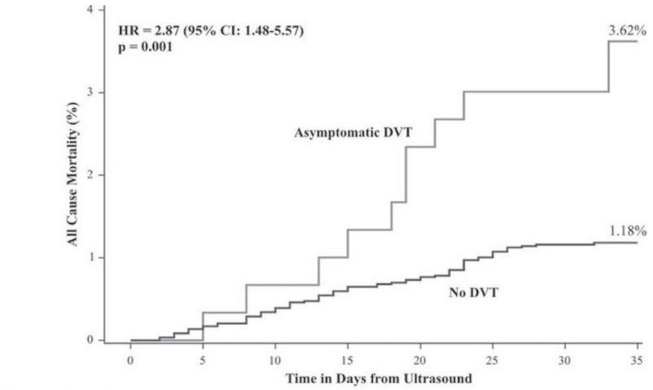
an asymptomatic DVT had an almost three-fold increase in the risk of all-cause mortality compared to subjects without DVT (HR = 2.87, 95% CI = 1.48, 5.57, p=0.001). Greater thrombus burden on CUS was associated with higher mortality (p=0.019).



Time to all-cause mortality

Conclusion: Betrixaban was associated with a significant reduction in asymptomatic DVT diagnosed with CUS compared to enoxaparin. Asymptomatic DVT almost tripled the risk of all-cause mortality in patients hospitalized with an acute medical illness within the prior 77 days. Greater thrombus burden was associated with a higher mortality rate.

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Sex differences in the clinical characteristics and outcomes of patients with venous thromboembolism: from the COMMAND VTE Registry

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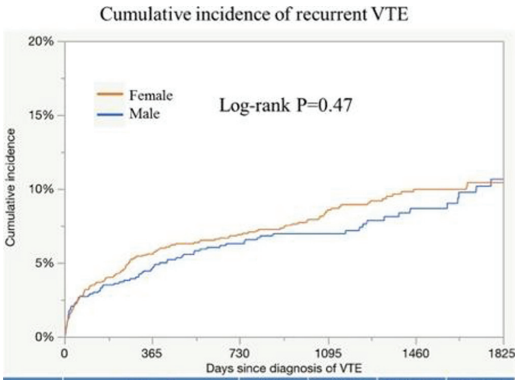
Background: Venous thromboembolism (VTE) has a long-term risk of recurrence. Depending on risks of recurrence, a specific duration of anticoagulation therapy for the prevention of recurrence is recommended. However, it remains controversial whether sex is a risk of recurrent VTE.
Purpose: We sought to evaluate clinical characteristics and outcomes in patients with VTE between male and female in a large observational study in Japan.
Methods: The COMMAND VTE Registry is a multicenter registry enrolling consecutive patients with acute symptomatic VTE objectively confirmed by imaging examination or by autopsy among 29 centers in Japan between January 2010 and August 2014. After screening consecutive 19634 patients through hospital chart review by the physicians at each participating institution, a total of 3027 patients were enrolled in the registry. We divided the entire cohort into the male and female groups. We compared the clinical characteristics and outcomes between the 2 groups.
Result: Male patients accounted for 1169 (39%) and female patients 1858 (61%). The male group was significantly younger than the female group (male 64.9±14.7 years vs. female 68.6±15.6 years, P<0.001). The male group included a higher proportion of those with prior VTE and chronic kidney disease than the female group (7.2% vs. 5.1%, P=0.02; 21% vs. 18%, P=0.02, respectively), whereas the female group included a higher proportion of those with connective tissue disease and a transient risk factor for VTE than the male group (6.1% vs. 9.3%, P=0.001; 30% vs. 40%, P<0.001, respectively). The proportion of active cancer was comparable between the 2 groups (24% vs. 22%, P=0.26), and those of pulmonary embolism and deep vein thrombosis were also similar between the 2 groups (56% vs 57%, P=0.48; 44% vs 43%, P=0.48, respectively). The male group received thrombolytic therapy in the acute phase and concomitant antiplatelet therapy as hospital discharge more frequently (19% vs. 16%, P=0.04; 13% vs. 8.4%, P<0.001). During the follow-up period, anticoagulation therapy was continued longer in the male group than in the female group (on-anticoagulation status, 91.4% vs. 90.5% at 90 days; 72.8% vs. 67.9% at 1 year; 55.4% vs. 48.5% at 5 year, log-rank P=0.006). The cumulative 5-year incidences of recurrent VTE, major bleeding, and all-cause death were not significantly different between the 2 groups (10.7% vs. 10.5%, log-rank P=0.47; 13.5% vs. 11.2%, log-rank P=0.25; 31.2% vs. 28.3%, log-rank P=0.35, respectively). Even after adjusting for potential confounders, the risk of the male group relative to the female group for recurrent VTE was not significant (Hazard ratio 0.83 [95% confidence interval 0.63–1.09], P=0.17).



	Interval	0 day	365 day	1095 day	1825 day
Female	Number of patients at risk	1858	1387	825	307
	Number of patients with event		94	129	141
	Cumulative incidence		5.6%	8.6%	10.5%
Male	Number of patients at risk	1169	882	430	173
	Number of patients with event		50	70	81
	Cumulative incidence		4.7%	7.2%	10.7%

Conclusion: In real-world VTE patients, clinical characteristics were different depending on sex, and the duration of anticoagulation therapy varied between male and female patients, whereas sex was not associated with a risk for recurrent VTE.

P253
Short-term versus indefinite anticoagulant therapy for secondary prevention of unprovoked venous thromboembolism: a decision analysis

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Background: The optimal duration of anticoagulation for a first unprovoked VTE remain controversial.
Methods: A Markov decision analysis model using a cycle length of one year was constructed. The base case [Table] was a hypothetical cohort of men and women with a first unprovoked VTE aged 57 years (average age in management of VTE randomized trials) who had been treated initially for 3 to 6 months with a vitamin K antagonist, and in whom there was clinical equipoise regarding the need for continuing therapy. The model, adopting a lifetime time horizon, assigned patients to either stop anticoagulation or continue treatment indefinitely with a Vitamin K antagonist. Analyses were conducted from a clinical perspective with health outcomes measured by the impact of treatment assignation on life expectancy.
Results: Under base case conditions, among patients with a first unprovoked VTE aged 57 years who have completed initial short-term treatment, continuing anticoagulant therapy indefinitely yielded, on average, a net gain in life expectancy for men (46 life-years per 1000 persons), but a net loss in life expectancy for women (-178 life-years per 1000 persons). Importantly, in a 2-way sensitivity analysis [Figure 1; red asterisk=base-case women; black asterisk=base-case

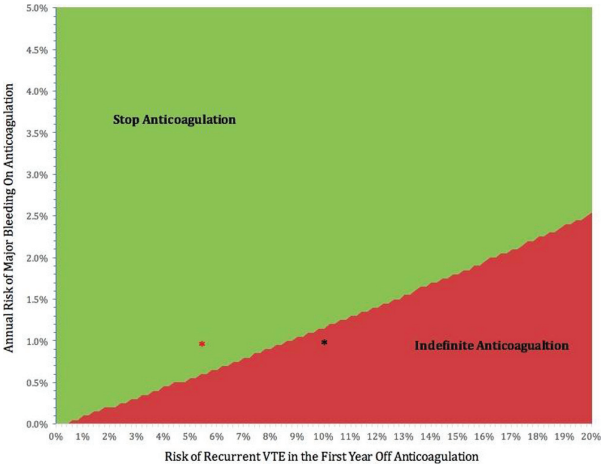

Figure 1. Two-way sensitivity analysis