



FCSA-START

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XXVIII Congresso Nazionale FCSA
Bologna, 5-7 Ottobre 2017
Savoia Hotel Regency



FEDERAZIONE
CENTRI PER LA DIAGNOSI
DELLA TROMBOSI E LA
SORVEGLIANZA DELLE TERAPIE
ANTITROMBOTICHE (FCSA)


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The following Investigators and Centers, affiliated to the Italian Federation of Anticoagulation Clinics (FCSA), participated to the FCSA-START-Registry


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Simona Pedrini, Federica Bertola-Brescia
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Paolo Gresele-Perugia
Giuseppe Meduri-Reggio Calabria
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Pasquale Pignatelli- Roma
Vincenzo Toschi, Maria Grazia Gagliano- Milano
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Rita C.Santoro-Catanzaro


 Antonucci E, Poli D, Tosoletto A, Pengo V, Tripodi A, Magrini N, Marongiu F, Palareti G; START-Register. The Italian START-Register on Anticoagulation with Focus on Atrial Fibrillation. **PLoSOne 2015**

 Palareti G, Antonucci E, Lip GY, Testa S, Guazzaloca G, Falanga A, Pengo V, Poli D; START-Register Participants . The SAME-TT2R2 score predicts the quality of anticoagulation control in patients with acute VTE. A real-life inception cohort study. **Thromb Haemost. 2016**

 Testa S, Tripodi A, Legnani C, Pengo V, Abbate R, Dellanoce C, Carraro P, Salomone L, Paniccchia R, Paoletti O, Poli D, Palareti G; START-Laboratory Register. Plasma levels of direct oral anticoagulants in real life patients with atrial fibrillation: Results observed in four anticoagulation clinics. **Thromb Res 2016**







 Testa S, Legnani C, Tripodi A, Paoletti O, Pengo V, Abbate R, Bassi L, Carraro P, Cini M, Paniccchia R, Poli D, Palareti G. Poor comparability of coagulation screening test with specific measurement in patients on direct oral anticoagulants: results from a multicenter/multiplatform study. **J Thromb Haemost 2016**

 Palareti G, Antonucci E, Migliaccio L, Erba N, Marongiu F, Pengo V, Poli D, Testa S, Tosoletto A, Tripodi A, Moia M on behalf of the centres participating in the FCSA-START-Register (The ISCOAT 2016 study). Vitamin K Antagonist Therapy: Changes in the Treated Populations and in Management Results in Italian Anticoagulation Clinics Compared with those recorded 20 years ago. **Intern and Emerg Med, 2017**

 Gentian D, Pengo V et al... Warfarin prescription in patients with non-valvular atrial fibrillation and one non-gender related risk factor (CHA2DS2VASc 1 or 2): a treatment dilemma. **Cardiovascular Therapeutics, accepted**



Submitted Articles

-  Testa S et al. Management of major bleeding and outcomes in patients treated with direct oral anticoagulants: results from the START-Events Registry
-  Testa S et al Low Drug Levels And Thrombotic Complications In High Risk Atrial Fibrillation Patients Treated With Direct Oral Anticoagulants
-  Poli D et al. Mechanical Prosthetic Heart Valves: quality of anticoagulation and thromboembolic risk. The observational multicentre PLECTRUM Study.
-  Poli D et al. High risk for reoperation among patients with bioprosthetic heart valves and indication for long-term anticoagulation.
-  Patti G et al. Prevalence and Predictors of Dual Antiplatelet Therapy Prolongation Beyond One Year in Patients with ACS: results from START Antiplatelet Registry
-  Cirillo P et al. Gender-related differences on the choice of antiplatelet therapy and its impact on one-year clinical outcome in patients presenting with Acute Coronary Syndrome: Insights from the START Antiplatelet Registry



START-Valvole
3030 pts

START₂
REGISTRY

30 settembre 2017

15074 patients



START2 REGISTRY



FCSA START

12340
patients



START2 POST-VTE



START EVENTI

220
events



START ANTIPLATELET

1233
patients



START LABORATORIO



FADOI START

1281
patients

start2@fondazionearianna.org





START2-POST VTE

Cosa fare dopo un periodo standard di anticoagulazione in un paziente con un recente episodio di VTE ?

