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
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<th>Niveau 1</th>
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<td>• Essais comparatifs randomisés de forte puissance.</td>
<td>• Essais comparatifs randomisés de faible puissance.</td>
<td>• Études cas-témoins.</td>
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<td>• Méta-analyse d'essais comparatifs randomisés.</td>
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<td>• Analyse de décision basée sur des études bien menées.</td>
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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, 2B

RIVAROXABAN  APIXABAN  EDOXABAN
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

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

PTS prevention: pulling your socks (Sox) up!

Skervin, Eur J Endovasc Surg 2016
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

Recurrent venous thromboembolism

- Treatment period
- Posttreatment follow-up

Estimated Cumulative Risk, %

Time Since Randomization, mo

Placebo
Warfarin

Log-rank P value = .10

No. at risk
Placebo 187 170 162 158 155 141 117 105
Warfarin 184 182 180 174 168 150 120 110

Major bleeding

- Treatment period
- Posttreatment follow-up

Estimated Cumulative Risk, %

Time Since Randomization, mo

Log-rank P value = .71

No. at risk
Placebo 187 185 183 182 181 170 148 130
Warfarin 184 182 180 177 176 162 138 126
• 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