This is Serious
A Public Awareness Campaign for Preventing VTE
CDC and VDF

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Melissa Neal, Spirit of Women
Outline

• Overall program plan
• Year 2 update
• Year 3 initiative
• Year 4 planning
• Year 5 and beyond: Growth and Outreach
Centers for Disease Control and Prevention
Promoting the Health of People with Clotting Disorders

Purpose:

• Provide access to public health programs that provide credible health information

• Increase knowledge and awareness, or influence perceptions, beliefs and attitudes of people who have been affected by VTE
Activities

• 5 year cooperative agreement between VDF and CDC
• Program plan development
• Evaluation and measurable outcomes
• Presentations and Implementation
Women and VTE

Women make >90% of household healthcare decisions\(^1\)


"He handles the remotes. I handle everything else."
Women and VTE

VTE is the most common cause of maternal death\(^2\)

>80,000 VTE hospital events in pregnant women\(^3\)


VTE: A Public Health Concern

• VTE common after surgery or cancer

• Lack of awareness and education specific to this population

4,5: Surgeon General’s Call to Action to Prevent Deep Vein Thrombosis and Pulmonary Embolism, 2008
Vascular Disease Foundation
CDC Cooperative Agreement

Spirit of Women (SOW) Hospital Network

VDF and SOW have increased VTE awareness among more than 70,000 women in 63 U.S. cities in 2008-2009.
Vascular Disease Foundation
CDC Cooperative Agreement

Women and VTE

Year One: General Women and VTE

Year Two: Pregnancy/Postpartum

Year Three: Trauma/major surgery in Women

Year Four: Cancer in Women

Year Five: Expansion of all modules through VDF network hospitals and VDC
Vascular Disease Foundation
CDC Cooperative Agreement

This Is Serious Campaign

Each module has a two-year development cycle:

- **Year one**: Develop and distribute through Spirit of Women Hospitals
- **Year two**: Additional hospitals and clinics within Spirit of Women and VDF membership network
Women and VTE Concept

- Intense, powerful, open faces of real women
- Bold statement, in your face placement
- Emotive, personal sound byte and story
- Quick, actionable education bullets
50,000 visits to new website since introduced
This Is Serious: Year 2
Pregnancy and Postpartum

What Can I Do to Decrease My Risk?
- Exercise regularly
- Maintain a healthy weight
- Don’t smoke
- When sitting for long periods of time, or when traveling for more than six hours:
  - Exercise your legs frequently while you’re sitting
  - Change and walk around every two to three hours
- Wear loose-fitting clothes
- Drink plenty of water, and limit alcohol and caffeine

Before and during hospitalization:
- Before any surgery or hospital stay, talk to your health care provider about prevention of blood clots.
- Tell your health care provider if you have any risk factors for DVT.
- Ask questions:
  - If you have been warned to be, never stand on your feet, and sit or work at a desk for long periods of time,
  - If you have any questions about your risk for DVT
- Make sure that you’re seen by a health care provider before you are discharged from the hospital.

What is Deep Vein Thrombosis (DVT)?
DVT occurs when a blood clot forms in the leg, thigh, or pelvis. These clots usually develop in the lower leg, thigh, or pelvis.

What is Pulmonary Embolism (PE)?
PE occurs when a part of a clot breaks off and travels into the lungs. This may be life-threatening.

Why Does Pregnancy Increase My Risk for DVT/PE?
When you are pregnant, many changes are taking place in your body. Higher estrogen levels make your blood more likely to clot. The enlarging uterus can compress veins in your abdomen and lower extremities, which increases your risk for DVT. In the weeks after delivery, the changes in your body that took place over nine months rapidly return to normal.

Are Only Pregnant Women at Risk?
No. Anyone may be at risk for DVT. The more risk factors you have, the greater your chances are of developing DVT.

