

# VTE Therapy

**V**enous thromboembolism (VTE) remains among the most challenging vascular disease states to efficiently and successfully treat. Patients often never make it to an interventional or surgical setting either due to the sudden onset of severe symptoms or a gap in communication and understanding between patients, ER departments, and interventional physicians. Hard data are lacking in some areas as well, with randomization and study enrollment compounded by these factors, as well as significant variations in the affected population and the nature of this disease spectrum. With this edition of *Endovascular Today*, we aim to present opinions on current therapeutic options, recent and historic data, and progress in critical studies attempting to bring the vascular community more answers.

In the leadoff article of our VTE feature, Anthony J. Comerota, MD, FACS, FACC, shares his thoughts on today's treatment strategies for challenging cases of venous disease and how the team at his center works together to ensure that patients receive optimal care. In this spirit of optimizing the treatment of venous disease, Suresh Vedantham, MD, Principal Investigator of the ATTRACT trial, describes the challenges and progress to date in this study aiming to provide firm data on whether endovascular thrombolysis can improve DVT patient outcomes. Mahmood K. Razavi, MD, FSIR, explains the unique challenges and concerns that need to be addressed in cases of recurrent DVT.

The rise in the use of inferior vena cava (IVC) filters brings up another topic in need of discussion—and study. Matthew Johnson, MD, FSIR, provides a look at the upcoming PRESERVE study, which will involve the collaboration of physicians in various vascular specialties

as well as industry and US regulatory bodies in a process to evaluate IVC filter use. Brian G. DeRubertis, MD, describes retrieval techniques for normal- and high-risk patients and how to decide whether the risks of removal outweigh those of leaving the device implanted.

Maria Paola Arellano, MD, and Victor F. Tapson, MD, explain the various options for treating patients who have acute pulmonary embolism (PE), as well as updates on the current rationale for when each is best applied. The SEATTLE II clinical trial seeks to address this need, as it is examining the use of catheter-directed ultrasound-enhanced thrombolysis with alteplase and whether it is the right tool for a difficult subset of patients with extensive PE and right heart dysfunction. Dr. Keith Sterling provides an overview of the trial and its enrollment to date.

Outside of our VTE feature, we have a Challenging Cases article by Michael J. Pompliano, BS, and George L. Adams, MD, MHS, FACC, who share a case that

illustrates the use of retrograde access via the distal peroneal artery to cross a chronic total occlusion. Although technically challenging, this approach has the potential to prevent amputation. Next, Drs. James McKinsey and Lawrence Garcia offer perspectives gained in the DEFINITIVE LE trial studying atherectomy in a large patient population.

We close this issue with a conversation with Heather L. Gornik, MD, FACC, FAHA, FSVM, a vascular medicine specialist at the Cleveland Clinic. Dr. Gornik discusses how she chooses the best pharmacologic therapy regimens for peripheral artery disease patients, as well as her research and involvement in the United States Registry for Fibromuscular Dysplasia.

We hope you find this edition helpful and thought-provoking. ■



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