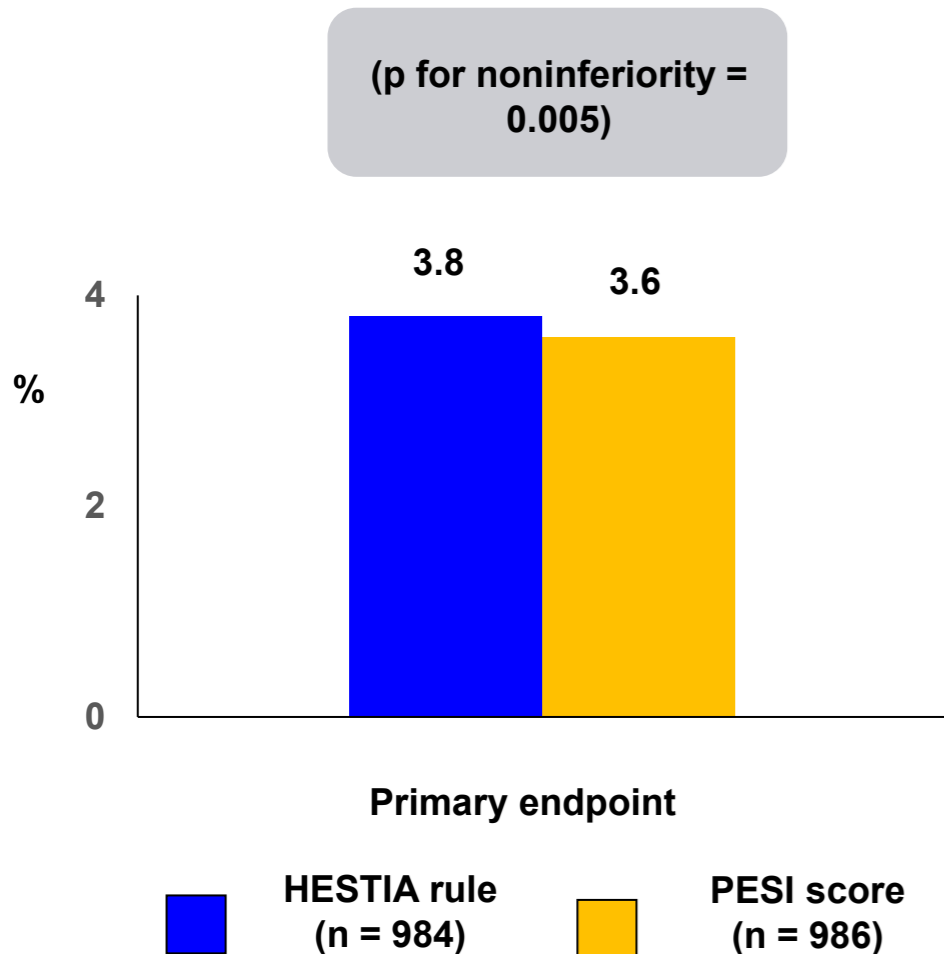


HOME-PE

#ESCCongress



Trial Description: Patients diagnosed with pulmonary embolus were randomized to risk stratification with the HESTIA rule versus the simplified Pulmonary Embolism Severity Index (PESI) score.



RESULTS

- Primary endpoint, all-cause death, recurrent VTE, or major bleeding at 30 days, occurred in 3.8% of the HESTIA group compared with 3.6% of the PESI group (p for noninferiority = 0.005)
- Proportion of patients actually treated as outpatients: 38.4% of the HESTIA group compared with 36.6% of the PESI group (p for superiority = 0.41)

CONCLUSIONS

- Among patients with PE, risk stratification with the HESTIA rule was noninferior to the PESI score on all-cause death, recurrent VTE, or major bleeding
- The two strategies were similar regarding the proportion of patients treated at home

Presented by Dr. Pierre-Marie Roy at ESC Virtual Congress 2020