device/implant/graft, readmit for other surgical wound complications, infection/inflammation due to internal device/implant/graft, post-operative shock, aspiration pneumonia, C-diff.

c. Admission source distributions were significantly different vs CAVT.

d. CAVT is significant when compared to all modalities except Anticoagulation cohort in Home Health.

