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Evaluation of the bleeding prediction score VTE-BLEED for predicting recurrent VTE

Authors:
FA Klok¹, E Presles², C Tromeur², S Barco³, SV Konstantinides³, F Couturaud², ¹Leiden University Medical Centre - Leiden - Netherlands (The), ²University Hospital of Brest - Brest - France, ³Center for Thrombosis and Hemostasis - Mainz - Germany,

On behalf: PADIS-PE Investigators

Topic(s):
Pulmonary Embolism

Citation:

Introduction

VTE-BLEED is a validated score for identification of patients at a 3 to 5-fold increased risk of major bleeding during extended anticoagulation for venous thromboembolism (VTE; table 1). It is unknown whether VTE-BLEED high-risk patients also have an increased risk for recurrent VTE, which would limit the potential usefulness of the score.

Methods

This was a post-hoc analysis of the randomised double-blind placebo-controlled PADIS-PE trial, in which patients with a first unprovoked pulmonary embolism (PE) initially treated for 6 months were randomised to receive an additional 18-month of warfarin versus placebo. Primary outcome of the current analysis was recurrent VTE during 2-year follow-up after anticoagulant discontinuation, i.e. after the initial 6-month treatment in the placebo arm and after 24 months of anticoagulation in the active treatment arm. This rate, adjusted on study treatment allocation, was compared between patients in the high- versus low-risk VTE-BLEED group.

Results

In complete case analysis (n=308; 82.4% of total population), 89 (28.9%) patients were classified as VTE-BLEED high risk. A total of 44 VTE events occurred after anticoagulant discontinuation during 668 patient-years. The cumulative incidence of recurrent VTE was 16.4% (95%CI 10.0-26.1%; 14 events) and 14.6% (95%CI 10.4-20.3%; 30 events) in the high-risk and low-risk VTE-BLEED groups, respectively, for an adjusted Hazard Ratio of 1.16 (95%CI 0.62-2.19; Figure 1).

Conclusion

In this study, patients with unprovoked PE classified at high risk of major bleeding by VTE-BLEED did not have a higher incidence of recurrent VTE after cessation of anticoagulant therapy, supporting the potential yield of the score for making management decisions on the optimal duration of anticoagulant therapy.
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