

Increasing Shared Decision Making for VTE Chemoprophylaxis in Gynecologic Oncology

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BACKGROUND

- Venous thromboembolism (VTE) is a source of significant morbidity and mortality in patients with cancer.
- In 2019, the American Society for Clinical Oncology (ASCO) provided updated clinical recommendations: *High-risk outpatients with cancer may be offered thromboprophylaxis.*
- Prophylactic treatment is particularly relevant to patients with gynecologic cancer who may be in a “high risk” category for VTE.
- Oncologists do not currently routinely consider or offer VTE chemoprophylaxis in the gynecologic oncology department at VUMC in patients who are starting chemotherapy.

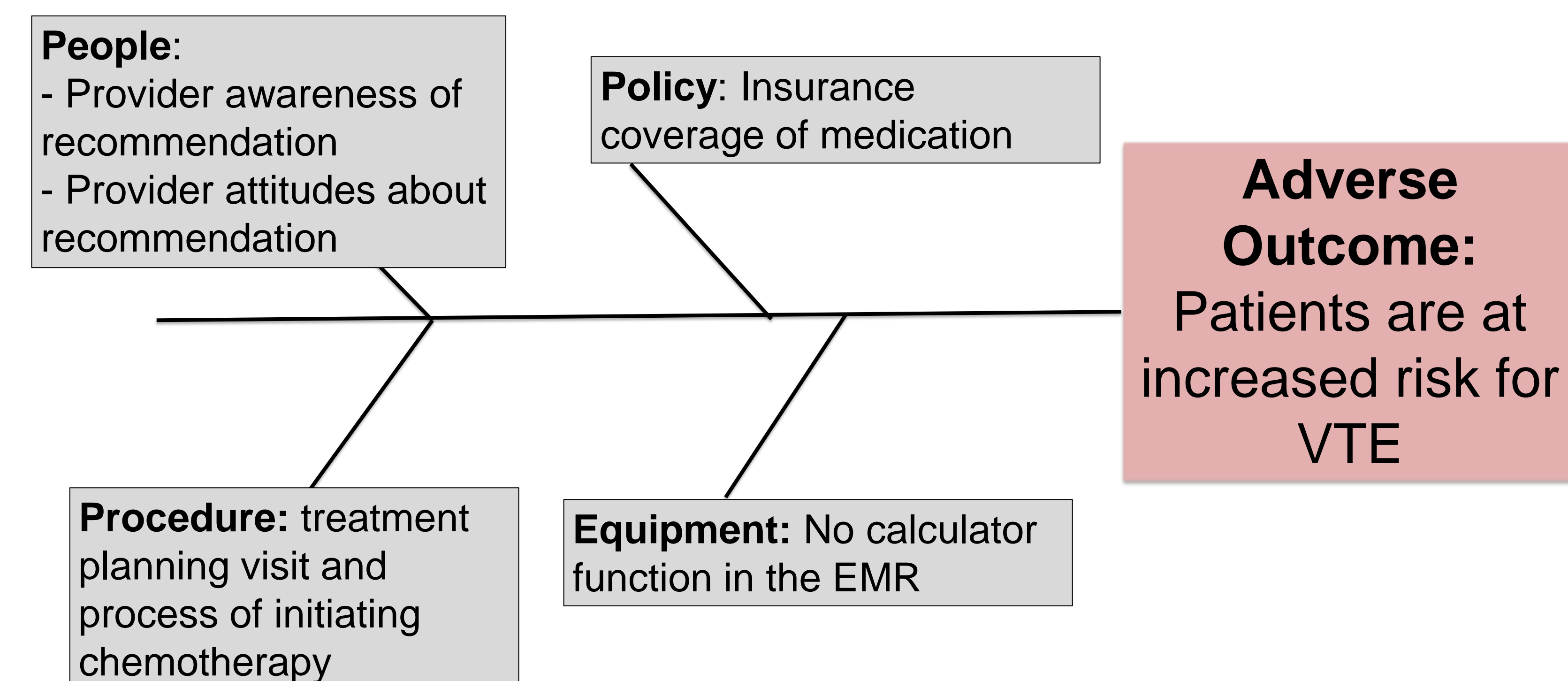


Figure 1. Ishikawa Diagram of increased risk for VTE.

SETTING

The Gynecologic Oncology Department sees patients in the Vanderbilt Ingram Cancer Center, which is located at The Vanderbilt Clinic of Vanderbilt University Medical Center.

