

A Global Initiative to Improve the Care of Patients with Cancer at Risk of or With Established Venous Thromboembolism (VTE)

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Objective:

VTE is a frequent and serious complication in cancer patients, and is the second most common cause of death in patients with cancer.^{1,2} The goal of this series of global continuing medical education (CME) programs and related activities, developed for ITAC-CME, a France-based, non-profit physician organization, was to support physicians in their care of patients with cancer at risk of or with established VTE in countries around the world.

Methods:

Working with the ITAC-CME Steering Committee, composed of physician experts in VTE and cancer from Europe and North America, we developed a continuum of CME programs and related activities. The first CME program was implemented in 2014 (“Treatment and Prophylaxis of VTE in Patients with Cancer: Putting International Guidelines into Practice”), and included a comprehensive practice assessment (paper-based and available online) related to clinical practice in the prevention and treatment of VTE in patients with cancer; it was completed by learners pre-activity and 1 and 3 months post-learning activity. The practice assessment was intended to measure knowledge gaps and knowledge transfer, as well as to provide data that could inform future CME needs assessments and, potentially, results that could be published. Immediate pre- and post-program tests augmented the practice assessment data. This initial CME program was made available for presentation in live settings and for self-study online. The program was accompanied by the worldwide launch of a mobile and web-based app (“International VTE Guidelines”), available on multiple platforms in English and French) to reinforce key learnings.

Results:

As a result of practice assessments collected before and after the first CME program from learners around the world, ITAC-CME identified ongoing clinical practice gaps related to the prevention and treatment of VTE in patients with cancer. Of particular note, there was wide-ranging use of direct oral anticoagulants (DOACs) in the treatment of VTE in this patient population; at that time there was no published evidence supporting this use, nor approved indications for any of the DOACs in any country that authorized the use of these drugs. ITAC-CME also identified a clinical practice gap particular to women with cancer. These identified gaps lead to the publication of “International clinical practice guidelines including guidance for direct oral anticoagulants in the treatment and prophylaxis of venous thromboembolism in patients with cancer” (The Lancet Oncology, October 2016; endorsed by the International Society on Thrombosis and Haemostasis [ISTH]) and “Women, thrombosis, and cancer: A gender-specific analysis” (Thrombosis Research, March 2017). Based on the publication of the international guidelines, the initial CME program (with case studies in various cancers) and mobile app were updated in early 2017 to incorporate new evidence and expert guidance, and once again made available to physicians across the globe. Additionally, ITAC-CME presented a scientific session at the ISTH Congress in July 2017 as a method of global dissemination and continual update of this initiative; this session attended by more than 700 physicians, detailed gaps in care and the 2016 guidelines that resulted from the identification of those gaps. Practice assessments continue to be collected for future research and publication.

Conclusions:

Clinical practice assessments gathered as part of a global CME program about VTE in patients with cancer – a disease state with considerable morbidity and mortality – have provided data that underlies the rationale for publishing updated international clinical guidelines and other related scientific articles, additional CME programs, conference presentations, and mobile app content.

1. Khorana AA, Francis CW, Culakova E, et al. Thromboembolism is a leading cause of death in cancer patients receiving outpatient chemotherapy. *J Thromb Haemost* 2007;5:632-4.
2. Falanga A, Zacharski L. Deep vein thrombosis in cancer: the scale of the problem and approaches to management. *Ann Oncol* 2005;16:696-701.