SEMI
LA VISIÓN GLOBAL DE LA PERSONA ENFERMA

Sademi
Sociedad Andaluza de Medicina Interna

XXXIV Congreso Nacional de la Sociedad Española de Medicina Interna (SEMI)

21-23
Noviembre 2013

Palacio de Ferias y Congresos de Málaga
Málaga

XXIX Congreso de la Sociedad Andaluza de Medicina Interna (SADEMI)

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Aspectos prácticos a tener en cuenta con el uso de los nuevos anticoagulantes en la ETV

Manuel Monreal

Hospital Germans Trias i Pujol de Badalona

Conflictos de interés:

- **Sanofi**
- **Bayer**
- **Boehringer-Ingelheim**
- **Bristol**
- **Pfizer**
- **Daiichi-Sankyo**

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31,949,739 patients

MINISTERIO DE SANIDAD Y CONSUMO

CMBD 2001-2010	Pulmonary embolism	Acute coronary syndrome	Ischemic stroke
Patients, N			
Diagnosis,			
Primary			
Secondary			
Outcome during admission,			
Death			
Death in primary diagnosis			
Death in secondary diagnosis			
Hospital stay (days)			

Guijarro R, et al. en preparación

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31,949,739 patients

MINISTERIO DE SANIDAD Y CONSUMO

CMBD 2001-2010	Pulmonary embolism	Acute coronary syndrome	Ischemic stroke
Patients, N	165,229	562,837	495,427
Diagnosis,			
Primary	105,747 (64%)	505,882 (90%)‡	428,043 (86%)‡
Secondary	59,482 (36%)	56,955 (10%)‡	67,384 (14%)‡
Outcome during admission,			
Death	30,654 (19%)	69,022 (12%)‡	71,804 (14%)‡
Death in primary diagnosis	11,449 (11%)	51.213 (10%)‡	52,788 (12%)‡
Death in secondary diagnosis	19,205 (32%)	17,809 (31%)‡	19,016 (28%)‡
Hospital stay (days)	14±13	9.7±9.7‡	13±14‡

Guijarro R, et al. en preparación

- **Varón de 78 años y 87 kg, que ingresa por síndrome tóxico y anemia**

¿Tromboprofilaxis?

- **Varón de 78 años y 87 kg, que ingresa por síndrome tóxico y anemia**

¿Tromboprofilaxis?

SEMI

CMBD Oct. 2005-Sept. 2006

Sademi

MINISTERIO DE SANIDAD Y CONSUMO

XXXIV Congreso Nacional de la Sociedad Española de Medicina Interna (SEMI)

XXIX Congreso de la Sociedad Andaluza de Medicina Interna (SADEMI)

Guijarro R. Eur J Intern Med 2013; Nov 4	VTE	Bleeding	Death
1,148,301 patients	13,848 (1.2%)	35,567 (3.1%)	99,163 (8.6%)
Age (years)	69±16	68±16	74±14
Gender (males)	7,103 (52%)	22,887 (64%)	56,939 (57%)
Hospital stay (days)	19±20	15±19	13±19
Bleeding,			
Gastrointestinal	382 (2.8%)	17,246 (48.5%)	4,170 (4.2%)
Cerebral	74 (0.5%)	2,294 (6.4%)	866 (0.9%)
Other	410 (3.0%)	17,361 (49%)	2,782 (2.8%)
Any bleeding	798 (5.8%)	35,567 (100%)	7,405 (7.5%)
VTE,			
DVT during stay	7,800 (57%)	431 (1.2%)	1,091 (1.1%)
PE during stay	3,254 (24%)	207 (0.6%)	1,260 (1.3%)
DVT, readmission	1,289 (9.4%)	73 (0.2%)	103 (0.1%)
PE, readmission	1,505 (11%)	98 (0.3%)	272 (0.3%)
Any VTE	13,848 (100%)	798 (2.2%)	2,710 (2.7%)

Venous thromboembolism and bleeding after total knee and hip arthroplasty

Findings from the Spanish National Discharge Database

Ricardo Guijarro[1]; Julio Montes[2]; Carlos San Roman[3]; Juan Ignacio Arcelus[4]; Giovanni Barillari[5]; Xavier Granero[6]; Manuel Monreal[7]

Andaluza

	VTE	No VTE	Death	No death
Patients, N	436	57601	54	57983
Bleeding complications				
Surgical haematoma	17 (3.4%)‡	583 (1.0%)	2 (3.7%)	598 (1.0%)
Gastrointestinal	2 (0.5%)	59 (0.1%)	3 (5.6%)‡	58 (0.1%)
Cerebral	0	2 (0.003%)	0	2 (0.003%)
Other	3 (0.7%)†	42 (0.07%)	2 (3.7%)‡	43 (0.1%)
Any bleeding	22 (5.0%)†	677 (1.2%)	7 (13%)‡	692 (1.2%)
Bleeding during admission	20 (4.6%)‡	677 (1.2%)	7 (13%)‡	690 (1.2%)
Bleeding during readmission	2 (0.4%)‡	0	0	2 (0.0%)
Wound infection				
Yes	11 (2.5%)‡	331 (0.6%)	2 (3.7%)*	340 (0.6%)
Venous thromboembolism				
DVT during hospital stay	254 (58%)	-	1 (1.8%)	253 (0.4%)
PE during hospital stay	56 (13%)	-	8 (15%)‡	48 (0.08%)
DVT after discharge	76 (17%)	-	1 (1.8%)	75 (0.13%)
PE after discharge	50 (11%)	-	3 (5.5%)‡	47 (0.08%)
Any VTE	436 (100%)	-	13 (24%)‡	423 (0.7%)

Table 1 Risk assessment model (high risk of VTE: ≥4)

Baseline features	Score
Active cancer*	3
Previous VTE (with the exclusion of superficial vein thrombosis)	3
Reduced mobility†	3
Already known thrombophilic condition‡	3
Recent (≤1 month) trauma and/or surgery	2
Elderly age (≥70 years)	1
Heart and/or respiratory failure	1
Acute myocardial infarction or ischemic stroke	1
Acute infection and/or rheumatologic disorder	1
Obesity (BMI ≥30)	1
Ongoing hormonal treatment	1

