# Incidence, Risk Factors, and Outcomes among Patients with Venous Thromboembolic Events in the Early Post-transplant Period

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### Introduction

- •Although risk factors for venous thromboembolism (VTE) in the general population are well-defined, limited data exist regarding risk factors for early VTE (during the first 30 days) among lung transplantation (LT) patients.
- •With the introduction of the lung allocation score (LAS), progressively sicker patients are undergoing LT, which has the potential to increase the risk for VTE during the post-transplant period.
- •This study was conducted to determine the incidence and risk factors for early VTE and its association with 2 year survival.

### Methods

- All adult patients with single, double, or heart LT at UTSW between 2012-2014 were included in the study.
- Various demographic, clinical, and laboratory values before and after LT were recorded.
- Development of any VTE during the first 30 days after LT was the primary outcome variable.
- Variables were compared among patients with and without VTE to identify risk factors for VTE.
- Associations were initially evaluated in a univariate fashion by chi-square and independent t-test as appropriate.
- Multivariate logistic regression modeling was done to identify the independent predictors of development of VTE.
- Kaplan-Meier curves were constructed to compare survival at 1 and 2 years among patients with and without VTE.

# Results

- Overall incidence of VTE during the first 30 days after LT was 28.5% (n=55).
- Various types of VTE events are presented in Figure 1.
  - Pulmonary embolism was uncommon (n=3).
- Majority of events (78%) were diagnosed within the first 15 days after LT.
- Comparative profile of patients with and without VTE are presented in Figure 2
- Pre-transplant history of hyperlipidemia and use of anticoagulation (AC) for at least 72 hours were independently associated with a reduced risk of VTE.
- Development of primary graft
   dysfunction at 72 hours and use of >3
   central catheters during the post transplant period were independently
   associated with increased risk of VTE.
- Development of VTE was associated with increased risk of mortality at 2 yrs (log rank comparison)
- Kaplan Meier curves showed progressive separation beyond 3 months after LT (Figure 3)

