

# DVT/PE awareness among at-risk hospital patients and at-risk oncology patients compared to DVT/PE awareness among the general public

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## Background

- Deep vein thrombosis (DVT) and pulmonary embolism (PE) impose a major public health burden in the United States (U.S.), affecting up to 600,000 individuals and accounting for ~100,000 deaths each year, according to the *Surgeon General's Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism*.<sup>1</sup>
- Hospitalization is a major risk factor for DVT/PE, with a 10-fold increased risk for venous thromboembolism among hospitalized patients with acute medical illness.<sup>1</sup>
- Cancer patients, particularly those who are hospitalized or undergo chemotherapy, are at increased risk for DVT/PE. Mortality is greater among cancer patients with venous thromboembolism than among those with cancer alone.<sup>1</sup>

## Objectives

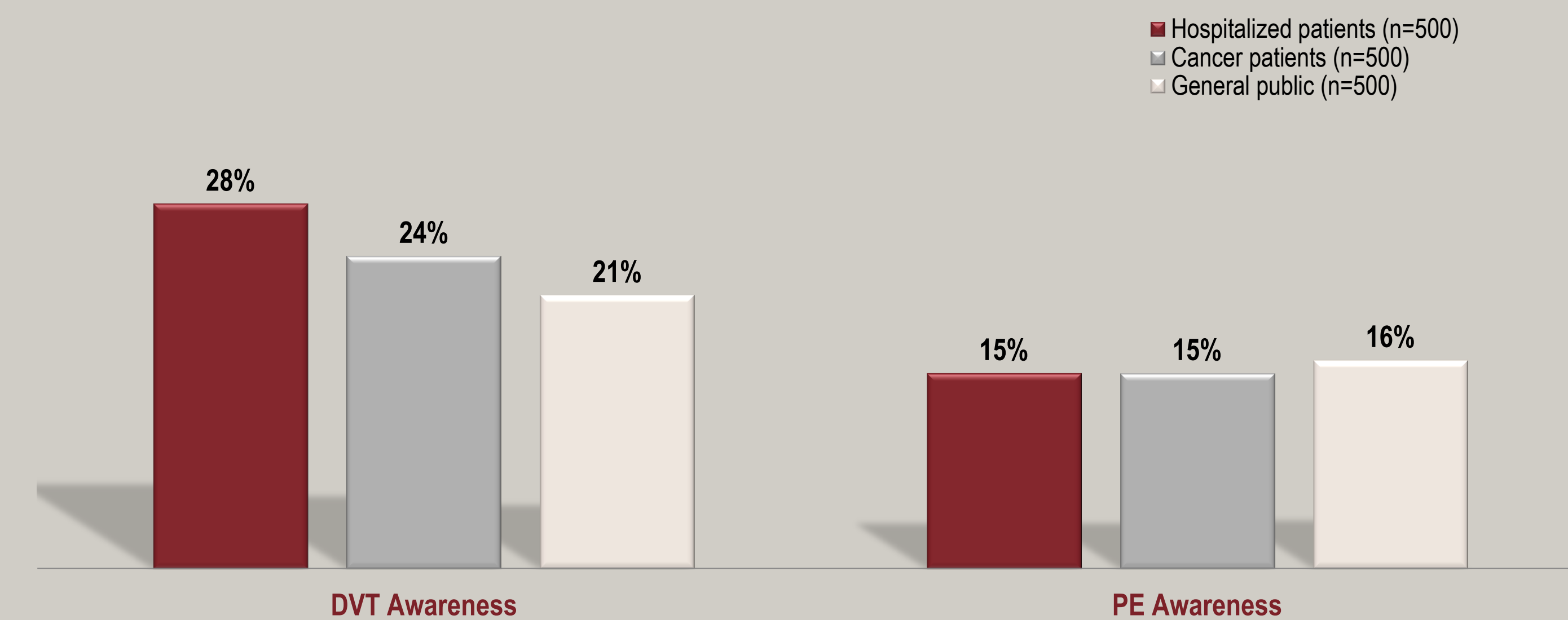
- The National Blood Clot Alliance (NBCA), a patient-led advocacy organization dedicated to promoting patient and public awareness about the signs and symptoms of DVT and PE, implemented this survey to :
  - Measure DVT/PE awareness among the general public and select at-risk patient groups
  - Identify or benchmark information gaps/needs

## Methods

- A national DVT/PE awareness survey was conducted by the national survey firm USA/Direct, Inc., among a representative cross-section of the U.S. population screened from an online or Internet research panel.
- For comparison, the same survey was conducted among at-risk hospitalized and oncology patients screened from online or Internet research panels.