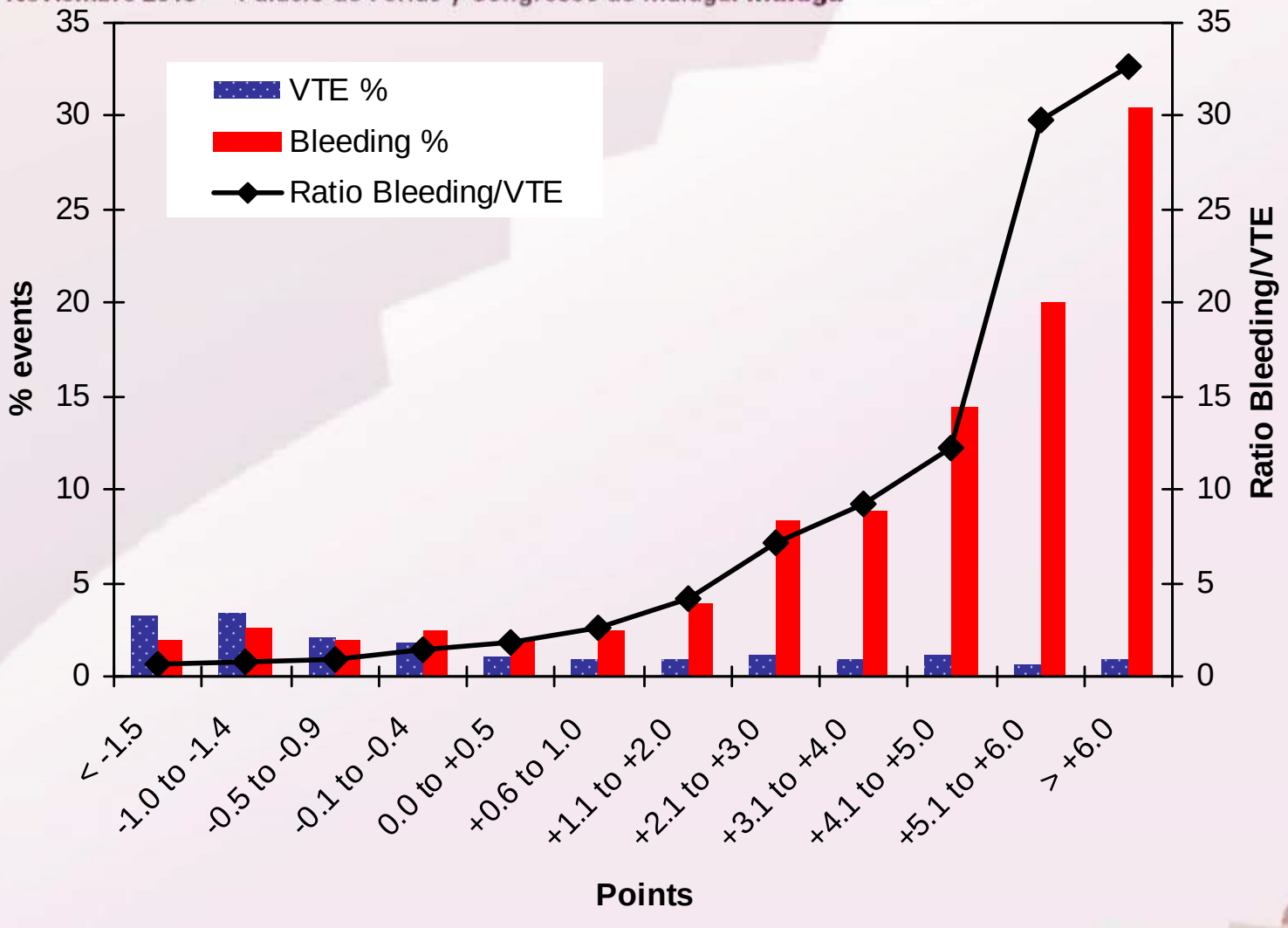
J Thromb Haemost 2010; 8: 2450–2457

Cocientes de odds ratio	VTE vs. bleeding	Bleeding vs. VTE	Points
Gender (males)		1.68	+0.7
Age >70 years	1.00	1.00	0
Obesity	1.52		-0.5
Chronic heart failure	1.02		0
Ischemic heart disease		1.51	+0.5
Infection	1.30		-0.3
Inflammatory bowel disease	1.82		-0.8
Upper gastrointestinal disease		2.45	+1.5
Liver disease		3.89	+2.9
Coagulation disorders & thrombopenia		1.65	+0.6
Renal failure		1.09	0
Diabetes		1.03	0
Hypertension	1.02		0
Anaemia		2.14	+1.1
Cancer	1.77		-0.8
Acute respiratory insufficiency	1.44		-0.4
Acute heart failure	1.45		-0.4

Oct. 2005-Sept. 2006: 1,148,301 patients

Points	Patients, N	VTE, N	VTE, %	Bleeding, N	Bleeding, %	Bleeding vs. VTE ratio
All patients	1,148,284	13,751	1.20%	35,465	3.09%	2.58
Less than 0.0	245,626	4,744	1.93%	5,630	2.29%	1.19
From 0.0 to +1.0	628,680	6,323	1.01%	13,459	2.14%	2.13
Over +1.0	273,978	2,684	0.98%	16,376	5.98%	6.10

Guijarro R, et al. Eur J Intern Med 2013; Nov 4.


VTE %
Bleeding %
Ratio Bleeding/VTE
% events
Ratio Bleeding/VTE
0
5
10
15
20
25
30
35
< -1.5
-1.0 to -1.4
-0.5 to -0.9
-0.1 to -0.4
0.0 to +0.5
+0.6 to 1.0
+1.1 to +2.0
+2.1 to +3.0
+3.1 to +4.0
+4.1 to +5.0
+5.1 to +6.0
> +6.0
Points

1. **En pacientes médicos hospitalizados el riesgo de sangrado es mayor al riesgo de ETV**
2. **No hemos identificado aún qué pacientes se benefician de tromboprofilaxis**
3. **La profilaxis extendida, sólo para pacientes con muy bajo riesgo hemorrágico**

Tratamiento de la ETV

1. Schulman, *et al*. N Engl J Med 2009;361:2342–2352.
2. EINSTEIN Investigators. N Engl J Med 2010;363:2499–2510.
3. EINSTEIN–PE Investigators. N Engl J Med 2012;366:1287–1297.
4. Agnelli, *et al*. N Engl J Med 2013; 369: 799-808.
5. The Hokusai-VTE Investigators. N Engl J Med 2013; 369: 1406-1415.

	RE-COVER I RE-COVER II	EINSTEIN-DVT EINSTEIN-PE	AMPLIFY	Hokusai-VTE
Fármaco	Dabigatran	Rivaroxaban	Apixaban	Edoxaban
Diseño	Doble ciego	Abierto	Doble ciego	Doble ciego
Heparina previa	NI	<48 h	<36 h	<48 h
Heparina	≥5 días	No	No	≥5 días
Dosis	150 mg/12 h	15 mg/12 h, 20 mg/24 h	10 mg/12 h, 5 mg/12 h	60 mg/24 h 30 mg/24 h†
Reducción dosis	No	No	No	18%
Pacientes, N	2.564 2.568	3.449 4.833	5.400	8.292
Duración	6 meses	3, 6 o 12 m.	6 meses	3 a 12 m.

†Se redujo a la mitad (30 mg) la dosis en los pacientes considerados en riesgo más elevado de sangrado de acuerdo con criterios previamente definidos; NI=no informado.

	RE-COVER	EINSTEIN DVT	EINSTEIN PE	AMPLIFY	Hokusai-VTE
N	2.539	3.449	4.832	5.395	8.292
Edad (años)	55	56	58	57	56
Mujeres	42%	43%	47%	41%	43%
CrCl <50 mL/min	NI	7%	8%	6%	7%
TVP	69%	99%	-	65%	59%
EP	31%	0,6%	100%	35%	40%
Idiopática	NR	62%	65%	90%	65%
Cáncer	5%	6%	5%	3%	9%
TEV previo	26%	19%	19%	16%	18%

	RE-COVER I[1]	EINSTEIN DVT[2]	EINSTEIN PE[3]	AMPLIFY[4]	Hokusai-VTE[5]
Fármaco	Dabigatran	Rivaroxaban	Rivaroxaban	Apixaban	Edoxaban
Eficacia,					
Eficacia	No inferior	No inferior	No inferior	No inferior	No inferior
Sangrado,					
Grave+NGCR	Mejor	NS	NS	Mejor	Mejor
Grave	NS	NS	Mejor	Mejor	NS
NGCR	NI	NS	NS	Mejor	Mejor

NI=no informado; NS=no significativo

	RE-COVER I[1]	EINSTEIN DVT[2]	EINSTEIN PE[3]	AMPLIFY[4]	Hokusai-VTE[5]
Fármaco	Dabigatran	Rivaroxaban	Rivaroxaban	Apixaban	Edoxaban
Eficacia,					
Eficacia	No inferior	No inferior	No inferior	No inferior	No inferior
Sangrado,					
Grave	1.57 vs. 1.90	0.81 vs. 1.16	1.07 vs. 2.15 †	0.56 vs. 1.81 ‡	1.36 vs. 1.60
Mortal	0.08 vs. 0.08	0.06 vs. 0.29	0.08 vs. 0.12	0.04 vs. 0.07	0.05 vs. 0.24 *

