National Guidance and New Protocols

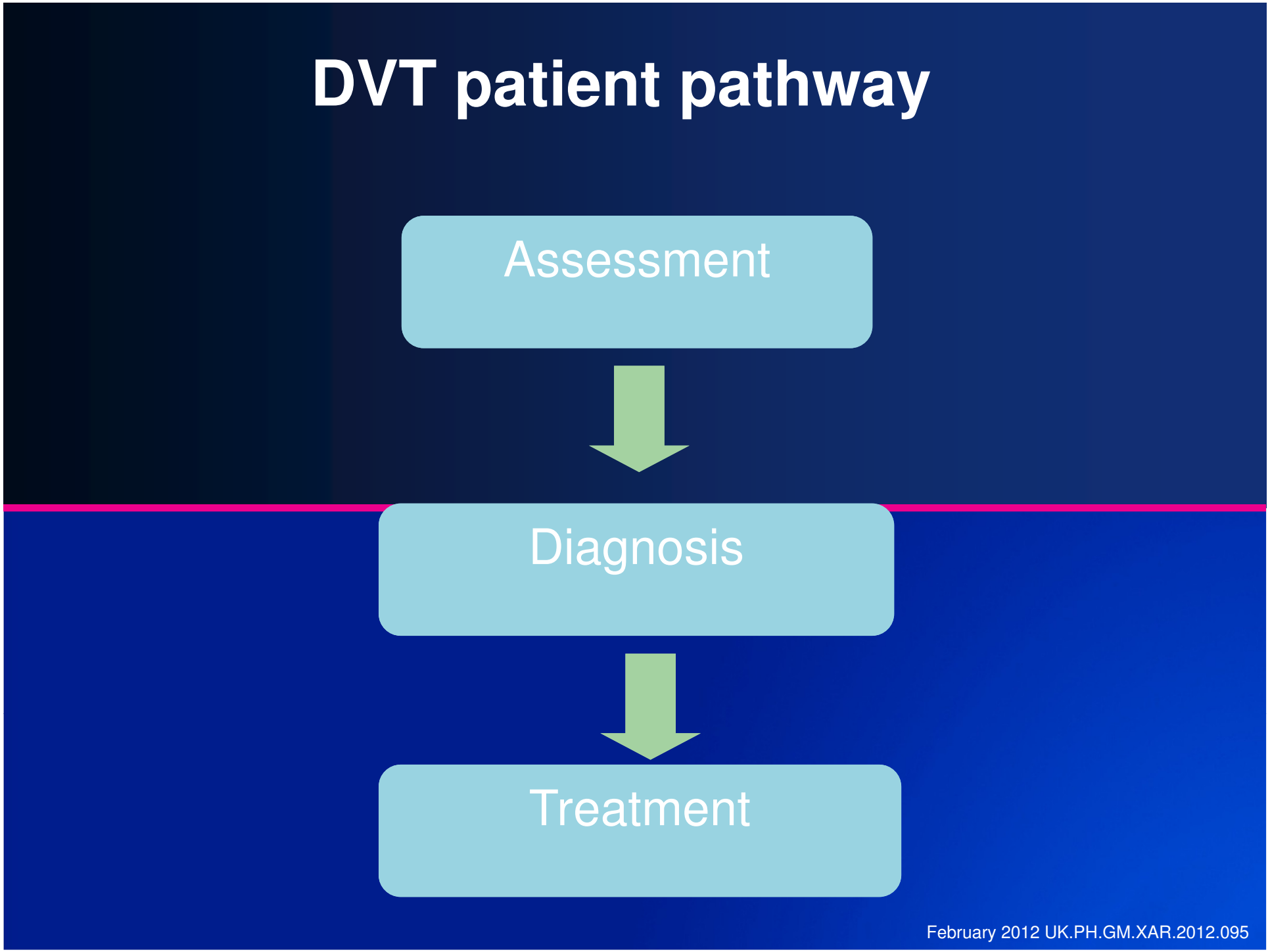
Dr Jane Strong
Consultant Haematologist
DVT clinical lead
Acute VTE chair

