Duration Of Anticoagulation For DVT

The Forgotten Trifecta

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I do not anticipate discussing the unapproved/investigative use of a commercial product/device during this presentation

Disclosures

Janssen R&D - Steering Committee
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BMS - Advisory Board
Recovery Force - Consultant
Alexion Pharmaceuticals – advisory board

Provoked Vs. Unprovoked* Venous Thromboembolism

1. VTE is mostly a chronic inflammatory disease that is often not “cured” with short duration anticoagulation
2. We should discard the simplistic notion that we can decide how long to anticoagulate patients based upon the simplistic criterion of "provoked versus unprovoked VTE"
3. Life is complicated


The Synergistic Effect of D-dimer and FVIII levels To Predict Recurrent Venous Thromboembolism

The risk of death was increased 6.6-fold (95% CI, 2.0-22.3) in patients with factor VIII levels above 199 IU/dL (>97.5th percentile) as compared with the reference group of patients with factor VIII levels below 85 IU/dL (≤25th percentile).
D-dimer And Factor VIII Are Independent Risk Factors For Recurrence After Anticoagulation Withdrawal For A First Idiopathic Deep Vein Thrombosis

- Recurrent VTE was studied in 336 patients with a first episode of idiopathic VTE.
- Patients with both tests normal had a recurrence rate of 6.4% during the 2-year follow-up period.
- Those with an abnormal DD and normal factor VIII had a recurrence rate of 17.4%.
- Those with a normal DD and abnormal factor VIII, the rate was 18.7%.
- The recurrence rate in those with both tests abnormal was 34%, Illustrating the value of testing both of these factors.

D-dimer And FVIII In Recurrent Venous Thromboembolism

1. Normal D-dimer & normal factor VIII - 6.4%
2. Abnormal D-dimer & normal factor VIII - 17.4%
3. Normal D-dimer & abnormal factor VIII - 18.7%
4. Abnormal D-dimer & abnormal factor VIII - 34%

2 years

Residual Venous Obstruction

- Presence of residual venous obstruction 10 yr. FU
  - Cumulative recurrence rate = 40%
  - Provoked recurrence rate = 22%
  - Unprovoked recurrence rate = 52%

These data force us to question the notion that time-limited anticoagulation is an effective strategy because the rate of recurrence is high, even among those with provoked VTE.

TREAT ALL PATIENTS FOR 3 MONTHS

| Normal | Continue Anticoagulation
|--------|-------------------------|
| Abnormal | Stop anticoagulation, Repeat tests 30, 90, 180 days

| Normal | Repeat Duplex scan and/or CT Chest
|--------|----------------|
| Abnormal | Repeat scans every 6 months

| Normal | Normal | Repeat scans every 6 months
|--------|--------|------------------|
| Abnormal | Normal | Continue Anticoagulation

| Normal | Normal | Repeat tests every 6 months
|--------|--------|------------------|
| Abnormal | Normal |Continue Anticoagulation

| Normal | Normal | Resume AC
|--------|--------|------------------|
| Abnormal | Normal | Continue Anticoagulation

| Normal | Normal | Stop anticoagulation, Repeat tests 30, 90, 180 days
|--------|--------|------------------|
| Abnormal | Normal | Continue Anticoagulation

| Normal | Normal | Repeat blood tests 6 months
|--------|--------|------------------|
| Abnormal | Normal |Resume AC

| Normal | Normal | Repeat tests every 6 months
|--------|--------|------------------|
| Abnormal | Normal | Continue Anticoagulation

| Normal | Normal | Repeat tests every 6 months
|--------|--------|------------------|
| Abnormal | Normal |Continue Anticoagulation

| Normal | Normal | Repeat tests every 6 months
|--------|--------|------------------|
| Abnormal | Normal |Continue Anticoagulation

30, 90, & 180 days

THE END