Obiettivi

- 🌀 Registrare approcci, decisioni e risultati da parte dei professionisti nella real-life italiana
- 🌀 Come i professionisti valutano il paziente: quali le caratteristiche esaminate, (rischio emorragico, recidiva)
- 🌀 Cosa decidono in merito alla terapia
- 🌀 Sulla base di quali fattori e quali ragionamenti
- 🌀 Cosa succede nel follow-up dei pazienti

Promosso da: Fondazione Arianna Anticoagulazione
Centro Coordinatore: Angiologia, Bologna



Data from 29 FCSA AC from June 2013 to May 2017

All Naive patients treated with VKA or DOACs

	VKA* 2566	DOACs 1216	P
Median Age, y (IQR)	76 (69,81)	77 (71,83)	0.05
Males (%)	55.5	52.5	0.001
Age > 75 years (%)	56	61	0.005
CHADS (m±SD)	2.0±1.2	2.2±1.3	0.002
CHADS _{vasc} (m±SD)	3.5±1.6	3.7±1.5	0.003
HASBLED (m±SD)	2.2±1.0	2.0±0.8	0.002
Comorbidities			
Previous Stroke/TIA	13.9	21.1	0.001
Hystory of Major Bleeding	2.5	5.6	0.001
Hypertension	74.7	79.5	0.001
Diabetes	20.8	16.2	0.1
CAD	20.4	12.3	0.001
CrCL < 30ml/min	7.4	2.6	0.001

*98% treated wiht warfarin

Antiplatelet Drugs, Amiodarone, PPI were significantly more frequent in VKA patients (p=0.001)

Data from 29 FCSEA AC from June 2013 to May 2017

Patients who remained on VKA treatment vs those shifted

	VKA* 2412	Switched to DOACs* 921	P
Median Age, y (IQR)	76 (69,81)	77 (72,82)	0.05
Males (%)	55.8	56.8	0.6
Age > 75 years (%)	56.6	60.0	0.04
TTR %, median (IQR)	69 (57,79)	67(57,79)**	0.2
CHADS (m±SD)	2.0±1.2	2.3±1.2	0.001
CHADS _{vasc} (m±SD)	3.5±1.6	3.8±1.5	0.001
HASBLED (m±SD)	2.2±1.0	2.2±0.8	0.9
Comorbidities			
Previous Stroke/TIA	14.9	19.2	0.001
Hystory of Major Bleeding	2.6	6.5	0.001
Hypertension	74.4	85.3	0.001
Diabetes	20.9	22.5	0.3
CAD	20.7	16.6	0.007
CrCL < 30ml/min	7.7	1.1	0.001

*98% treated with warfarin

** available for patients switched during the study period

Antiplatelet Drugs and Amiodarone were significantly more frequent in VKA patients (p=0.001)

Data from 29 FCSA AC from June 2013 to May 2017

All Naive patients treated with VKA or DOACs

	VKA* 619	DOACs 953	P
Median Age, y (IQR)	68 (53,77)	64 (49,75)	0.02
Males (%)	49.8	52.5	0.056
Age < 50 years (%)	22.3	27.9	0.001
Age > 75 years (%)	29.7	24.2	0.02
DVT	43.9	64.6	0.001
PE (±DVT)	52.3	32.4	0.001
Recurrent SVT	3.7	2.9	0.4
Comorbidities			
Previous Stroke/TIA	6.0	3.3	0.01
Hystory of Major Bleeding	2.4	2.6	0.9
Hypertension	47.7	39.7	0.002
CAD	8.7	3.5	0.03
CrCL < 30ml/min	3.7	0.6	0.05
Active cancer	6.8	4.4	0.001

*98% treated wiht warfarin;

Antiplatelet Drugs and PPI were significantly more frequent in VKA patients (p=0.001)



	VKA* 596	Switched to DOACs* 301	p
Median Age, y (IQR)	68 (53,77)	65 (50,74)	0.05
Males (%)	49.3	55.8	0.08
Age < 50 years (%)	22.1	25.2	0.3
Age > 75 years (%)	30.4	21.6	0.02
TTR (%) median IQR	68.5 (53,81)	77.5(48,89)**	0.7
DVT	44.0	54.8	0.005
PE (±DVT)	52.3	41.5	0.005
Recurrent SVT	3.7	3.7	1.0
Comorbidities			
Previous Stroke/TIA	5.9	4.7	0.5
History of Major Bleeding	2.3	4.7	0.07
Hypertension	47.7	43.2	0.2
Diabetes	9.9	7.6	0.3
CrCL < 30ml/min	3.7	1.0	0.02
Active cancer	6.9	1.0	0.001
Thrombophilia	17.3	31.2	0.001
Recurrent VTE	10	41	0.001

