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Hematology: ***Resource utilization and inpatient hospitalization costs associated with thromboembolic events among patients with polycythemia vera.*** *Oncologist. 2025;30(2):oyaf001*
Authors: Yu J, Gayle J*, Rosenthal N*, Brown H*, Braunstein E, Pemmaraju N.
This retrospective cohort study analyzed healthcare resource utilization, costs, and mortality during thromboembolic-related hospitalizations among patients with polycythemia vera in a contemporary real-world setting in the United States. Results showed that among patients with PV and TE, inpatient hospitalization HCRU, costs, and mortality were substantial.
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Cardiology: ***Associations between procedural volume, costs, and outcomes of septal reduction therapies for obstructive hypertrophic cardiomyopathy in US hospitals.*** *J Med Econ. 2025;28(1):302-313.*
Authors: Maksabedian Hernandez EJ, Krishnaswami S*, Dubey A, Singh N, Jonkman AG, Cao Z*, Tyagi M*, Lipkin C*, Wang A
This cross-sectional study assessed the relationship between hospital septal reduction therapy (SRT) procedural volume and clinical outcomes, healthcare resource utilization, and hospital costs. Results showed that resource utilization and in-hospital costs for patients undergoing SRT were lower in high procedural volume hospitals than low procedural volume hospitals. SRT procedure volume remained low even in hospitals with the highest relative procedural volumes.
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Infectious Disease: ***Implementing a meningococcal B vaccination multimedia educational campaign for university students.*** *JAPhA Pract Innov. 2024:100016*
Authors: Lucas A. Berenbrok, Kim C. Coley, Oscar Herrera-Restrepo, Misty Anderson,* Cate Polacek,* Douglas Landsittel
This study investigated the effect of a comprehensive multimedia MenB vaccine educational campaign on two-dose MenB vaccine series initiation among college students. The intervention included video broadcasting, student-led campus programming, and printed materials. The control campus was a different university in the same urban setting.
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Cardiology: ***Oral anticoagulant timing and hospitalization in newly diagnosed nonvalvularatrialfibrillation patients.*** *Front Cardiovasc Med. 2025;12:1522154*
Authors: Cui C,* Curry L,* Singh N, and Rosenthal NA*
This retrospective cohort study examined oral anticoagulant (OAC) utilization patterns within the first year after non-valvular atrial fibrillation diagnosis in patients without prior OAC use and the association between the timing of OAC initiation and the risk of all-cause and stroke/systemic embolism-specific hospitalizations. Results showed that OAC users predominantly had cardiovascular disease and risk factors, whereas non-OAC users had higher rates of malignancy and dementia. Early OAC initiation (74.9% during the index visit) was linked to lower hospitalization risks compared to those initiating later.
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Infectious Disease: ***Microbiology laboratory testing practices of gram-negative bloodstream infections with difficult-to-treat resistant phenotypes in United States hospitals.*** *Clin Infect Dis. 2025;ciaf165.*
Authors: MacVane SH, Moon R,* David J,* Rosenthal N,* Humphries RM.
This retrospective observational cohort study describes the epidemiology and time course of microbiological testing in U.S. laboratories for gram-negative bloodstream infections (GN-BSI). Overall, 2.5% of GN-BSI episodes had AST reported for at least one next-generation antimicrobial, rising from 0.2% in 2017 to 7.7% in 2023. Among patients with isolates showing DTR phenotypes, 30.5% had AST reported for at least one next-generation antimicrobial. Time to AST results for next-generation antimicrobials and antibiotic-resistant organisms are prolonged in U.S. laboratories for blood cultures with gram-negative organisms. Testing frequency and timing of AST reporting for next-generation antimicrobials likely contribute to their clinical utilization.
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