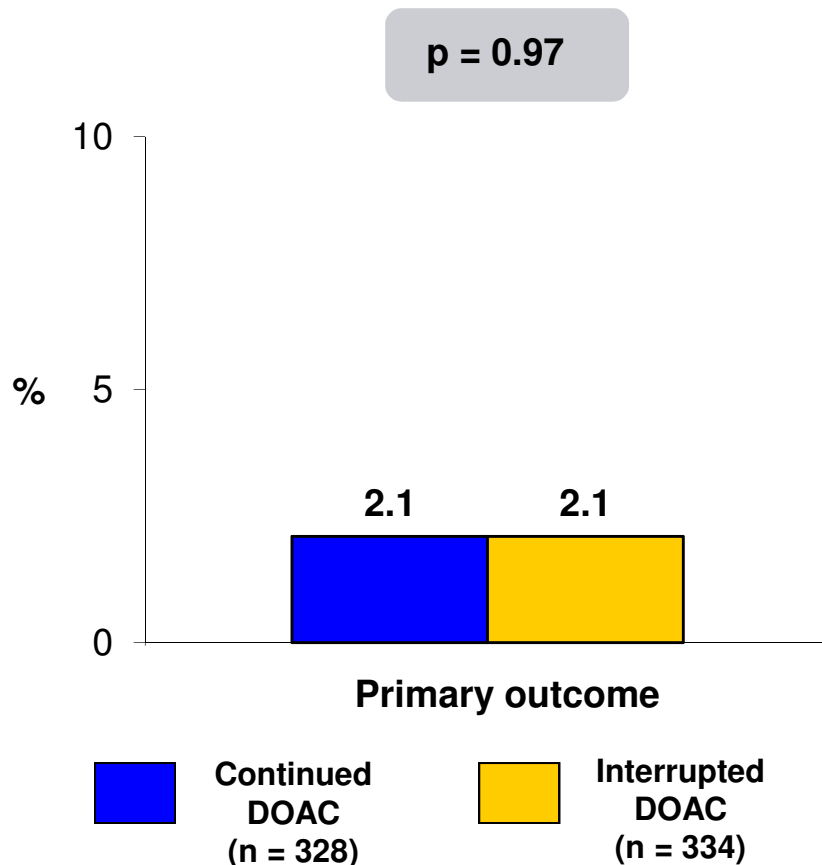


# BRUISE CONTROL-2

**Trial design:** Patients scheduled for an EP device procedure were randomized in a 1:1 fashion to either continuing their direct oral anticoagulants (DOACs) uninterrupted during the periprocedural period or interrupted DOAC use. Follow-up: duration of hospitalization.



## Results

- Primary outcome, clinically significant hematoma, for continued vs. uninterrupted DOAC use: 2.1% vs. 2.1%,  $p = 0.97$
- Hematoma prolonging hospitalization, for continued vs. uninterrupted DOAC use: 0.3% vs. 0.6%,  $p = 1.0$ ; any hematoma: 5.5% vs. 4.8%,  $p = 0.68$
- Stroke, for continued vs. uninterrupted DOAC use: 0.3% vs. 0.3%,  $p = 1.0$

## Conclusions

- Strategy of routine continuation of DOACs is not superior in reducing hematomas to one of interrupted DOAC use in the periprocedural period among patients on a DOAC undergoing an EP procedure
- Trial was terminated early due to futility