Thrombolytics for Pulmonary Embolism

- Alteplase is a thrombolytic agent that binds to fibrin in a clot and converts plasminogen to plasmin.
- Pharmacokinetics:
 - Duration:
 - ~80% cleared within 10 minutes
 - Fibrinolytic activity persists for up to 1 hour after termination of infusion
 - Half-life:
 - ~ 5 minutes
- Typical IV dosing for pulmonary embolism (found in Lexicomp):
 - Submassive/Hemodynamically stable:
 - 100mg over 2 hours*
 - Massive/Hemodynamically unstable:
 - 100mg over 2 hours*
 - Pulmonary embolism associated with cardiac arrest
 - 50mg bolus over 2 minutes
 - Repeat second 50mg bolus 15 minutes later if return of spontaneous circulation (ROSC) not achieved

*Initiate or resume parenteral anticoagulation near the end or immediately following the alteplase infusion when partial thromboplastin time or thrombin time returns to twice normal or less

• Literature:

- Moderate Pulmonary Embolism Treated with Thrombolysis [PMID 23102885]
 - Enrolled 121 patients with submassive PE
 - Intervention: thrombolytic vs placebo
 - Dosing: tPA 0.5 mg/kg (max 50mg) given as 10mg bolus followed by remaining dose over 2 hours
 - Outcomes:
 - Composite primary outcome of pulmonary hypertension or recurrent PE was lower in the thrombolytic group (16% vs 63%; p<0.001; NNT 2)
 - Recurrent PE was not significant, but lower in the thrombolytic group (0% vs 5%; p=0.08)
- Half-Dose versus Full-Dose Alteplase for Treatment of Pulmonary Embolism [PMID 29979222]
 - Retrospective cohort study with 3768 patients
 - Intervention: half-dose (50mg) vs full-dose (100mg) alteplase for pulmonary embolism
 - Outcomes:
 - No difference cerebral hemorrhage (0.5% vs 0.4%; p=0.67); GI bleeding (1.6% vs 1.6%; p=0.99), blood loss anemia (6.9% vs 4.6%; p=0.11); use of blood products (p>0.05) or fibrinolytic adverse events (2.6% vs 2.8%; p=0.82)
 - Treatment escalation occurred more often in patients in the half-dose group (53.8% vs 41.4%; p <0.01)
 - Hospital mortality was similar (13% vs 15%; p=0.3)