

NBCA DVT/PE AWARENESS SURVEY FACT SHEET

DVT/PE Incidence and Impact

- Deep vein thrombosis and pulmonary embolism (DVT/PE) are often underdiagnosed and serious, but preventable medical conditions.
- It is estimated that up to 600,000 people in the United States are affected by DVT/PE each year, and that up to 100,000 Americans die each year due to DVT/PE.
- 10% to 30% of people affected by DVT/PE will die within one month of diagnosis.
- In about 25% of people who experience a PE, the first “symptom” is sudden death.
- Among people who have had a DVT, one-third will have long-term complications (post-thrombotic syndrome) such as swelling, pain, discoloration, and scaling in the affected limb.
- One-third (about 33%) of people with DVT/PE will have a recurrence within 10 years.

DVT/PE in Oncology

- All patients with active cancer are at increased risk for DVT/PE, but the risk is greater for cancer patients who are hospitalized, have surgery, or undergo certain types of cancer treatment, such as chemotherapy or radiation.
- Without prophylaxis, 40% to 80% of surgical oncology patients will develop DVT in the calf vein.
- Without prophylaxis, 4% to 10% of surgical oncology patients will develop PE, and about 1% to 5% of these PEs will be fatal.
- Mortality is greater among cancer patients with DVT/PE than among those with cancer alone.

NBCA DVT/PE Awareness Survey

- The NBCA DVT/PE Awareness Survey was conducted to:
 - Benchmark DVT/PE awareness among the general public, as well as among select at-risk groups, including oncology patients
 - Document DVT/PE information and education experiences among oncology patients
 - Measure prophylaxis experiences reported by oncology patients, including perceptions related to anticoagulation barriers and adherence

- Online research panels were used to survey:
 - A representative cross section of the general public sample: included 500 adults, ≥ 20 years, mean age 46.06, 51% female
 - At-risk oncology patients: included 500 adults, > 20 years, mean age 57.84, 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. (Note: Not all cancer patients are at risk for DVT/PE. Those who are hospitalized have surgery, or who undergo certain types of cancer treatment, such as chemotherapy and radiation, are at increased risk for DVT/PE.)

Responses from patients who required a hospital stay for treatment – 206 of the total 500 cancer patient respondents – were compared to responses of patients who were exclusively treated as outpatients – 294 of the total 500 cancer patients.
- The survey conducted among oncology patients consisted of 62 questions along four different paths:
 - Awareness of DVT/PE
 - Information received from healthcare professionals about DVT/PE
 - Prophylaxis experiences related to DVT/PE
 - Adherence to anticoagulation

Key Survey Findings Among Oncology Patients: DVT/PE Awareness

- Among all cancer patients surveyed, awareness of DVT/PE was low. About three-quarters (76%) did not recognize the term DVT, and 85% did not recognize the term PE.
- Compared to inpatient responses, significantly more inpatient survey respondents are aware of both DVT and PE. Just 15% of oncology outpatients were aware of the term DVT, compared to 36% of the inpatient group ($p < .05$). Just 9% of inpatients were aware of the term PE, compared to 24% of the outpatient ($p < .05$).
- While patients have a very low awareness of DVT and PE, the survey showed that most patients (78%) do know what a “blood clot” is, and virtually all oncology respondents (99%) recognize that blood clots can be life threatening.

Key Survey Findings Among Oncology Patients: Information

- When patients with cancer were asked how they acquire medical information, the top responses were: from their doctor (85%), from the Internet (73%), from nurses (37%) and from health advocacy organizations (29%) and family members (20%).
- Nearly three quarters (73%) of oncology patients surveyed said they were not informed or educated by their doctor or any other healthcare professional about the potential risk for DVT/PE associated with their cancer.

- Compared to inpatient respondents, significantly fewer outpatients said that their doctor or other healthcare professional (HCP) discussed blood clot risks due to cancer: 44% of inpatients report that they were informed about DVT risks due to cancer, compared to just 14% of inpatients who report the same (p=<.05%).
- The survey also showed that 68% of all cancer patients surveyed reported that neither their physician nor other HCP discussed what can happen if a blood clot forms, and 66% of patients surveyed said neither their doctor nor other HCP discussed the ways that blood clots can be prevented.
- Among the 15% of oncology patients who did receive educational material or were referred to educational materials, brochures were most common among the materials they received. When asked to rate such materials, more than 90% of these same respondents cited books and Web sites as “very useful.”

Key Survey Findings Among THATKA Patients: Prophylaxis

- Patient-reported experiences among all cancer patients surveyed varied, and, compared to inpatient respondents, outpatients reported significantly lower utilization of DVT prophylaxis:

<u>DVT/PE Prophylaxis</u>	<u>Inpatient-Reported</u>		<u>Outpatient-Reported</u>
Compression stockings	52%	(p=<.05%)	22%
Mechanical compression	52%	(p=<.05%)	16%
Aspirin	39%	(p=<.10%)	20%
Warfarin	38%	(p=<.05%)	9%
Low molecular weight heparin (LMWH)	31%	(p=<.05%)	6%

Key Survey Findings among Oncology Patients: Adherence

- Among the 500 oncology patients surveyed, 105 reported that they were prescribed warfarin, and 31% of this group said that their therapy is very or moderately difficult to use. Among all oncology patients surveyed, 81 report use of LMWH, with 38% of these patients saying LMWH is moderately or very difficult to use.
- About one in four warfarin users involved in this study said that the need for regular blood testing (42%), dosing changes (39%), and dietary restrictions (36%) were the main barriers experienced with this therapy. Primary barriers cited with regard to LMWH among oncology patients surveyed were self-injection (52%), needing help taking the therapy (45%), burden to caregivers (42%), and injection site pain (42%).
- Despite reported barriers, 73% percent of warfarin patients who completed therapy (n=63) claim that they took the therapy for the full treatment time prescribed, and more than 70% of the very small number who didn't said they were following doctors' orders. More than 86% percent of LMWH users who completed therapy (n=50) claim that they took the therapy for the full treatment time prescribed, and more than 70% of the very small number who didn't say they were following doctors' orders.

Risk Factors for DVT/PE Include:

High Risk

- Hospital Stay
- Major surgery, such as abdominal/pelvic surgery
- Knee or hip replacement
- Major trauma: auto accident or fall
- Nursing home living
- Leg paralysis

Moderate Risk

- Older than age 65
- Trips of more than 4 hours by plane, car, train or bus
- Active cancer, chemotherapy
- Bone fracture or cast
- Birth control pills, patch, or ring
- Hormone replacement therapy
- Pregnancy or recently gave birth
- Prior blood clot or family history of a clot
- Heart failure
- Bed rest for more than 3 days
- Obesity
- Genetic/hereditary or acquired blood clotting disorder

Signs and Symptoms of DVT/PE Include:

DVT

- Swelling, usually in one leg
- Leg pain or tenderness
- Reddish or bluish skin discoloration
- Leg warm to touch

PE Signs and Symptoms

- Sudden shortness of breath
- Chest pain-sharp, stabbing; may get worse with deep breath
- Rapid heart rate
- Unexplained cough, sometimes with bloody mucus

Anyone who experiences any of the signs or symptoms of a DVT or PE should seek medical help as soon as possible.

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