

CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 19-21 2017 MARRIOTT RIVE GAUCHE & CONFERENCE CENTER

MARRIOTT RIVE GAUCHE & CONFERENCE CENTER
PARIS, FRANCE

Antithrombotic therapy:

a critical reading of ACCP guidelines

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Disclosure Speaker name: Sevestre MA I have the following potential conflicts of interest to report: Consulting for Bayer SA, BMS Pfizer, Leo Pharma, Aspen Employment in industry Shareholder in a healthcare company Owner of a healthcare company Other(s) I do not have any potential conflict of interest





Niveau 1

- Essais comparatifs randomisés de forte puissance.
- Méta-analyse d'essais comparatifs randomisés
- Analyse de décision basée sur des études bien menées

Niveau 2

- Essais comparatifs randomisés de faible puissance.
- Études comparatives non randomisées bien menées.
- Études de cohorte.

Niveau 3

Études cas-témoins.

Niveau 4

 Études comparatives comportant des biais importants.

Δ

Preuve scientifique établie.

В

Présomption scientifique.

C

Faible niveau de preuve.



Anything new between 2012 and 2016?



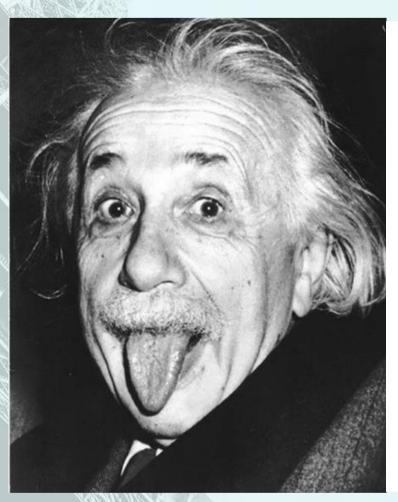
9 updates and 3 new subjects

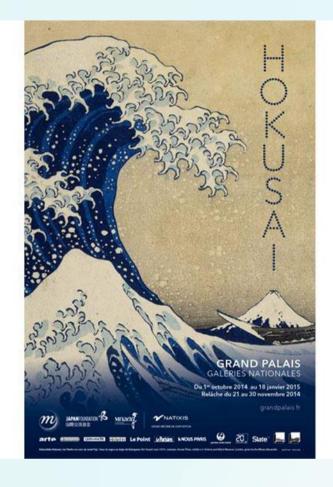
*2. In patients with DVT of the leg or PE and no cancer, as long-term (first 3 months) anticoagulant therapy, we suggest dabigatran, rivaroxaban, apixaban, or edoxaban over vitamin K antagonist (VKA) therapy (all Grade 2B).



Non inferiority studies, 2 BNUARY 19-21 2017







RIVAROXABAN

APIXABAN

EDOXABAN



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17. In patients with acute DVT or PE who are treated with anticoagulants, we recommend against the use of an inferior vena cava (IVC) filter (Grade 1B).

*18. In patients with acute DVT of the leg, we suggest not using compression stockings routinely to prevent PTS (Grade 2B).



Filter the filters



Research

Original Investigation

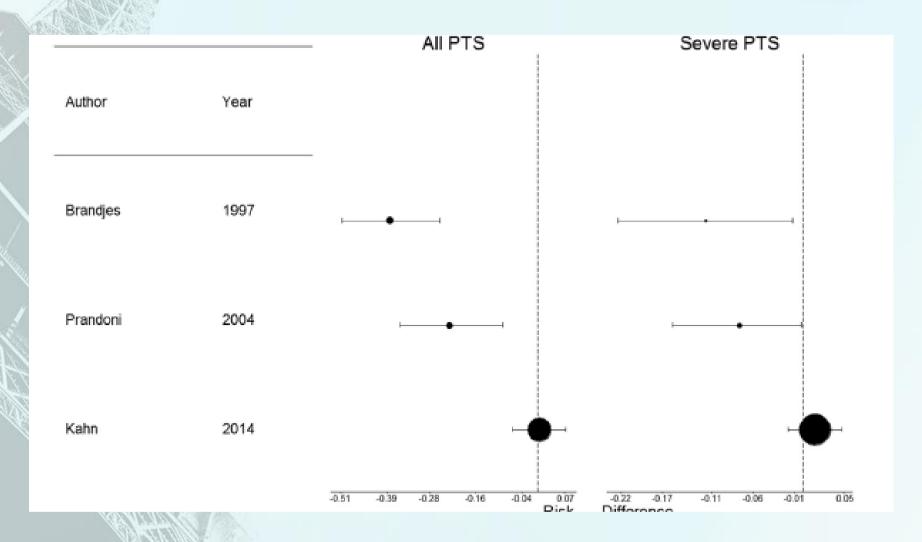
Effect of a Retrievable Inferior Vena Cava Filter Plus Anticoagulation vs Anticoagulation Alone on Risk of Recurrent Pulmonary Embolism A Randomized Clinical Trial