PROJECT TEAM

Annie Apple - Medical Student (VMSIII)
 Dr. Kendall Shultes- Clinical Pharmacist
 Dr. Lauren Prescott- Attending Physician, Quality Improvement Mentor
 Dr. Alaina Brown- Attending Physician, Quality Improvement Mentor

AIM STATEMENT

Our aim is to increase the frequency of shared decision making regarding VTE chemoprophylaxis for eligible patients (Khorana Score ≥ 2) initiating chemotherapy for gynecologic cancer from **0% to 80% by December 2020** by first, screening patients for eligibility and secondly, notifying attendings of eligible patients and ASCO recommendations.

MEASURES

PROCESS MEASURE

Percentage of eligible patients with documented shared decision making per month:

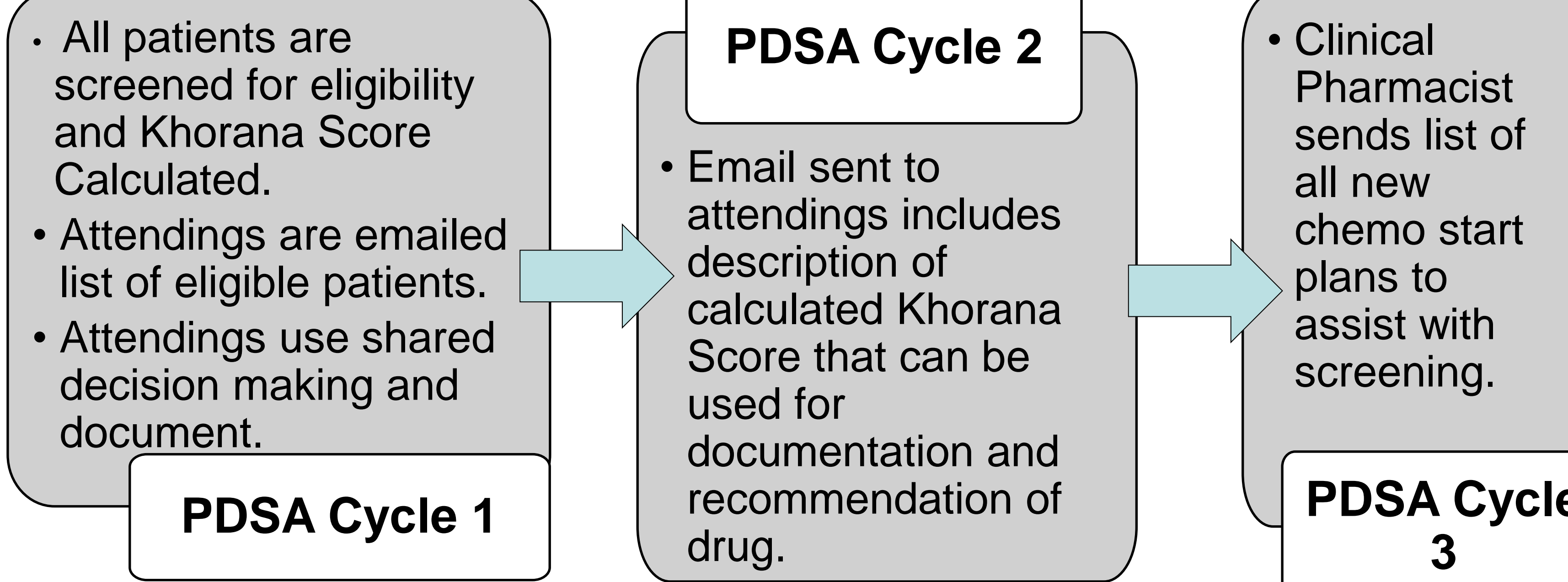
Number of patients with documented conversation about VTE prophylaxis / total number of eligible patients seen per week

OUTCOME MEASURE

Number of Patients prescribed oral anticoagulants per month

Absolute Number of patients with documented prescription and indication of chemoprophylaxis

INTERVENTION(S)



Khorana Score Calculator:

- Gyn Cancer? Yes (+1), No (0)
- BMI >35? Yes (+1), No (0)
- Leukocyte Count >11? Yes (+1), No (0)
- Platelet Count >350? Yes (+1), No (0)
- Hb <10 or RBC factors? Yes (+1), No (0)

If Score is ≥ 2 :

Sample Email Text:

