If the ATTRACT Trial is Positive, What Will Happen in US/Europe/Asia?

Suresh Vedantham, M.D.
Professor of Radiology & Surgery
Mallinckrodt Institute of Radiology
Washington University School of Medicine

DISCLOSURES
• NIH-NHLBI: ATTRACT Study (U01-HL088476), Translational Research Center (U54-HL112321), & C-TRACT Study Planning Grant (U34-HL123831)
• Research support to Washington University: Volcano, Cook, BSN Medical, Therakos (nothing to me or spouse)
• Off-label use: TPA for DVT; stents for iliac vein

Modalities of Positivity
- Is it really a slam dunk?
  - Statistical robustness – e.g. crossovers, missing data, etc.
  - Does PCDT reduce moderate-severe PTS and/or ulcer?
  - Is the difference in moderate-severe PTS worth the risks?
  - Does benefit reflect PCDT or differing AC/compression?
  - Are there signs that the benefit erodes over time?
  - Does PCDT only reduce PTS for iliofemoral DVT?
  - Is the use of PCDT cost-effective?
  - Is PTS reduction associated with thrombus removal?
  - Did we identify subgroups that might not respond?
- And – irrespective of PTS results, TPA is risky

Open Vein Hypothesis - Validated

Increase use of PCDT for PTS prevention

Downstream Implications
- Physicians must work together to ensure that:
  - PTS prevention = essential element of quality DVT care
  - PTS routinely included as outcome measure in studies
  - AC + PCDT = new reference standard (comparator)
  - Providers have mechanisms for early patient referral
  - Patients receive a balanced discussion of risks & benefits
  - Essentially, an opportunity to re-define the disease
- Find better and safer ways to achieve “open vein”
  - Increased research investment from NIH & industry
"The Surgeon General is passionate for ATTRACT to go forward" - RADM James M. Galloway, Asst. Surgeon General

We can be POSITIVE that just as strong PARTNERSHIPS enabled an incredible study effort, the same will be needed to implement the results to transform future DVT care