Academic Health Center Thrombophilia Consensus Group Update

Over the last two years, a thrombophilia consensus panel, composed of adult and pediatric hematologists, vascular surgeon, high risk obstetric physician and pathologists, has reviewed the literature and the data regarding the evaluation of appropriate thrombophilia testing.

Based on a comprehensive and updated review, the panel agrees with the consensus held by other experts, that in-patient inherited thrombophilia testing should NOT be performed. Our basis for this statement is in a document that has been previously distributed.

Therefore, it is our recommendation, from evidence-based medicine, that most of the in-patient testing, from the list of laboratory orders for inherited thrombophilia, should be removed. However, there are a few tests for Antiphospholipid Antibody Syndrome which will be available for in-patients. These include DRVVT, Anticardiolipin Antibodies, and Anti-Beta 2 Glycoprotein. The tests which will no longer be listed include: Protein C Activity, Protein S Activity, Antithrombin III Activity, Factor V Leiden and Prothrombin G20210A Gene Mutation. These tests may yield incorrect results leading to inappropriate therapy. Further testing may be warranted later in the out-patient setting. Additionally, testing should be performed thirty days after the thromboembolic event and fourteen days after discontinuation of anticoagulant medications, as this may also yield inaccurate results.