*p <0.05; †p <0.01; ‡p <0.001

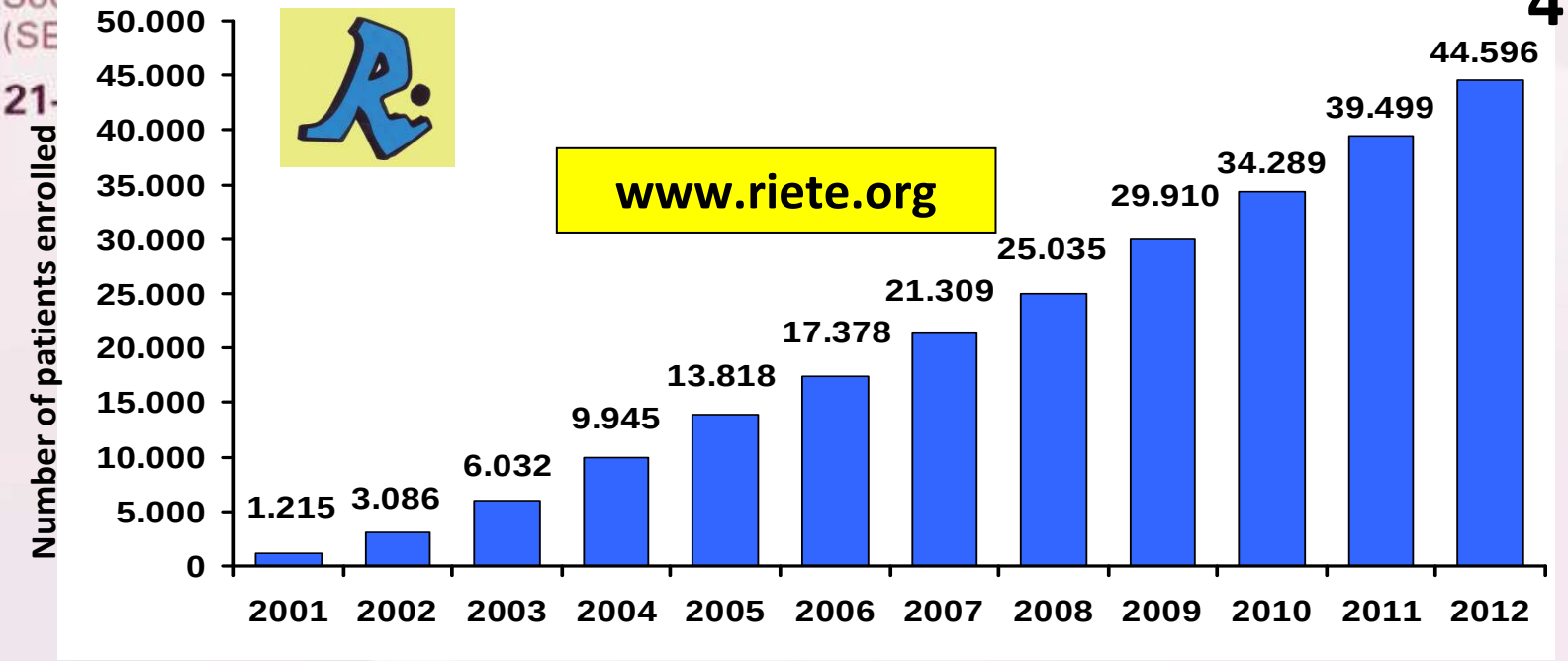
	RE-COVER I[1]	EINSTEIN DVT[2]	EINSTEIN PE[3]	AMPLIFY[4]	Hokusai-VTE[5]
Fármaco	Dabigatran	Rivaroxaban	Rivaroxaban	Apixaban	Edoxaban
Eficacia,					
Eficacia	No inferior	No inferior	No inferior	No inferior	No inferior
Sangrado,					
Intracraneal	0 vs. 0.24	No info.	0.12 vs. 0.50*	0.11 vs. 0.22	0.12 vs. 0.44†

