

# SCOPE STATEMENT FOR HERC COVERAGE GUIDANCE

## ULTRASOUND-ENHANCED CATHETER-DIRECTED THROMBOLYSIS FOR PULMONARY EMBOLISM

<b>Population description</b>	Adults or children with pulmonary embolism (PE) <i>Population scoping notes: None</i>
<b>Intervention(s)</b>	Ultrasound-enhanced catheter-directed thrombolysis <i>Intervention exclusions: None</i>
<b>Comparator(s)</b>	Catheter-directed thrombolysis, systemic thrombolysis, mechanical thrombectomy, pharmacomechanical thrombectomy, anticoagulation (heparin, low-molecular weight heparin, novel oral anticoagulants, warfarin)
<b>Outcome(s) (up to five)</b>	Critical: Mortality, major bleeding Important: Pulmonary hypertension, recurrent PE, hospitalization/length of stay <i>Considered but not selected for GRADE Table: Total dose of thrombolytics, resolution of thrombus, vessel patency, time to recanalization, thrombus load, recurrent DVT</i>
<b>Key questions</b>	<ol style="list-style-type: none"><li>1. What is the comparative effectiveness of ultrasound-enhanced catheter-directed thrombolysis for PE?</li><li>2. Does the comparative effectiveness of ultrasound-enhanced catheter-directed thrombolysis for PE vary by:<ol style="list-style-type: none"><li>a. Extent of thrombosis (i.e., massive, sub-massive, non-obstructive)</li><li>b. Severity (PESI score)</li><li>c. Previous treatments</li><li>d. Presence of pulmonary embolism</li></ol></li><li>3. What are the harms of ultrasound-enhanced catheter-directed thrombolysis for PE?</li></ol>