

- 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 mortality 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

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% CI.

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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