

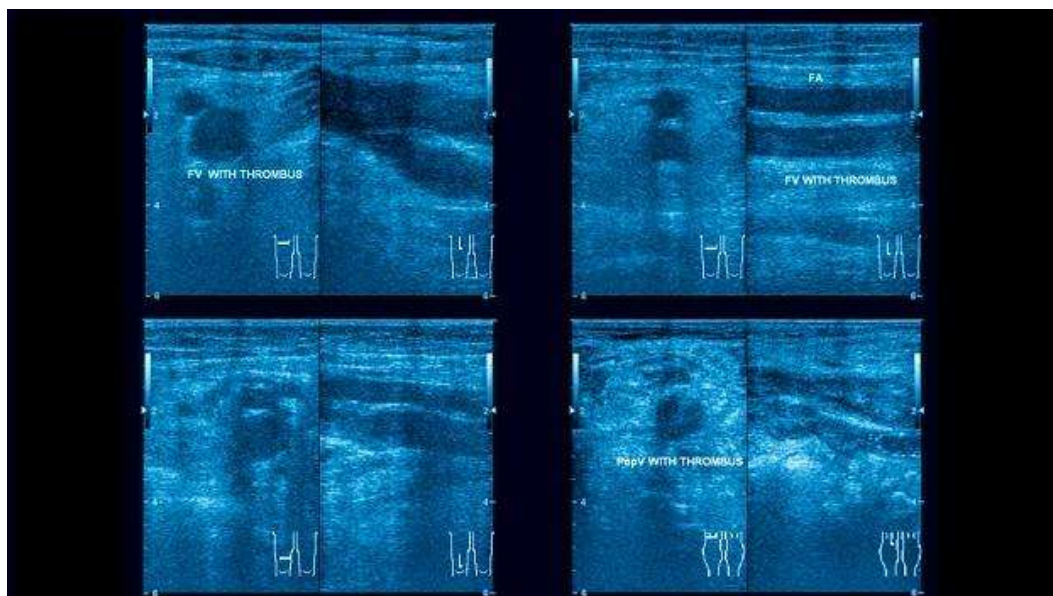
NEWS • INTERVENTIONAL

Attacking DVT With Drug-Device Combo Does Not Reduce Postthrombotic Syndrome

The ATTRACT trial failed to meet its primary endpoint, but there may remain a role for the approach in some patients.



By **Todd Neale** December 08, 2017



Performing pharmacomechanical catheter-directed thrombolysis on top of standard anticoagulation therapy does not reduce postthrombotic syndrome in patients with acute proximal deep vein thrombosis (DVT), the ATTRACT trial shows, although it remains to be seen whether the strategy could have a role in select subsets.

Postthrombotic syndrome occurred at 6 to 24 months of follow-up in 47% of the intervention group and 48% of those who received anticoagulation alone (risk ratio 0.96; 95% CI 0.82-1.11), with similar results in a per-protocol analysis, Suresh Vedantham, MD (Washington University in St. Louis, MO), and

colleagues report in the December 7, 2017, issue of the New England Journal of Medicine. Results from the trial were previously reported in March at the Society of Interventional Radiology meeting.

The lack of benefit with pharmacomechanical thrombolysis was accompanied by a higher rate of major bleeding within the first 10 days, which narrowly met statistical significance (1.7% vs 0.3%; $P = 0.049$).

Vedantham told TCTMD the results shift the debate around how extensively invasive measures should be used in patients with DVT. “In terms of using these treatments routinely along with first-line treatment for DVT, I think that the study showed that it’s really not justified given what we know about the risks of these clot-busting drugs,” he said, noting that such strategies are costly as well.

The results will likely result in a pullback from using approaches like the one evaluated in ATTRACT, especially because patients with DVT typically are referred through noninterventionalists, who initially were more skeptical about the treatments to begin with, Vedantham noted.

Postthrombotic Syndrome a Common Problem

Roughly half of patients with proximal DVT will develop postthrombotic syndrome—which is characterized by chronic limb pain and swelling and can lead to major disability, leg ulcers, and poor quality of life—in the 2 years following initiation of anticoagulation therapy, according to the authors.

Small trials, such as **CaVenT**, have shown that removing the acute thrombus with catheter-directed thrombolysis may help avert postthrombotic syndrome. Vedantham said that in recent years, invasive treatments have become more common, getting deployed in more than just the most severe cases.

The phase III ATTRACT trial, which was designed to address the controversy about how frequently these catheter-based therapies should be used, evaluated the more intense method of pharmacomechanical catheter-directed thrombolysis, involving both delivering a fibrinolytic drug into the thrombus and disrupting the clot using aspiration or maceration.

At 56 US centers, investigators randomized 692 patients with symptomatic, acute proximal DVT involving the femoral,

