

Women and Black patients less likely to receive catheter-based treatment for pulmonary embolism

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New data from the REAL-PE analysis investigated catheter-based

pulmonary embolism (PE) treatment, showing women and Black people were less frequently treated with minimally invasive therapy compared to men or non-Black patients. The late-breaking results were presented today at the [Society for Cardiovascular Angiography & Interventions \(SCAI\) 2024 Scientific Sessions](#).

PE is often caused by [blood clots](#) in the legs, otherwise known as [deep vein thrombosis](#), that travel through the veins and into the lungs. [PE affects around 900,000 people in the U.S. each year, with 10–30% dying within one month of diagnosis](#). Ultrasound-assisted catheter-directed thrombolysis (USCDT), a common invasive [treatment](#) option for PE, enables deeper penetration of the clot-busting medication into the clot, restoring normal blood flow faster.

Mechanical thrombectomy (MT), another invasive treatment method has been [shown to reduce thrombus burden and pulmonary artery pressure \(PAP\) and to improve right ventricular \(RV\) function in patients with high-risk or intermediate-high-risk PE](#).

REAL-PE analyzed data from patients within the Truveta database diagnosed with PE and treated with USCDT or MT for PE. Patient characteristics including race, ethnicity, age, sex, comorbidities, and prior diagnoses were assessed to investigate their association with the type of treatment used.

Of the more than 430,000 patients diagnosed with PE, about 2,000 patients analyzed were treated with one of the invasive therapies. Women or Black patients were less frequently treated with invasive therapy than men or non-Black patients. Moreover, women more than men and Black people more than [white people](#) had higher bleeding rates.

"Although this data demonstrates the value of real-world data in the assessments of new technologies in which randomized data are not always available, there is still work that needs to be done to evaluate the current utilization of advanced therapies for PE in underrepresented patient populations," said Sahil A. Parikh, MD, Associate Professor of Medicine, Columbia University Irving Medical Center, and lead author of the study.

"Evaluating care disparities in real clinical practices is key to addressing the existing barrier and improving patient outcomes."

More information: "Disparities in Pulmonary Embolism Care: Insights from Big Data Analytics," Friday, May 3, 2024; 2:02-2:09 PM PT, Long Beach Convention Center, 104A, First Level

Provided by Society for Cardiovascular Angiography and Interventions

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