DAWN AC Twentieth User Group Meeting

8th October 2012

February 2012 UK.PH.GM.XAR.2012.095

DVT patient pathway



February 2012 UK.PH.GM.XAR.2012.095

NICE clinical guideline 144 June 2012:

Venous thromboembolic diseases:

the management of venous thromboembolic diseases and the role of thrombophilia testing

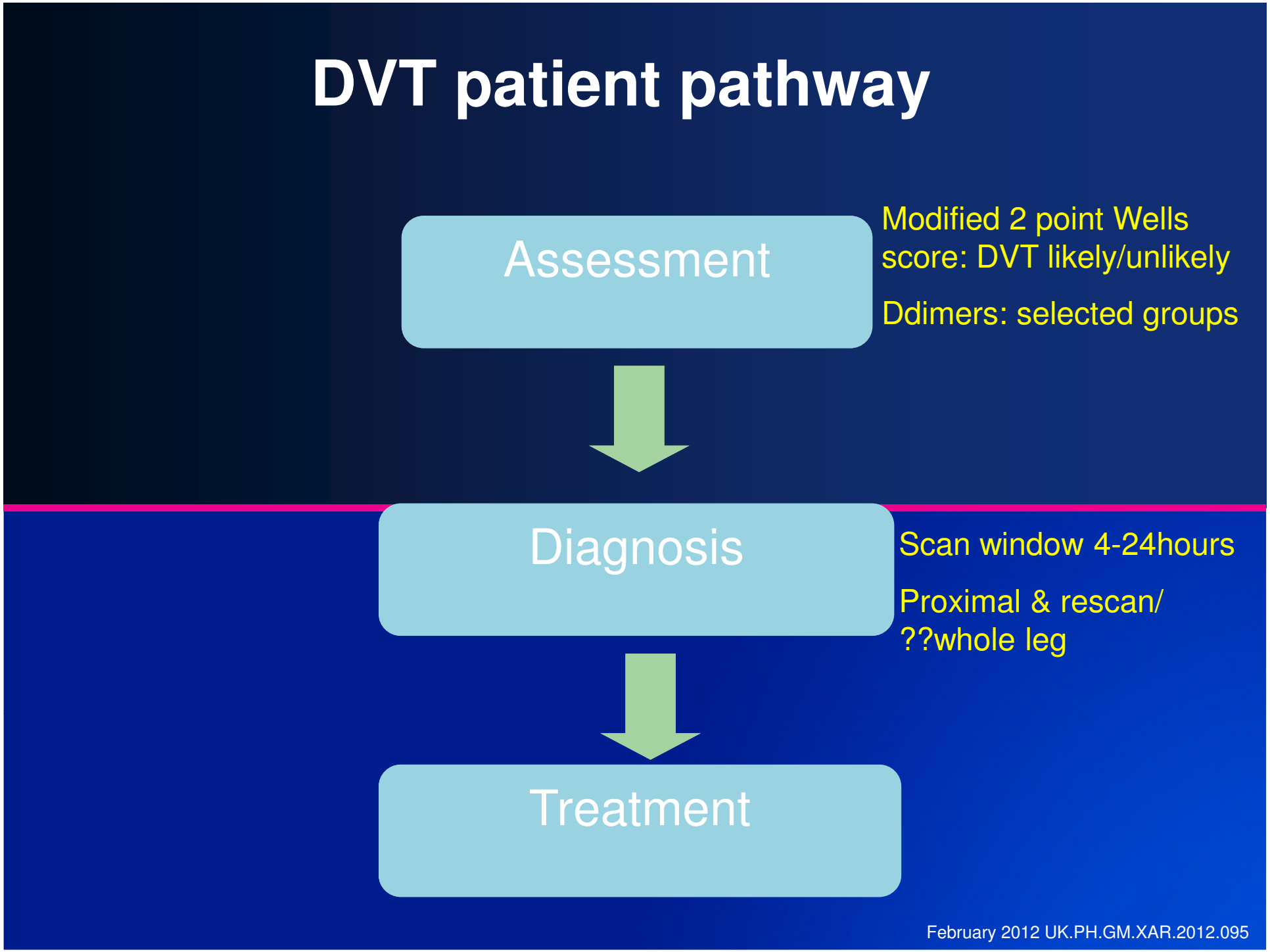
- Guidance on management of VTE, investigations for cancer in patients with VTE and thrombophilia testing
- Covers adults with suspected or confirmed DVT or PE
- Includes advice on the Wells score, D-dimer measurement, ultrasound and radiological imaging
- Does not cover under 18s, or pregnant women

