DVT/PE Duration of Treatment
(Recommendations from the America College of Chest Physicians 2016 Update on Antithrombotic Therapy for VTE1)

**Provoked**

- **Proximal DVT or PE**
  - Provoked by surgery
  - 3 months (1B)α

- **Isolated-distal DVT**
  - Low or Moderate Bleed Riskd
  - 3 months (1B)α
  - High Bleed Riskd
  - 3 months (2B)α

**Unprovoked**

- **Proximal DVT or PE**
  - 1st unprovoked
  - Low or Moderate Bleed Riskd
  - 3 months (1B)α
  - High Bleed Riskd
  - 3 months (1B)α

- **2nd unprovoked**
  - Low (1B)α or Moderate (2B)α Bleed Riskd
  - Extended therapyb
  - 3 months (1B)α
  - High Bleed Riskd
  - Extended therapyb
  - 3 months (2B)α

**Cancer-associated**

- 1st line: LMWH

- **Isolated-distal DVT**
  - Bleed Riskd:
    - Low (1B)α
    - Moderate (1B)α
    - High (2B)α
  - Extended therapyb

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**Risk Factors for Bleeding while on Anticoagulant Therapy**

- Age > 65 y
- Anemia
- Previous bleeding
- Antiplatelet therapy
- Cancer
- NSAID
- Alcohol abuse
- Frequent falls
- Recent surgery***
- Poor anticoagulant control
- Metastatic cancer
- Diabetes
- Renal failure
- Previous stroke
- Liver failure
- Comorbidity and reduced functional capacity
- Thrombocytopenia

***Important for parenteral anticoagulation (eg, first 10 days), but less important for long-term or extended anticoagulation

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Bleed Risk 0-3 months</th>
<th>Bleed Risk After 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 risk factors</td>
<td>Low 1.6%</td>
<td>0.8%/year</td>
</tr>
<tr>
<td>1 risk factor</td>
<td>Moderate 3.2%</td>
<td>1.6%/year</td>
</tr>
<tr>
<td>≥ 2 risk factors</td>
<td>High 12.8%</td>
<td>≥6.5%/year</td>
</tr>
</tbody>
</table>

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α Grades of evidence shown in parenthesis
1=Strong recommendation 2=Weak recommendation
A=High quality evidence  B=Moderate quality evidence  C=Low quality evidence

β Extended therapy = no scheduled stop date; the continued use of anticoagulation should be reassessed at periodic intervals (e.g. annually)

γ Environmental Risk factors for VTE= surgery, trauma, immobilization, central venous catheters, pregnancy/post-partum, chemotherapy, recent travel, hormone therapy (ex. Oral/transcutaneous/vaginal contraceptives, depot progestin injections, hormone replacement therapy)

Created by Tram Le, PharmD Candidate 2017 and Crystal Franco-Martinez, PharmD, BCPS, 6/2016
Approved by Anticoagulation Safety Committee 8/2016
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**Acute isolated-distal DVT Treatment**

- Low-moderate symptoms or no risk factor for extension
  - Serial imaging for 2 weeks (2C)
    - Thrombus does not extend (1B)
      - No anticoagulation
    - Extended thrombus confined to distal vein (2C)
      - Anticoagulation
    - Thrombus extends to proximal vein (1B)
      - Anticoagulation

- Severe symptoms or risk factors for extension
  - Provoked
  - Unprovoked
  - 3 months (1B)
    - Follow unprovoked algorithm on page 1

**Recurrent VTE Treatment**

- Patient is already on NOACs/warfarin
  - 1. Reevaluation of whether there truly was a recurrent VTE
  - 2. Evaluation of compliance with anticoagulant therapy
  - 3. Consideration of an underlying malignancy

- Patient is already on LMWH
  - Switch to LMWH temporarily for at least 1 month (2C)
  - Increase the dose of LMWH by 25-33% (2C)

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*Risk factors for extension of distal DVT that would favor anticoagulation over surveillance:

- D-dimer is positive
- Thrombosis is extensive (>5 cm in length, involves multiple veins, >7 mm in max diameter)
- Thrombosis is close to the proximal veins
- No reversible provoking factor for DVT
- Active cancer
- History of VTE
- Inpatient status

**Adapted from:**


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