PATIENTS WITH HEREDITARY ANTITHROMBIN DEFICIENCY HAVE AN INCREASED RISK FOR VTE

- Hereditary AT deficiency is associated with a lifetime risk for venous thromboembolism (VTE) of at least 50%.
- In patients with hereditary AT deficiency, the risk for thrombosis increases with age as well as pregnancy, surgery or immobility.
- The incidence of pregnancy-related VTE may be >50% in untreated women with AT deficiency.
- Surgery may further increase the risk of thrombosis because of immobilization, as well as depletion of AT levels by hemorrhage and tissue damage.

ATryn—DEVELOPED THROUGH RECOMBINANT TECHNOLOGY—NOW APPROVED IN THE UNITED STATES

- Antithrombin (AT) is an essential link in hemostasis.
- Patients with hereditary AT deficiency have an increased risk for VTE.
- ATryn is designed to help normalize AT activity levels in patients with hereditary AT deficiency.

Indications and Usage

ATryn is a recombinant antithrombin indicated for the prevention of peri-operative and peri-partum thromboembolic events in hereditary antithrombin deficient patients. It is not indicated for treatment of thromboembolic events in hereditary antithrombin deficient patients.

Important Safety Information

ATryn is contraindicated in patients with known hypersensitivity to goat and goat milk proteins. Allergic-type hypersensitivity reactions, including anaphylaxis, are possible. If these reactions occur during administration, treatment must be discontinued immediately and emergency treatment should be administered.

The anticoagulant effect of drugs that use antithrombin to exert their anticoagulation may be altered when ATryn is added or withdrawn. To avoid excessive or insufficient anticoagulation, coagulation tests suitable for the anticoagulant used (e.g., aPTT and anti-factor Xa activity) are to be performed regularly, at close intervals, and particularly in the first hours following the start or withdrawal of ATryn. Additionally, patients must be monitored for the occurrence of bleeding or thrombosis in such situations.

The serious adverse reaction that has been reported in clinical studies is hemorrhage (e.g., abdominal, hemarthrosis and post-procedural). The most common adverse events reported in clinical trials at a frequency of ≥5% are hemorrhage and infusion site reactions.

Please see Important Safety Information and enclosed full Prescribing Information.
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**ANTITHROMBIN IS AN ESSENTIAL LINK IN HEMOSTASIS**

Antithrombin is the natural, physiologic inhibitor of thrombin.

1. Up to 80% of the natural anticoagulant effect against thrombin is provided by antithrombin (AT).
2. The ability of AT to inhibit thrombin and factor Xa can be enhanced by more than 300- to 1000-fold when it is bound to heparin.
3. The anticoagulant effect of heparin and low molecular weight heparin is enhanced by AT, and concurrent use of ATryn with heparin must be monitored clinically and biologically to avoid excessive anticoagulation.

Antithrombin Is a Direct Inhibitor of Thrombin

- Inhibits coagulation by irreversibly binding the thrombogenic proteins thrombin (IIa), Xa, and to a lesser extent Xla, Xla and Xa.

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**ATryn Has Demonstrated Efficacy in Preventing VTE in Patients with Hereditary Antithrombin Deficiency**

ATryn has demonstrated efficacy in preventing VTE and pregnant patients with hereditary antithrombin deficiency:

1. Two prospective, single-arm, open-label, multinational studies assessed patients (N=31) with hereditary AT deficiency; AT activity levels ≥80% of normal and a history of thromboembolic events.
2. ATryn infusions were administered for at least 3 days, starting 1 day prior to surgery or delivery.
3. One patient had confirmed acute deep vein thrombosis that was asymptomatic and diagnosed by imaging studies.
4. The serious adverse reaction reported was hemorrhage. The most common adverse events (≥5%) were hemorrhage and infusion site reaction.

The efficacy of ATryn (N=31) was compared to a historical cohort of patients (N=35) with hereditary antithrombin deficiency treated with plasma-derived antithrombin (pdAT):

1. The historical cohort data were from a prospectively designed, concurrently conducted retrospective chart review.
2. Patients had to be treated in the peri-operative or peri-partum period. pdAT was administered for at least 2 days as single bolus infusions. Dosing was according to local practice.
3. ATryn was found to be noninferior to pdAT in the prevention of peri-operative or peri-partum thromboembolic events.

ATryn is a purified antithrombin protein produced through recombinant technology.

**ATryn Helps Normalize Antithrombin Activity Levels**

- In 85% of samples (n=27) from patients treated with ATryn (n=23), normal levels of AT (80%-120%) were achieved on the last day of dosing.
- In patients treated with ATryn, activity levels in 4% of samples were <80% and in 11% of samples were >120%.

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**References:**


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