DVT patient pathway

Modified 2 point Wells score: DVT likely/unlikely

Ddimers: selected groups

DVT patient pathway



DVT patient pathway

Assessment

Modified 2 point Wells score: DVT likely/unlikely

Ddimers: selected groups

Diagnosis

Scan window 4-24hours

Proximal / whole leg

Treatment

pharmacological

thrombolytic therapy

Mechanical interventions

February 2012 UK.PH.GM.XAR.2012.095

Venous thromboembolism (treatment and long term secondary prevention) - rivaroxaban

Technology appraisals TA261

July 2012

February 2012 UK.PH.GM.XAR.2012.095

NICE TAG 261 - Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism

Guidance States

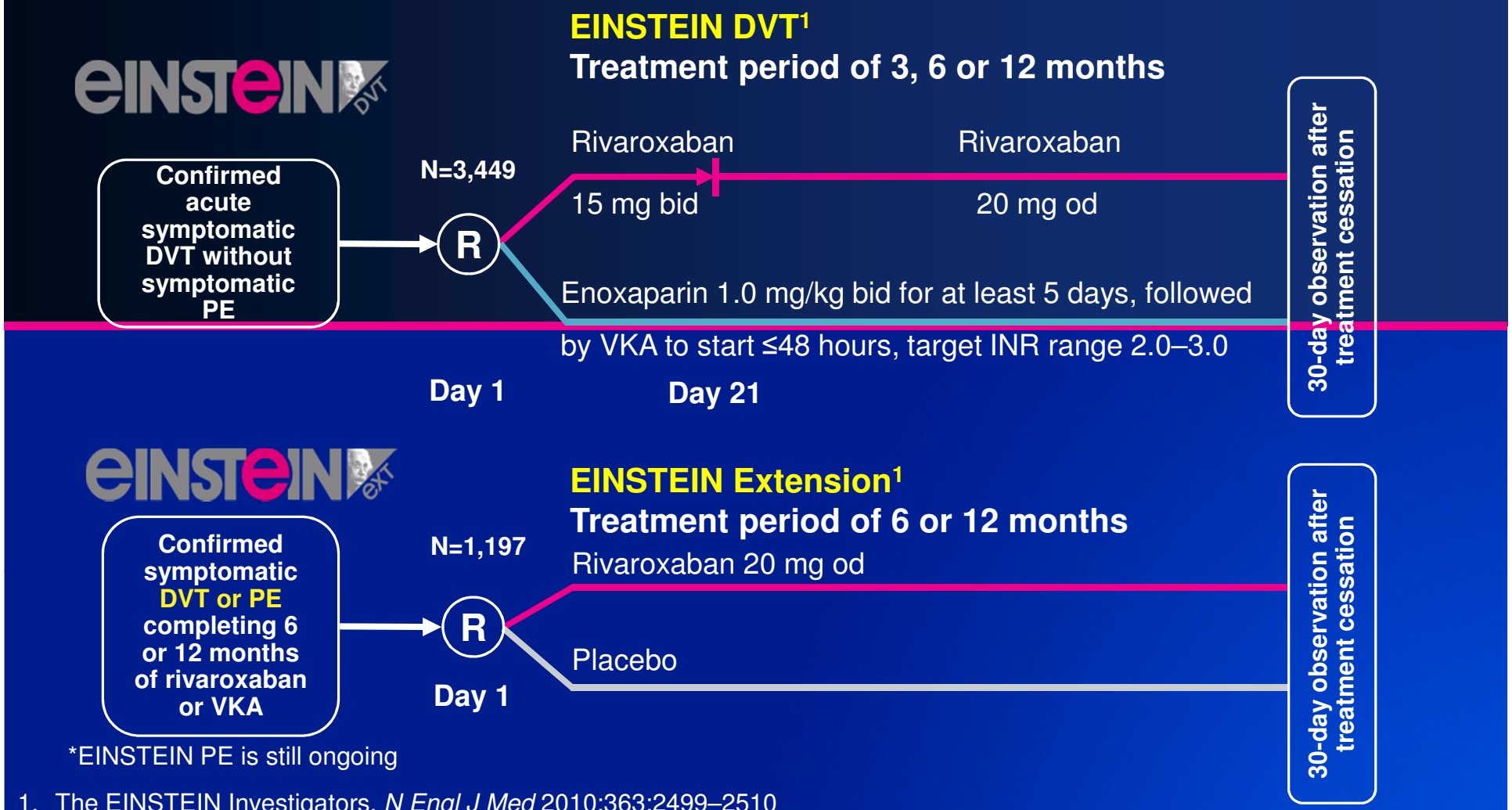
1.1 Rivaroxaban is recommended as an option for treating deep vein thrombosis and preventing recurrent deep vein thrombosis and pulmonary embolism after a diagnosis of acute deep vein thrombosis in adults.