What is the risk factor?
- Hospitalization for a medical reason
- Surgery (including c-section or pelvic)
- Personal history of DVT or PE
- Family history of DVT or PE
- Varicose veins
- Pregnancy age
- Increased estrogen from tamoxifen, hormone therapy, or birth control
- Extended bed rest
- Obesity
- Smoking
- Immobility

What are the symptoms and signs for DVT and PE?
- Often DVT and PE are silent and go undetected.
- Symptoms of DVT include:
  - Recent swelling of a limb
  - Unexplained pain or tenderness of a leg
  - Ulcer or abrasion of the skin
- Symptoms of PE can include:
  - Recent or sudden shortness of breath
  - Chest pain
  - Coughing up blood
  - Sudden collapse
  - Hypoxia (low levels of oxygen in the body)

If you have any of these symptoms, it is an emergency and you should seek medical help immediately.

Take care of your family by taking care of yourself. Know how to recognize the symptoms and signs of DVT and PE. Discuss your risk with your doctor.
DVT: What You Weren’t Expecting

Did you know that you are more likely to experience a blood clot called deep vein thrombosis (DVT) while you are pregnant and during the first six weeks after you deliver?

What is Deep Vein Thrombosis (DVT)?
DVT occurs when a blood clot forms in a large vein. These clots usually develop in the lower leg, thigh, or pelvis.

What is Pulmonary Embolism (PE)?
A PE occurs when part of a clot breaks off and travels into the lungs. This may be life-threatening.

Are Only Pregnant Women at Risk?
No. Anyone may be at risk for DVT. The more risk factors you have, the greater your chances are of developing DVT.

What are the risk factors?
- Hospitalization for a medical illness
- Surgery (including c-section) or trauma
- Personal history of DVT or PE
- Family history of DVT or PE
- Cancer and cancer treatments
- Increasing age
- Limited mobility from injury, treatment, hormone therapy or birth control
- Cigarette smoking
- Immobility

To learn more and to register for an upcoming prenatal class, contact us at 900-000-0000.

No Worries: Top tips to keep mom and baby healthy and happy.

Congratulations on your new baby. Keep this resource handy to ensure that you and your new baby stay healthy and safe.

Blood Clot?
You may have a higher risk of developing a blood clot while you are pregnant and during the first six weeks after delivery. Deep Vein Thrombosis (DVT) occurs when a blood clot forms in a large vein. These clots usually develop in the lower leg, thigh, or pelvis. If they can travel to other areas in the body, Pulmonary Embolism (PE) occurs when part or all of a clot breaks off and travels into the lungs. This may be life-threatening.

What are the symptoms and signs of DVT?
- Swelling of one limb
- Unexplained pain or tenderness of a leg
- Skin that may be warm to the touch
- Redness of the skin

What are the symptoms and signs of PE?
- Breathing difficulty
- Chest pain
- Coughing up blood
- Sudden onset of shortness of breath

Other causes of chest symptoms are the emergency and you should seek medical help immediately.

Feeling Coped Up?
You can still be your normal self, just use your imagination when traveling outside of your home. Consult with your pediatrician for tips on how to keep your baby safe outside the home.

Does My Baby Look Yellow?
When too much bilirubin builds up in the baby’s body, the skin and whites of the eyes may turn yellow. This yellow coloring is jaundice. If you notice this yellow coloring, call your pediatrician immediately.

Spit Up – What’s Normal?
Spitting up is a normal part of growing up for many newborns. As long as the baby is not uncomfortable and is still gaining weight, you should not worry. Call your pediatrician if the baby has any unusual symptoms.

How Can I Reduce the Risk of Sudden Infant Death Syndrome (SIDS)?
Reduce the risk of SIDS by placing your baby on their back to sleep. Place them on a firm sleep surface, keep soft and loose objects, bedding out of the sleep area and do not let the baby smoke.

How Much Should My Baby Sleep?
Newborn babies sleep in bursts or more a day, usually one to two hours at a time. By three months of age, many babies are sleeping for at least five hours at a time. By six months of age, nighttime sleep of six to seven hours is possible. You will sleep again!

Why Are Immunizations Important?
Vaccines are very important to your baby’s health. If you don’t vaccinate your child, you lose the benefits of a live vaccine. You can’t avoid the disease by getting vaccinated. You may be more likely to experience side effects after delivery than during pregnancy. Most of the time, it occurs within one to three weeks after delivery. You can read this happen and a doctor for help.

