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Risk stratification of outpatient management in acute venous thromboembolism

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RISK STRATIFICATION OF OUTPATIENT MANAGEMENT IN ACUTE VENOUS THROMBOEMBOLISM.

1. Results from phase III clinical studies cannot be directly extrapolated towards daily practice, since both efficacy and bleeding rates may be underestimated because patients at higher risk of bleeding and thrombosis are usually excluded. (this thesis)
2. In the management of PE, decisions should be based on the severity of right ventricular (RV) overload and resulting hemodynamic profile of the patients rather than solely on assessment of the RV/left ventricular (LV) ratio, challenging the concept that only RV function should be used to guide management in all low risk PE patients. (this thesis)
3. Global growth in healthcare expenditure demands effective cost-containment policies to keep healthcare payable. Introducing home treatment in hemodynamically stable patients with acute PE certainly shows the potential for major cost savings on regional and national level. (this thesis)
4. Home treatment may be a good option for selected patients with cancer-associated DVT and/or PE despite current guideline recommendation that only focusses on the considerable risk of dying within the first weeks after a PE diagnosis. (this thesis)
5. Treatment of cancer-associated venous thromboembolism is challenging, since the risks of recurrent thrombosis and bleeding are higher in patients with cancer than in those without cancer. (Prandoni, Blood 2002)
6. Improvements in technology and CT availability have led to an increase in the annual incidence of VTE, resulting in increased burden on health systems. The potential overdiagnosis of PE due to liberal use of multidetector CT should be addressed by concerted efforts to increase the implementation of evidence-based guidelines. (Konstantinidis, JACC 2015)
7. Despite clear potential benefits of outpatient care, most patients suffering from pulmonary embolism are currently hospitalized due to the fear of possible adverse events occurring at home. (Roy, Thrombosis Res 2017)
8. For triaging normotensive PE patients towards home treatment, the strategy based on the Hestia rule and the strategy based on the sPESI are equally safe and effective, with low rates of complications. (Roy, Eur Heart J 2021)
9. A PhD trajectory is like ketchup coming out of a bottle: sometimes you're waiting a long time for results and then a lot happens at once. (Naar analogie van the ketchup theory - Ruud van Nistelrooy)
10. In the world of VTE management that is changing really quickly, the only strategy that is a guarantee to fail is not taking risks. (Naar analogie van quote - Mark Zuckerberg)