DVT: NICE TAG 261

- Rivaroxaban as effective as enoxaparin followed by VKA
  - treatment of DVT
  - secondary prevention of DVT and pulmonary embolism No restriction by patient, DVT type, length of treatment
  - comparable clinical relevant bleeding rates

- Balanced comments in cancer subgroup
  - No direct evidence against LMWH standard of care…
  - …but many cancer patients with VTE would welcome
    - a non-invasive
    - oral option
    - rivaroxaban should not be excluded as an option

Rivaroxaban EINSTEIN phase III: study designs



*EINSTEIN PE is still ongoing

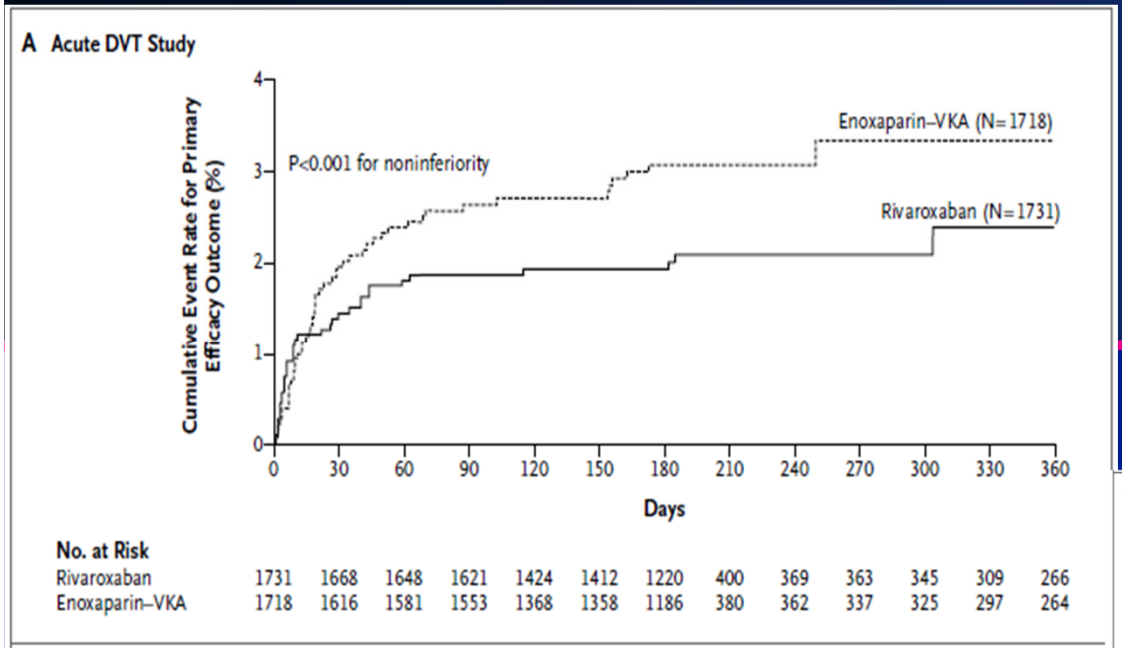
1. The EINSTEIN Investigators. *N Engl J Med* 2010;363:2499–2510