## Results

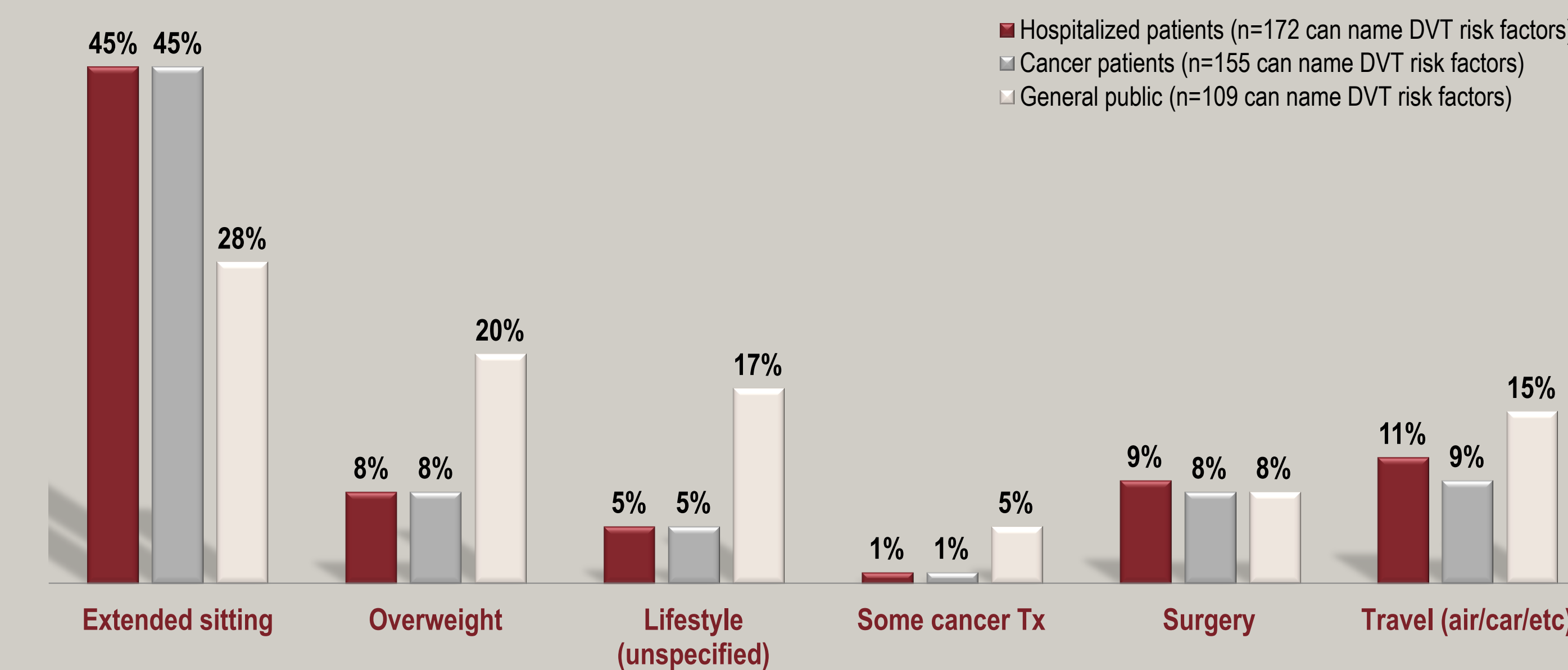
### Awareness of DVT/PE



Awareness of DVT/ PE is low among both at-risk patient groups and the general public

At-risk patients are not significantly more aware of DVT/PE than the general public

### Awareness of DVT Risk Factors

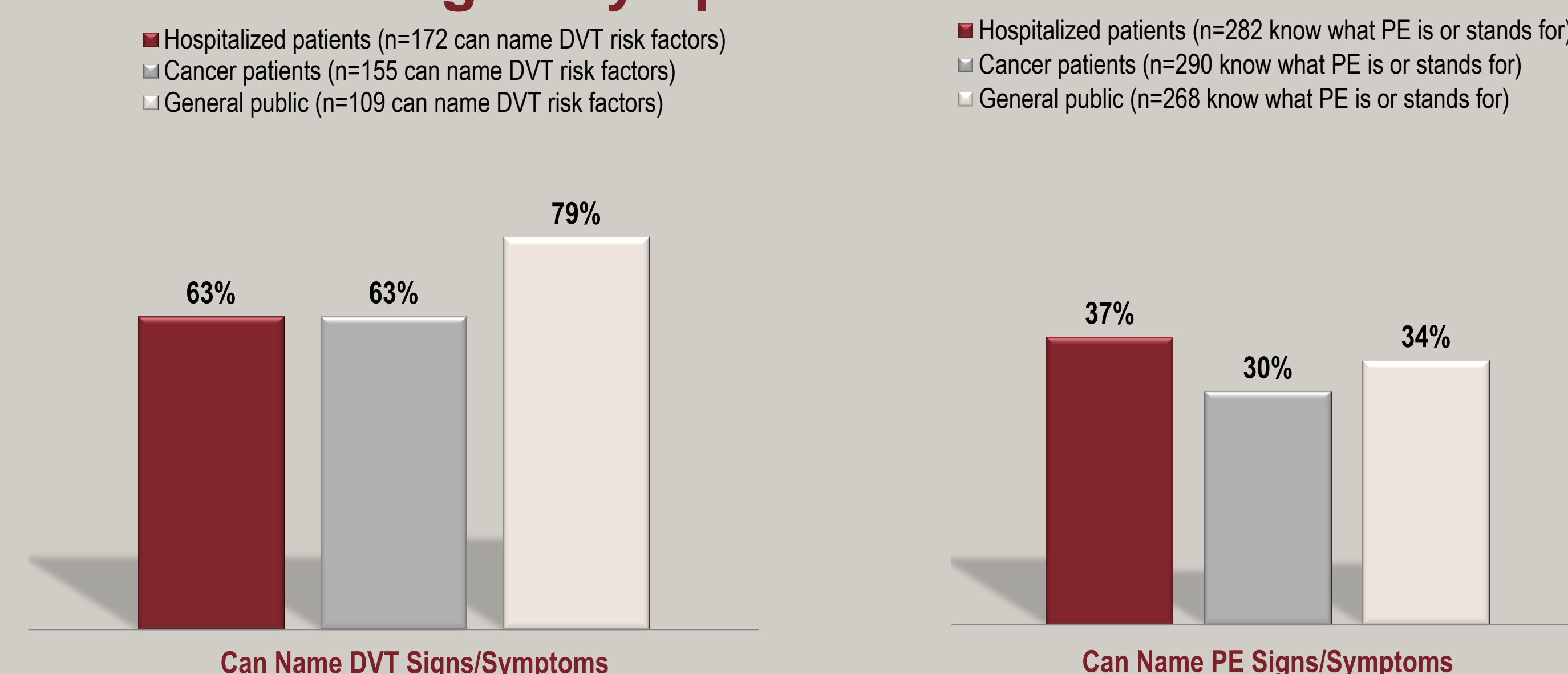


Among respondents who say they can name DVT risk factors, "sitting for a long time" is most frequently cited

Just 1% of cancer patients surveyed who say they can name DVT risk factors mention "some cancer Tx"

Just 9% of hospitalized patients who say they can name DVT risk factors mention "surgery"

### Can Name Signs/Symptoms of DVT and PE



Among hospitalized and oncology patients able to name DVT risk factors, 63% in each group say they can name DVT signs/symptoms, significantly fewer than 79% of the general public that say the same

Approximately 1 in 3 of all respondents who say they know what PE stands for or what a PE is claim that they can name PE signs/symptoms

The NBCA DVT/PE Survey Was Made Possible by a Grant From Ortho-McNeil™, a Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.

## Participants

- The general public sample included 500 adults, ≥20 years, 51% female
- The hospital patient sample included 500 adults, >20 years, 64% female, admitted to a hospital for ≥3 days within 12 months of sampling
- The oncology group included 500 adults, >20 years, 64% female, diagnosed within 12 months of sampling; 67% of all cancer respondents were either diagnosed with cancer or cancer recurrence, or were on active cancer treatment, within 6 months of sampling

## Conclusion

- Despite increased risks, hospitalized and oncology patients surveyed do not demonstrate significantly greater awareness of DVT/PE than the general public.

## Future Directions

- DVT/PE information and awareness interventions should target the general public, with special emphasis on at-risk patient groups.

## References

1. [www.surgeongeneral.gov/topics/deepvein/calltoaction/call-to-action-on-dvt-2008.pdf](http://www.surgeongeneral.gov/topics/deepvein/calltoaction/call-to-action-on-dvt-2008.pdf)

*Surgeon General's Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism, 2008*