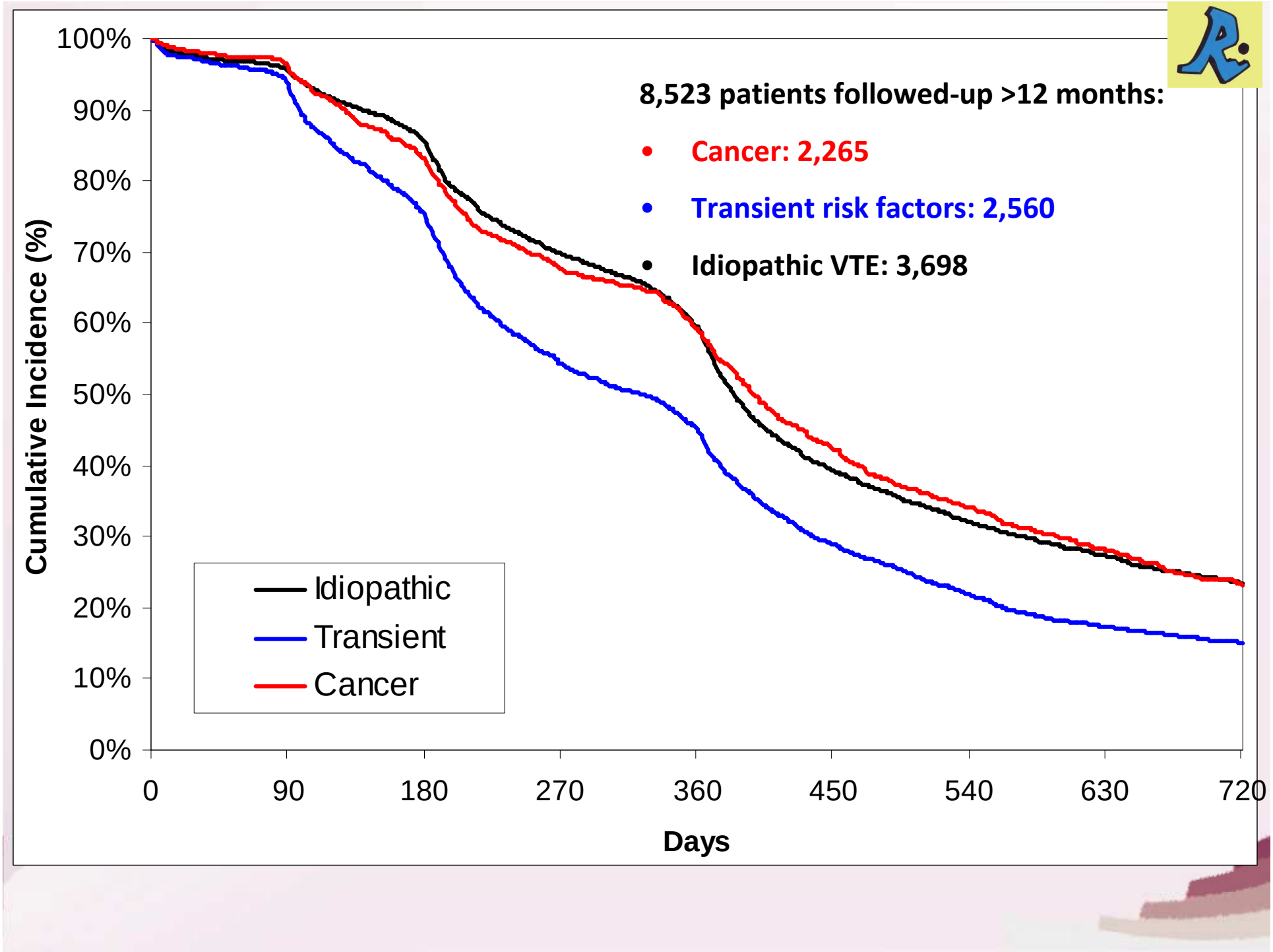
*p <0.05; †p <0.01; ‡p <0.001

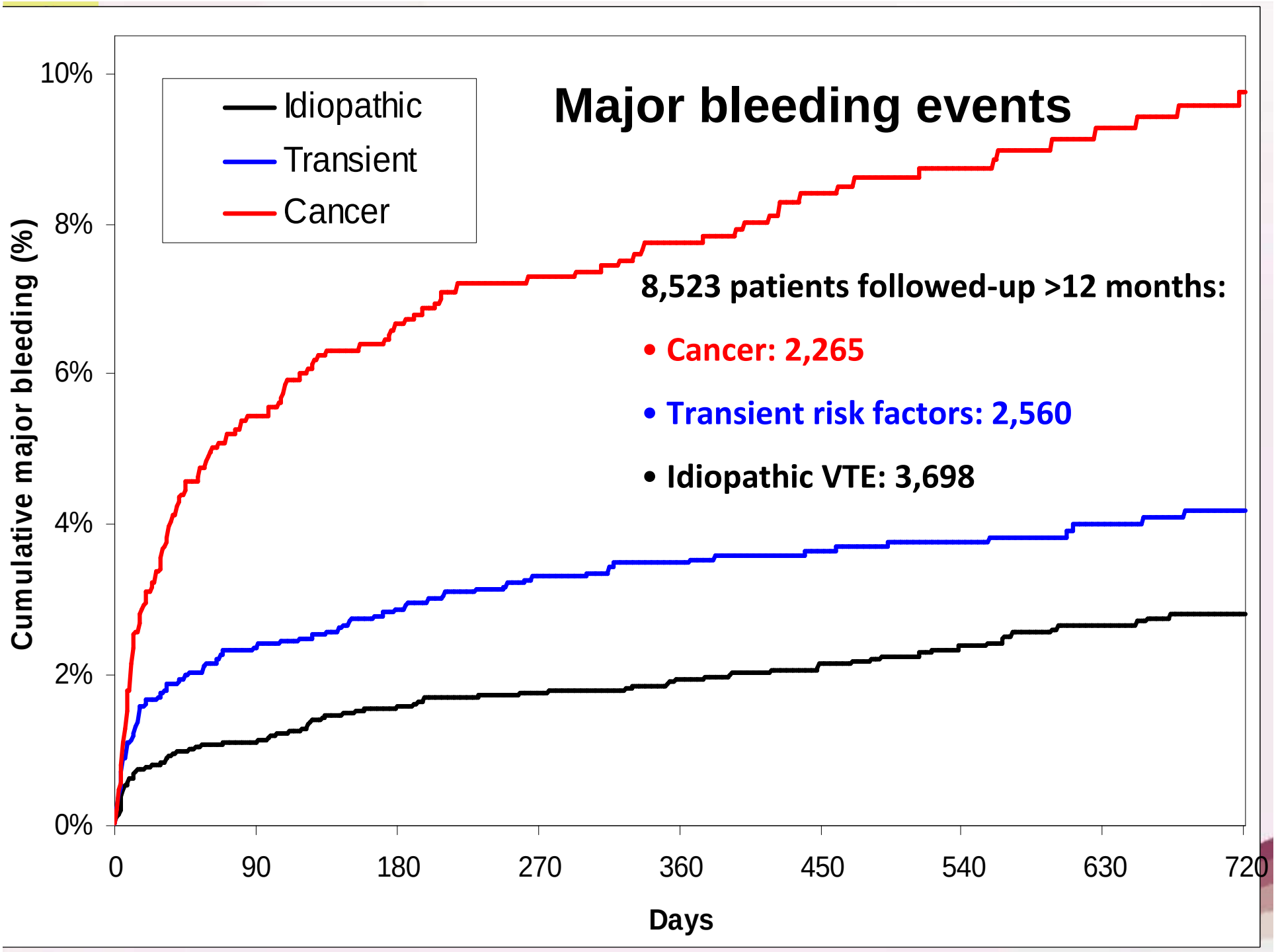
- **Mujer de 69 años, embolia pulmonar masiva tras prótesis de rodilla**
- **HBPM y Sintrom 3 meses, sin complicaciones**

¿Suspender el tratamiento?

49.371

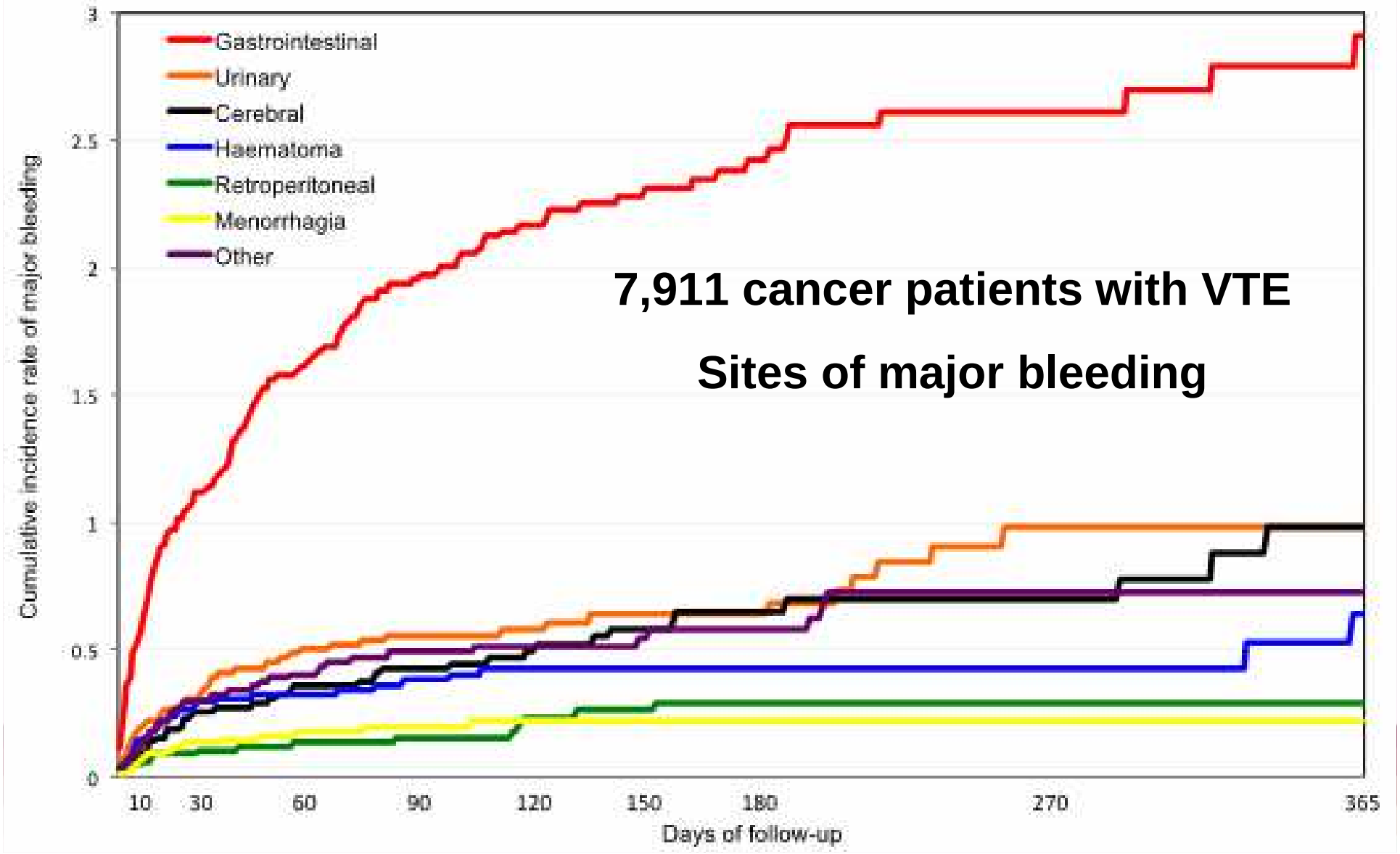

Number of patients enrolled
50.000
45.000
40.000
35.000
30.000
25.000
20.000
15.000
10.000
5.000
0
1.215
3.086
6.032
9.945
13.818
17.378
21.309
25.035
29.910
34.289
39.499
44.596
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
www.riete.org


100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Cumulative Incidence (%)
0
90
180
270
360
450
540
630
720
Days
Idiopathic
Transient
Cancer
8,523 patients followed-up >12 months:
Cancer: 2,265
Transient risk factors: 2,560
Idiopathic VTE: 3,698


Major bleeding events
Idiopathic
Transient
Cancer
8,523 patients followed-up >12 months:
• Cancer: 2,265
• Transient risk factors: 2,560
• Idiopathic VTE: 3,698
Cumulative major bleeding (%)
10%
8%
6%
4%
2%
0%
0
90
180
270
360
450
540
630
720
Days

- **Varón 69 años, ADK de colon sin metástasis**
- **TVP femoral dcha. tras 4 días en cama por QT**
- **HBPM durante 3 meses, sin complicaciones**

