

Conference: EU EXPERT-PE 2026

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Website: <https://www.expert-pe.org/>

Submission deadline: 15 Oct 2026

Word limit: 300 words

Number of authors allowed: Not stated

Guidelines:

- The abstract must consist of a maximum of 300 words and a maximum of 1 table or figure.
- Please send your abstracts to: maaike@bureau-prevents.nl

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Abstract Title: Clinical, Functional, and Quality of Life Outcomes Through 90 Days in the STORM-PE RCT for Mechanical Thrombectomy with Anticoagulation vs Anticoagulation Alone in Acute Intermediate-High Risk PE Patients

EU EXPERT-PE Abstract
(ENCORE of SIR 2026)

Current Word Count (300 max): 300 words

Background: PE treatment with mechanical thrombectomy (MT) can rapidly relieve RV overload and lead to faster normalization of hemodynamics and functional status compared to anticoagulation (AC) alone. STORM-PE evaluated functional and QoL outcomes through 90d for MT using computer-assisted vacuum thrombectomy (CAVT) with AC vs AC alone for acute intermediate-high risk PE.

Methods: STORM-PE patients were randomized to CAVT or AC alone, with change in RV/LV ratio at 48(±6)h as the primary endpoint and composite MAEs ≤7d as the safety secondary endpoint. Endpoints through 90d included functional and QoL outcomes, mortality, and PE recurrence.

Results: Baseline characteristics for 100 patients (22 international sites) were comparable between the CAVT (N=47) and AC (N=53) arms and for the 85% who completed follow up. The 48h RV/LV ratio reduction was greater in CAVT than AC (0.52 vs 0.24; difference, 0.27 [95% CI, 0.12-0.43]; $P<0.001$), with similar MAEs ≤7d (4.3% vs 7.5%, $P=0.681$) and no differences in mortality or PE recurrence through 90d. CAVT patients walked significantly farther than AC patients for 90d 6MWT (478.7m vs 368.0m, $P=0.003$) and completed more predicted walk distance (94.0% vs 75.2%, $P=0.022$). Odds ratios favored CAVT for additional outcomes: PVFS shift, pre-PE to discharge (OR 2.2, $P=0.032$); NYHA Class I, 90d (OR 11.96, $P=0.020$); and mMRC score=0 and improvement ≥1, discharge (OR 2.44, $P=0.039$; OR=3.26, $P=0.025$). In both arms at 90d, Borg and mMRC dyspnea scores were comparable and improved ($P<0.001$). From index event to 90d, QoL scores were comparable and improved ($P<0.05$).

Conclusions: STORM-PE demonstrated CAVT patients had greater improvement in functional outcomes at 90d, in addition to superior RV/LV ratio reduction, greater physiological improvements, and comparable safety rates. These results reinforce the role of MT, specifically CAVT, as an effective and safe treatment strategy that leads to rapid recovery and better functional outcomes through 90 days.