



POST-BLEED MANAGEMENT OF ANTITHROMBOTIC THERAPY (PANTHER)

Research Program Overview

Overall goal:

To improve cardiovascular outcomes through safe resumption of anticoagulants after anticoagulant-related bleeding by determining the optimal strategy to safely restart anticoagulation after life-threatening (or major) anticoagulant-related bleeding. The dual therapeutic aims in such patients are (a) to prevent stroke, thrombosis and cardiovascular death, and (b) to minimize re-bleeding.

Specific research goals:

- a. Evaluate the risks of stroke, thrombosis, bleeding and death with anticoagulant strategies after bleeding;
- b. Identify physician practices and preferences towards resuming anticoagulants after bleeding
- c. Develop a pilot randomized controlled trial to evaluate the optimal timing and/or dosing strategy for safe resumption of anticoagulation after major gastrointestinal (GI) bleeding.

Projects:

Clinical Outcomes and Physician Attitudes after Factor Xa Inhibitor Related Major Bleeding: A Substudy of ANNEXA-4

Objectives:

- To determine the rates of anticoagulant resumption within 30 days of major factor Xa inhibitor related bleeding treated with andexanet alfa
- To determine the risk of thrombosis, bleeding and death associated with anticoagulant resumptions strategies
- To assess physician attitudes and preferences regarding resumption of anticoagulation

Resumption of Anticoagulant Therapy after Anticoagulant-Related Gastrointestinal Bleeding: Systematic Review and Meta-Analysis

Objectives:

- To determine the risks of thromboembolism, recurrent GI bleeding, and mortality in patients who resume OAC compared to those who do not after GI bleeding
- To explore heterogeneity with a priori subgroup analyses (type of OAC, timing of resumption, indication for OAC, site of GI bleed)

Post-Bleed Management of Antithrombotic Therapy Values and Preferences (PANTHER-VP): A Qualitative Study of Healthcare Providers

Objectives:

- To explore the experiences of clinicians managing patients with OAC-related GI bleeding to achieve the following: (i) identify key factors that influence clinical decision-making regarding resumption of OAC; and (ii) determine barriers and facilitators of safely resuming OAC.

Post-Bleed Management of Antithrombotic Therapy (PANTHER): A Population Based Cohort Study

Objectives

- To characterize OAC prescribing patterns after OAC-related bleeding leading to hospitalization in a cohort of adults ≥ 66 years of age
- To compare the risk of clinically important outcomes (cardiovascular events, bleeding events and death) after OAC-related bleeding in patients who restarted OAC therapy compared to those who discontinued OAC.
- To identify factors that predict OAC prescription, bleeding events, cardiovascular events and death in the whole cohort and for patients who restarted compared to those who discontinued OAC.

Pilot Randomized Trial of Early vs. Delayed Re-Initiation of Anticoagulant Therapy After Gastrointestinal Bleeding

Hypothesis:

- Early re-initiation of antithrombotic therapy after GI bleeding reduces thrombosis and mortality with a low risk of re-bleeding compared to delayed re-initiation.