

No Financial Disclosures

- President, APDVS
- Secretary, VESS
- Funding, PCORI















You!	Einstein Jr phase 3 Body weight-adjus dase	(VTE beatmant) ded riverocaban regimens in a 20-	ng ngulusiant	UNIVERSE plane 3 (post Partan thromboprophytain) Body weight-adjusted riverzakan regimera in a 30-rag equivalent doss (reg ar ref)			
	Body weight	Dese	Total	Body weight	Dees	Total	
	2.8 to <3 kp	0.8 mg per dass TD	2.4 mg	712-CE kg	12 mg per disse BID	2.2 mg	
	3 to <4 kg	0.8 mg per duse TID	27 mg	ata citikg	1.6 mg per dase BID	3.2 mg	
	4 to <5 kg	14 mg per dose TID	4.2 mp	10 to <12 kg	1.7 mg per dose BID	3.4 mg	
	8.30 c7.bg	16 mg per dase TID	4.8 mg	12 Io <20 kg	2 mg per dose BID	4.0 mg	
	7 to <0 kp	1.0 mg per dose TID	6.4 mp	20 to <30 kg	2.5 mg per dose DID	5.0 mg	
	8 to <9 kg	2.4 mg per duse TID	72 mg				
	0 to <30 kg	2.8 mg per dese TID	8.4 mp				
	10 to <12 kp	3 mg per dose TID	9 mg				
	12 to +30 kg	5 mg per dose 8 D	10 mg				
	30 ta <60 kg	15 mg per dose OD	15 mg				
	also kg	20 mg per dese OD	29 mg				

Apixaban	Apixaban							
PREVAPIX-ALL phase 3 ^{18,19} (NCT02369653)	PREVAPOX-ALL phase 3 ^{10,19} (NCT02368653)	Thromboprophylaxis during induction chemotherapy for ALL/LL	1-18 y	None	NA	27	Aplasban vs SOC ardiosogulart[Efficacy: VTE occurrence, 31 (121%) vs 46 (106%), RR. 006 (0.45~000; 1- sided p = .04 Salety: major bleeding, 2 in each arm; CRNMB, 11 vs 3 events	Aplanbar was not shown to be effoscious in the primary analysis but decreased VTE risk for powered to demonstrate the benefit of enticoogulart prophysikai of VU- associated thremhoois for or hibdren with ALL/LL.
SAXOPHONE phase 2 ²⁰ (NCT03395639)	SAXOPHONE phase 2 ²⁰ (NCT03395639)	Thromboprophylaxis for cardiac disease	From 29 d to <18 y of age	SOC anticoagulant (LMWH or ViCA)	NA	192	Apixeben vs SGC anticoapulant† Efficacy: no thromboembolic (TE) events in either em. Safety: 1 hed 2 primary safety events (IR, 18/100 P-Y) vs 3 with 4 events (IR, 6.8/100 P-Y),	Bone density and quality of life were measured for 12 mo but not reported.

Riverexaben-							
Einstein ir phase 3 ¹⁶ (NCT02234843)	VTE treatment and prevention of recurrent VTE	Prom birth to age <18 y	SGC (UPH, LAWH, fondsperinux, and VKA)	at del SOC enticoaguient	500	Niversonbarn va SDO errifocogulant Dificacy: signatomode mecament VTE: 4 (1%) salign; major Diedrigu (2014). (2%) (di normajor va 3 (2%) (1 normajor va 3 (2%) (1 normajor va 3 (2%) (1 normajor di 0 (2%) (di	Patients received SOC anticopylant for 6-9 d before starting microsoban. CVC- provolaed VTE represented 25% of douby population. Infents and younger underrepresented [37 di 335 [Tmc]). Suberehysio of spocial popularisen reported. CVC- infection-related CVC- infection-related
UNVERSE phase 3 ¹⁷ (NCT02546832)	Thromboprophytesis for children after Fonten procedure	28y	Pert A: none Pert B: aspin	NA.	112	Part Bi rhiaroadban va aapirin Efficacy: event rate. 2 (3%) va 3 (9%) Salisty: major bleeding. 1 (2%) in rhiaroadban CRNMBL 4 (9%) vs 3 (9%)	Shotter duration between Ponten audy drug dase in the aspirin group (mean, 37 d) then in the intercoalane group (mean, 45 d). Not powered to test a formal hypothesis for effoce;