



**Novel anticoagulants for cerebral venous thrombosis**

**1. How many cerebral venous thrombosis (CVT) cases would you estimate are evaluated annually at your site?**

- 0-1
- 2-5
- More than 5
- Unsure / don't know

**2. What is your \*initial\* antithrombotic strategy for patients with cerebral venous thrombosis? i.e., which medication would you start \*first\* in a CVT patient, even if you subsequently switch to a different antithrombotic? (Can select more than one if your practice changes depending on patient-related or other factors)**

- Unfractionated heparin
- Low-molecular weight heparin
- Warfarin
- Novel anticoagulant (dabigatran, rivaroxaban, apixaban, edoxaban)

**3. If your practice varies with regards to \*initial\* antithrombotic, for what percentage of cases would you estimate you use each antithrombotic \*initially\* for cerebral venous thrombosis? (If you always use the same agent select ">90%")**

	0-10%	11-25%	26-50%	51-75%	76-90%	>90%
Unfractionated Heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-molecular weight heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novel anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other (please specify)**

Type here

**4. Which factors, if any, affect your choice of initial antithrombotic and to what extent? (0=Not at all, 1=rarely, 2=frequently, 3=consistently)**

	Not at all	Rarely	Frequently	Consistently
Patient age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient comorbidities excluding pregnancy/breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether patient is pregnant/breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence/size of venous hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence/size of venous infarct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent of venous thrombus burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medico-legal concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient's ability to swallow oral medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Rarely	Frequently	Consistently
Neurological impairment requiring hospital admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other (please specify)**

Type here

**5. What is your maintenance (ie. following discharge) antithrombotic strategy for patients with cerebral venous thrombosis?**

- Low-molecular weight heparin
- Warfarin
- Novel anticoagulant

**Other (please specify)**

Type here

**6. If your practice varies with regards to choice of maintenance antithrombotic, for what percentage of cases would you estimate you use the following anticoagulants (If you always use the same agent select ">90%"):**

	0-10%	11-25%	26-50%	51-75%	76-90%	>90%
Low-molecular weight heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novel anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other (please specify)**

Type here

**7. What factors, if any, affect your choice of maintenance anticoagulant and to what extent?**

	Not at all	Rarely	Frequently	Consistently
Patient comorbidities excluding pregnancy/breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether patient is pregnant/breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extent of venous thrombus burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medico-legal concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other (please specify)**

Type here

**8. In an uncomplicated cerebral venous thrombosis patient (ie. first instance of thromboembolism AND without an identifiable underlying genetic/acquired thrombophilia), for how long do you routinely recommend anticoagulation?**

- 6 months or less
- Longer than 6 months but less than 1 year
- Longer than 1 year
- It depends on the results of repeat vascular imaging
- I consult a hematologist and follow their recommendations with regards to duration of anticoagulation

**Other (please specify)**

**9. Have you ever prescribed a novel anticoagulant for cerebral venous thrombosis?**

- No, never
- Yes, as the initial anticoagulant
- Yes, as the maintenance anticoagulant

**10. If you answered yes to question 9, which agent(s) have you prescribed for cerebral venous thrombosis?**

- Dabigatran
- Rivaroxaban
- Apixaban
- Edoxaban
- I have never prescribed a novel oral anticoagulant for cerebral venous thrombosis

**11. If you answered no to question 9, do any of the following reasons play a role in your decision?**

- There are no clinical trials supporting the use of novel anticoagulants for this indication
- There are no clinically available reversal agents if there were bleeding complications while using this agent
- I have concerns regarding my medico-legal liability regarding use of this agent off-label
- I answered yes to question 9

**Other (please specify)**

**12. In which province do you practice?**

- British Columbia
- Alberta

- Saskatchewan
- Manitoba
- Ontario
- Québec
- New Brunswick
- Nova Scotia
- Prince Edward Island
- Newfoundland
- Territories

**13. How long have you practiced as a neurologist?**

- I am still completing my residency/fellowship
- Less than 3 years
- 3-4 years
- 5-10 years
- >10 years

**14. At which centre(s) do you practice stroke/vascular neurology?**

**15. What proportion of your clinical practice is devoted to stroke/vascular neurology?**

- <10%
- 10-25%
- 26-50%
- 51-75%
- >75%

**16. Please enter an email contact if you would like to be entered in the draw for the \$50 Amazon.ca gift card.**

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