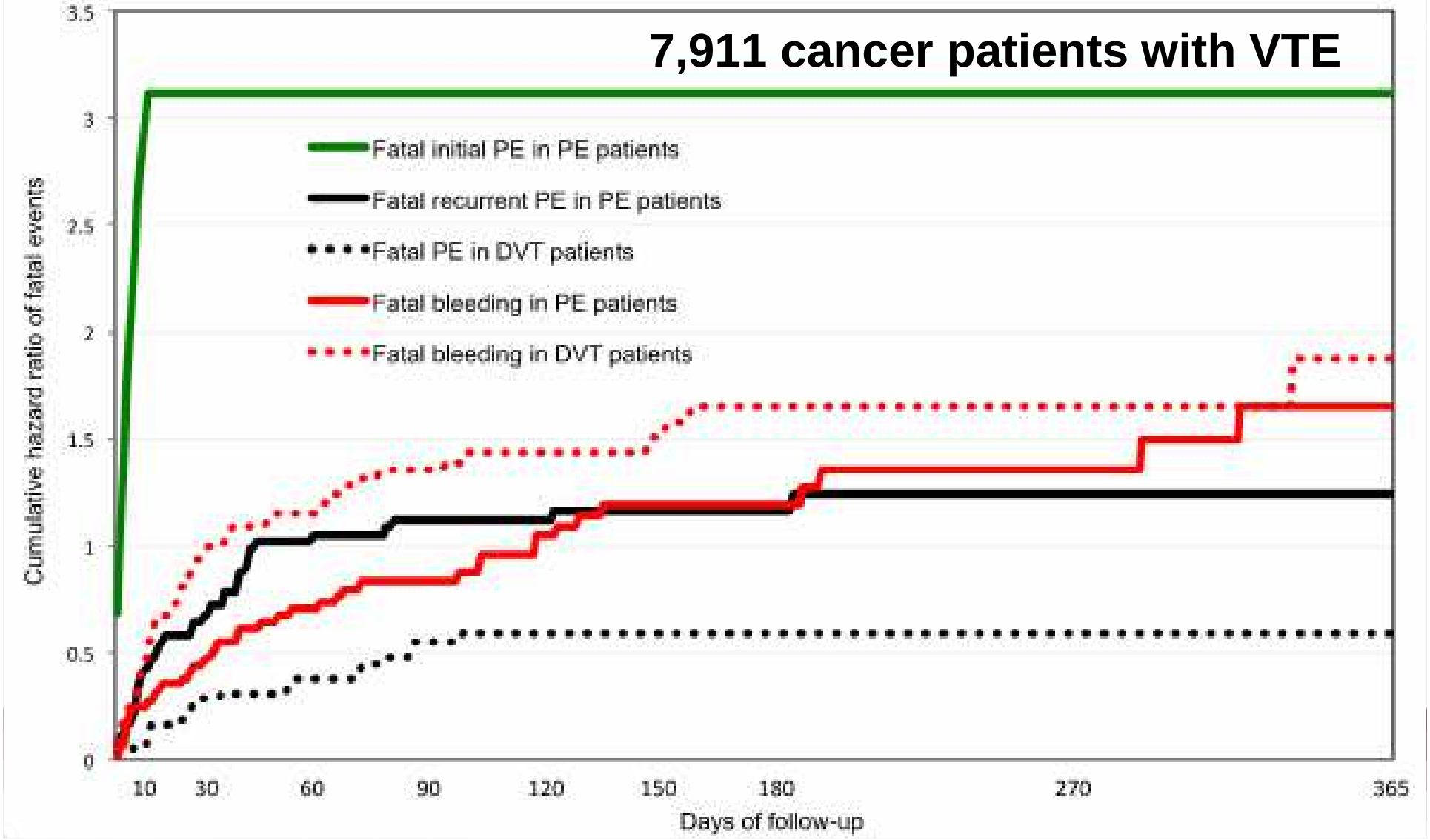
¿Suspender el tratamiento?



7,911 cancer patients with VTE

Sites of major bleeding

Days	10	30	90	150	270	365
PE patients						
On treatment,	***3,838***	***3,464***	***2,801***	***1,848***	***777***	***513***
Fatal initial PE	**129**	**129**	**129**	**129**	**129**	**129**
Fatal recurrent PE	**15**	**28**	**41**	**41**	**43**	**43**
Fatal bleeding	**11**	**19**	**30**	**38**	**40**	**42**
DVT patients						
On treatment,	***3,639***	***3,322***	***2,674***	***1,463***	***610***	***366***
Fatal PE	**4**	**10**	**18**	**19**	**19**	**19**
Fatal bleeding	**16**	**36**	**47**	**49**	**52**	**53**


7,911 cancer patients with VTE
Fatal initial PE in PE patients
Fatal recurrent PE in PE patients
Fatal PE in DVT patients
Fatal bleeding in PE patients
Fatal bleeding in DVT patients
Cumulative hazard ratio of fatal events
0
0.5
1
1.5
2
2.5
3
3.5
10
30
60
90
120
150
180
270
365
Days of follow-up

Dynamics of case-fatalilty rates of recurrent thromboembolism and major bleeding in patients treated for venous thromboembolism

Ramón Lecumberri[1]; Ana Alfonso[1]; David Jiménez[2]; Carmen Fernández Capitán[3]; Paolo Prandoni[4]; Philip S. Wells[5]; Gemma Vidal[6]; Giovanni Barillari[7]; Manuel Monreal[8]; and the RIETE investigators*

[1]Hematology Service, Clínica Universidad de Navarra, Pamplona, Spain; [2]Department of Pneumonology, Hospital Universitario Ramón y Cajal, Madrid, Spain; [3]Department of Internal Medicine, Hospital Universitario La Paz, Madrid, Spain; [4]Department of Cardiothoracic and Vascular Sciences, University of Padua, Padua, Italy; [5]Chief and Chair Department of Medicine, University of Ottawa, Ottawa Hospital, General Campus, Ottawa Ontario, Canada; [6]Department of Internal Medicine, Corporació Sanitaria Universitaria Parc Taulí, Sabadell, Barcelona, Spain; [7]Department of Internal Medicine, Center for Hemorrhagic and Thrombotic Disorders, Udine, Italy; [8]Department of Internal Medicine, Hospital Universitari Germans Trials i Pujol, Badalona, Barcelona, Spain

	All patients	Unprovoked	Cancer	Provoked, non cancer
All patients, N	**41,826**	**19,505**	**9,112**	**13,209**
Recurrent VTE	**1,033**	**402**	**402**	**229**
Fatal VTE	125 (0.3%)	22 (0.1%)	66 (0.7%)	37 (0.3%)
CFR (95% CI)	12.1% (10.2–14.2)	5.5% (3.5–8.0)	16.4% (13.0–20.3)	16.2% (11.8–21.4)
Major bleeding	**1,077**	**348**	**384**	**345**
Fatal bleeding	212 (0.5%)	56 (0.3%)	93 (1.0%)	63 (0.5%)
CFR (95% CI)	19.7% (17.4–22.1)	16.1% (12.5–20.2)	24.2% (20.1–28.7)	18.3% (14.5–22.6)