February 2012 UK.PH.GM.XAR.2012.095

ORIGINAL ARTICLE

Oral Rivaroxaban for Symptomatic Venous Thromboembolism

The EINSTEIN Investigators*



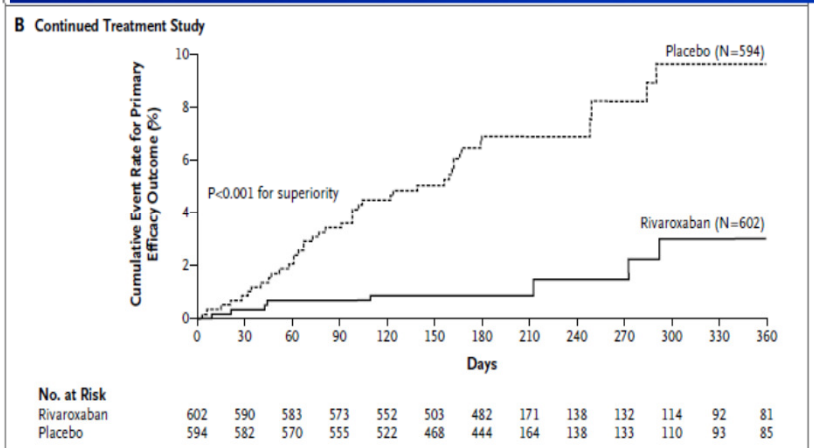


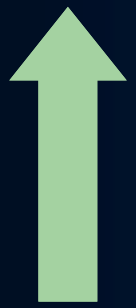
Figure 2. Kaplan–Meier Cumulative Event Rates for the Primary Efficacy Outcome in the Two Studies.
VKA denotes vitamin K antagonist.

N Engl J Med 2010;363:2499-510.

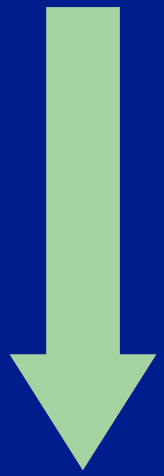
Conclusion: New Oral Anticoagulants

- Opportunity to significantly improve quality of healthcare for many patients
  - Reduced bleeding risk
  - ↑efficacy?
  - No need for regular monitoring
- New pathways must be developed and implemented
  - Potential to streamline care?
  - Challenging in current healthcare landscape

DVT patient pathway



Patient information
verbal and written
self-management



Assessment

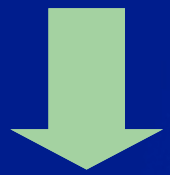
Modified 2 point Wells score: DVT likely/unlikely

