



ASH Recommendations for Treatment of Deep Vein Thrombosis and Pulmonary Embolism



What it covers

- Evidence-based support for decision-making during each of the treatment phases of venous thromboembolism (VTE) and the recommended approach for the treatment in those phases

VTE treatment phases:

Initial management:

from diagnosis until the first weeks of therapy

Primary treatment:

typically a minimum of three months

Secondary prevention:

extends for a prolonged, usually indefinite, period of time after the primary treatment phase



Why it matters

- There is not a single approach to VTE treatment and prevention.
- There have been many recent clinical studies that inform/guide treatment at each of the various stages.



Who it affects

- Emergency department physicians and urgent care providers who make the initial management decisions for patients with acute deep-vein thrombosis (DVT) and pulmonary embolism (PE).
- Vascular medicine and interventional specialists who treat patients with acute, severe VTE
- Thrombosis specialists and anticoagulation providers who implement and manage the antithrombotic therapies for patients with VTE
- Hematologists who consult about risks for recurrent thrombosis and hemorrhagic complications in patients on anticoagulant therapy
- All specialists and primary care providers who diagnose and manage the chronic complications that these patients can develop, including post-thrombotic syndrome and chronic thromboembolic pulmonary hypertension



What are the highlights

- The guidelines emphasize the need for VTE treatment decisions to be patient-centric and consider patients' perspectives that include the financial implications when choosing anti-coagulation therapy
- Strong recommendations from the panel include:

Use thrombolytic therapy to treat patients with pulmonary embolism who are hemodynamically compromised	Use anticoagulant therapy to treat patients in secondary prevention	Use indefinite anticoagulation therapy to treat patients with recurring VTE
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- The panel also made conditional recommendations expressing a preference for home treatment over hospital-based treatment of uncomplicated cases of DVT and PE. Home treatment is suggested when there is a low risk for complications as well as a preference for direct oral anticoagulants for primary treatment of VTE.

Total number of panel recommendations: 28

REFERENCE

Thomas L. Ortel, Ignacio Neumann, Walter Ageno, Rebecca Beyth, Nathan P. Clark, Adam Cuker, Barbara A. Hutten, Michael R. Jaff, Veena Manja, Sam Schulman, Caitlin Thurston, Suresh Vedantham, Peter Verhamme, Daniel M. Witt, Ivan D. Florez, Ariel Izcovich, Robby Nieuwlaat, Stephanie Ross, Holger J. Schünemann, Wojtek Wiercioch, Yuan Zhang, Yuqing Zhang; American Society of Hematology 2020 guidelines for management of venous thromboembolism: treatment of deep vein thrombosis and pulmonary embolism. *Blood Adv* 2020; 4 (19): 4693–4738. doi: <https://doi.org/10.1182/bloodadvances.2020001830>

For more information on the ASH Clinical Practice Guidelines on VTE, visit www.hematology.org/VTEguidelines.

The American Society of Hematology (ASH) (www.hematology.org) is the world's largest professional society of hematologists dedicated to furthering the understanding, diagnosis, treatment, and prevention of disorders affecting the blood. For more than 60 years, the Society has led the development of hematology as a discipline by promoting research, patient care, education, training, and advocacy in hematology.