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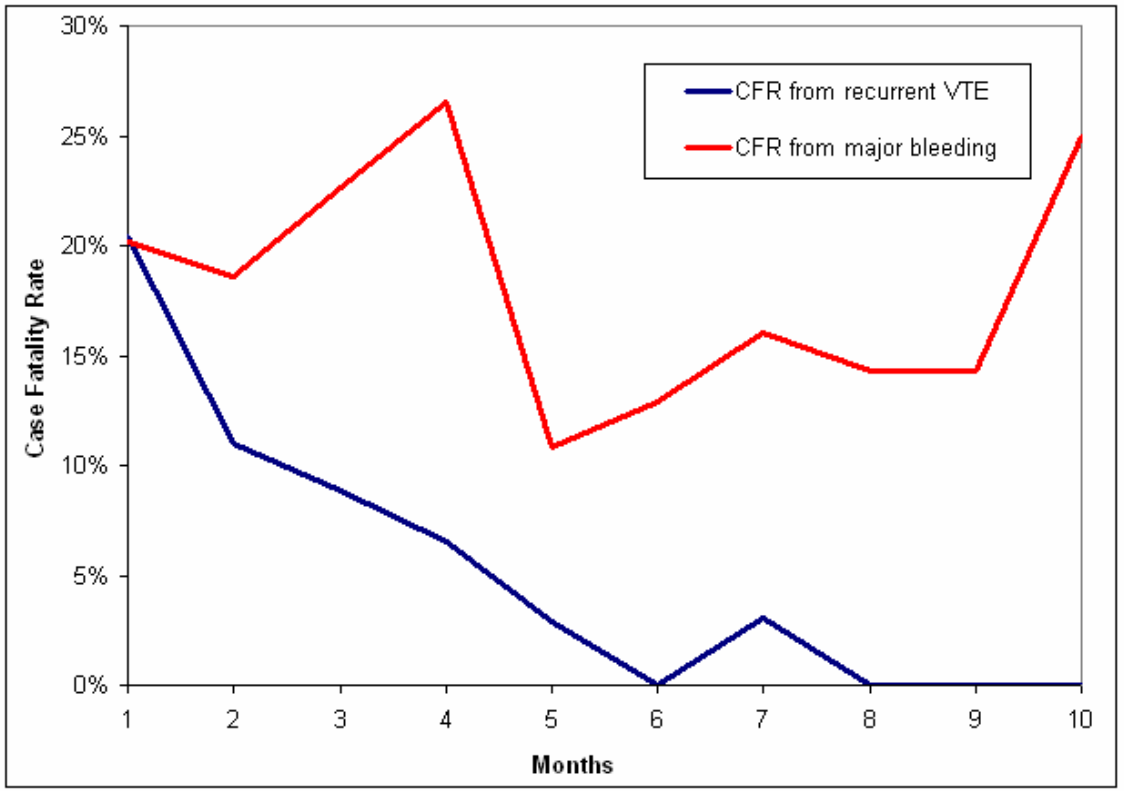
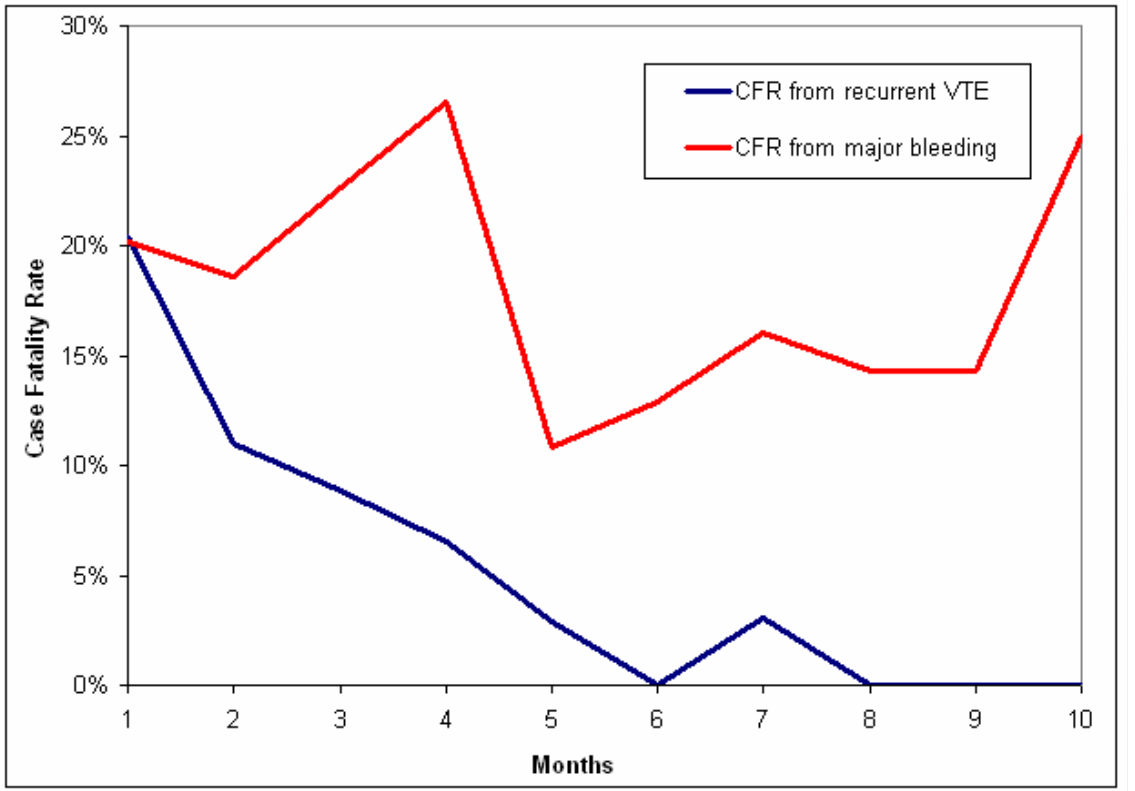


Months		1	2	3	4	5	6	7	8	9	10
Patients at risk		41,826	39,934	38,082	31,186	27,923	24,810	20,596	18,218	16,419	15,012
Recurrent VTE	*N*	426	200	113	46	35	20	33	16	17	10
	Fatal VTE	87	22	10	3	1	0	1	0	0	0
	CFR	20.4%	11.0%	8.8%	6.5%	2.9%	0	3.0%	0	0	0
Major bleeding	*N*	599	129	75	49	37	31	25	14	14	8
	Fatal bleeding	121	24	17	13	4	4	4	2	2	2
	CFR	20,2%	18,6%	22,7%	26,5%	10,8%	12,9%	16,0%	14,3%	14,3%	25,0%



Months		1	2	3	4	5	6	7	8	9	10
Patients at risk		41,826	39,934	38,082	31,186	27,923	24,810	20,596	18,218	16,419	15,012
Recurrent VTE	*N*	426	200	113	46	35	20	33	16	17	10
	Fatal VTE	87	22	10	3	1	0	1	0	0	0
	CFR	20.4%	11.0%	8.8%	6.5%	2.9%	0	3.0%	0	0	0
Major bleeding	*N*	599	129	75	49	37	31	25	14	14	8
	Fatal bleeding	121	24	17	13	4	4	4	2	2	2
	CFR	20,2%	18,6%	22,7%	26,5%	10,8%	12,9%	16,0%	14,3%	14,3%	25,0%

- **Mujer de 69 años; infarto de miocardio hace 3 años, AAS 100 mg/día**
- **Acude a Urgencias por TVP femoral izquierda**
- **HBPM y Sintrom 6-12 meses**

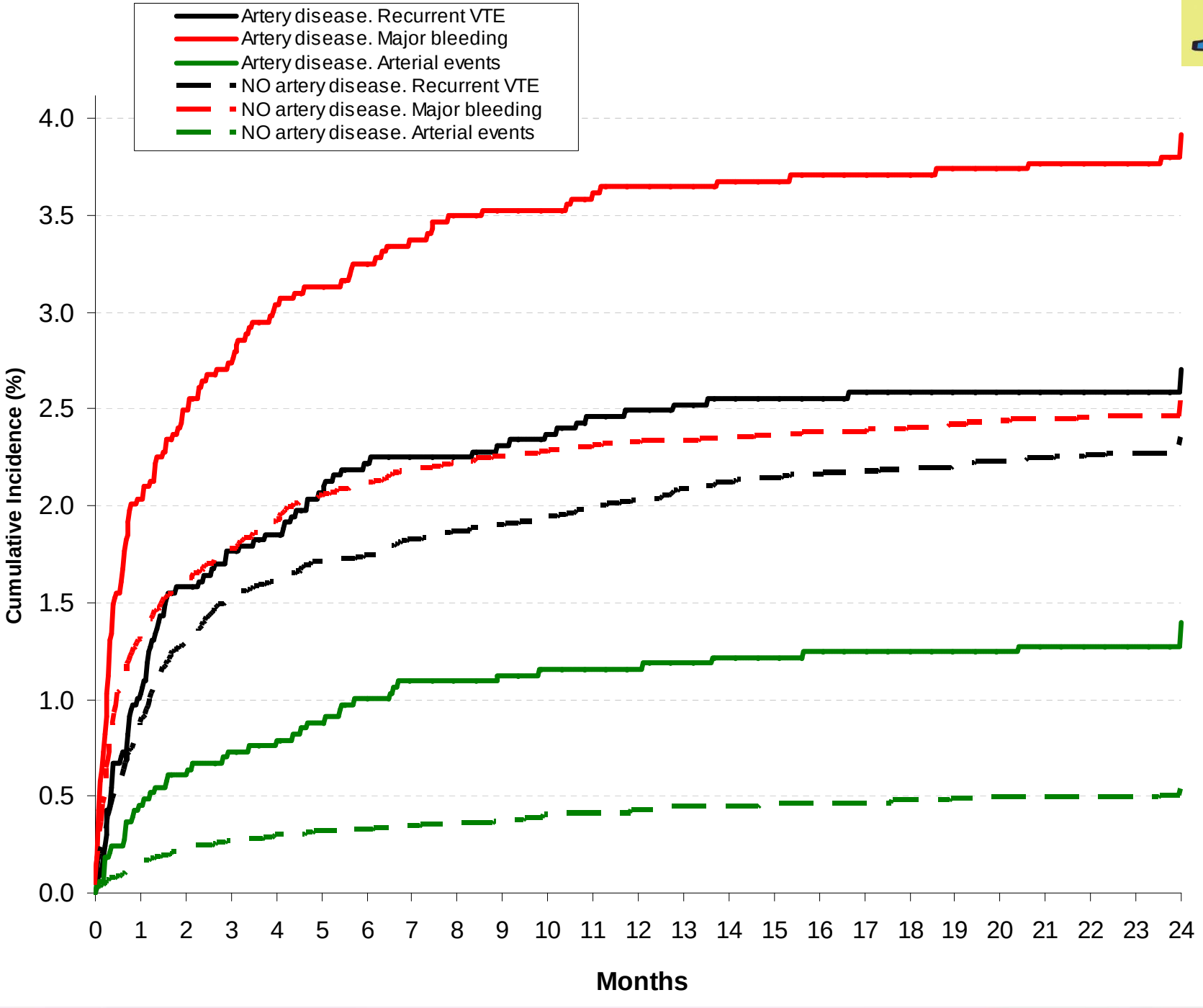
¿mantenemos AAS?