Will I Ever Feel Energized Again?
This season of no sleep will pass. Get your sleep when you are fresh. Make sure you eat a healthy breakfast. Eating a healthy and balanced diet is one of the best ways to maintain energy. You may also want to try to get out and walk. The fresh air will feel wonderful, and the movement will help you feel the baby weight.

What’s the Future?
Your baby’s story will be just as unique as you. It’s not about being perfect. It’s about being you. If you are surrounded by love and support, call your pediatrician.

Make your doctor your partner in health. Share your family history, ask questions, talk about your concerns, and don’t be afraid to speak up when you think something is wrong.
Education and Dissemination

- **Childbirth classes**
  - Breastfeeding 101
  - Childbirth prep
  - Baby Essentials
  - Baby Care
  - Daddy Boot Camp
  - CPR
  - High Risk Childbirth
  - Lamaze
  - Pregnancy Exercise

- **Community Partnerships**
  - Babies R’ Us
  - A Pea in the Pod
  - Motherhood maternity
  - The Baby’s Room
  - Target

- **Obstetrician offices**
- **Discharge packets**
- **Health Departments**
- **Social Networking**
This Is Serious

• Developed second module: DVT and PE during pregnancy and postpartum period

• Creative material design and key messaging with same theme

• Program launched in conjunction with the OB module via the SOW Hospital Network, June 2011

• 52 SOW hospitals participated

• 52,000 DVT/PE brochures
• 52,000 No Worries fact sheet
• 3900 Posters
Program Evaluation
Year 2

Of 220 respondents:

• 92% had a better understanding of DVT/PE after attending the event
• 72% said they were more likely to discuss DVT/PE with their health care provider
• 57% were more likely to discuss DVT/PE with their friends and family
Year 3: Trauma and major surgery
# Population Attributable Risk for VTE

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Adjusted AR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization with surgery</td>
<td>24%</td>
</tr>
<tr>
<td>Hospitalization without surgery</td>
<td>22%</td>
</tr>
<tr>
<td>Active cancer</td>
<td>18%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>13%</td>
</tr>
<tr>
<td>Trauma</td>
<td>12%</td>
</tr>
<tr>
<td>Prior CVC or pacemaker</td>
<td>9%</td>
</tr>
<tr>
<td>Neurologic disease with leg paresis</td>
<td>7%</td>
</tr>
</tbody>
</table>

(case-control study/adjusted for age, sex, year)

Heit - Arch Intern Med 2002;162:1245
Symptomatic VTE after Surgery

- California Patient Discharge Database (N = 1,653,275)
- VTE during surgical admission or within 3 months
  - Thromboprophylaxis data was not available

<table>
<thead>
<tr>
<th>Benign disease</th>
<th>Malignant disease</th>
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</thead>
<tbody>
<tr>
<td>Hip replacement 2.4%</td>
<td>Craniotomy 3.6%</td>
</tr>
<tr>
<td>Craniotomy 2.3%</td>
<td>Colectomy 1.7%</td>
</tr>
<tr>
<td>Knee replacement 1.7%</td>
<td>Pneumonectomy 1.6%</td>
</tr>
<tr>
<td>Coronary bypass 1.1%</td>
<td>Rad. Prostatectomy 1.5%</td>
</tr>
<tr>
<td>Colectomy 1.1%</td>
<td>Hysterectomy 1.2%</td>
</tr>
<tr>
<td>Hysterectomy 0.3%</td>
<td>Mastectomy 0.4%</td>
</tr>
<tr>
<td>TUR prostate 0.3%</td>
<td></td>
</tr>
<tr>
<td>Lap. Cholecystectomy 0.2%</td>
<td></td>
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</tbody>
</table>
Postoperative VTE is Associated With Increased Mortality

- 118,258 surgical patients in 120 VA hospitals

<table>
<thead>
<tr>
<th>VTE</th>
<th>30-day Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>4.4%</td>
</tr>
<tr>
<td>Yes</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

Symptomatic VTE is associated with significantly increased 30-day mortality

Gangireddy - J Vasc Surg 2007;45:335
DVT: Avoid the Danger

LEARN! ASK! PREVENT!

To LEARN about the other risk factors for DVT, visit www.ThisIsSerious.org. Take this information and ASK your health care provider about your risk and PREVENT DVT!

