Why are studies on DVT important?

On September 15, 2008, the Surgeon General issued a National Call to Action to warn the U.S. public about the dangers of blood clots. His Call to Action specifically notes the importance of studying clot-busting treatments that may help to prevent the Post-Thrombotic Syndrome. Only with the help of DVT sufferers can we learn which treatments improve their care.

Additional Information

Information is available on the websites of the ATTRACT Study, the Venous Disease Coalition (www.venousdiseasecoalition.org), the Office of the Surgeon General (www.surgeongeneral.gov), and the Society of Interventional Radiology (SIR) Foundation (www.sirfoundation.org). You should also feel free to ask questions of your doctor or of your local ATTRACT investigator.

To learn more, please contact:

The ATTRACT Study
Washington University School of Medicine
Mallinckrodt Institute of Radiology

www.attract.wustl.edu
1-866-974-CLOT (2568)
attract@mir.wustl.edu

Collaborating Institutions:
McMaster University - OCG, VasCore,
Massachusetts General Hospital, St. Luke's Mid America Heart Institute and the SIR Foundation

Additional support is provided by Covidien/Bacchus Vascular, JOBST®, a brand of BSN Medical Inc., Genentech, and MEDRAD Interventional/Possis.
DVT - Deep Vein Thrombosis

A Deep Vein Thrombosis (DVT) is a blood clot that forms in a deep vein of the body, usually in the leg. When a blood clot breaks loose and blocks a lung artery (a pulmonary embolism or PE), it can be fatal. The most common treatment for DVT is blood-thinning drugs (anticoagulants) that stop the clot from growing in the vein and decrease the chance of a pulmonary embolism.

Clot-Busting Treatment

Another method to treat DVT is for a doctor to inject a clot-busting drug (TPA) directly into the blood clot through a specially designed catheter (small plastic tube) that is placed in your leg vein. This is called Pharmacomechanical Catheter-Directed Thrombolysis or "PCDT." Patients who undergo PCDT also receive blood-thinning drugs at the same time. PCDT actively dissolves the clot and may thereby relieve DVT symptoms faster and prevent the vein damage that leads to PTS. The clot-busting drug TPA has been approved by the FDA for treating heart attacks, stroke, and PE, but has not been specifically approved for treating blood clots in the leg veins.

As a Study Participant . . .

If you agree to participate in the study, study staff will review your medical records, inquire about your health, perform a physical exam, measure your leg, and record any leg pain you are having. You will be asked to have a small amount of blood taken and to complete a questionnaire which asks questions about your leg problem and your overall health. You may be asked to undergo a second ultrasound exam as well. You will receive standard blood-thinning drugs to treat your DVT. You will also be fitted with compression stockings to help prevent long-term effects from the blood clot such as PTS.

Long Term Effects

Because blood-thinners do not directly dissolve the blood clot, the clot often remains in the vein, continues to block blood flow, and causes permanent damage to the vein. This leads to a chronic condition known as the Post-Thrombotic Syndrome (PTS). About 25-50% of DVT patients develop PTS. PTS typically causes daily pain, heaviness, fatigue, and/or swelling of the leg. In more severe PTS cases, patients can develop changes in leg skin color, severe difficulty walking, inability to work or to conduct their daily activities, and/or open sores on the leg (called ulcers). When PTS develops in a patient with DVT, it can significantly reduce his/her quality of life.

The ATTRACT Study

This study, dubbed ATTRACT (Acute Venous Thrombosis: Thrombus Removal With Adjunctive Catheter-Directed Thrombolysis), is being sponsored by the National Institutes of Health to find out if removing the blood clot using the PCDT procedure safely prevents Post-Thrombotic Syndrome and improves quality of life in patients with DVT. 692 patients being treated for a blood clot (DVT) in 28 hospitals around the U.S. will participate in this important study.

Half the patients will be randomly selected (like the flip of a coin) to also undergo PCDT.

You will return for visits at 10 days and 1 month after initial treatment and then every 6 months for 2 years. At these visits, you will be asked to complete questionnaires about your health, to be evaluated by study staff, and (for one or two visits) to undergo another ultrasound exam.