

## **[P-W-468] THROMBOSIS AND HEMOSTASIS CENTERS PILOT SITES REGISTRY: THROMBOPHILIA SCREENING IN CHILDREN**

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**Introduction:** There is limited data on evaluation and management of children with a family history (FH) of thrombophilia and/or thrombosis. The goal of the study is to characterize children without a personal history of thrombosis who are referred to Thrombosis Centers (TCs).

**Methods:** We utilized the Centers for Disease Control and Prevention (CDC) Thrombosis and Hemostasis Centers Pilot Sites Registry. The CDC initiated the registry between eight TCs, including four pediatric sites. We queried the database for pediatric subjects, who enrolled in the registry between August 2003-October 2006.

**Results:** 334 subjects were identified, ages 0-17 years (average 9 years). 62 (18.6%) have no personal history of thrombosis. Of these children 5 (8.1%) were referred for a FH of thrombosis, 14 (22.6%) were referred for a FH of thrombophilia, 13 (21.0%) were referred for a FH of both thrombosis and thrombophilia, 15 (24.2%) were referred for an unspecified FH, and 15 (24.2%) did not have a FH of thrombosis or thrombophilia. The latter subjects may have been referred for anticoagulation management or evaluation of a condition associated with thrombophilia such as migraine. The majority were referred from the out-patient setting and 9 (14.5%) were self-referred. 23 (37.1%) were referred with a diagnosis of thrombophilia and at least 60% were tested at the TC. 3 subjects with thrombophilia and a FH of thrombosis and thrombophilia received anticoagulation prophylaxis, and 3 subjects with a FH of thrombosis or thrombophilia received a recommendation for prophylaxis for future high risk situations.

**Conclusions:** 18.6% of children enrolled in the CDC registry have no personal history of thrombosis. A significant proportion of these asymptomatic children have thrombophilia testing prior to referral or at the TC which may impact prophylaxis recommendations. We are conducting research to determine who and when to screen for thrombophilia, potential complications of testing, and optimal clinical application of the results.

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