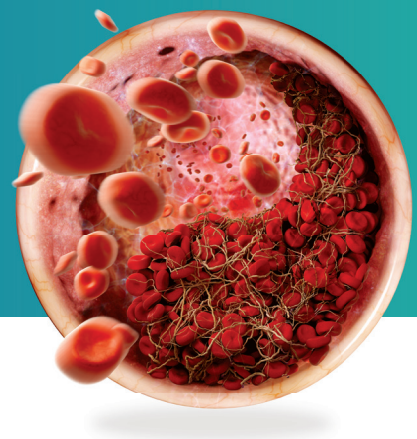
VTE RISK

Achieve Balance

Antithrombin (AT) and venous thromboembolism (VTE) risk



VTE impacts thousands of medical and surgical patients each year

More than **250,000 patients** are hospitalized for VTE each year in the United States[1]

Approximately **67% of VTE cases** are associated with a recent hospital admission[2]

Only 50% of hospitalized patients at risk for VTE received prophylaxis[3]

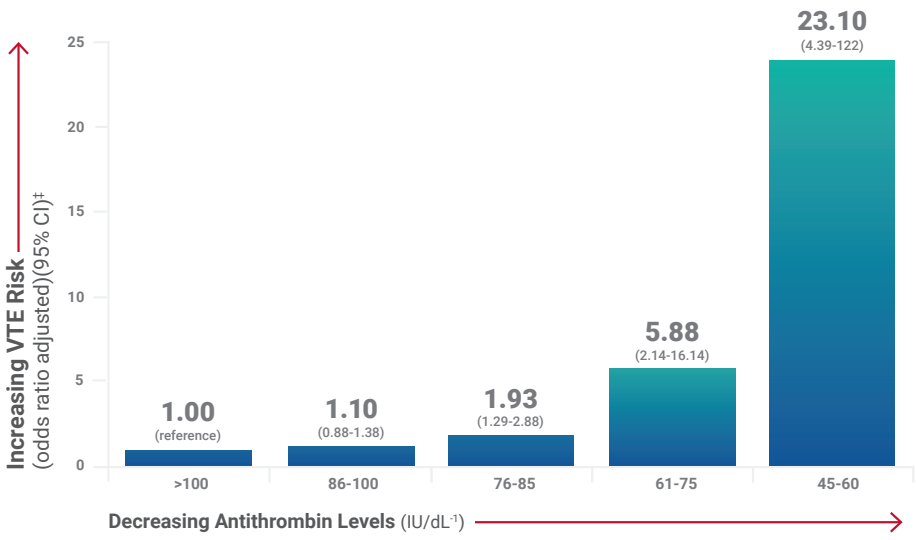
- Surgeries with a high risk for thrombosis include general, orthopedic, oncologic, neurological, cardiovascular, and gynecologic[4,5]

Even modest decreases in AT levels significantly increase VTE risk[6,7]

Antithrombin levels (IU dL^{-1})	Risk of VTE
86—100 IU/dL	1.10-fold increase (95% CI: 0.88-1.38) vs normal
76—85 IU/dL	1.93-fold increase (95% CI: 1.29-2.88) vs normal
61—75 IU /dL	5.88-fold increase (95% CI: 2.14-16.14) vs normal
45—60 IU/dL	23-fold increase (95% CI: 4.39-122) vs normal

- **85%** of patients with hereditary AT deficiency will have at least 1 thrombotic episode **by age 50**[8]
  - Close to **70%** of these patients will have an event **before the age of 35**[8]

Risk of Unprovoked VTE† increases with decreasing AT levels[6]*



‡Odds ratio adjusted for sex, age, body mass index, and thrombophilia (all defects except those under study). Data from a case-controlled study of 1401 patients with a first objectively documented VTE and 1847 healthy controls to assess the risk of VTE associated with varying plasma levels of AT, protein C (PC), and protein S (PS). Patients with surgery- or pregnancy-related VTE were tested for AT, PC, and PS at least 3 months after operation or delivery, in order to avoid changes in plasma levels of the naturally occurring anticoagulants related to these conditions.