What is Deep Vein Thrombosis (DVT)?
DVT occurs when a blood clot forms in a large vein. These clots usually develop in the lower leg, thigh or pelvis. DVT can lead to pulmonary embolism.

What is Pulmonary Embolism (PE)?
PE occurs when part or all of a blood clot breaks off and travels into the lungs. This may be life-threatening.

Am I Only at Risk for DVT After Surgery?
No. There are multiple risk factors, and anyone may be at risk for DVT. The more risk factors you have, the greater your chances are of developing DVT.

RISK IS INCREASED
FOR SURGICAL PATIENTS

Wishing You a Smooth Recovery — Without DVT or PE

To LEARN about the other risk factors for DVT, visit www.ThisIsSerious.org. Take this information and ASK your health care provider about your risk and PREVENT DVT!

What Are the Symptoms and Signs for DVT and PE?
Often DVT and PE are silent and go undetected.

Symptoms of DVT include:
- Recent swelling of a limb
- Unexplained leg pain or tenderness
- Skin that is warm to the touch
- Skin reddens

If you have any of these symptoms, call your healthcare provider immediately.

Symptoms of PE can include:
- Recent or sudden shortness of breath
- Chest pain
- Coughing up blood
- Sudden collapse

If you have any of these symptoms, it is an emergency and you should seek medical help immediately.

Prevention and Early Detection Are Essential
Compression stockings and blood thinner medications (anticoagulants) are often used to help prevent DVT and PE while you are in the hospital and after discharge. In the hospital, your health care team looked for DVT and PE. Now, you and the people caring for you need to know what to look for.

You Can Reduce Your Risk
- Be on the lookout for signs and symptoms — if you develop any, contact your doctor immediately.
- If your doctor prescribed compression stockings, wear them.
- Continue any blood thinner medication as directed.
- Keep moving as much as you can, even while in bed or sitting.

To LEARN about the other risk factors for DVT, visit www.ThisIsSerious.org.
SOW dissemination through 104 hospital network

Evaluation:
Hospital coordinators
Physicians
Patients
Year 4: Cancer
Why You Should Care
VTE and the Public Health Burden

Patients with cancer: approximately 19.8%

All DVT and PE

One-fifth of all VTE occurs in patients with cancer

Virchow’s Triad

Activation of Coagulation (Hypercoagulability)

Malignancy:

- VTE is a major complication in cancer patients
- 1 in 5 cancer patients experience a thrombotic event
- Cancer patients are at 7 times greater risk than general population for VTE - greatest risk with hematologic cancers followed by lung and GI tract cancers

Malignancy:

- Risk for VTE in cancer is greater if patient also has distant metastases, Factor V Leiden or Prothrombin 20210A mutation
- **Chemotherapy** increases the risk for VTE by multiple mechanisms: direct toxicity to vascular endothelium, release of procoagulants from activated cancer cells, suppression of natural anticoagulants and fibrinolytics
Rates of VTE by Cancer Type

N = 17,284

P<0.0001 for all comparisons vs controls

% Patients

- Lung: 13.9
- Colorectal: 10.6
- Bladder: 8.2
- Ovarian: 11
- Pancreatic: 19.2
- Stomach: 15.8
- Control: 1.4

Khorana AA et al, ISTH 2011
Cancer is Omnicoagulable

Natural history following major surgery

Incidental VTE in cancer with chemotherapy

- Retrospective, single institution cohort study
- N = 1,921 medical records of cancer patients (solid T + chemotherapy)

Portal or splanchnic veins 10%
Upper limbs DVT 8%
Iliac-cava vein 4%
Lower limbs DVT + SPT* 6%
Renal veins 2%
PE alone 26% (Lower limbs DVT alone 31%)
PE with lower limbs DVT 13%

Kakkar VV et al. Lancet 1969, August 2: 230-33
932 patients receiving cisplatin-based chemotherapy at MSKCC in 2008