Days	30	90	180	360	540	720
Prior artery disease, 58% with antiplatelets						
Patients at risk	*3,021*	*2,712*	*1,574*	*705*	*326*	*216*
Recurrent PE	22 (0.67%)	34 (1.03%)	42 (1.28%)	48 (1.46%)	50 (1.52%)	50 (1.52%)
Recurrent DVT	12 (0.36%)	25 (0.76%)	32 (0.97%)	35 (1.06%)	36 (1.09%)	36 (1.09%)
Major bleeding	67 (2.04%)	90 (2.74%)	107 (3.25%)	120 (3.65%)	122 (3.71%)	125 (3.80%)
No prior artery disease, 5.3% with antiplatelets						
Patients at risk	*16,766*	*15,685*	*9,851*	*4,088*	*1,840*	*1,161*
Recurrent PE	85 (0.49%)	129 (0.74%)	141 (0.81%)	154 (0.88%)	167 (0.96%)	171 (0.98%)
Recurrent DVT	70 (0.40%)	140 (0.80%)	167 (0.96%)	204 (1.17%)	220 (1.26%)	231 (1.32%)
Major bleeding	230 (1.32%)	311 (1.78%)	371 (2.12%)	407 (2.33%)	420 (2.40%)	431 (2.47%)

Madridano Olga et al.

Days	30	90	180	360	540	720
Prior artery disease, 58% with antiplatelets						
Patients at risk	*3,021*	*2,712*	*1,574*	*705*	*326*	*216*
Recurrent PE	22 (0.67%)	34 (1.03%)	42 (1.28%)	48 (1.46%)	50 (1.52%)	50 (1.52%)
Recurrent DVT	12 (0.36%)	25 (0.76%)	32 (0.97%)	35 (1.06%)	36 (1.09%)	36 (1.09%)
Major bleeding	67 (2.04%)	90 (2.74%)	107 (3.25%)	120 (3.65%)	122 (3.71%)	125 (3.80%)
Ischemic stroke	8 (0.24%)	10 (0.30%)	14 (0.43%)	17 (0.52%)	18 (0.55%)	18 (0.55%)
Myocardial infarction	5 (0.15%)	8 (0.24%)	13 (0.40%)	13 (0.40%)	14 (0.43%)	15 (0.46%)
Limb amputation	2 (0.06%)	5 (0.15%)	5 (0.15%)	6 (0.18%)	7 (0.21%)	7 (0.21%)
Mesenteric ischemia	1 (0.03%)	2 (0.06%)	2 (0.06%)	3 (0.09%)	3 (0.09%)	3 (0.09%)
No prior artery disease, 5.3% with antiplatelets						
Patients at risk	*16,766*	*15,685*	*9,851*	*4,088*	*1,840*	*1,161*
Recurrent PE	85 (0.49%)	129 (0.74%)	141 (0.81%)	154 (0.88%)	167 (0.96%)	171 (0.98%)
Recurrent DVT	70 (0.40%)	140 (0.80%)	167 (0.96%)	204 (1.17%)	220 (1.26%)	231 (1.32%)
Major bleeding	230 (1.32%)	311 (1.78%)	371 (2.12%)	407 (2.33%)	420 (2.40%)	431 (2.47%)
Ischemic stroke	15 (0.09%)	25 (0.14%)	33 (0.19%)	43 (0.25%)	47 (0.27%)	50 (0.29%)
Myocardial infarction	9 (0.05%)	15 (0.09%)	16 (0.09%)	22 (0.13%)	26 (0.15%)	28 (0.16%)
Limb amputation	2 (0.01%)	3 (0.02%)	4 (0.02%)	4 (0.02%)	4 (0.02%)	4 (0.02%)
Mesenteric ischemia	3 (0.02%)	5 (0.03%)	5 (0.03%)	6 (0.03%)	7 (0.04%)	7 (0.04%)

Madridano Olga et al.

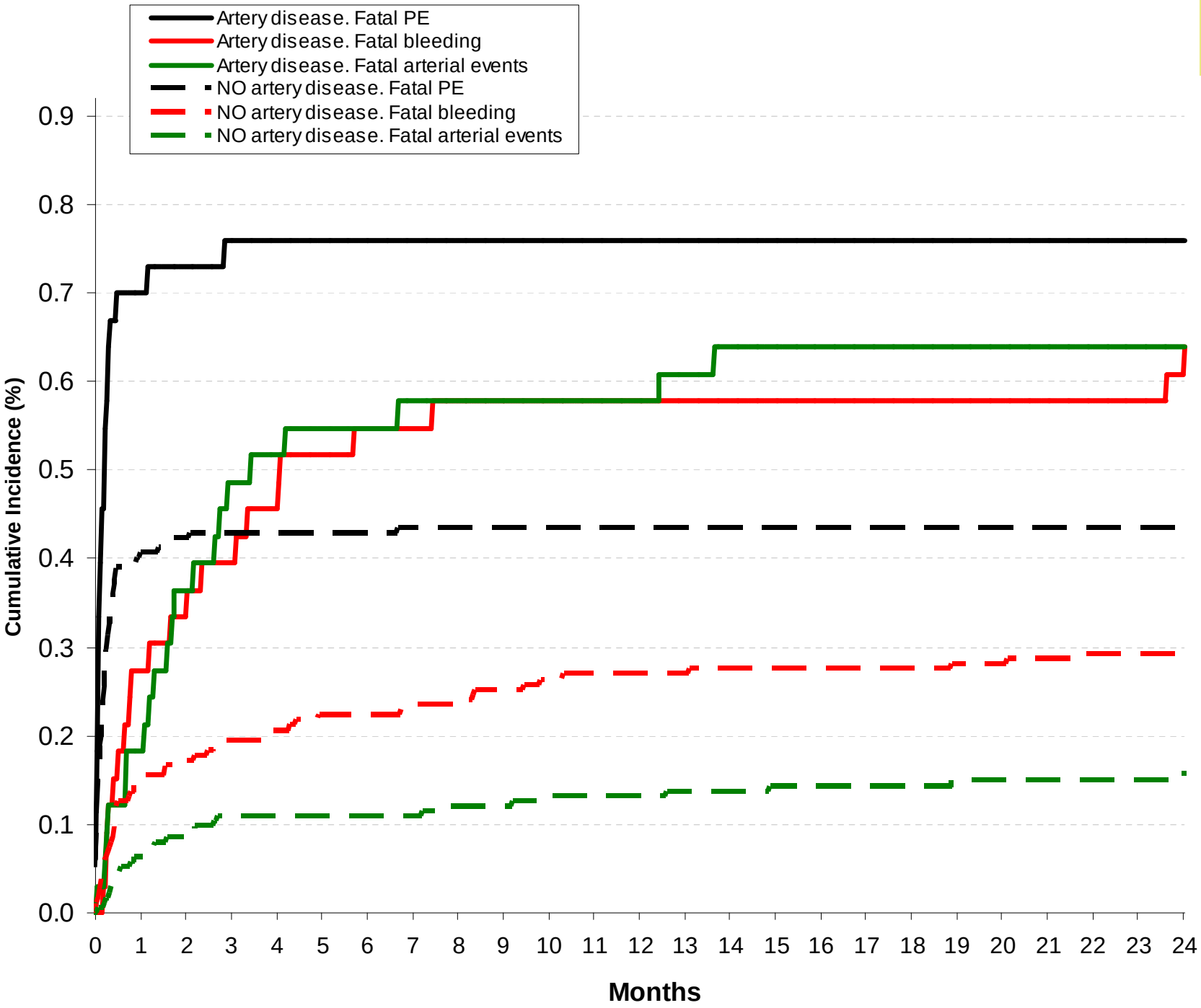

Artery disease. Recurrent VTE
Artery disease. Major bleeding
Artery disease. Arterial events
NO artery disease. Recurrent VTE
NO artery disease. Major bleeding
NO artery disease. Arterial events
Cumulative Incidence (%)
0.0
0.5
1.0
1.5
2.0
2.5
3.0
3.5
4.0
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Months