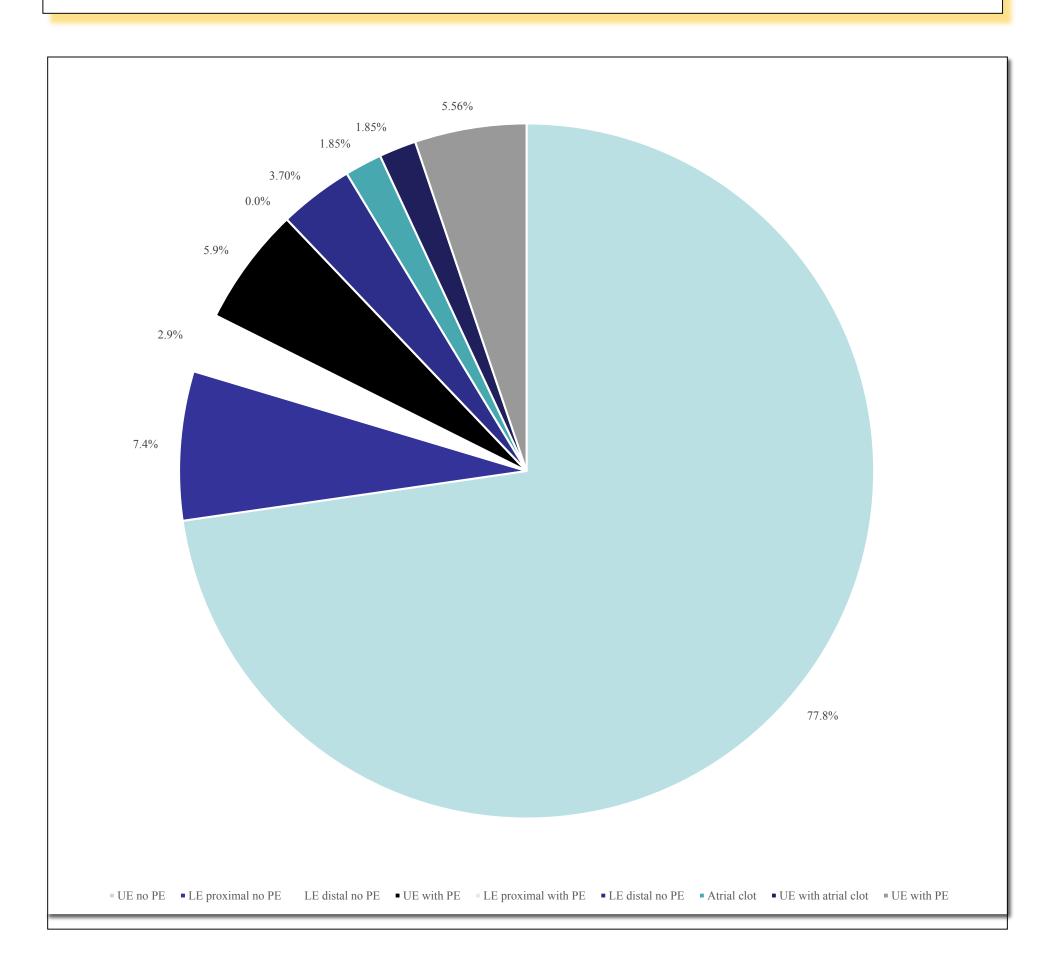


Figure 1: Spectrum of VTE events in the first 30 days after lung transplantation

Variable	VTE Median with range or proportion		Odds ratio	p value	Adjusted Odds ratio	р
v ar rabic	Yes (n=55)	No (n=138)	( 95% CI)	p value	(95% CI)	value
Age at transplant (years)	54.1 (52.0-56.2	56.6 (55.5-57.7)		0.283		
Body mass index at transplant (Kg/m²)	24.4 (23.7-25.07)	24.7 (24.4-25.1)		0.669		
Male gender	49%	62%	0.58 (0.31-1.1)	0.092		
Ethnicity Caucasian	71%	73%		0.21		
African-American Hispanic Others	18% 7% 4%	12% 12% 3%		0.31		
Underlying diagnosis group  Restrictive	.,,	<i>D</i> , 0				
Obstructive Vascular	62% 20%	59% 25%		0.66		
Suppurative	9% 9%	10% 5%				
Type of transplant  Left single  Right single	5.4% 5.4%	6.5% 5.8%		0.956		
Bilateral Uistory of dishets	89%	87.7%		0.76		
History of diabetes  History of hyperlipidemia	22% <b>27%</b>	24% 41%	0.55	0.76	2.83	0.03
LAS at listing	53.7 (50.7-56.7)	44.3 (43.2-45.4)	(.28-1.09)	<0.001	(1.11-7.25)	
LAS at match	59.6 (56.6-62.6)	50.3 (48.8-51.8)		0.002		
Use of cardiopulmonary bypass	62%	44%	2.04 (1.08-3.87)	0.027		
Use of anticoagulation for 72 hours	25%	47%	0.38 (0.19-0.77)	0.006	4.13 (1.80-9.50)	0.001
>3 central catheters	90%	24.7%	3.64 (2.62-5.05)	<0.001	25.94 (1.97-342.13)	0.013
Use of Steroid Pulse 1st 2 weeks	27%	10%	3.32 (1.48-7.47)	0.003		
PGD score at 72hrs 0 1	43% 18%	56% 28%		0.003	1.64 (1.13-2.36)	0.009
2 3	18% 20%	11% 5%				
Duration of intubation (days)	8.2 (5.6-10.7)	3.4 (3.2-3.7)		0.004		
Duration of ICU stay (days)	14.3 (12.5-16.1)	8.1 (6.9-9.3)		0.006		
Duration of hospital stay (days)	24.6 (22.4-26.8)	16.8 (15.4-18.2)		0.003		
Hospital survival	93%	96%	0.40	0.278		
One year survival	80%	89%	0.49 (0.21-1.14)	0.094		
Two year survival	65.5%	79%	0.83 (0.67-1.02)	0.05		

Figure 2: Characteristics of patients with and without VTE in the first 30 days after lung transplantation.

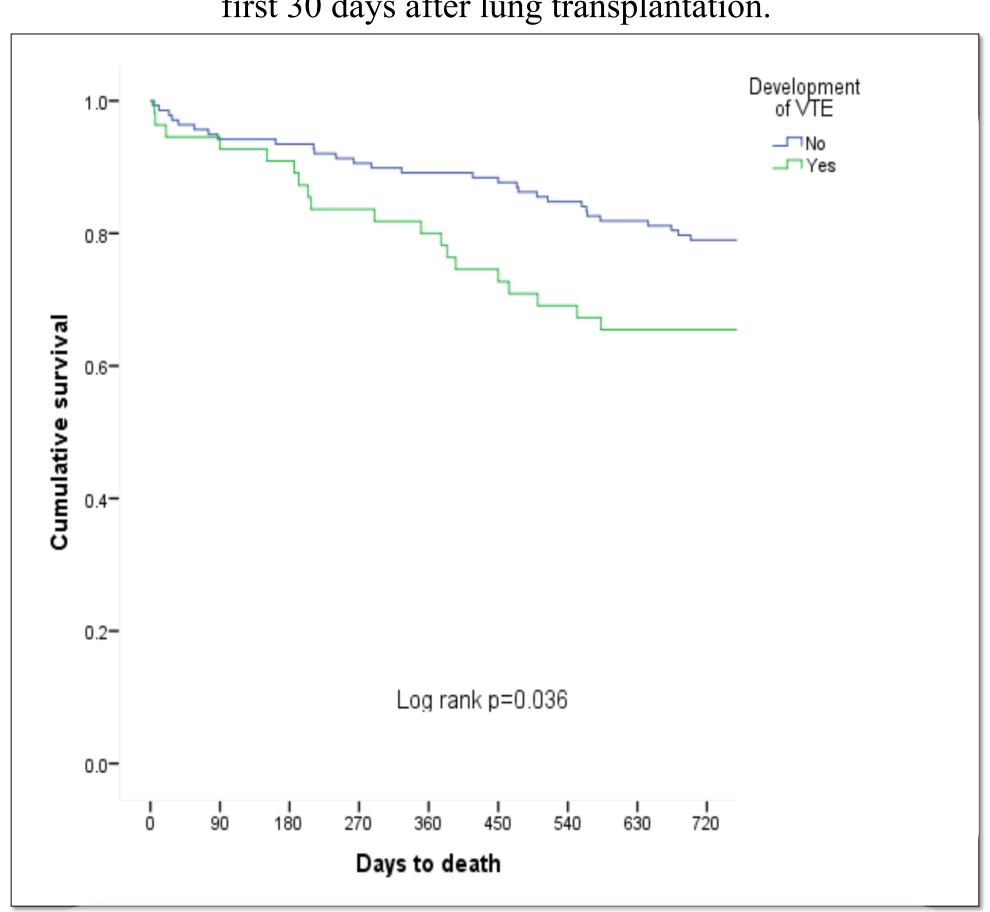


Figure 3: Kaplan Meier survival curves for patients with and without VTE

## Conclusion

- A significant proportion of patients develop VTE early after LT.
- Early development of VTE is associated with worse survival at 2 years post-LT.
- Despite the majority of VTEs being catheter related, the use of anticoagulation appears to be protective.
- The protective effect of
   hyperlipidemia may be linked to
   statin use, which needs to be
   investigated in future studies.

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