Ddimers: selected groups

Diagnosis

Scan window 4-24hours

Proximal / whole leg



Treatment

for those with DVT

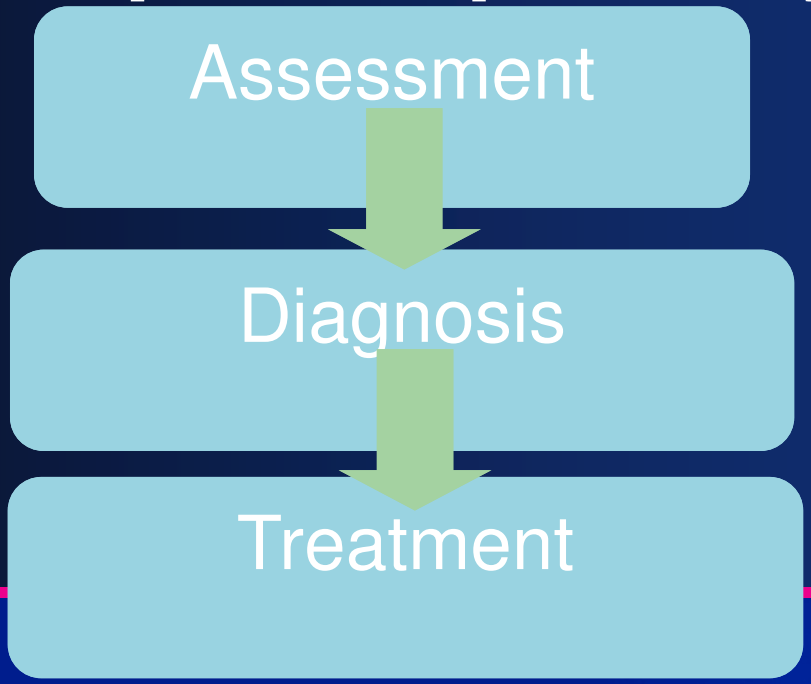
pharmacological

thrombolytic therapy

Mechanical interventions

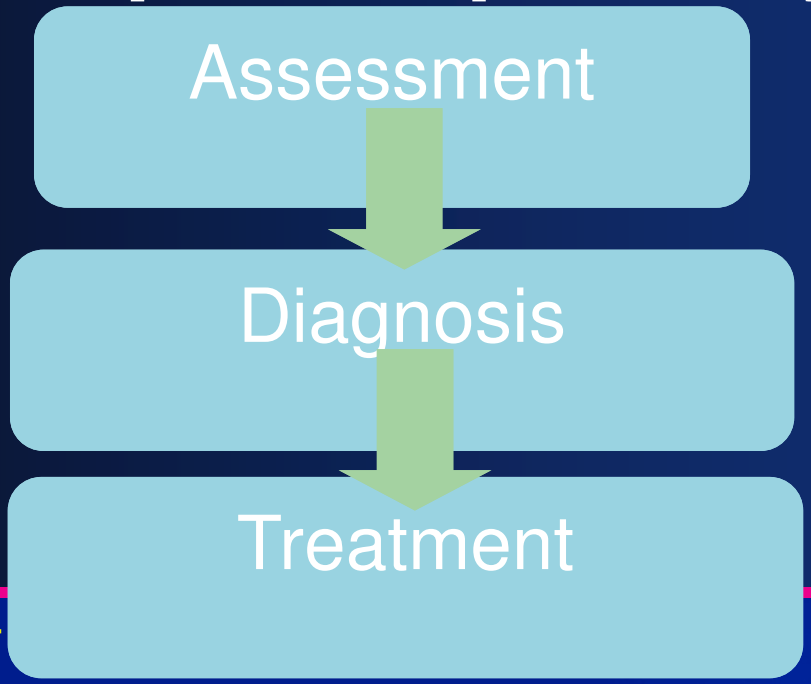
February 2012 UK.PH.GM.XAR.2012.095

DVT patient pathway



Follow up +ves

DVT patient pathway



Investigations for cancer
- all unprovoked
- CXR, bloods
- urinalysis
- mammogram
- CT abdo/pelvis

Thrombophilia testing
- not for provoked

Follow up +ves

Gillian Leng

Deputy chief executive NICE

- Overseeing creation of NICE quality standard
- Radical new quality standards framework
- ‘Aspirational but achievable’ goals
- Benchmarks for commissioners
- Assess and choose providers
- Underpin COF*
- Influence local payments under CQUIN**
- Inform best practice tariff and QOF*** indicators
- Enshrined in Health and Social Care Act

