Post-Bleed Management of Antithrombotic Therapy Values and Preferences (PANTHER-VP): A Qualitative Study of Healthcare Providers

Person responsible (Chair / Principal Investigator): Dr. Deborah Siegal

Description Abstract
State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Suggested length is 2-3 paragraphs.

The overall goal of the Post-Bleed Management of Antithrombotic Therapy (PANTHER) research program is to determine the optimal strategy for restarting oral anticoagulants (OAC) after major OAC-related bleeding. After bleeding events, the dual therapeutic aims are (a) to prevent thrombosis and cardiovascular death, and (b) to minimize re-bleeding. This PANTHER values and preferences (PANTHER-VP) study addresses a vital element of the program - to determine physician values and preferences when making decisions about resuming OACs after gastrointestinal (GI) bleeding.

To our knowledge, there are no studies evaluating physician values and preferences following OAC-related GI bleeding and their influence on decision-making about resuming OACs. There are also no published data regarding barriers and facilitators of resuming OACs after GI bleeding. This proposed study will address these gaps by studying physician values and preferences that influence decisions after OAC-related GI bleeding using discrete choice experiments (DCE). This research will provide key information regarding the resumption of OAC after GI bleeding to inform clinical practice guidelines and plan future prospective clinical research. By understanding physicians’ values and preferences, we hope to reduce the burden of OAC-related GI bleeding overall and improve the lives of patients at risk of stroke and bleeding events.

Design and methodology (Data expected to collect, sample size and statistical analysis):
Describe concisely the research design and methods for achieving these goals. Suggested length 2-3 paragraphs

Discrete choice experiments (DCE) are a qualitative, validated methodology based on conditional logit used to elicit preferences for products or services (including those in healthcare) without asking respondents to state their preferred options. In DCE, respondents are presented with a set of scenarios with a set of competing alternative hypothetical scenarios. The scenarios contain characteristics of interest, each of which has several variations. We will use the DCE survey to evaluate the factors that influence physician decisions to resume OACs after GI bleeding by determining the preferences and comparing the importance of the key factors (previously identified during focus group discussions), including potential heterogeneity.

Our target sample size (convenience sample) is 150 respondents.
DCE-specific statistical analysis will be conducted using the Sawtooth software platform (Sawtooth Software, Provo, UT). Hierarchical Bayes analysis will be used to estimate preference coefficients (utilities) for each attribute and for each respondent. Segmentation analysis will be used to understand the extent and nature of heterogeneity among respondents.

Study population (Inclusion, exclusion, eligibility) (patient population; recruitment of participating institutions/physicians and subjects; minimum number needed; expected number):

Suggested length 2-3 paragraphs

Study Population:

Inclusion Criteria
1. Currently practicing medicine
2. Experience managing patients with an ongoing indication for OAC after GI bleeding
3. Able to provide informed consent

Exclusion Criteria
1. No experience in managing patients with an ongoing indication for OAC after GI bleeding

In addition to members of the ISTH Control of Anticoagulation subcommittee members, we plan to distribute this survey to physicians through the Canadian Association of Gastroenterology (CAG), Thrombosis Canada, The Canadian Venous Thromboembolism Clinical Trials and Outcomes Research (CanVECTOR) Network, the International Society on Thrombosis and Haemostasis, the Canadian Hematology Society and The Anticoagulation Forum. Our target sample size (convenience sample) is 150 respondents. Participants will also be recruited by email invitation.

Expected timeline:

<table>
<thead>
<tr>
<th>Project stage/set up</th>
<th>Fall 2018</th>
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</thead>
<tbody>
<tr>
<td>Launch</td>
<td>March 2019</td>
</tr>
<tr>
<td>Duration</td>
<td>1 year</td>
</tr>
<tr>
<td>Finalization/analysis</td>
<td>Spring 2020</td>
</tr>
<tr>
<td>Reporting</td>
<td>Summer 2020</td>
</tr>
</tbody>
</table>
Expected outcomes (ie. publications):

**Publication type (SSC Communication, Guidance document or original article):**

A manuscript will be submitted to a peer-reviewed scientific journal.

Description of project set/up and management, needed infrastructure and resources (summary):

The study is led by Dr. Deborah Siegal, a hematologist and Assistant Professor of Medicine and Investigator in the PHRI at McMaster University. Dr. Siegal is a member of ISTH and the ISTH Control of Anticoagulation and Perioperative and Critical Care subcommittees. Our research team has clinical expertise in thrombosis medicine, gastroenterology, and pharmacology. Our research coordinator, Ms. Tara Pinto, has formal training in qualitative research methods, designing and administering DCE and Sawtooth Software. The analysis will be conducted by our team. We are requesting that ISTH distribute the survey using direct e-mails and newsletters to members.

Possible references: