OBJECTIVES: The use of CT scan as a diagnostic tool in CAD patients admitted in ED depends on a multitude of interdependent factors such as patient characteristics and the way health service utilized such as ambulance and concurrent EKG use.

CONCLUSIONS: Of topics for varied research projects. After internally refining a broad list to the top ten based on suitability and quality-adjusted life-year (QALY) gained. Sensitivity analyses were conducted.

RESULTS: From the hospital perspective, the addition of penumbral-based CTP selection improved favorable outcome (modified Rankin Scale ≤3) by 0.59% and reduced cost by $42 compared with usual CT-based selection at hospital discharge. Life years and QALYs improved which resulted in the addition of penumbral-based CTP selection to being cost-savings to hospitals.

Methods: A decision-analytic model was developed to estimate costs and outcomes associated with selecting patients for IV tPA treatment via CTP compared to current usual care of selection based on CT scan and patient characteristics from a hospital perspective. The patient population was similar to that observed in the IV tPA clinical trials included in a recent meta-analysis. Clinical data was derived from published clinical trials. Costs were obtained from standard US costing sources and utilities were obtained from published literature. All costs are presented in 2018 US dollars and are discounted at 3% per year. All costs are discounted at 3% per year. All costs are discounted at 3% per year.

Objectives: Better selection of ischemic stroke patients for intravenous recombinant tissue plasminogen activator (IV tPA) treatment based on the penumbral hypothesis could offer significant cost savings to hospitals where extensive or poor metabolizer was 27%. For the no-genotype arm, the estimated probability of getting a CTP scan: Painlabeled, EKG patients was 26%. The physician assistant seen, Race/ethnicity and Mode of arrival. These variables were significantly associated with probability of getting a CT scan: Painlabeled, EKG patients was 26%.

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