*commissioning outcomes framework

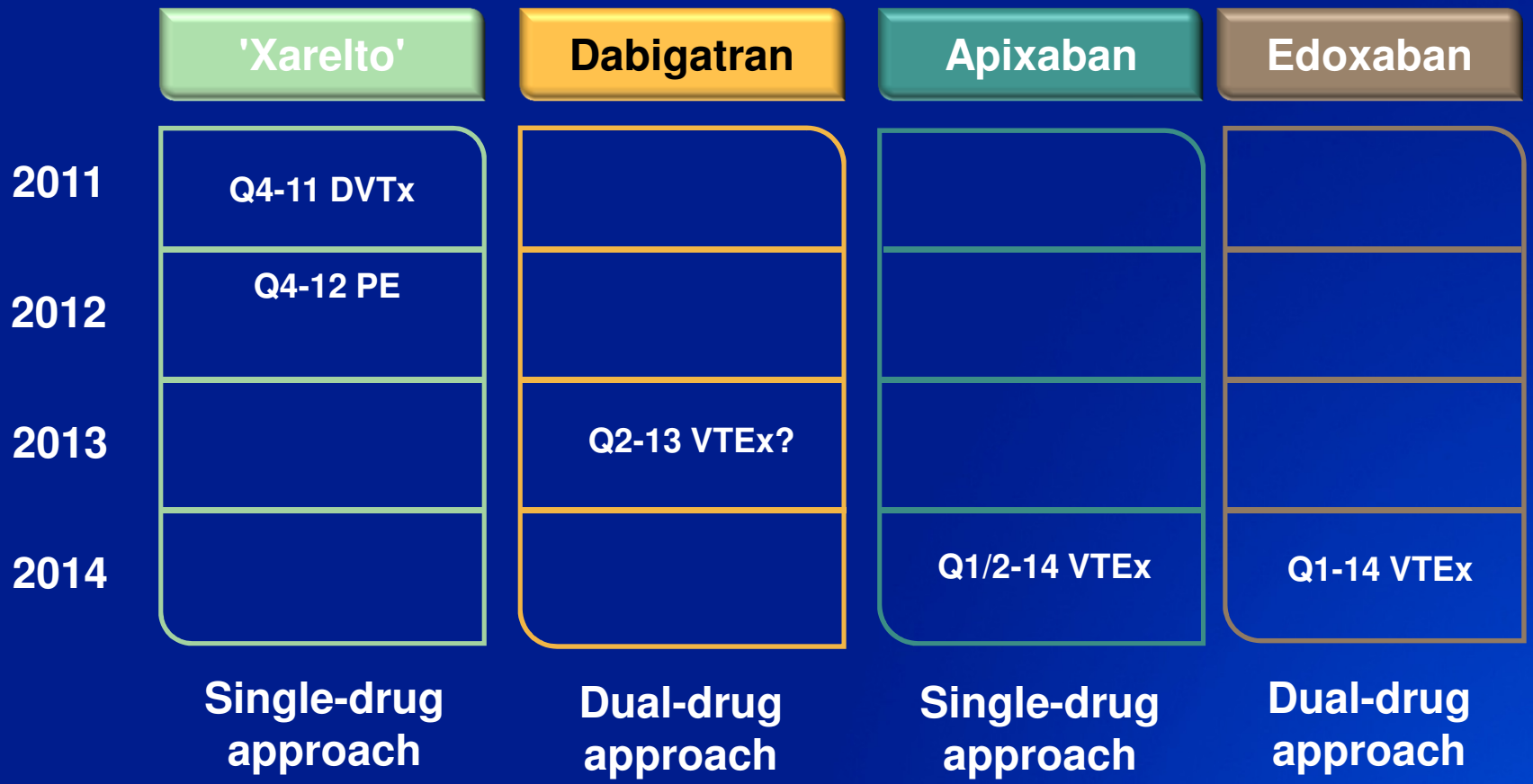
**commissioning for quality and innovation

***quality and outcomes framework

Likely Quality standards for VTE due EO Jan 2013

- 1 All investigations within 24 hours
- 2 LMWH >4hours
- 3 PE LMWH administration within hour of presentation
- 4 Repeat Scan within 1 week if below knee DVT not excluded
- 5 Documented weight and renal function if more than a single dose of LMWH
- 6 Investigate for cancer in unprovoked VTE
- 7 No thrombophilia screening for provoked VTE
- 8 VTE treatment in active cancer – 6 months LMWH
- 9 Review of all +ve VTE patients within 3 months to discuss duration

VTEx 2012/14: Approval Environment



DAWN

- Paperless
- ‘Lean’ - streamlining
- Smooth transition to a/c
- Audit data
- KPIs for commissioners
- Improve safety and quality checklists
- Letters
- Guidelines
- monitoring