- TEE occurred in 18.1%
- Nearly one-half were incidental

Moore et al, JCO 2011
Bleeding, Too, Is Frequent In Cancer

N = 17,284

P<0.0001 for all comparisons vs controls

% Patients

Lung: 22.1
Colorectal: 18.3
Bladder: 34.9
Ovarian: 18.9
Pancreatic: 23.4
Stomach: 23.4
Control: 7.0

All Bleeding

Khorana et al ISTH 2011
VTE in Cancer Is Primarily An Outpatient Illness

78.3% (N=780)

21.7% (N=216)

Khorana AA et al ASH 2011
Preventing VTE in Cancer

Cancer Patients
Clinical setting

Major cancer surgery
- ENOXACAN-1
- Canadian Colorectal DVT Prophylaxis
- ENOXACAN-2
- FAME
- CANBESURE

Hospitalization for acute medical illness
- MEDENOX
- PREVENT
- EXCLAIM

Outpatient chemotherapy
- PROTECHT
- CONKO-004
- FRAGEM
- SAVE-ONCO
Patient and Provider Awareness
Survey of 500 Adults Diagnosed with Cancer within 12 Months of Sampling

Were Informed by Doctor or Healthcare Professional about DVT Risk Due to Cancer

- All Respondents (n = 500)
  - 27%
- Inpatients (n = 206)
  - 44%
- Outpatients (n = 294)
  - 14%

Year 4 planning highlights Cancer and VTE

• Key stakeholder meeting: CDC, VDF, SOW, VDC
• Discussion of venues for education of patients and providers: inpatient vs. outpatient
• Patient education: risk, signs/symptoms
• Provider education: reasons you should educate patients about VTE and Cancer
• Dissemination: Cancer centers, Infusion clinics
• Input and evaluation: oncologists and nurse providers
Year 5 and beyond
What is a recent estimate of the burden of VTE?

VTE Incidence
In North America
Meta-analysis
1990-2011

Study objectives and literature search strategy through The 11th Rocky Mountain Workshop on How to Practice Evidence-Based Health Care (http://ebhc.ucdenver.edu). Supported by a grant from the Agency for Healthcare Research and Quality (AHRQ) - 5R13HS016741-03

Rathbun S, Tafur A, Casanegra A et al. for VDF(submitted)
VTE incidence

- **VTE risk hospital** 2.5% (95% CI 1.24-4.17%)
  - DVT 6.22% (.49-17.7%)
  - PE 1.33% (.08-4.07%)
- **VTE risk community** 1.76/1000 person-years
  - DVT 2.07/1000 person-years (.31-3.83)
  - PE 1.02/1000 person-years (0-2.14)
  - PE mortality 26% at 1 year

Rathbun S, Tafur A, Casanegra A et al. for VDF (submitted)
Annual Incidence of VTE
By Age and Gender

Silverstein. Arch IM 1998
Aging of the Boomers

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2010</th>
<th>2020</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>36-54</td>
<td>46-64</td>
<td>56-74</td>
<td>66-84</td>
</tr>
<tr>
<td>Count</td>
<td>78 Million</td>
<td>75 Million</td>
<td>70 Million</td>
<td>58 Million</td>
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</table>
Hospital admissions of Boomers will more than double...

Number of Hospital Admissions

<table>
<thead>
<tr>
<th>Year</th>
<th>Non Boomer Adults</th>
<th>Boomers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>23.0</td>
<td>8.7</td>
<td>31.7</td>
</tr>
<tr>
<td>2010*</td>
<td>25.5</td>
<td>8.9</td>
<td>34.4</td>
</tr>
<tr>
<td>2020*</td>
<td>24.0</td>
<td>16.5</td>
<td>40.5</td>
</tr>
<tr>
<td>2030*</td>
<td>23.0</td>
<td>22.9</td>
<td>45.9</td>
</tr>
</tbody>
</table>

...leading to a majority of hospital patients being over 65.

Total Hospital Admissions (2004 estimate)

- Over 65: 38%
- Under 65: 62%

Total = 35 Million

Total Hospital Admissions in 2030*

- Over 65: 56%
- Under 65: 44%

Total = 49 Million

* Projected.
1 Non-Boomer adults indicates non-Boomers over the age of 15.
Source: FCG projections based on National Center for Health Statistics,
Insights into Boomers

1. An American turns 50 every 7.5 seconds — that’s more than 10,000 people every day. By 2015, those 50 and older will represent 45% of the U.S. population.

