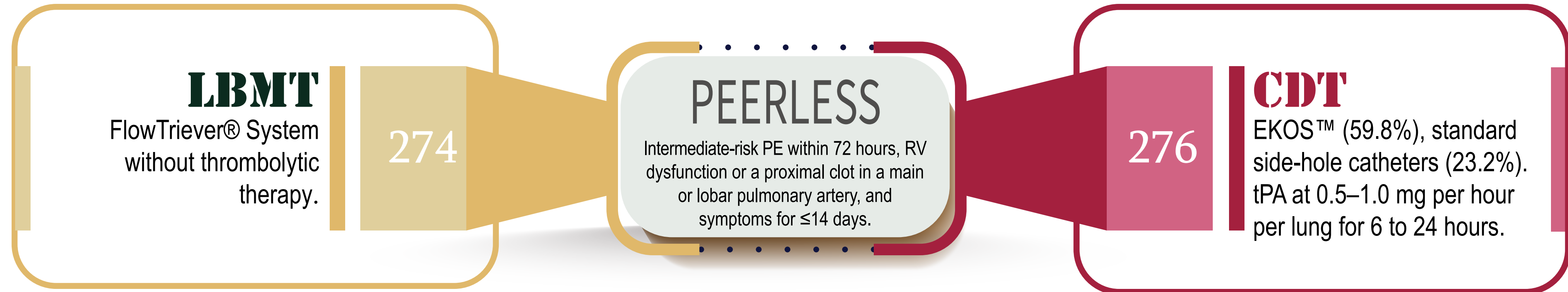


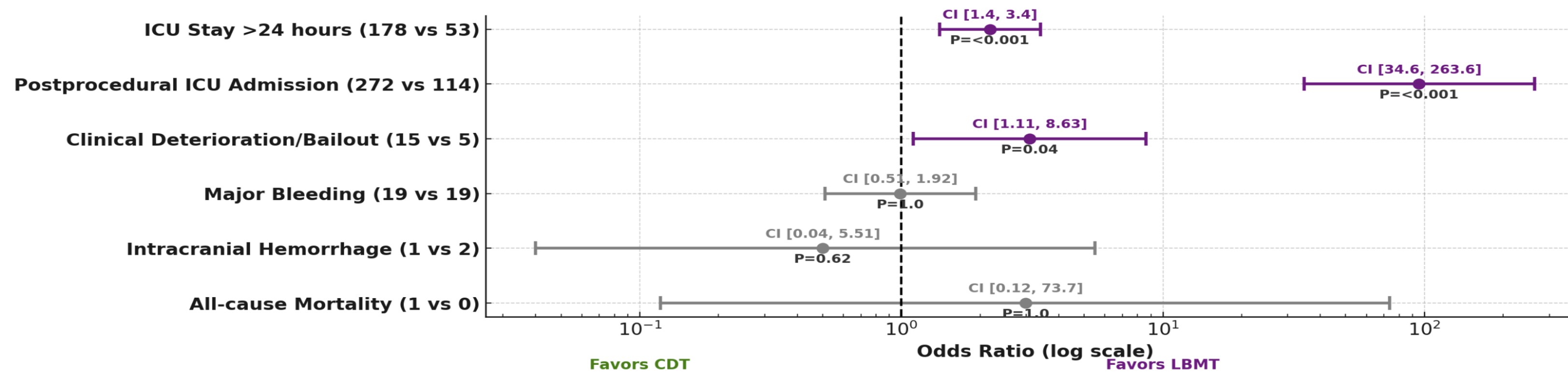
LARGE-BORE MECHANICAL THROMBECTOMY VERSUS CATHETER-DIRECTED THROMBOLYSIS IN THE MANAGEMENT OF INTERMEDIATE-RISK PULMONARY EMBOLISM

MULTICENTRE, INTERNATIONAL, RANDOMIZED, OPEN-LABEL TRIAL

Does large-bore mechanical thrombectomy (LBMT) reduce in-hospital adverse outcomes, including ICU use, compared to catheter-directed thrombolysis (CDT) in intermediate-risk pulmonary embolism, without increasing major bleeding or mortality?



The primary outcome was a hierarchical composite endpoint assessed via a win-ratio approach, focusing on key in-hospital outcomes in descending order of clinical importance: all-cause mortality, intracranial hemorrhage (ICH), major bleeding, clinical deterioration and/or need for bailout therapy, and ICU admission with length of stay.



The primary win ratio for LBMT was 5.01, with a 95% confidence interval of 3.68 to 6.97 and a p-value of less than 0.001, indicating LBMT's outperformance over CDT in reducing rates of clinical deterioration, bailout needs, and postprocedural ICU utilization, with no difference in mortality or bleeding.