

Venous thromboembolic diseases: diagnosis, management and thrombophilia testing

Consultation on draft guideline - Stakeholder comments table 30/05/23 to 13/06/23

Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Association of Paediatric Emergency Medicine	General	General	General	Many thanks for involving APEM in the guideline process, however as it only covers people over 18 years, as paediatric clinicians, we will not have any comments for you	Thank you for your response.
Bayer	General	General	General	Thank you for the opportunity to comment on this NICE guideline consultation. Bayer have no objections or additional comments to the updates proposed.	Thank you for your response.
British Association of Prosthetists and Orthotists	Guideline	002	000	"The committee also identified, during the scoping phase, that black people have a higher risk of VTE compared to white people" Should this be considered in the wells scoring, or mentioned in the draft if there are increased risks amongst certain groups of people?	Thank you for your response. The list of clinical features in the Wells score have been taken from Wells et al. (2003) Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis. The evaluation of the clinical features in the Wells score is out of scope for this update. The guideline does not include risk factors beyond those in the Wells score. The existing diagnostic pathway indicates that people with a low Wells score will receive a d-dimer test. Although the committee recognised that particular groups may be at higher risk of VTE, they considered that the diagnostic pathway offered suitable step-wise investigation and safety-netting for all groups. We will pass your comment to the NICE surveillance team

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					which monitor key events relevant to the guideline.
British Association of Prosthetists and Orthotists	Guideline	004	009	1.1.2 Wells score; BAPO would encourage you to promote the wells score amongst AHPS to increase awareness of symptoms of DVT and the use of the wells score in identifying a potential DVT risk in a patient and signposting them for urgent medical care. Would you specify best practise for AHPS signposting patients for urgent treatment, e.g. ambulance call or A and E attendance, or urgent local referral pathways in place which people are aware of.	Thank you for your response. Promoting the use of the Wells score amongst AHPs is out of scope for this update. However, the intention of this guideline is that the diagnostic pathway can be implemented in any setting. We will pass your comment to the NICE implementation team.
British Association of Prosthetists and Orthotists	Guideline	004	009	"Collateral superficial veins (non-varicose)" Consider if these are more or less apparent on darker skin tones.	Thank you for your response. The list of clinical features in the Wells score have been taken from Wells et al. (2003) Evaluation of D-dimer in the diagnosis of suspected deep-vein thrombosis. The evaluation of the clinical features in the Wells score is out of scope for this update. We will pass your comment to the NICE surveillance team which monitor key events relevant to the guideline.
British Association of Prosthetists and Orthotists	Guideline	005	019	Both sections mentioning mechanical treatment "if anticoagulation treatment is contraindicated, offer a mechanical intervention".	Thank you for your response. The current guideline does include a section on elastic graduate compression stockings under mechanical interventions but this was out of scope for this update.

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				<p>BAPO recommends timely referral and provision of compression therapy, ensuring registered compressions are provided (e.g. mmHg). We sometimes find difficulty with some referrers working in different compression systems (British, Swiss/French, RAL). Including the strength in mmHg reduces the ambiguity.</p> <p>In addition, specifying the length of compression e.g. above or below knee to avoid delays in supplying compression therapy.</p> <p>Referral to the most time effective healthcare professional for compression therapy. Availability of mechanical intervention and manual techniques, where appropriate.</p>	
British Association of Prosthetists and Orthotists	Guideline	009	002	<p>If this physical examination includes blood oxygen monitoring as part of this treatment process, please highlight and consider that readings can be less accurate on darker skin tones. NHS Update Guidance On Blood Oxygen Monitors - NHS - Race and Health Observatory NHS – Race and Health Observatory (nhsrho.org)</p>	<p>Thank you for your response and the information. As we have not specified blood oxygen monitoring in the guideline, we have not referred to this information. However, where blood oxygen monitoring is mentioned in other guidelines, such as NG191 COVID-19 rapid guideline: managing COVID-19, we state that “Be aware that some pulse oximeters can underestimate or overestimate</p>

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					oxygen saturation levels, especially if the saturation level is borderline. Overestimation has been reported in people with dark skin.”
British Geriatrics Society	General	General	General	The British Geriatrics Society does not have any comments to make on the NICE draft guideline consultation Venous thromboembolic diseases: diagnosis, management and thrombophilia testing 30/05/23 to 13/06/23.	Thank you for your response.
FSRH Clinical Effectiveness Unit	Guideline	General	General	I am surprised not to find any reference at all to use of combined hormonal contraception as a factor in the VTE risk assessment nor to stopping combined hormonal contraception (and commencing a safer effective alternative) in the context of a confirmed VTE event.	Thank you for your response. Combined hormonal contraception was out of scope for this update. We will pass your comment to the NICE surveillance team which monitor key events relevant to the guideline.
NHS England	Guideline	General	General	The changes as well as guidance suggested are sensible and align to expected evidence based practice.	Thank you for your response.
NHS England	Guideline	General	General	Appropriate membership	Thank you for your response.
Nottingham University Hospitals NHS trust	General	General	General	1.1.4 & 1.1.10 & 1.1.18 & 1.1.21 advise “Offer interim therapeutic anticoagulation” in those scenarios. A. A number of patients nowadays would be on aspirin or/and clopidogrel for other medical indications . Advice on how to deal with these concurrent medications while on interim therapeutic anticoagulation would be helpful. (eg. ? stop them)	Thank you for your response. Advice on dealing with concurrent medications is out of scope for this update. The current recommendations 1.1.6, 1.1.7, 1.1.11, 1.1.20 and 1.1.21 advise not to stop long-term anticoagulation when used for secondary prevention. However, we will pass your comment to the NICE surveillance team

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				B. Also Advice on how to deal with concurrent medications such as aspirin or/and clopidogrel during and after definitive therapeutic anticoagulation would be helpful. (eg. ? stop them while on anticoagulation and restart them after completion of anticoagulation)	which monitor key events relevant to the guideline.
Royal College of Pathologists	Guideline	014	020	I agree with the interpretation of the limited potential impact of not changing the D-dimer threshold for those patients with COVID approach reflects our real-world experience of the diagnosis of COVID-19-associated PE and DVT	Thank you for your response.
Royal College of Pathologists	Guideline	015	028	I agree with the committee opinion to highlight the lack of validation of the PERC score in patients with COVID-19	Thank you for your response.

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