Patrick Mismetti, MD, PhD; Silvy Laporte, MS, PhD; Olivier Pellerin, MD, MSc; Pierre-Vladimir Ennezat, MD, PhD; Francis Couturaud, MD, PhD; Antoine Elias, MD, PhD; Nicolas Falvo, MD; Nicolas Meneveau, MD, PhD; Isabelle Quere, MD, PhD; Pierre-Marie Roy, MD, PhD; Olivier Sanchez, MD, PhD; Jeannot Schmidt, MD, PhD; Christophe Seinturier, MD; Marie-Antoinette Sevestre, MD; Jean-Paul Beregi, MD, PhD; Bernard Tardy, MD, PhD; Philippe Lacroix, MD; Emilie Presles, MSc; Alain Leizorovicz, MD; Hervé Decousus, MD; Fabrice-Guy Barral, MD; Guy Meyer, MD; for the PREPIC2 Study Group

JAMA. 2015;313(16):1627-1635.









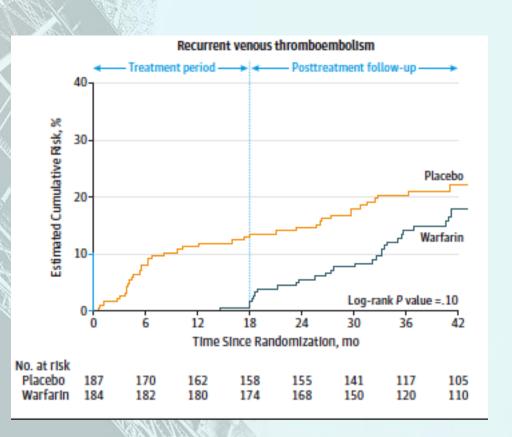


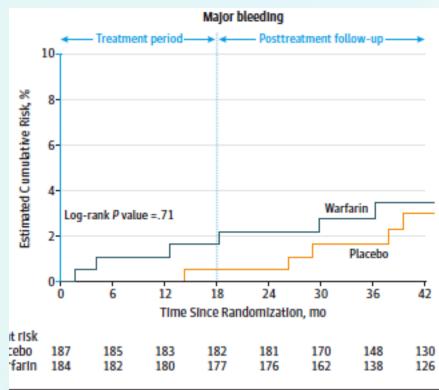
Unprovoked VTE: don't stop me now

9. In patients with a first VTE that is an unprovoked proximal DVT of the leg or PE and who have a (i) low or moderate bleeding risk (see text), we suggest extended anticoagulant therapy (no scheduled stop date) over 3 months of therapy (Grade 2B), and (ii) high bleeding risk (see text), we recommend 3 months of anticoagulant therapy over extended therapy (no scheduled stop date) (Grade 1B).

Six Months vs Extended Oral Anticoagulation After a First Episode of Pulmonary Embolism The PADIS-PE Randomized Clinical Trial

JAMA. 2015;314(1):31-40.

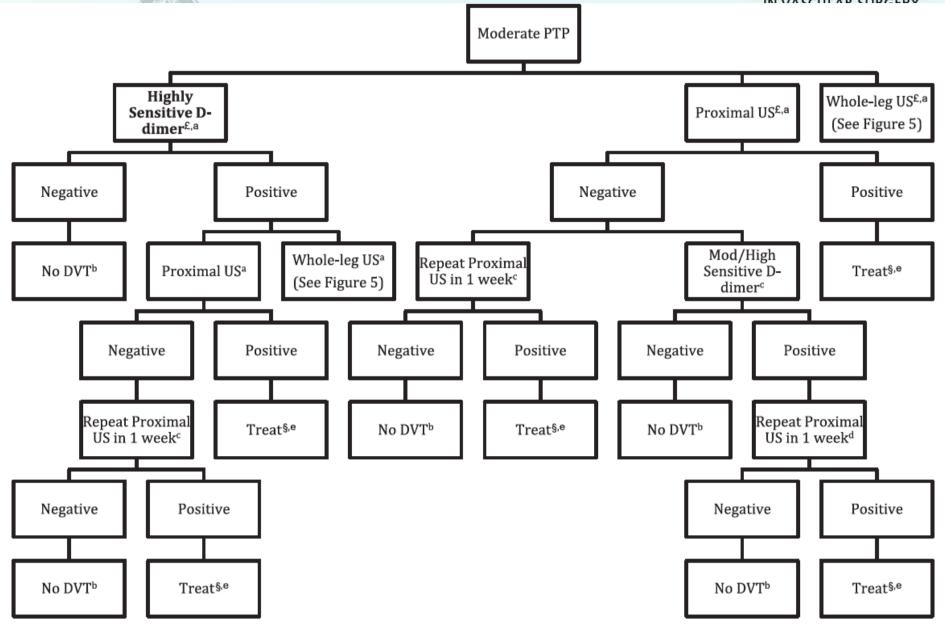






- SVT: 2B?
- DVT diagnosis: what a mess!
- Aspirin in VTE prevention: modest risk reduction







Antithrombotic Therapy for VTE Disease CHEST Guideline and Expert Panel Report



