

## CLINICAL EDITOR'S CORNER

# A Cost Analysis of Venous Thromboembolism Treatment

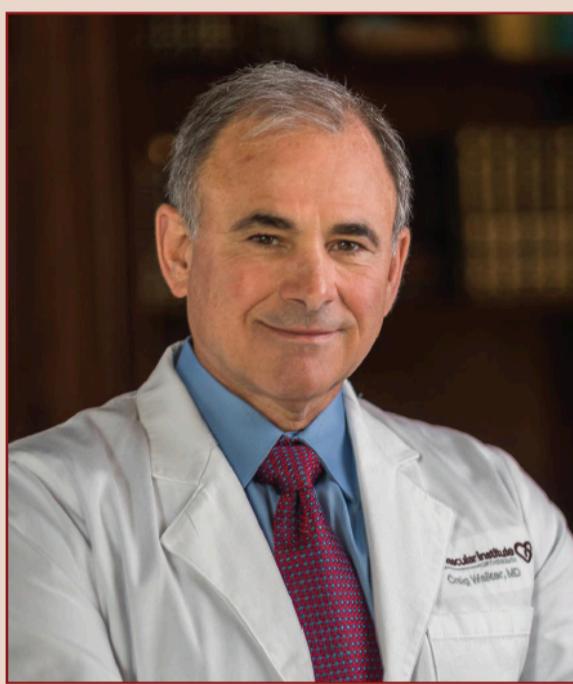
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October 2025

ISSN 2152-4343

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VASCULAR DISEASE MANAGEMENT. 2025;22(10):E80-E81

Hello and welcome to the October 2025 edition of *Vascular Disease Management*. There are several articles worthy of editorial comment that I strongly encourage others to read. I have chosen to comment on Mary Yost's article, ["The Cost of Venous Thromboembolism"](#). (Click [here](#) to watch a video of Dr Walker's commentary.)

In this article, Ms. Yost provides a comprehensive cost analysis coupled to outcomes in this very common and often deadly problem. She discusses treatment options with the direct costs of the devices and procedures, as well as hospitalization costs and the total economic and clinical impact over time. Obviously, this requires much more extensive research than articles that simply assess immediate costs, but it provides very useful information as to the immediate and long-term value of the different treatment options.

Long-term value, in my opinion, is related to the initial and long-term outcomes divided by true long-term cost. Of course, mortality benefit and subsequent quality of life must also enter the equation.

Ms. Yost clearly discusses present treatment options in detail and compares published cost and outcomes data, citing multiple references. The treatment options, devices, and subsequent medical therapy available to treat iliofemoral deep vein thrombosis (DVT) and pulmonary embolism (PE) are rapidly evolving. There remains great debate amongst medical professionals as to what constitutes best therapy in iliofemoral DVT and PE.

PE is common. It is the second leading cause of sudden death and the leading cause of preventable deaths in hospitalized patients. Recurrent emboli and chronic thromboembolic pulmonary hypertension (CTEPH) are important and deadly long-term complications.

Most physicians are still treating iliofemoral DVT with only anticoagulation, while others have shown that early removal of thrombus may help to prevent post-phlebitic syndrome with its costly complications of recurrent venous ulceration as well as a poor quality of life.

Physicians who favor clot removal for these disorders debate which method of clot removal is best.

Impressive strides in the treatment of hemodynamically significant pulmonary emboli via pulmonary embolism response teams have clearly resulted in improved hospital mortality in individuals admitted with acute PE.

These teams are multidisciplinary groups that immediately respond to assess individuals presenting with PE to facilitate rapid appropriate treatment. There remains debate as to which treatment is best, with very little comparative data available as to which therapy should be used in each case to achieve the best initial outcomes, and which therapy or combination of therapies results in lower mortality and lower rates of subsequent CTEPH.

We need outcomes and cost data not only to guide therapies but in today's world, where insurance denials are far more common than before, we must have the data to develop guidelines allowing physicians to proceed with timely lifesaving procedures in pulmonary emboli and procedures that will limit subsequent morbidity such as removal of iliofemoral thrombus to prevent post-phlebitic syndrome without fear of insurance denial.

Mary Yost's research has given insight as to the prevalence and cost of these venous disorders, utilizing current data rather than data from remote time frames. In this rapidly changing, important area of health care, current data that looks at present cost and outcomes is needed. I strongly urge all health care professionals to carefully read her article. ■

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