Regarding the first paper with Jordan on anticoagulants:

* Check Table 2 numbers: the sum of counts in the left table do not add up to 14945. [Resolved. Note that the table on the left pertains to anticoagulant at 3 months.]
* For the forest plot of odds ratios, change the label of divisions. Jordan will send Mengbing a list of labels for each variables. [Resolved. “Middle Atlantic” to “Mid-Atlantic”.]
* We may need to trim the paper because we have reached the word limit of 3000.
* Main conclusion of the study: regional differences exist in the prescription of anticoagulants.
* Regarding how to present the sensitive analysis of anticoagulant at 4 months: a few sentences mentioning that the results of 3 months and 4 months are not much different.
* We shall organize the shared Box folder and put all necessary files in a folder easy to find.

Regarding future papers:

1. Persistence on anticoagulants:
   1. We can investigate the factors that influence a patient’s persistence on one type of anticoagulant, or switch from one type of AC to another.
   2. To do so, we need to define persistence and switch. For example, a patient persists using an AC if the AC at 3 months is the same as the starting AC. We already defined switching in paper 1. See method section.
   3. Factors we may consider include type of cancer, income, education etc.
   4. A patient may switch from LMWH, which is the guideline treatment, to warfarin because LMWH is more expensive, the patient does not like injection. Patients with gastrointestinal or genitourinary cancers are advised against DOAC.
   5. We can do a multinomial logistic regression, where the outcome is the 3\*3 = 9 combinations of index AC and AC at 3 months.
2. Bleeding question 1:
   1. An inferior vena cava (IVC) filter is a type of vascular filter, a medical device that is implanted by interventional radiologists or vascular surgeons into the inferior vena cava to presumably prevent life-threatening pulmonary embolism (Wikipedia). The only widely accepted and validated indications for vena cava filter placement in patients with thromboembolism are an absolute contraindication to therapeutic anticoagulation, complication to anticoagulation, and failure of anticoagulation when there is acute proximal venous thrombosis (reference: https://www.uptodate.com/contents/placement-of-vena-cava-filters-and-their-complications).
   2. We hypothesize that patients on the IVC filter have worse socioeconomic status.
   3. Some CAT patients can bleed and have thrombosis at the same time.
   4. IVC filter can be identified from inpatient procedure codes.
   5. We may need additional data set because all patients in the current data set have at least one anticoagulant, although patients on IVC filter may have no ACs.
3. Bleeding question 2:
   1. What clinical socioeconomic factors predict hospital admissions due to bleeding?
   2. This can be answered using the current data set.