Approximately half of all respondents felt that they understood how coagulation laboratories operate (38% vs 75%), and were also about half as likely to have had previous training in a coagulation laboratory (26% vs 75%) (Figure 5). Although the majority of both non-HTC and HTC respondents (62% vs 75%) were familiar with the details of coagulation laboratory testing, there were differences in interest in continuing education topics. Non-HTC respondents were more likely to test at regular intervals and when patients required on-demand factor replacement (42% vs 34%) (Table 2). HTC respondents were more likely to test at irregular intervals and when patients required factor replacement (23% vs 16%) (Figure 1).

Practice Patterns

A smaller proportion of non-HTC respondents expressed concerns regarding the reliability of OS for both diagnosis (38% vs 67%) and monitoring (38% vs 75%) (Figure 4). HTC respondents were more concerned about the reliability of one-stage clot-based assays. Physicians who did not work at an HTC reported less frequent utilization of chromogenic factor assays and were less concerned about the reliability of one-stage clot-based assays. Physicians who worked at an HTC reported more concern regarding the reliability of OS assays for both diagnosis and monitoring. There is a need for future educational efforts to illustrate the importance of these assays for diagnosis and monitoring of hemophilia to increase confidence among clinicians and to improve patient care.

Information Seeking and Interest in Future Topics

An interest in factor assay education was reported by 80% of all participants. Top areas of interest included available assays and tests, assay quality (68%), and treatment guidelines, medical journals, and national experts (78%) (Figure 7). The most influential sources for adopting new practices were guidelines, medical journals, and national experts (39%) (Figure 7). There was a need for future educational efforts to illustrate cases of when to utilize chromogenic factor activity assays for diagnosis and monitoring of hemophilia to increase confidence among clinicians and to improve patient care.

Methods

• Adult and pediatric hematologists that currently manage patients with hemophilia were invited to complete an online survey.
• Survey questions assessed the following:
  - Practice patterns surrounding use of coagulation assays
  - Attitudes toward and familiarity with coagulation assays
  - Information seeking and interest in future topics
• Participants were compensated for their time.

Results

Demographics

Of 51 hematologists that completed the survey, the majority (98%) specialized in adult hematology. Among all respondents, 24% were affiliated with a hemophilia treatment center (HTC).

Among all respondents, the majority (62%) had managed hemophilia patients for more than 10 years. Overall, non-HTC physicians saw fewer hemophilia patients per week compared to HTC respondents. Approximately one-third of all respondents agreed that they did not have ready access to a CS assay at their institution. Approximately half (52%) of all respondents ordered more than 10 factor assays each month (Table 2). In general, non-HTC physicians ordered fewer assays than HTC respondents. Non-HTC respondents utilized CS assays more often than HTC respondents (49% vs 67%) (Figure 2).

Physicians who worked at an HTC reported higher interest in continuing education topics than non-HTC physicians (75% vs 62%) (Figure 4). HTC respondents were more likely to test at regular intervals and when patients required on-demand factor replacement (42% vs 34%) (Table 2). HTC respondents were also about half as likely to have had previous training in a coagulation laboratory (26% vs 75%) (Figure 5). Although the majority of both non-HTC and HTC respondents (62% vs 75%) were familiar with the details of coagulation laboratory testing, there were differences in interest in continuing education topics. Non-HTC respondents were more likely to test at regular intervals and when patients required on-demand factor replacement (42% vs 34%) (Table 2). HTC respondents were more likely to test at irregular intervals and when patients required factor replacement (23% vs 16%) (Figure 1).

Conclusions

Most hematologists are familiar with assay interpretation, but are less familiar with the details of coagulation laboratory testing. Approximately half of all respondents felt that they understood how coagulation laboratories operate. Physicians who did not work at an HTC reported less frequent utilization of chromogenic factor assays and were less concerned about the reliability of one-stage clot-based assays. Physicians who worked at an HTC reported more concern regarding the reliability of one-stage clot-based assays. There is a need for future educational efforts to illustrate cases of when to utilize chromogenic factor activity assays for diagnosis and monitoring of hemophilia to increase confidence among clinicians and to improve patient care.