

Do not test for thrombophilia in adult patients with venous thromboembolism (VTE) occurring in the setting of major transient risk factors

Thrombophilia testing in presences of a major transient risk factors such as surgery, pregnancy, or prolonged immobilization, trauma, or Hormonal therapy currently not recommended, because genetic testing does not change the duration and management of Venous thromboembolism treatment occurring in the setting of major transient factors.

Importantly patients will be incorrectly labeled as disease state, which lead into harm to patients from risk of bleeding and longer duration of anticoagulation.

In addition, thrombophilia testing is very costly, and it is of general consensus that the majority of patients presenting with a major transient risk factors for VTE should not be tested. Screening for inherited thrombophilia can be done through family history for VTE, without the need for Genetic testing for Thrombophilia.

Chong LY, Fenu E, Stansby G, Hodgkinson S. Management of venous thromboembolic diseases and the role of thrombophilia testing: summary of NICE guidance. *BMJ*. 2012 Jun 27;344:e3979.

Baglin T, Gray E, Greaves M, Hunt BJ, Keeling D, Machin S, Mackie I, Makris M, Nokes T, Perry D, Tait RC, Walker I, Watson H; British Committee for Standards in Hematology. Clinical guidelines for testing for heritable thrombophilia. *Br J Haematol*. 2010 Apr;149(2):209-20 .

Wu O, Robertson L, Twaddle S, Lowe GD, Clark P, Greaves M, Walker ID, Langhorne P, Brenkel I, Regan L, Greer I, Screening for thrombophilia in high-risk situations: systematic review and costeffectiveness analysis. The Thrombosis: Risk and Economic Assessment of Thrombophilia Screening (TREATS) study. *Health Technology Assessment* 2006;10(11):1-110.

Connors JM. Thrombophilia testing and venous thrombosis. *N Engl J Med* 2017;377:1177–87