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| **Increasing diagnostic yield of thrombophilia testing in deep vein thrombosis and pulmonary embolism** |
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| **Introduction/Aim:**  Thrombophilia testing may result in a change to management in patients with diagnosed venous thromboembolism (VTE). Queensland Health hospitals can provide this testing however it is timely and costly ($396 per screen). There are no specific guidelines within Queensland Health to help physicians decide when to order such testing. This retrospective audit aims to review patients that received thrombophilia testing at the Royal Brisbane and Women’s Hospital (RBWH) to establish if the testing was aligned with international recommendations and if it had implications for patient care.  **Methods:**  This retrospective study performed a chart review of all patients that received thrombophilia testing (for any indication) at the RBWH from January to December 2021. Variables that were recorded included patient demographics, risk factors, diagnosis, if they fulfilled pre-assigned testing recommendations, a previous history of VTE, positive test results, provoked or unprovoked status and if treatment was changed by thrombophilia screening. Patients were followed up until October 2023.  **Results:**  Of the 257 patients, 92 received testing for VTE, of which 70 were followed up. Of these patients, 47% (n=33) returned at least one thrombophilia test outside of the reference range however only five (7%) went on to have a change of their management as a result. Of the 70 patients tested, 53% (n=37) did not fulfil international recommendations for testing which amounts to $14,652 during the test period. Four of the five patients that had management changes retrospectively fulfilled international testing guidelines.  **Conclusion:**  Testing for thrombophilia at the Royal Brisbane and Women’s Hospital was discordant with international guidelines. These results suggest that only a small proportion of patients may benefit from thrombophilia screening and applying more targeted criteria to the patients of the Royal Brisbane and Women’s hospital may reduce costs while increasing diagnostic yield.  **Grant Support:** Nil      **Grant Support:** |