

P3848

### Baseline profile of patients treated for acute venous thromboembolism (VTE) in routine clinical practice according to VTE location in the RE-COVERY DVT/PE global cohort study

S. Schellong<sup>1</sup>, W. Ageno<sup>2</sup>, I.B. Casella<sup>3</sup>, C.K. Han<sup>4</sup>, S. Schulman<sup>5</sup>, D.E. Singer<sup>6</sup>, M. Desch<sup>7</sup>, W. Tang<sup>8</sup>, I. Voccia<sup>9</sup>, K. Zint<sup>7</sup>, S.Z. Goldhaber<sup>10</sup>

<sup>1</sup>Städtisches Klinikum Dresden, Dresden, Germany; <sup>2</sup>University of Insubria, Varese, Italy; <sup>3</sup>University of São Paulo, São Paulo, Brazil; <sup>4</sup>University Malaya Medical Centre (UMMC), Kuala Lumpur, Malaysia; <sup>5</sup>McMaster University, Hamilton, Canada; <sup>6</sup>Massachusetts General Hospital, Boston, United States of America; <sup>7</sup>Boehringer Ingelheim International GmbH, Ingelheim am Rhein, Germany; <sup>8</sup>Boehringer Ingelheim Pharmaceuticals Inc., Ridgefield, United States of America; <sup>9</sup>Boehringer Ingelheim Canada, Burlington, Canada; <sup>10</sup>Brigham and Womens Hospital, Boston, United States of America

On behalf of The RE-COVERY DVT/PE investigators

**Funding Acknowledgement:** Funded by Boehringer Ingelheim

**Background:** In contrast to randomized clinical trials, observational studies provide the opportunity to evaluate routine practice in real-world patient populations.

**Purpose:** Using data from the RE-COVERY DVT/PE global observational study (enrollment January 2016 to May 2017), we have explored patient characteristics and anticoagulant treatment patterns in subgroups defined according to the type and location (proximal or distal lower limb) of acute venous thromboembolism (VTE).

**Methods:** Baseline patient characteristics, details of hospitalization and choice of anticoagulant therapy were tabulated descriptively for three groups of patients according to the type and location of their index VTE: pulmonary embolism (PE) ( $\pm$  any deep vein thrombosis; DVT); proximal ( $\pm$  distal) lower limb DVT, including the iliac vein; or distal lower limb DVT. Anticoagulant therapy at baseline and at hospital discharge or 14 days after diagnosis (whichever was later) was recorded.

**Results:** Of the 6122 eligible patients, 324 who had DVT at locations other than the lower limb and no PE were excluded from this analysis (as a key objective was to compare subgroups with DVT in the lower extremities ac-

ording to whether the location was distal alone or involved the proximal segment). The remaining 5798 patients had either distal DVT (17.7%), proximal ( $\pm$  distal) DVT (40.0%) or PE ( $\pm$  any DVT) (42.3%) (Table). The likelihood of being diagnosed in an emergency department and of being hospitalized for VTE increased in line with the seriousness of the index event (distal DVT to PE). There were corresponding increases in age and the proportion of patients with comorbidities and/or medical history such as hypertension, diabetes mellitus or active cancer across these subgroups. At the time of hospital discharge or 14 days after diagnosis, whichever was later, non-vitamin K antagonist oral anticoagulants were the most commonly used anticoagulants (53% of patients in the PE group and 55–56% in the two DVT groups). The use of parenteral anticoagulant therapy alone appeared to be lower in the PE group than in the DVT groups, but the total use of parenteral therapy (alone or prior to oral anticoagulation) increased across groups from distal DVT (67%) to proximal DVT (74%) to PE (79%). **Conclusion:** These data provide an insight into the potential differences in patient characteristics and treatment patterns among patients with PE, proximal/iliac lower limb DVT or distal lower limb DVT.

**Table:** Patient characteristics, management considerations and anticoagulant treatments according to VTE type and location

	PE ( $\pm$ any DVT) N = 2455	Proximal lower limb DVT ( $\pm$ distal DVT) <sup>a</sup> N = 2319	Distal lower limb DVT <sup>b</sup> N = 1024
Age, yrs, mean (SD)	62.9 (16.6)	61.7 (17.0)	58.1 (17.5)
Male, n (%)	1211 (49.3)	1228 (53.0)	500 (48.8)
CrCl, mL/min, mean (SD) <sup>c</sup>	94.4 (47.2)	92.3 (42.7)	101.9 (43.0)
Any or lower limb DVT, n (%) <sup>d</sup>	860 (35.0)	2319 (100.0)	1024 (100.0)
Location of DVT, n <sup>e</sup>			
Proximal lower limb DVT	590	2233	0
Iliac vein DVT	83	361	0
Distal lower limb DVT	487	968	1024
Comorbidity/medical history, n (%) <sup>f</sup>	1676 (68.3)	1387 (59.8)	513 (50.1)
Hypertension	1038 (42.3)	719 (31.0)	269 (26.3)
Diabetes mellitus	335 (13.6)	240 (10.3)	93 (9.1)
Active cancer <sup>g</sup>	295 (12.0)	235 (10.1)	78 (7.6)
Diagnosis in emergency department, n (%)	1117 (45.5)	690 (29.8)	229 (22.4)
Hospitalization for VTE, n (%)	1844 (75.1)	1130 (48.7)	302 (29.5)
Treatment, n (%)			
Any NOAC	1292 (52.6)	1267 (54.6)	570 (55.7)
Vitamin K antagonist	578 (23.5)	493 (21.3)	244 (23.8)
Parenteral only	371 (15.1)	452 (19.5)	190 (18.6)
Other	214 (8.7)	107 (4.6)	20 (2.0)

<sup>a</sup>Iliac vein or proximal lower limb DVT (popliteal vein and above), but no PE.

<sup>b</sup>No iliac vein or proximal lower limb DVT, and no PE.

<sup>c</sup>CrCl was missing for 1803 patients (31.1%).

<sup>d</sup>Any DVT applies to the PE ( $\pm$  any DVT) subgroup; lower limb DVT applies to the other subgroups.

<sup>e</sup>Patients could have more than one DVT location; locations outside the iliac vein or lower limbs are not shown.

<sup>f</sup>The three most prevalent comorbidities and/or medical histories overall are shown individually.

<sup>g</sup>Excluding non-melanoma skin cancer.

CrCl, creatinine clearance; DVT, deep vein thrombosis; NOAC, non-vitamin K antagonist oral anticoagulant; PE, pulmonary embolism; SD, standard deviation; VTE, venous thromboembolism.