**TAILLING THROMBOSIS TREATMENT: EFFECT OF ONLINE CME**

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**RESULTS**

- Clinicians are not effectively tailoring treatment for venous thrombosis (VTE) resulting in preventable morbidity and mortality.
- This study was conducted to determine if an online, case-based continuing medical education (CME) intervention could improve knowledge and competencies of cardiologists and primary care physicians (PCPs) in managing patients with VTE.

**METHODS**

- An online, interactive, case-based CME activity was developed on incorporating guidelines for tailoring treatment of VTE into clinical practice.
- The effects of education were assessed using a brief pre-assessment post-assessment study design, including only those participants who answered all pre- and post-assessment questions.
- For all questions combined, the McNemar’s chi-square test was used to assess differences from pre- to post-assessment. 
P-values are shown as a measure of significance. P-values <.05 are considered significant.
- Cohen’s d was used to calculate the effect size (Cohen’s d = large, 0.8-0.4 = medium, and 0.4 are small).
- The activity launched online on May 30, 2015, and data were collected through June 25, 2015.

**FIGURE 1. Scoring Distribution**

**TABLE 1. Summary Statistics**

<table>
<thead>
<tr>
<th>Metric</th>
<th>CARDIOLOGISTS</th>
<th>PCPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (Correct Answers)</td>
<td>2.49 (2.49)</td>
<td>2.43 (2.43)</td>
</tr>
<tr>
<td>Median (Correct Answers)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.96</td>
<td>0.96</td>
</tr>
<tr>
<td>Sample Variance</td>
<td>1.10</td>
<td>1.11</td>
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</tbody>
</table>

**FIGURE 2. Sample Assessment Questions (correct response is highlighted)**

**QUESTION 41.** Susan G, a 64-year-old patient with metastatic colon cancer with lesions in lungs and liver, undergoes a regular computed tomography (CT) staging scan after 3 months of chemotherapy with leucovorin calcium, fluorouracil, and irinotecan hydrochloride (FOLFIRI) with wide-reaching, case-based, continuing medical education (CME) intervention. Prior to an imaging scan, she visits a 78-year-old, low-molecular-weight heparin (LMWH) patient in her segmental artery. Susan G's incidental PE should be treated with anticoagulant therapy per the guidelines. What would be an appropriate initial anticoagulant treatment for this patient's incidental PE?

- **A.** LMWH
- **B.** Low-molecular-weight heparin (LMWH)
- **C.** Non-vitamin K antagonist oral anticoagulant (NOAC)
- **D.** An unfractionated heparin (UFH) bridging to warfarin

**QUESTION 42.** Victor H, a 60-year-old patient with a history of chronic obstructive pulmonary disease (COPD), is admitted to the hospital with acute respiratory distress. An imaging study reveals right-lower-lobe pneumonia. He is treated in hospital with antibiotics until office visits identify VTE prophylaxis failure. After 4 days, he is discharged home. Four days after discharge, he presents again to the emergency department with acute worsening of symptoms including chest pain, shortness of breath and syncope. An EKG reveals 12 lead ST elevation and an initial troponin level is positive. He is transferred to the chest pain unit where he is treated aggressively. He is discharged home after 4 days. In addition to COPD, the patient’s medical history includes significant congestive heart failure, diabetes, and no recent respiratory infections. In order to appropriately manage his care, which of the following would be an intermediate risk of early mortality? Also, he does not exhibit symptoms of heart failure. What would be an appropriate management strategy for this patient's acute PE?

- **A.** Anticoagulation, avoid fulminant depressive symptoms
- **B.** Anticoagulation, avoid DENVER-2 depressive symptoms
- **C.** Pulmonary embolism followed by anticoagulation
- **D.** Pulmonary embolism with early discharge and hard transition

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**REFERENCES**