

## Abstract #29281

Deep Vein Thrombosis and Pulmonary Embolism: Awareness and Prophylaxis Practices  
Reported by Patients with Cancer

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Abstract Text:

**Background:** Active cancer patients are at increased risk for DVT/PE when hospitalized, after surgery and during cancer therapy. Mortality is greater among cancer patients with DVT/PE than among those with cancer alone

**Objectives:** The objectives of this study were to measure DVT/PE awareness among patients with cancer and to identify gaps in evidence-based prophylaxis reported by these patients.

### Methods:

Survey was conducted among 500 adults, screened from online panel, diagnosed with cancer within 12 months. Responses from patients who required hospital stay for treatment (n=206) were compared to responses of patients who were treated as outpatients (n=294).

### Results:

Of 500 patients surveyed, mean age was 58 (range 20-80+), 64% female, and cancer diagnoses included: breast 34%, prostate 10%, lung 9%, skin 8%, colon 5%. Among all respondents, 76% had not heard of medical condition called DVT and 85% had not heard of PE. Significantly more outpatient respondents were unfamiliar with the terms DVT (85%;  $p < .05$ ) and PE (91%;  $p < .05$ ) compared to inpatient respondents. Among 155 respondents who said they could name DVT risk factors, 8% named surgery and 4% named chemo/radiation or some cancer treatments. Among 86 respondents who said they could name PE signs/symptoms, 69% cited breathing difficulties, 28% chest tightness, 5% coughing up blood. Less than one-third (27%) of all respondents said their doctor/healthcare professional (HCP) told them about blood clot risks due to cancer. When compared to inpatient responses, significantly fewer outpatient respondents (14%;  $p < .05$ ) said their doctor/HCP told them about blood clot risks due to cancer. About half (48%) of all respondents said they were told to get out of bed and walk around. DVT prophylaxis reported by all respondents included: compression stockings 35%, mechanical compression 31%, aspirin 28%, anticoagulant pill 21%, anticoagulant injection 16%.

**Conclusion and implications for public health practice:**

Oncology patient awareness of DVT/PE is low. Public awareness and effective communications between patients and healthcare professionals are needed to optimize patient/physician dialogue about DVT/PE and prophylaxis.

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