2. Baby Boomers are often split into two groups based on age. They are made up of the roughly two decades from 1946-1964. A more effective way to segment is by household composition: kids <18 at home, or “empty nesters”.

3. Baby Boomers could be starting a new family, caring for elderly parents, retired, or paying for kids to go to college.

4. Baby Boomers are rule breakers. Individuality over conformity is a consistent Boomer pattern. They always have done it differently than the way it was done before.

5. People of Hispanic origin comprise 10% of the Baby Boomers. This compares to over 15% of the total US population that reports Hispanic origin.

6. Only 11 percent of Baby Boomers are planning to stop working entirely when they reach retirement age.

7. Baby Boomers first impressions are always emotionally based, more durable and more difficult to reverse than younger generations.

8. Baby Boomers like to tell their story and the Internet has facilitated their "get it all out there and share it with the world" tendencies.


10. Baby Boomers are adventurous and have a strong desire to see places and species that are vanishing, and experience them before the opportunity is lost.
Similarities among Baby Boomers

There are a few common trends that apply to the majority of Baby Boomers:

- **Working longer**—Only 11 percent of Baby Boomers are planning to stop working entirely when they reach retirement age.
- **Maintaining Youthfulness**—Baby Boomers are living longer and many are looking for ways to keep up their appearances.
- **Health Management**—Boomers will redefine health care through greater numbers of individuals accessing the health care system, and by demanding that care be more tailored to their individual health needs.
- **Righting Relationships**—Reconnecting and spending more time with family.
- **Going Green**—Feeling a great responsibility to help clean up the environment.
- **Online Activities**—More Boomers are working and playing online.
- **Volunteering**—Willing to donate their time for a good cause.
Information Sources for Boomers

- Doctor: 62%
- Magazine: 45%
- TV: 38%
- Website: 37%
- Newsletter: 31%
- Family: 28%
- Friends: 27%
- Library: 14%

SOURCE: Experian Simmons National Consumer Study (Fall 2008)

Top 5 Magazines for Boomers

- Parade: 44%
- People: 32%
- AARP: 28%
- BH&G: 26%
- TIME: 23%
The Internet

Baby Boomers invented the Internet, and are more comfortable with new technology than many people give them credit. The top sites visited by Baby Boomers (in last 30 days) do not vary widely from mainstream American Internet users.\(^{22}\)

<table>
<thead>
<tr>
<th>Websites Boomers Visited (last 30 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Google.com</td>
</tr>
<tr>
<td>Yahoo.com</td>
</tr>
<tr>
<td>Ebay.com</td>
</tr>
<tr>
<td>Amazon.com</td>
</tr>
<tr>
<td>Weather.com</td>
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<tr>
<td>MSN.com</td>
</tr>
<tr>
<td>AOL.com</td>
</tr>
<tr>
<td>Hotmail.com</td>
</tr>
</tbody>
</table>

40% 26% 16% 16% 14% 13% 10% 7%

SOURCE: Experian Simmons National Consumer Study (Fall 2008)\(^ {22}\)

- More than 65 of the 78 Million Baby Boomers are online\(^ {23}\).
- Baby Boomers make up one-third of the 195 million web users in the United States.\(^ {24}\)
Goals of the Expansion

Target audience: Baby boomers/Geriatrics

- **Burden of Disease**
- **Risk factor** assessment/Signs and Symptoms
- **Talking points** to/for Health Care Providers
- **Hospital VTE prevention**: Direct and Indirect benefits
- **Friends and Family**
- **Beyond prevention**: medical treatment, clot removal, management of chronic venous insufficiency/PTS
Expansion partners

- CDC
- Venous Disease Coalition members
- Spirit of Women
- Professional Medical/Non-medical societies
- Health Care Systems
- Advocacy Groups and Associations
- Industry
- Media
- Celebrities and Entertainment
THIS IS SERIOUS
Learn More About Women + DVT/PE

T H I S   I S   S E R I O U S
LISTEN TO ME

www.ThisIsSerious.org

K N O W   Y O U   R R I S K