

Thrombosis Research Institute is to unveil first results from the GARFIELD-VTE registry at the ISTH 2017 Congress

- *Presentations during the ISTH Congress scientific sessions and a Satellite Symposium will showcase the first insights from GARFIELD-VTE global registry*
- *Data are expected to illustrate the wide heterogeneity among VTE patients necessitating an individualised approach to care*
- *Presentations from GARFIELD-VTE will include a contemporary perspective on how cancer-associated thrombosis is being managed and the latest outcomes data in patients followed over 6 months after a confirmed diagnosis of VTE*

London, United Kingdom, 3rd July 2017 – The first results from the Global Anticoagulant Registry in the Field - Venous Thromboembolism (GARFIELD-VTE) will be presented at the International Society of Thrombosis and Haemostasis (ISTH) Congress 2017, to be held in Berlin, Germany, from July 8th to 13th. Data will be presented during the congress as well as at a dedicated Satellite Symposium where representatives from the international research team are expected to showcase the first insights from this registry.

GARFIELD-VTE is a prospective, multicentre, observational study of patients requiring treatment for acute VTE. The registry has enrolled more than 10,000 patients with acute VTE [deep vein thrombosis (DVT) and pulmonary embolism (PE)] from across 410 sites in 28 countries. Study sites reflect the diversity of care settings in each country, including hospital and outpatient settings.

The aim of this global registry is to follow patients for at least three years and to observe patients' management according to local practices and to record clinical, patient-reported and economic outcomes.

“Through the dissemination of data from GARFIELD-VTE, we hope that we can help bridge the gap between research and clinical practice, serving to increase awareness of the importance of VTE and its treatment,” said Rt Hon Professor the Lord Ajay K. Kakkar, Professor of Surgery at University College London and Director of the Thrombosis Research Institute, UK.

Some of insights that will be reported at the congress include:

The Continuing Challenge of Venous Thromboembolism: Insights from the GARFIELD-VTE Registry.

- Satellite Symposium sponsored by the Thrombosis Research Institute (TRI)
 - Wednesday 12th July 2017 at 13:15–14:30 CEST, Helsinki 2
- Experts in the field of thrombosis will cover a range of topics, including characterising patients and their treatments, anticoagulation management strategies, cancer-associated thrombosis and outcomes in the real world.

Clinical characteristics and management of 10,329 patients with a confirmed diagnosis of venous thromboembolism: the GARFIELD-VTE registry [ASY 35.4]

- Oral Presentation
- Wednesday 12th July at 14:45-16:15 CEST, New York Room
Dr Walter Ageno (Italy) will present data showing that there is a wide heterogeneity among VTE patients necessitating an individualised approach to therapy.

The following posters will also be presented during the congress:

Clinical characteristics and treatment of patients with cancer-associated venous thromboembolism: Results from the GARFIELD-VTE registry [PB 460]

- Poster Session
- Monday 10th July at 12:00-13:15 CEST, Exhibition Hall 4.2
Professor Jeffrey Weitz (Canada) will present data that show differences in the clinical characteristics of VTE in patients with and without active cancer or a history of cancer. In keeping with guidelines, the majority of VTE patients with cancer are treated with low molecular weight heparin (LMWH) monotherapy, although some are prescribed direct oral anticoagulants (DOACs).

Anticoagulation treatment patterns of venous thromboembolism in GARFIELD-VTE patients [PB 1188]

- Poster Session
- Tuesday 11th July at 12:00-13:15 CEST, Exhibition Hall 4.2
Professor Sylvia Haas (Germany) will present data that show anticoagulant treatment patterns for VTE vary for patient population, geographic region and site of DVT.

6-month outcomes of patients: Results from GARFIELD-VTE [PB 1196]

- Poster Session
- Tuesday 11th July, 12:00-13:15 CEST, Exhibition Hall 4.2
Professor Graham Turpie (Canada) will present data that show death was the most frequent major adverse outcome in patients with VTE, with half being cancer-related.

About the GARFIELD-VTE registry

GARFIELD-VTE is a prospective registry describing acute and long-term management and outcomes in 10,874 adult patients with venous thromboembolism (VTE) representative of everyday clinical practice in 28 countries.

