

## LETTER TO THE EDITOR

# Pulmonary embolism response teams: Purpose, evidence for efficacy, and future research directions

We read with great interest the manuscript written by Rosovsky et al<sup>1</sup> entitled "Pulmonary embolism response teams: Purpose, evidence for efficacy, and future research directions." We believe that the risk stratification, diagnostic approach, and therapeutic strategies from a given patient with suspected perioperative acute pulmonary embolism (PE) remain challenging for clinicians; thus, it is of paramount importance to actively involve a designated pulmonary embolism response team (PERT) in such difficult case scenarios, given its unique characteristics of being proactive, multidisciplinary, inclusive, and interactive, facilitating and leveraging multispecialty strengths and experience to come up with the best therapeutic strategy in an individualized manner and to make PERT performance better every time.<sup>2</sup>

We would like to share some questions and thoughts regarding the potential and future role of PERT in the special scenarios of perioperative PE. We strongly believe that the inclusion of a cardiovascular anesthesiologist with special skills in transesophageal and transthoracic echocardiography could be pivotal to activate PERT consultation, even intraoperatively, while the clinical pretest probability for acute PE is high. They can initiate diagnostic and therapeutic maneuvers in the operating room (OR). Do we know what percentage of PERT activations originated in the OR?

As the PERT model gains wider acceptance, including among diverse surgical specialties (eg, general surgery, orthopedics, neurosurgery), more information should become available on whether PERT is a new standard of care in the complex clinical spectrum of venous thromboembolism as it affects surgical patients.<sup>3,4</sup>

Provision of care to patients with perioperative acute PE is challenging. We believe that PERT, among other quality improvement efforts, will become an essential tool for surgeons and anesthesiologists who evaluate patients with suspected perioperative acute PE. PERT may result in effective and fast implementation of treatment, particularly in the intraoperative setting.

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