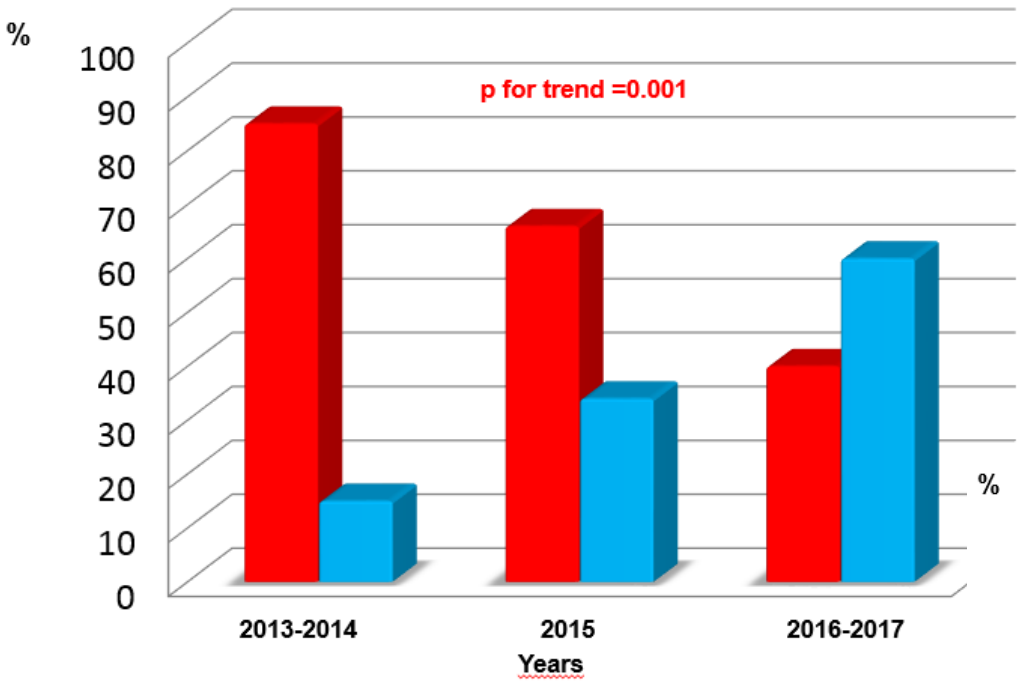
*98% treated with warfarin; ** available for patients switched during the study period
 Antiplatelet Drugs and PPI were significantly more frequent in VKA patients (p=0.001)

