

Safety of direct oral anticoagulants in patients with hereditary hemorrhagic telangiectasia

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Orphanet Journal of Rare Diseases 2019

ADDITIONAL FILE 1: Table S1: Details of individual patients and treatments

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Centre	Case	Gender	Age	Indication	Episode	Agent	Comment	Scale
1	#1	M	65	AF	1	Rivaroxaban #1	"Substantially increased nosebleeds. Previously 1 a month. 1st 2 days minor nosebleeds, then 3rd day "catastrophic" pourer/gusher lasting over 1 hr. Needed to go to hospital for emergency pack and kept in hospital for 2 days" ^a	6
					2	Warfarin	"Fine, no major bleeds in 17 months"	w
1	#2	M	76	AF	1	Rivaroxaban #2	"Fountains of nosebleeds every day"	6
					2	Warfarin	"Still bled"	w
					3	Apixaban #1	"1 every 1-2/52, trivial"	2
1	#3	F	30	VTE	1	Rivaroxaban #3	"Nose bleeds increased to 4 times a day"	3
					2	Warfarin	"Usual nosebleeds, no more than one a day"	w
1	#4	F	71	VTE	1	Rivaroxaban #4	"Room like a slaughter house". Hours-long nosebleeds every 3d. Nosebleeds settled 1 month after stopping. ^b .	6
1	#5	F	39	VTE	1	Rivaroxaban #5 ^c	Local doctors contacted us for advice - "intolerant due to nosebleeds"	5
1	#6	M	73	AF	1	Apixaban #2	"Nosebleeds worse. Pourers lasting many hours. Daily shorter bleeds. Needed more intravenous iron" ‡	3
1	#7	F	77	AF	1	Apixaban #3	"Torrential" posterior pharyngeal bleeds. One required ambulance admission. "I needed 3 blood transfusions and 2 intravenous iron treatments because of Apixaban." ‡ Discontinued 5 months before review and nosebleeds had settled.	6
1	#8	F	31	VTE	1	Apixaban #4	"No problems"	2
2	#9	M	53	AF	1	Rivaroxaban #6 ^c	Intolerable nosebleeds - worsened to a degree never experienced before. Needed intravenous iron and blood transfusions	6
2	#10	M	56	VTE	1	Rivaroxaban #7	Tolerable - not necessary to stop treatment	3
3	#11	F	55	VTE	1	Apixaban #5 ^c	Got worse, needed a bilateral Young's Procedure (nostril closure [29])	3
2	#12	M	67	AF	1	Apixaban #6 ^c	Intolerable nosebleeds - worsened to a degree never experienced before. Needed intravenous iron and blood transfusions.	6
4	#13	M	56	VTE	1	Warfarin	Nosebleeds worse	w
					2	Rivaroxaban #8 ^c	Worsening, led to referral	3
4	#14	F	64	VTE	1	Rivaroxaban #9	No variation	2
5	#15	M	84	AF	1	Rivaroxaban #12	GI bleeding and epistaxis got worse (GI bleeding and massive epistaxis with need for transfusion) --> stopped NOAC	5
1	#16	F	62	VTE	1	Rivaroxaban #10	"Nosebleed would not stop for 2-3 hs - needed a 4 unit transfusion"	6
					2	Warfarin	Nosebleeds worse	w
					3	Heparin	No effect on nosebleeds	H .../ctd

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.../ctd								
HCP	Case	Gender	Age	Indication	Episode	Agent	Comment	Scale
1	#17	F	65	VTE	1	Warfarin	Tolerated with no ill effect, until severe gastrointestinal bleed	2
					2	Apixaban #7	Tolerated with no ill effect	
1	#18	F	57	VTE	2	Dabigatran #1	4-5 nosebleeds per day, but considered not really different to usual worst	3
6	#19	F	77	AF	1	Apixaban #8 ^c	Epistaxis were worse (ESS 4.75) compared to no anticoagulation	5
					2	Dabigatran #2	ESS reduced compared to Apixaban 0.51	2
6	#20	M	80	AF		Apixaban #9	Slight tolerable increase of epistaxis (ESS 0.51 to 1.92 after 6 weeks being on medication)	3
6	#21	F	62	VTE	1	Apixaban #10	ESS increased from 3.84 (daily, 6-15mins, not gushing) to 7.8 (several per day, gushing & anaemia)	3
3	#22	F	75	VTE	1	Apixaban #12	epistaxis worsen --> blood transfusions, laser treatment, nasal ointment, patient was treated to use nasal self-packing	3
3	#23	M	47	VTE	1	Apixaban #13	hardly any epistaxis, and no change	2
7	#24	F	71	VTE	1	Rivaroxaban #11	Epistaxis a little worse but really no problem	3
7	#25	F	65	AF		Apixaban #11	needed to reduce Apixaban to 2.5mg bd	4
7	#26	M	66	AF	1	Warfarin	Not tolerated- excessive epistaxis	w
					2	Dabigatran #3	Epistaxis improved	1
5	#27	M	71	AF	1	Apixaban #14	Apixaban well tolerated for almost 2 years with daily but tolerable nosebleeds	3
1	#28	M	54	AF	1	Warfarin	Fine, no bleeding issues, completed course	w
					2	Rivaroxaban #13	No change in nosebleeds- fine	2
			57	AF	3	Apixaban #15	"1-2hr gushers 2-3x per week then worst nosebleed ever- 10hs spurter. Scared, stopped and called hospital "	6
					4	Rivaroxaban #14	Bad, but not as bad as Apixaban: 1-2hr gushers 2-3x per week	3

Comments from patients'....", or clinicians' notes . ^aPatient advised to submit MHRA yellow card. ^bMHRA Yellow card submitted by patient. ^c Reason for referral to ERN centre.