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

Provoked

Proximal DVT or PE
- Provoked by surgery
- Provoked by non-surgical transient risk factor

Isolated-distal DVT
- 1st unprovoked
- 2nd unprovoked
- See page 2

Unprovoked

Proximal DVT or PE
- Low or Moderate Bleed Risk
- High Bleed Risk

Isolated-distal DVT
- Low (1B)
- High Bleed Risk
- Moderate (2B)
- 3 months
- Extended therapy
- 3 months
- See page 2

Cancer-associated

1st line: LMWH

Bleed Risk:
- Low (1B)
- Moderate (1B)
- High (2B)

Extended therapy

Risk Factors for Bleeding while on Anticoagulant Therapy

<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>

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

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

Environmental Risk factors for VTE:
- surgery, trauma, immobilization, central venous catheters, pregnancy/post-partum, chemotherapy, recent travel, hormone therapy (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

- Severe symptoms or risk factors for extension
  - Provoked
  - Unprovoked
  - Thrombus extends to proximal vein (1B)
  - Anticoagulation

- Extended thrombus confined to distal vein (2C)

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
  - Increase the dose of LMWH by 25-33% (2C)

Spontaneous superficial vein thrombosis

- Prophylactic parenteral anticoagulation for at least 45 days

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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