Proportion of naive patients enrolled during the study period

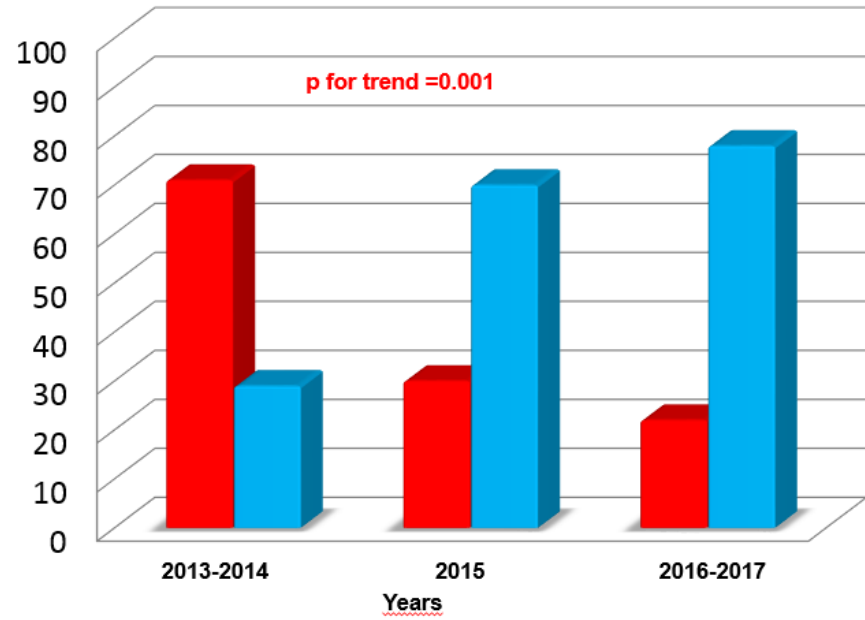


Atrial fibrillation patients

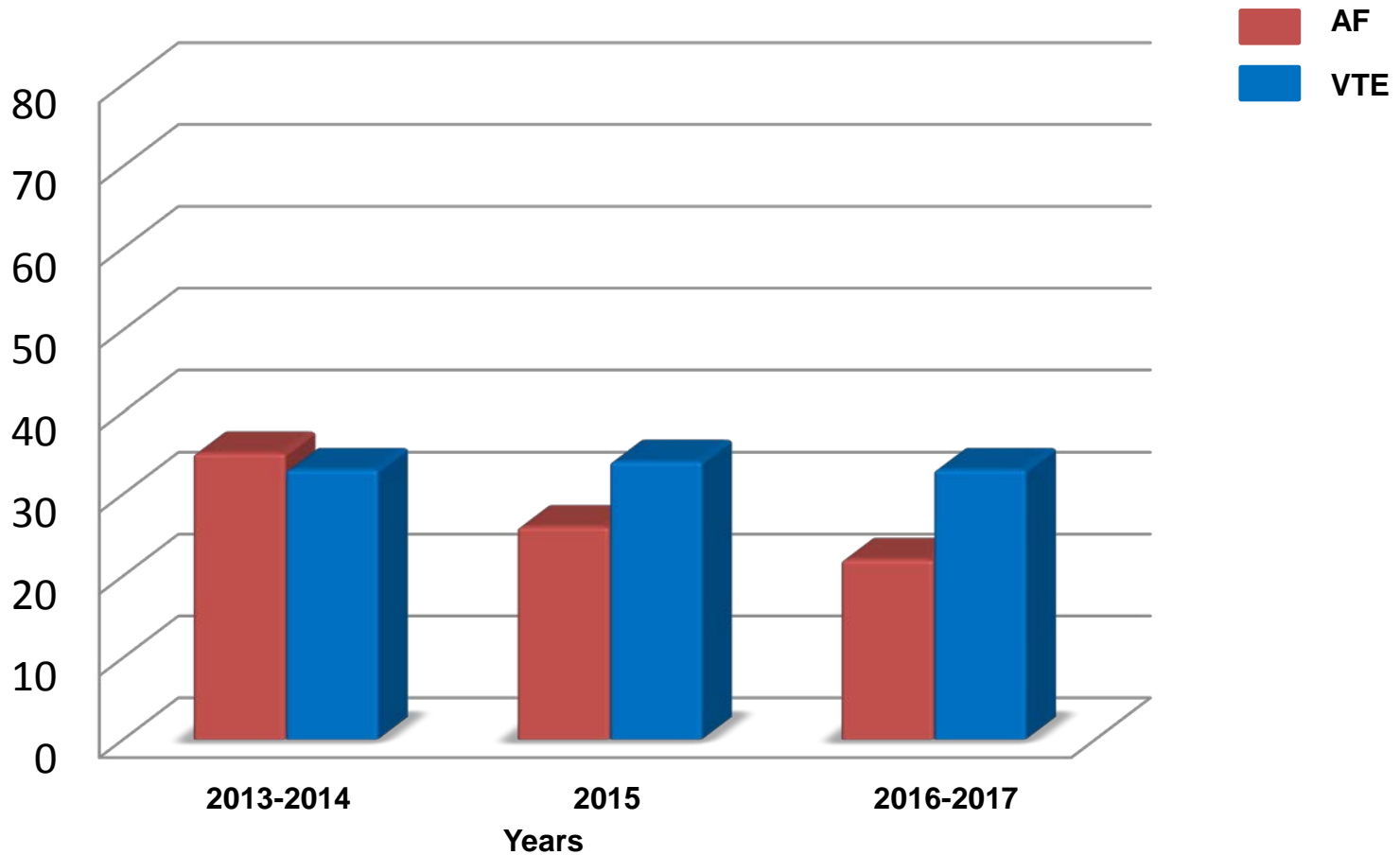
VKA
DOACs



VTE patients



Proportion of patients who switched from VKA to DOAcS during the study period




AF p for trend =0.05


VTE p for trend =1

Conclusioni

 **Marcato incremento** nel tempo di prescrizione DOACs, sia in FA che TEV; diminuzione AVK

 In generale, **switch** verso DOACs:
Diminuisce nel tempo in FA (dall'iniziale 40% al 28%)
Stazionario nel TEV

 **Pazienti AF**
- DOACs preferiti in anziani e pregresse complicanze (Ictus, EM); pochi con IR severa
- Switch: non rilevante il TTR; più frequente se complicanze (Ictus, EM)

 **Pazienti TEV**
- DOACs preferiti in giovani e in TVP; molto meno se EP, meno se fattori di rischio, pochi con IR severa
- Switch: non rilevante il TTR; meno anziani; più frequenti EM e K; molto frequenti se trombofilia e recidiva





<http://www.start2registry.org>



Progetto Nominato
START2 Registry
Fondazione Arianna Anticoagulazione



Start2-Registry

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