“10:00AM MRN 12345, Khorana Score 2, may be eligible for VTE prophylaxis. ASCO recommendations are: “Recommendation 2.2...<https://ascopubs.org/doi/10.1200/JCO.19.01461>”

RESULTS

| Month | Eligible Patients N = 20 | Shared Decision Making N (%) N=11 | Patients Prescribed Xarelto N = 10 |
|------------|-----------------------------|--------------------------------------------|---------------------------------------------|
| Dec. 2019 | 4 | 2 (50%) | 2 |
| Jan. 2020 | 2 | 0 (0%) | 0 |
| April 2020 | 1 | 0 (0%) | 0 |
| May 2020 | 1 | 1 (100%) | 1 |
| June 2020 | 1 | 1 (100%) | 1 |
| July 2020 | 5 | 4 (80%) | 3 |
| Aug. 2020 | 4 | 2 (50%) | 2 |
| Sept. 2020 | 1 | 0 (0%) | 0 |
| Oct. 2020 | 1 | 1 (100%) | 1 |

Table 1. Process and Outcome Measures by Month since Start of Intervention.

February and March had 0 eligible patients and are not shown.

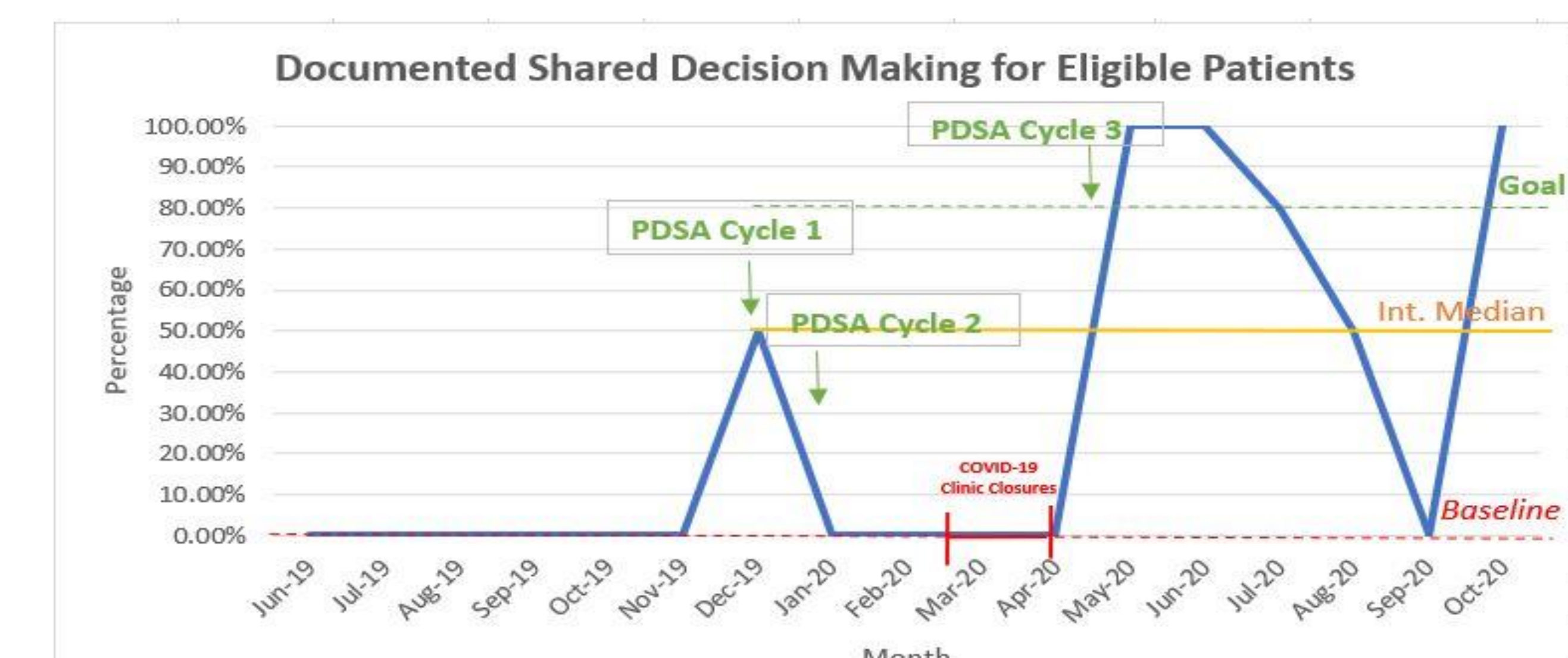


Figure 1. Process Measure including baseline, PDSA Cycle 1, PDSA Cycle 2, and PDSA Cycle 3

