

Grand Rounds

4/16/2020

1. **Which statements are correct about COVID Coagulopathy?**
 - A. It is characterized by elevation of fibrinogen and D-dimer level
 - B. Thrombocytopenia is mild
 - C. It is similar to DIC in bacterial sepsis with marked decrease in coagulation factor levels
 - D. Patients have a severe bleeding phenotype
 - E. **A and B**

2. **Which statements are correct? Preliminary data suggest that hospitalized patients with COVID-19...**
 - A. Should all get at least prophylactic-dose anticoagulation (unless significant bleeding contraindications are present)
 - B. May have DVT or PE in spite of standard-dose anticoagulation
 - C. Have a lower mortality if treated with anticoagulation
 - D. Have a higher mortality if the D-dimer is very high ($\geq 6x$ upper limit of normal)
 - E. **All of the above**

3. **Which statement is correct?**

When anticoagulation is indicated in a patient with cancer and DVT or PE...

 - A. LMWH continues to be the gold standard as it is more effective than warfarin and DOACs
 - B. Warfarin is the 1st line treatment as it is more effective than LMWH and DOACs
 - C. **The DOACs (Apixaban, Rivaroxaban, Edoxaban) are good treatment options as they are at least as effective as LMWH**

4. **How long should a patient with proximal leg DVT be treated with anticoagulation?**
 - A. If associated with hip replacement surgery: 3 months
 - B. If unprovoked: consider long-term
 - C. A patient's preference regarding use of anticoagulation can be assessed with the warfarin/apixaban/rivaroxaban "hate factor"
 - D. A positive D-dimer after 3-6 months of anticoagulation treatment for a DVT or PE is a predictor of a higher risk of recurrent DVT/PE.
 - E. **All of the above.**

5. **A patient who is on apixaban 5 mg twice daily for atrial fibrillation (CHADS-2 score 4) needs to undergo knee replacement surgery. Creatinine is 0.5 mg/dL. What's the appropriate pre-management?**
 - A. Do not take apixaban for 5 days before the surgery; bridge with LMWH
 - B. Do not take apixaban for 5 days before the surgery; no LMWH bridging
 - C. Do not take apixaban for 2 days before the surgery; bridge with LMWH
 - D. **Do not take apixaban for 2 days before the surgery; no LMWH bridging**