## Haematology audit template

|  |  |
| --- | --- |
| Date of completion | (To be inserted when completed) |
| Name of lead author/ participants | (To be inserted) |
| Specialty | Haemostasis and thrombosis |
| Title | **An audit of compliance with the British Society for Haematology guideline for cancer-associated venous thrombosis in adults** |
| Background | The British Society for Haematology (BSH) has published guidance on the cancer-associated venous thrombosis in adults (second edition).1 This audit will review compliance with some of the main recommendations made. |
| Aim & objectives | To review whether:  the treatment and prevention of cancer-associated venous thrombosis in UK adults is conducted appropriately. |
| Standards & criteria | **Criteria range:** 100%, or if not achieved, there is documentation in the case notes that explains the variance.  **Pharmacological thromboprophylaxis**   * Patients with active cancer admitted to hospital with an acute medical illness should receive pharmacological thromboprophylaxis with low molecular weight heparin (LMWH) throughout their admission unless contraindicated. * Patients with active cancer admitted to hospital for non-minor surgery should receive pharmacological thromboprophylaxis with LMWH throughout their admission unless contraindicated. * Myeloma patients should be risk assessed with a myeloma-specific risk assessment score and prophylactic dose anticoagulant offered to those at intermediate or high risk.   **Prevention of catheter-related thrombosis**   * Routine use of anticoagulants at prophylactic or therapeutic dose to prevent catheter-related thrombosis (CRT) in cancer patients is not recommended.   **Acute treatment of cancer-associated venous thromboembolism (VTE; up to 6 months)**   * Patients with cancer-associated VTE (other than catheter-related) should be treated with a direct oral factor Xa inhibitor or LMWH for 6 months initially. * Warfarin is a suitable alternative in patients with cancer-associated VTE where anticoagulation is required, but it is not possible to use a direct oral factor Xa inhibitor or LWMH.   **Extending cancer-associated venous thrombosis (CAT) treatment beyond 6 months**   * We recommend continuing anticoagulation beyond 6 months in patients with cancer-associated VTE and active cancer.   **Treatment of recurrent VTE while on therapeutic anticoagulation**   * Compliance with treatment and confirmation that the correct anticoagulant dose is being administered should be checked in all patients with recurrent thrombosis. |
| Method | **Sample selection:**  All patients diagnosed with cancer-associated venous thrombosis in the preceding 12 months (target 20 consecutive patients).  **Data to be collected on proforma (see below)** |
| Results | (To be completed by the author)  The results of this audit show the following compliance with the standards.   |  |  |  |  | | --- | --- | --- | --- | | **Investigation** | **No. audited** | **No. compliant** | **% compliance** | | **Pharmacological thromboprophylaxis** | | | | | Patients with active cancer admitted to hospital with an acute medical illness received pharmacological thromboprophylaxis with LMWH throughout their admission unless contraindicated |  |  |  | | Patients with active cancer admitted to hospital for non-minor surgery received pharmacological thromboprophylaxis with LMWH throughout their admission unless contraindicated |  |  |  | | Myeloma patients were risk assessed with a myeloma-specific risk assessment score and a prophylactic dose of anticoagulant was offered to those at intermediate or high risk |  |  |  | | **Prevention of catheter-related thrombosis** | | | | | No routine use of anticoagulants at prophylactic or therapeutic dose, to prevent CRT in cancer patients, was administered |  |  |  | | **Acute treatment of cancer-associated VTE (up to 6 months)** | | | | | Patients with cancer-associated VTE (other than catheter-related) were treated with a direct oral factor Xa inhibitor or LMWH for the first 6 months after diagnosis |  |  |  | | Warfarin was administered to patients with cancer-associated VTE where anticoagulation was required, but it was not possible to use a direct oral factor Xa inhibitor or LWMH |  |  |  | | **Extending CAT treatment beyond 6 months** | | | | | Anticoagulation was continued beyond 6 months in patients with cancer-associated VTE and active cancer |  |  |  | | **Treatment of recurrent VTE while on therapeutic anticoagulation** | | | | | A check has been conducted to ensure compliance with treatment and to confirm that the correct anticoagulant dose has been administered for all patients with recurrent thrombosis |  |  |  |   **Commentary:** |
| Conclusion | (To be completed by the author) |
| Recommend- ations for improvement | Present the result with recommendations, actions and responsibilities for action and a timescale for implementation. Assign a person(s) responsible to do the work within a timeframe.  **Some suggestions:**  highlight areas of practice that are different  present findings. |
| Action plan | (To be completed by the author – see attached action plan proforma) |
| Re-audit date | (To be completed by the author) |
| References | 1. Alikhan R, Gomez K, Maraveyas A, Noble S, Young A, Thomas M. Cancer-associated venous thrombosis in adults (second edition): A British Society for Haematology Guideline. *Br J Haematol* 2024;205:71–87. |

## Data collection proforma for cancer-associated venous thrombosis in adults

## Audit reviewing practice

Patient name:

Hospital number:

Date of birth:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard | **1**  **Yes** | **2**  **No** | **3** If shaded box not ticked, was there documentation to explain the variance? **Yes/No** plus free-text comment | **4** Compliant with guideline if shaded box ticked or an appropriate explanation from column 3. **Yes/No** (Record if standard not applicable) |
| **Pharmacological thromboprophylaxis** | | | | |
| **1** Patients with active cancer admitted to hospital with an acute medical illness received pharmacological thromboprophylaxis with LMWH throughout their admission unless contraindicated |  |  |  |  |
| **2** Patients with active cancer admitted to hospital for non-minor surgery received pharmacological thromboprophylaxis with LMWH throughout their admission unless contraindicated |  |  |  |  |
| **3**Myeloma patients were risk assessed with a myeloma-specific risk assessment score and a prophylactic dose of anticoagulant was offered to those at intermediate or high risk |  |  |  |  |
| **Prevention of catheter-related thrombosis** | | | | |
| **1** No routine use of anticoagulants at prophylactic or therapeutic dose, to prevent CRT in cancer patients, was administered |  |  |  |  |
| **Acute treatment of cancer-associated VTE (up to 6 months)** | | | | |
| **1** Patients with cancer-associated VTE (other than catheter-related) were treated with a direct oral factor Xa inhibitor or LMWH for the first 6 months after diagnosis |  |  |  |  |
| **2** Warfarin was administered to patients with cancer-associated VTE where anticoagulation was required, but it was not possible to use a direct oral factor Xa inhibitor or LWMH |  |  |  |  |
| **Extending CAT treatment beyond 6 months** | | | | |
| **1** Anticoagulation was continued beyond 6 months in patients with cancer-associated VTE and active cancer |  |  |  |  |
| **Treatment of recurrent VTE while on therapeutic anticoagulation** | | | | |
| **1**A check has been conducted to ensure compliance with treatment and to confirm that the correct anticoagulant dose has been administered for all patients with recurrent thrombosis |  |  |  |  |

**List of investigations**

(To be completed by the author)

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Audit action plan**  An audit of compliance with the British Society for Haematology guideline for cancer-associated venous thrombosis in adults | | | | | | |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |