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- Paper
- Primary Outcomes
- Secondary Outcomes
- · Reported Result
 - "When compared with AC alone, CDT had lower mortality but high major bleeding and numerically higher ICH"
 - "The risk of morality and ICH was high with ST when compared with CDT.
 - Findings were similar when analysis was restricted to intermediate risk PE.

Problems

The Definition of Risk Groups is not Stated

- Uses "intermediate risk," "high risk", and "intermediate-high risk," thus mixing terminologies
 - **2019 ESC:** low, intermediate-low, intermediate-high, high
 - **2011 AHA:** massive, sub-massive, low risk
 - 2016 CHEST: low high, PE without hypotension, PE with hypotension

Very few RCT patients got CDT

Total Papers (n=45)		
patient_type	number	percent
AC	19976	24.4%
CDT	9610	11.8%
ST	52119	63.8%
total	81705	NA

Intermediate-Risk Papers (n=20)

patienttype^number^percent^ |AC|8873|75.9%| |CDT|1929|16.5%| |ST|883|7.5%| |total|11685|14.3% (of \$n{total}\$)

RCT Trials Only (n=17)

patienttype^number^percent^ |AC|1101|49.8%| |CDT|78|3.5%| |ST|1031|46.7%| |total|2210|2.7% (of \$n{total}\$)

This means that the number of CDT patients from RCTs is only \$\frac{n{CDT}}{n{total}}=\frac{78}{81611}=0.096\%\$ of the study total!!

The Primary Outcome is not reported correctly

The paper utilized a network meta-analysis (1,2,3).

They list that "[t]he primary analysis compared CDT and systemic fibrinolysis with AC alone." However, they report the CDT vs AC and ST vs AC outcomes, not the network of all three.

Statistical Issues

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No attempts to control family-wise error rate

They had to change their statistical analysis strategy

Interestingly, they do NOT report p values for their efficacy outcome - just 95% Cl.

Publication inconsistency for their efficacy outcome was significant (p = 0.036), but there was no inconsistency at the loop level using a loop inconsistency plot.

Thus, they had to perform a direct meta-analysis. For this analysis, they reported p values (?!). Why would they only report p-values for a "backup" analysis method.

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