

Venous thromboembolic diseases: diagnosis, management and thrombophilia testing

Consultation on draft guideline – deadline for comments 5pm on Tuesday, 24th December 2019. Email: VTEManagement@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the Equality Impact Assessment.</p> <p>In addition to your comments below on our guideline documents, we would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. Is recommendation 1.9.3 still relevant in light of the MHRA alert? <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>Royal College of Physicians and Surgeons of Glasgow</p>

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Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		None		
Name of commentator person completing form:		Dr Richard Hull, Honorary Secretary, with advice from experts within the field		
Type		[office use only]		
Comment number	Document [guideline, evidence review A, B, C etc., methods or other (please specify which)]	Page number Or 'general' for comments on whole document	Line number Or 'general' for comments on whole document	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
Example 1	Guideline	16	45	We are concerned that this recommendation may imply that
Example 2	Guideline	17	23	Question 1: This recommendation will be a challenging change in practice because
Example 3	Guideline	23	5	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
Example 4	Guideline	37	16	This rationale states that...
Example 5	Evidence review C	57	32	There is evidence that ...

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Example 6	Methods	34	10	The inclusion criteria ...
Example 7	Algorithm	General	General	The algorithm seems to imply that ...
1	Guideline	General	General	<p>The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While NICE has a remit for England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments.</p> <p>The College welcomes this Guideline on Venous Thromboembolic Disease in an important area. It is generally supportive of this guideline.</p>
2	Guideline	7	23 p1.1.14	Age adjusted-Dimer tests are supported if it has similar diagnostic accuracy but reduces the need for unnecessary imaging.
3	Guideline	11	5 p1.2	Outpatient treatment of low risk PTE is common practice as stated. It should be encouraged to reduce bed days /HAIs etc. For those units who do not manage low risk PTE in outpatients they should be encouraged to develop this service.
4	Guideline	11	21	The ability for outpatients to contact a health care team out of hours is vital. It must be specific and give 24 hours cover. It should not simply recommend attending A and E. More specific guidance on a dedicated service is required.
5	Guideline	16	1 p1.3.13	In VTE in patients with cancer our reviewer supported the use of DOAC. The current policy in the institution is LMWH. The expense of LMWH was noted in NICE rationale. The reviewer felt that cost saving should be promoted when the evidence suggests there are equal and non-inferior outcomes.
6	Guideline	20	2 p1.5.3	It is felt that the fact that an individual may be truly allergic to lactose and refer not just to those who may have concerns.
7	Guideline	22	10 p1.8	With respect to further investigation for cancer in patients with VTE, the College agrees with the guideline. Unless symptoms or signs dictate the need for further investigation, irradiation of patients and over using resources should be avoided. Unexpected, unrelated findings raise anxiety and uncertainty in patients and relatives (and also sometimes health professionals). We

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				should guard against over-investigation in general.
8	Guideline	23	6 P1.9.3	Immunological tests for antiphospholipid antibodies are not usually affected by anticoagulants but functional ones such as the lupus anticoagulant are.
9	Guideline	24	18	The College agrees that further work on DOACs are indicated particularly as they are cost effective compared to other treatments.
10	Guideline	General	General	While it may seem obvious, it is important to recognise that the symptoms of patients who are suspected to have VTE but are not confirmed to have had thrombosis or embolism still need treatment. Too often patients with “negative tests” are sent home with significant untreated disease (eg ruptured Bakers cyst or chest pain from other causes).

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a **Word document (not a PDF)**.
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **page and line number (not section number)** of the text each comment is about.
- Combine all comments from your organisation into 1 response. **We cannot accept more than 1 response from each organisation.**
- Do not paste other tables into this table – type directly into the table.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use
- For copyright reasons, **do not include attachments** such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

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- **We have not reviewed the evidence for the recommendations shaded in grey. Therefore, please do not submit comments relating to these recommendations as we cannot accept comments on them.**
- **We do not accept comments submitted after the deadline stated for close of consultation.**

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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