Days	30	90	180	360	540	720
Prior artery disease,						
Patients at risk	*3,021*	*2,712*	*1,574*	*705*	*326*	*216*
Initial PE	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)
Recurrent PE	1 (0.03%)	3 (0.09%)	3 (0.09%)	3 (0.09%)	3 (0.09%)	3 (0.09%)
Bleeding	9 (0.27%)	13 (0.40%)	18 (0.55%)	19 (0.58%)	19 (0.58%)	20 (0.61%)
No prior artery disease,						
Patients at risk	*16,766*	*15,685*	*9,851*	*4,088*	*1,840*	*1,161*
Initial PE	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)
Recurrent PE	13 (0.07%)	17 (0.10%)	17 (0.10%)	18 (0.10%)	18 (0.10%)	18 (0.10%)
Bleeding	26 (0.15%)	34 (0.19%)	39 (0.22%)	47 (0.27%)	48 (0.27%)	51 (0.29%)

Days	30	90	180	360	540	720
Prior artery disease,						
Patients at risk	*3,021*	*2,712*	*1,574*	*705*	*326*	*216*
Initial PE	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)
Recurrent PE	1 (0.03%)	3 (0.09%)	3 (0.09%)	3 (0.09%)	3 (0.09%)	3 (0.09%)
Bleeding	9 (0.27%)	13 (0.40%)	18 (0.55%)	19 (0.58%)	19 (0.58%)	20 (0.61%)
No prior artery disease,						
Patients at risk	*16,766*	*15,685*	*9,851*	*4,088*	*1,840*	*1,161*
Initial PE	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)
Recurrent PE	13 (0.07%)	17 (0.10%)	17 (0.10%)	18 (0.10%)	18 (0.10%)	18 (0.10%)
Bleeding	26 (0.15%)	34 (0.19%)	39 (0.22%)	47 (0.27%)	48 (0.27%)	51 (0.29%)

Days	30	90	180	360	540	720
Prior artery disease,						
Patients at risk	*3,021*	*2,712*	*1,574*	*705*	*326*	*216*
Initial PE	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)
Recurrent PE	1 (0.03%)	3 (0.09%)	3 (0.09%)	3 (0.09%)	3 (0.09%)	3 (0.09%)
Bleeding	9 (0.27%)	13 (0.40%)	18 (0.55%)	19 (0.58%)	19 (0.58%)	20 (0.61%)
Ischemic stroke	3 (0.09%)	5 (0.15%)	6 (0.18%)	7 (0.21%)	8 (0.24%)	8 (0.24%)
Myocardial infarction	2 (0.06%)	5 (0.15%)	6 (0.18%)	6 (0.18%)	7 (0.21%)	7 (0.21%)
Limb amputation	0	4 (0.12%)	4 (0.12%)	4 (0.12%)	4 (0.12%)	4 (0.12%)
Mesenteric ischemia	1 (0.03%)	2 (0.06%)	2 (0.06%)	2 (0.06%)	2 (0.06%)	2 (0.06%)
Any arterial event	6 (0.18%)	16 (0.49%)	18 (0.55%)	19 (0.58%)	21 (0.64%)	21 (0.64%)
No prior artery disease,						
Patients at risk	*16,766*	*15,685*	*9,851*	*4,088*	*1,840*	*1,161*
Initial PE	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)
Recurrent PE	13 (0.07%)	17 (0.10%)	17 (0.10%)	18 (0.10%)	18 (0.10%)	18 (0.10%)
Bleeding	26 (0.15%)	34 (0.19%)	39 (0.22%)	47 (0.27%)	48 (0.27%)	51 (0.29%)
Ischemic stroke	5 (0.03%)	8 (0.05%)	8 (0.05%)	10 (0.06%)	10 (0.06%)	10 (0.06%)
Myocardial infarction	3 (0.02%)	6 (0.03%)	6 (0.03%)	7 (0.04%)	8 (0.05%)	9 (0.05%)
Mesenteric ischemia	3 (0.02%)	5 (0.03%)	5 (0.03%)	6 (0.03%)	7 (0.04%)	7 (0.04%)
Any arterial event	11 (0.06%)	19 (0.11%)	19 (0.11%)	23 (0.13%)	25 (0.14%)	26 (0.15%)

Days	30	90	180	360	540	720
Prior artery disease,						
Patients at risk	*3,021*	*2,712*	*1,574*	*705*	*326*	*216*
Initial PE	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)	22 (0.67%)
Recurrent PE	1 (0.03%)	3 (0.09%)	3 (0.09%)	3 (0.09%)	3 (0.09%)	3 (0.09%)
Bleeding	9 (0.27%)	13 (0.40%)	18 (0.55%)	19 (0.58%)	19 (0.58%)	20 (0.61%)
Ischemic stroke	3 (0.09%)	5 (0.15%)	6 (0.18%)	7 (0.21%)	8 (0.24%)	8 (0.24%)
Myocardial infarction	2 (0.06%)	5 (0.15%)	6 (0.18%)	6 (0.18%)	7 (0.21%)	7 (0.21%)
Limb amputation	0	4 (0.12%)	4 (0.12%)	4 (0.12%)	4 (0.12%)	4 (0.12%)
Mesenteric ischemia	1 (0.03%)	2 (0.06%)	2 (0.06%)	2 (0.06%)	2 (0.06%)	2 (0.06%)
Any arterial event	6 (0.18%)	16 (0.49%)	18 (0.55%)	19 (0.58%)	21 (0.64%)	21 (0.64%)
No prior artery disease,						
Patients at risk	*16,766*	*15,685*	*9,851*	*4,088*	*1,840*	*1,161*
Initial PE	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)	58 (0.33%)
Recurrent PE	13 (0.07%)	17 (0.10%)	17 (0.10%)	18 (0.10%)	18 (0.10%)	18 (0.10%)
Bleeding	26 (0.15%)	34 (0.19%)	39 (0.22%)	47 (0.27%)	48 (0.27%)	51 (0.29%)
Ischemic stroke	5 (0.03%)	8 (0.05%)	8 (0.05%)	10 (0.06%)	10 (0.06%)	10 (0.06%)
Myocardial infarction	3 (0.02%)	6 (0.03%)	6 (0.03%)	7 (0.04%)	8 (0.05%)	9 (0.05%)
Mesenteric ischemia	3 (0.02%)	5 (0.03%)	5 (0.03%)	6 (0.03%)	7 (0.04%)	7 (0.04%)
Any arterial event	11 (0.06%)	19 (0.11%)	19 (0.11%)	23 (0.13%)	25 (0.14%)	26 (0.15%)


Artery disease. Fatal PE
Artery disease. Fatal bleeding
Artery disease. Fatal arterial events
NO artery disease. Fatal PE
NO artery disease. Fatal bleeding
NO artery disease. Fatal arterial events
Cumulative Incidence (%)
0.0
0.1
0.2
0.3
0.4
0.5
0.6
0.7
0.8
0.9
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
Months

1. **En nuestra práctica clínica, con tratamiento anticoagulante provocamos más muertes por hemorragia que por EP (sobre todo a partir del cuarto mes)**
2. **No debemos olvidar la prevención de la enfermedad arterial en pacientes con ETV**
3. **Los nuevos anticoagulantes se asocian a menos hemorragias graves y mortales**