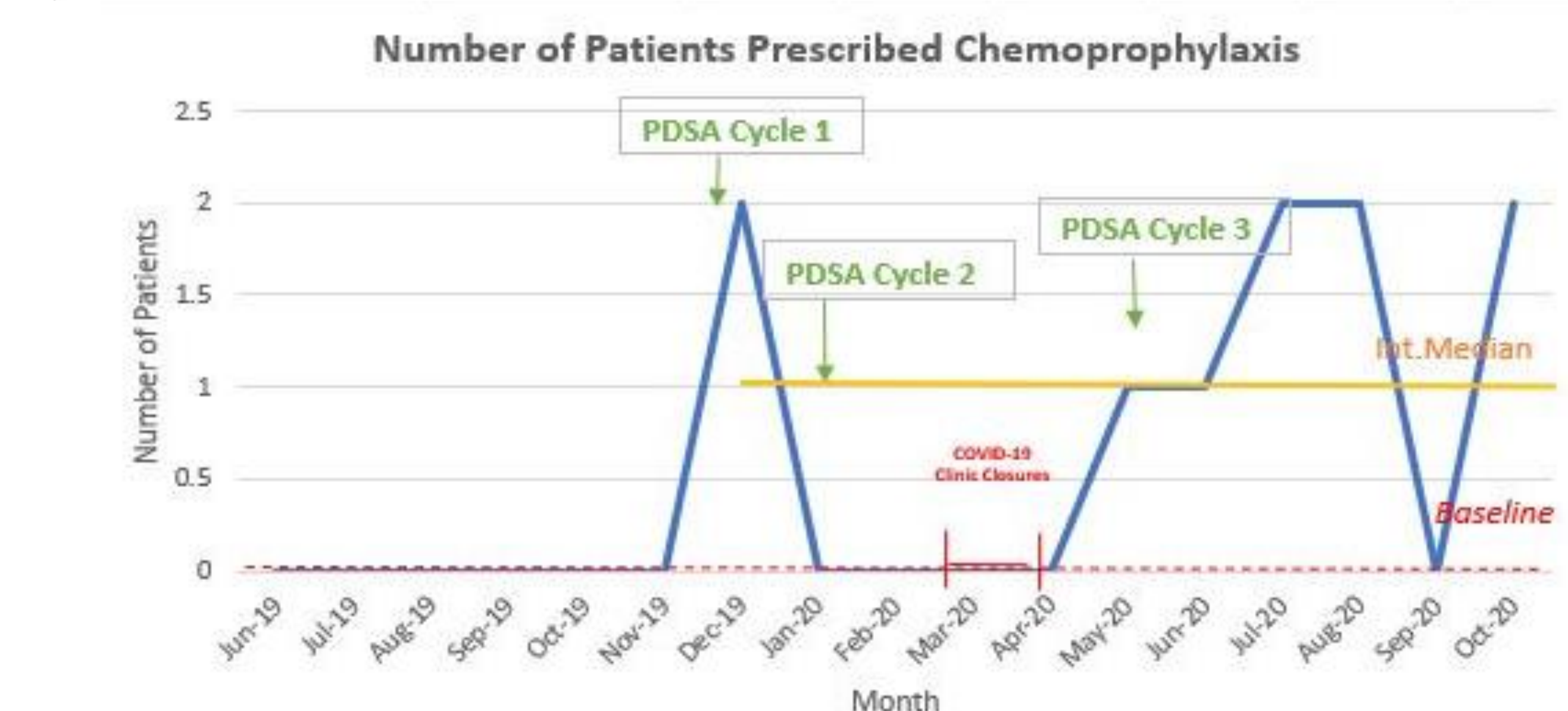


Figure 2. Outcome Measure including baseline, PDSA Cycle 1, PDSA Cycle 2, and PDSA Cycle 3

DISCUSSION

CHALLENGES/BARRIERS:

- Financial concerns for minority of patients

CONCLUSIONS:

- Median of eligible patients with shared decision making regarding VTE prophylaxis has increased from baseline to 50%.
- Using the electronic medical record to calculate Khorana Score may be a long-term strategy to decrease risk of VTE in patients initiating chemotherapy.