*Including those with cancer, liver disease, and nephrotic syndrome.
†Data reflect events that occurred in the absence of transient risk factors (ie, surgery, trauma, prolonged bed rest [> 1 week], pregnancy/puerperium, and combined oral contraceptive use). Risk assessed in comparison to patients with normal AT levels (or levels >100 IU/dL).

Please see Important Safety Information on back and refer to accompanying full Prescribing Information for THROMBATE III.

Thrombate III®
antithrombin III (human)

For patients with hereditary AT deficiency,

Achieve Balance

THROMBATE III[9]

- **Is a direct approach to managing hereditary AT deficiency in high-risk situations**
- **Has demonstrated efficacy in high-risk surgical and obstetrical patients**
- **Can be used before, during, and after surgery**
- **Provides for convenient storage and reconstitution**
- **Delivers predictable amounts of AT**

Healthcare professionals have been successfully treating hereditary AT deficiency with THROMBATE III for more than 25 years

Important Safety Information

THROMBATE III® (antithrombin III [human]) is indicated in patients with hereditary antithrombin deficiency for treatment and prevention of thromboembolism and for prevention of perioperative and peripartum thromboembolism.

Hypersensitivity reactions may occur. Should evidence of an acute hypersensitivity reaction be observed, promptly interrupt the infusion and begin appropriate treatment.

Because THROMBATE III is made from human blood, it may carry a risk of transmitting infectious agents, eg, viruses, the variant Creutzfeldt-Jakob disease (vCJD) agent, and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent. There is also the possibility that unknown infectious agents may be present in the product.

Perform coagulation tests to avoid excessive or insufficient anticoagulation and monitor for bleeding or thrombosis. Measure functional plasma AT levels with amidolytic or clotting assays; do not use immunoassays.

In clinical studies, the most common adverse reactions (≥5% of subjects) were dizziness, chest discomfort, nausea, dysgeusia, and pain (cramps).

The anticoagulant effect of heparin is enhanced by concurrent treatment with THROMBATE III in patients with hereditary AT deficiency. Thus, in order to avoid bleeding, the dosage of heparin (or low molecular weight heparin) may need to be reduced during treatment with THROMBATE III.

Please see accompanying full Prescribing Information for THROMBATE III.

References: 1. Lloyd-Jones D, Adams RJ, Brown TM, et al; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*. 2010;121:e46-e215. **2.** Centers for Medicare & Medicaid Services and The Joint Commission. NQF-Endorsed Voluntary Consensus Standards for Hospital Care. Version 5.2a. In: Specifications Manual for National Hospital Inpatient Quality Measures. https://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx. Published October 20, 2016. Accessed April 27, 2017. **3.** Cohen AT, Tapson VF, Bergmann JF, et al; ENDORSE Investigators. *Lancet*. 2008;371(9610):387-394. **4.** Tengborn L, Bergqvist D. *Acta Chir Scand*.1988;154(3):179-183. **5.** Pabinger I, Schneider B; Gesellschaft fur Thrombose- und Hamostaseforschung (GTH) Study Group on Natural Inhibitors. *Arterioscler Thromb Vasc Biol*. 1996;16(6):742-748. **6.** Bucciarelli P, Passamonti SM, Biguzzi E, et al. *J Thromb Haemost*. 2012;10:1783-1791. **7.** Di Minno MND, Dentali F, Lupoli R, Ageno W. *Circulation*. 2014;129(4):497-503. **8.** Kottke-Marchant K, Duncan A. *Arch Pathol Lab Med*. 2002;126:1326-1336. **9.** THROMBATE III® (antithrombin III [human]) Prescribing Information. Grifols.

Thrombate III®
antithrombin III (human)

GRIFOLS

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