1- For a patient with suspected pulmonary embolism what is the least appropriate strategy?

A. Thrombolytic therapy if cardiogenic shock is present
B. Initiation of anticoagulation treatment while diagnostic workup is ongoing
C. CT angiography if cardiogenic shock is present
D. D-dimer level measurement if shock is present
E. Bedside transthoracic echocardiography if the patient is in cardiogenic shock and CT angiography is not immediately available

2- In a patient with suspected pulmonary embolism, which of the following statements has the best evidence base?

A. D-dimer testing should be used to confirm PE in patients with high clinical probability
B. A normal CT pulmonary angiogram safely excludes PE in patients with high probability
C. Normal D-dimer levels exclude PE in patient with low clinical probability
D. A normal ventilation-perfusion scan does not have adequate sensitivity to exclude PE
E. Magnetic resonance angiography should be use to rule out PE

3- In the acute phase of treatment for PE, what is the least appropriate anticoagulant strategy?

A. Low molecular weight heparin or fondaparinux followed by a vitamin K antagonist
B. New oral anticoagulants (NOACs) instead of low molecular weight heparin for patients with PE and cancer
C. A new oral anticoagulant (NOAC) as an alternative to standard parenteral anticoagulation with heparin and VKA
D. Reperfusion therapy for patients with high-risk PE
E. Insertion of a vena cava filter in a patient with early PE recurrence despite adequate anticoagulation