

# Surgeon General's Call to Action to Prevent DVT and PE

The Venous Disease Coalition meeting launches new initiatives in research and awareness.

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**O**n September 15, 2008, at its annual meeting in Washington, DC, the Venous Disease Coalition (VDC) was joined by the Acting Surgeon General, Rear Admiral Steven K. Galson, MD, MPH, to urge immediate public action to fight deep vein thrombosis (DVT) and pulmonary embolism (PE). In the meeting's keynote address on DVT, Dr. Galson issued *The Surgeon General's Call to Action to Prevent DVT and PE* to reduce the number of cases of DVT and PE in the US (Figure 1). Dr. Galson urged all Americans to learn about and prevent these conditions, which annually affect an estimated 350,000 to 600,000 Americans and contribute to at least 100,000 deaths each year.

According to the Surgeon General, the *Call to Action* urges a coordinated, multifaceted plan to reduce the numbers of cases of DVT and PE nationwide. The plan emphasizes the need for:

- Increased awareness about DVT and PE
- Evidence-based practices for DVT
- More research on the causes, prevention, and treatment of DVT.

The *Call to Action* resulted from a Surgeon General's Workshop on DVT in May 2006. The workshop was cosponsored by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of

Health. The Agency for Healthcare Research and Quality (AHRQ) contributed to the *Call to Action* with the release of two new guides—one for patients and one for health-care providers—on how to prevent dangerous blood clots. The *Call to Action* document is available online at [www.surgeongeneral.gov/topics/deepvein](http://www.surgeongeneral.gov/topics/deepvein) and can be ordered from the NHLBI Health Information Center at (301) 592-8573 or at [nhlbiinfo@nhlbi.nih.gov](mailto:nhlbiinfo@nhlbi.nih.gov).

Dr. Galson's remarks were followed by presentations by NHLBI Director Elizabeth G. Nabel, MD, and AHRQ Director Carolyn M. Clancy, MD. Le Keisha Ruffin, a DVT patient who survived a PE, shared her harrowing story of pain, repeated failed diagnoses in emergency rooms, and a near-fatal event after the birth of her first child.



Figure 1. Dr. Galson delivered the keynote address and issued *The Surgeon General's Call to Action to Prevent DVT and PE*, which aims to help reduce DVT and PE cases in the US.

Dr. Nabel noted that the NHLBI will soon launch the first multicenter, randomized, clinical trial of genotype-guided dosing of warfarin therapy that will examine whether the use of clinical plus genetic information during the initiation of warfarin can lead to safer and more effective treatment of patients, especially those patients with DVT or atrial fibrillation, patients at risk for stroke, or patients who require warfarin therapy after orthopedic surgery.

Dr. Clancy announced the release of the two AHRQ guidebooks, which can be ordered for free from the AHRQ at (800) 358-9295 or at [ahrqpubs@ahrq.hhs.gov](mailto:ahrqpubs@ahrq.hhs.gov).

*Preventing Hospital-Acquired Venous Thromboembolism: A Guide for Effective Quality Improvement* is a 60-page tool used to help hospitals and clinicians implement preventive processes. It includes case studies and details the process of starting, implementing, evaluating, and sustaining a quality improvement strategy for prevention of thromboembolism.

*Your Guide to Preventing and Treating Blood Clots* is a 12-page consumer booklet. It is an easy-to-read resource to help patients and their families identify the causes and symptoms of blood clots, learn tips on how to prevent them, and know what to expect during treatment.

"DVT and PE are major public health problems, and NHLBI is committed to continuing to support important basic and clinical research to advance our understanding of these disabling and potentially fatal conditions," said NHLBI Director Elizabeth G. Nabel, MD. "Research is shedding light on genetic factors and the role of triggering events, behaviors, and conditions that increase the risk of developing dangerous blood clots. It is imperative that clinicians and public health experts work together to translate this scientific evidence to save lives."

"DVT and PE are often silent conditions; they can occur suddenly and without symptoms," commented Dr. Galson. "But we have made a lot of progress in understanding how these disorders develop and how to prevent, diagnose, and treat them. It's time to put this knowledge into action. We want to increase the awareness and knowledge of these potentially deadly conditions and encourage patients and healthcare providers to take the steps to prevent them."

VDC's Chair, Samuel Z. Goldhaber, MD, and Thomas Ortel, MD, were the scientific editors of the *Call to Action*. At the VDC meeting, Dr. Goldhaber moderated a panel discussion to develop an action plan to increase public awareness and to educate healthcare professionals about DVT. Dr. Goldhaber spoke on changing the care paradigm for DVT. The panel also included Dr. Ortel, who addressed the roles of genes and environment in contributing to DVT risk; Suman Rathbun, MD, who discussed women's health issues related to DVT; Jeffrey Weitz, MD, who surveyed emerging medical treatments for DVT; Suresh Vedantham, MD, who considered clot-busting therapies that may revolutionize DVT care; Robert McLafferty, MD, who addressed new strategies to educate the public about DVT; and William Geerts, MD, who outlined the *American College of Chest Physicians' Guidelines for DVT*, which were published in the college's eighth edition of its evidence-based clinical practice guidelines for antithrombotic and thrombolytic therapy in *Chest*.<sup>1</sup>

Susan Kahn, MD, a member of the VDC Science Committee and one of the world's leading experts on post-thrombotic syndrome, presented a featured lecture focusing on the long-term consequences of DVT.

The VDC, an alliance of more than 30 leading health professional societies and patient advocacy groups, is developing a national campaign to educate public and healthcare professionals in the US about venous disease. More than 100 top federal and academic physicians and other healthcare professionals, as well as members of governmental health agencies and professional organizations attended the meeting. ■

1. Geerts WH, Bergqvist D, Pineo GF, et al. Prevention of venous thromboembolism. American College of Chest Physicians Evidence-Based Practice Guidelines (8th edition). *Chest*. 2008;133:381S-453S.