It is an international, observational, multicentre study of patients with newly diagnosed VTE. Patients were enrolled from 410 sites from 28 countries worldwide, including the Americas, Europe, Africa and Asia-Pacific. Compared with other ongoing prospective registries in VTE, the global GARFIELD-VTE registry has the potential to capture the burden of disease in large-scale populations by employing broad inclusion criteria in a widely representative populations of patients with VTE (across a range of clinical settings) and to capture long-term follow-up data in the community as well as the hospital setting.

Contemporary understanding of VTE is based on data gathered in controlled clinical trials. Whilst essential for evaluating the efficacy and safety of new treatments, these trials are not representative of everyday clinical practice and, hence, uncertainty persists about the real-life burden and management of this disease.

GARFIELD-VTE seeks to provide insights into the impact of anticoagulant therapy on thromboembolic and bleeding complications seen in this patient population. It will provide a better understanding of the potential opportunities for improving care and clinical outcomes amongst a representative and diverse group of patients and across distinctive populations. This should help physicians and healthcare systems to appropriately adopt innovation to ensure the best outcomes for patients and populations.

Current treatment regimens in real-life practice seem to be shorter than recommended guidelines¹. GARFIELD-VTE is important in connecting research and clinical practice, serving to increase awareness of the importance and treatment of DVT/PE.

The registry seeks to describe:

- the acute, sub-acute and extended duration of anticoagulation management;
- the clinical and economic outcomes in patients with treated acute VTE in the real-world setting.

The registry started in July 2014. Four key design features of the GARFIELD-VTE protocol ensure a comprehensive and representative description of VTE; these are:

- Two sequential cohorts of prospective, newly diagnosed patients, facilitating comparisons of discrete time periods and describing the evolution of treatments and outcomes;
- Selection of sites representative of national VTE care settings;
- Enrolment of consecutive eligible patients regardless of therapy to eliminate potential selection bias;
- Follow-up data captured for a minimum of 36 months after diagnosis, to create a comprehensive database of treatment decisions and outcomes in everyday clinical practice.

Patients are included whether or not they receive anticoagulant therapy, so that the merit of current and future treatment strategies can be properly understood in relation to patients' individual risk profiles.

The GARFIELD-VTE registry is supported by an unrestricted educational grant from Bayer AG, Berlin, Germany.

For further information, please visit: www.garfieldregistry.org.

The burden of VTE

VTE occurs when part of a clot formed in a deep vein, for example in the leg (known as deep vein thrombosis, or DVT), is carried to the lung, via the heart, preventing the uptake of oxygen. This is known as a pulmonary embolism (PE), an event which can be rapidly fatal.

The third most common cardiovascular illness after acute coronary syndrome and stroke, VTE is responsible for nearly 800,000 deaths in the Europe and United States each year. This equates to VTE killing one person every 37 seconds in the Western world. In around 90% of

fatal cases the embolism is undetected or untreatable. VTE recurrence is likely, making VTE-prevention an essential task for every healthcare systemⁱ.

Approximately 20% of all VTE cases occur in patients with cancer, and VTE is present in up to 50% of patients with cancer at autopsyⁱⁱ. The total cost of VTE treatment and management is estimated to be £640 million per year in the United Kingdomⁱ. Like its sister registry GARFIELD-AF, GARFIELD-VTE will provide will be vital in improving clinical practice in the coming years.

About the TRI

The Thrombosis Research Institute (TRI) is dedicated to bringing new solutions to patients for the detection, prevention and treatment of blood clots. The TRI's goal is to advance the science of real-world enquiry so that the value of real-world data is realised and becomes a critical link in the chain of evidence. Their pioneering research programme, across medical disciplines and across the world, continues to provide breakthrough solutions in thrombosis.

The TRI is a member of University College London Partners' Academic Health Science Network. For more information, visit <http://www.tri-london.ac.uk/>.

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ⁱ GARFIELD-VTE Registry. About VTE. Available at <http://vte.garfieldregistry.org/about/about-vte> [Accessed: 5 June 2017]

ⁱⁱ Thrombosis Advisor. VTE in Patients with Cancer. Available at <https://www.thrombosisadviser.com/VTE-in-Patients-with-Cancer/>. [Accessed: 5 June 2017]