

## Self-Assessment Test

### Highlights from the XXII Congress of the International Society of Thrombosis and Haemostasis: Noteworthy News for Pharmacists Managing Antithrombotic Therapy

This program is located at <http://ashpmedia.org/symposia/isth2009>



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There are a total of 12 questions associated with this self-assessment test.

1. According to Dr. Dobesh, which of the following targets in the coagulation cascade is the subject of most current research and development efforts for new antithrombotic therapies?
  - a. Factor IXa and factor IIa (thrombin).
  - b. Factor Xa and factor IIa (thrombin).
  - c. Factor VIIa and tissue factor.
  - d. Factor VIIa and factor Xa.
2. Which of the following findings was observed from the ADVANCE-2 study comparing apixaban and enoxaparin in patients undergoing total knee replacement surgery?
  - a. Apixaban 2.5 mg orally twice daily failed to meet noninferiority criteria for preventing venous thromboembolism (VTE) when compared with enoxaparin 40 mg subcutaneously once daily.
  - b. Apixaban 2.5 mg orally twice daily was noninferior to enoxaparin 30 mg subcutaneously twice daily for preventing VTE.
  - c. Apixaban 2.5 mg orally twice daily was significantly more effective for preventing VTE than enoxaparin 40 mg subcutaneously once daily.
  - d. Apixaban 2.5 mg orally twice daily was significantly more effective for preventing VTE than enoxaparin 30 mg subcutaneously twice daily.
3. Which of the following statements about the safety and efficacy of oral direct factor Xa inhibitors for prevention of VTE in total knee replacement surgery is correct based on the results of the ADVANCE-1, ADVANCE-2, RECORD-3, and RECORD-4 studies?
  - a. Oral direct factor Xa inhibitors appear to be more safe and effective than enoxaparin only when the U.S. dosing strategy for enoxaparin is used.
  - b. Oral direct factor Xa inhibitors appear to be more safe and effective than enoxaparin regardless of whether the U.S. or European dosing strategy for enoxaparin is used.
  - c. Oral direct factor Xa inhibitors appear to be less safe and effective than enoxaparin regardless of whether the U.S. or European dosing strategy for enoxaparin is used.
  - d. Oral direct factor Xa inhibitors appear to be at least as safe and effective as enoxaparin, especially when the European dosing strategy for enoxaparin is used.



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4. Which of the following statements about the risk of inpatient VTE in hospitalized neutropenic cancer patients is correct?
  - a. The risk is not substantial in patients with any type of cancer.
  - b. The risk is substantial in patients with nonsolid cancers (e.g., leukemias, lymphomas) but not in patients with solid cancers.
  - c. The risk is substantial in patients with solid cancers but not in patients with nonsolid cancers (e.g., leukemias, lymphomas).
  - d. The risk is substantial in patients with all types of cancer.
  
5. Which of the following findings was significantly associated with the use of enoxaparin compared with observation in the CONKO 004 study of advanced pancreatic cancer patients receiving chemotherapy?
  - a. Improved survival.
  - b. Decreased time to progression of the cancer.
  - c. Increased risk of bleeding.
  - d. Reduced risk of symptomatic VTE.
  
6. Which of the following findings was significantly associated with the use of nadroparin compared with observation in the INPACT study of patients with prostate cancer, pancreatic cancer, or lung cancer?
  - a. Improved survival but an increase in risk for major or clinically-relevant bleeding.
  - b. Improved survival with no increase in risk for major or clinically-relevant bleeding.
  - c. No improvement in survival and no increase in risk for major or clinically-relevant bleeding.
  - d. No improvement in survival but an increased risk for major or clinically-relevant bleeding.
  
7. Which of the following findings were obtained from the CANBESURE trial comparing extended low molecular weight heparin (bemiparin) prophylaxis (28 days) with short-term prophylaxis (8 days) in cancer patients undergoing abdominal or pelvic surgery involving the gastrointestinal, genitourinary, or female reproductive organs?
  - a. Extended prophylaxis significantly reduced the rate of major VTE, without significantly increasing the risk of major bleeding.
  - b. Extended prophylaxis significantly reduced the rate of major VTE, but it also significantly increased the risk of major bleeding.
  - c. Extended prophylaxis did not significantly reduce the rate of major VTE, and it significantly increased the risk of major bleeding.
  - d. Extended prophylaxis did not significantly reduce the rate of major VTE or significantly increase the risk of major bleeding.



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8. New antithrombotic drug development efforts to address arterial thrombosis focus on pharmacologic uncoupling of
  - a. Atherosclerosis from inflammation.
  - b. Hemostasis from inflammation.
  - c. Thrombosis from inflammation.
  - d. Thrombosis from hemostasis.
  
9. According to Dr. Dobesh, which of the following is the greatest challenge associated with development of antiplatelet strategies targeting Src family kinases?
  - a. The potential for unexpected consequences.
  - b. The lack of understanding of platelet signaling.
  - c. The inability to identify platelet receptors for adhesion proteins.
  - d. The uncertain role of glycoprotein IIb/IIIa receptors in platelet aggregation.
  
10. In the case cohort study of a pharmacist-driven program to improve use of appropriate VTE prophylaxis presented at the International Society on Thrombosis and Haemostasis (ISTH) meeting, which of the following was observed?
  - a. A significant cost savings.
  - b. A significant reduction in the incidence of preventable VTE.
  - c. A significant reduction in the incidence of bleeding.
  - d. A significant increase in overall survival.
  
11. Research findings presented at the ISTH meeting related to the use of idrabiotaparinux suggest that
  - a. The drug's anti-Xa activity is readily reversed by avidin.
  - b. The drug's anti-Xa activity is readily reversed by vitamin K.
  - c. The drug's short half-life reduces the risk of bleeding.
  - d. The drug's long half-life reduces the risk of bleeding.
  
12. Based on the results of an analysis of the records of more than 2700 patients with warfarin-related intracerebral hemorrhage (ICH) presented at the ISTH meeting, which of the following actions regarding resumption of warfarin could be considered?
  - a. Discontinue warfarin permanently.
  - b. Resume warfarin the first week after the ICH.
  - c. Resume warfarin the third week after the ICH.
  - d. Resume warfarin at least 30 days after the ICH.



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