

BACKGROUND

- Venous thromboembolism (VTE) is prevalent among cancer patients and is one of the leading causes of mortality in the cancer population¹.

OBJECTIVES

- Describe the current guidelines for CAT treatment.
- Assess risk factors for bleeding and thrombosis in cancer patients and risk/benefits of anticoagulation.
- Recognize the need for individualized anticoagulation plans in order to make informed decisions that may differ from the guidelines.
- Propose anticoagulation in hospice if it will achieve the goals of the patient.

CASE

CC: 63yo F presents with hypoxia and L arm tingling.

- PMH: endometrial cancer mets to the brain, recent L parietal craniotomy for R focal motor seizures, PE and DVT 2 years ago with hemorrhagic conversion of brain metastases while on therapeutic Lovenox
- Meds: Lovenox 40mg SQ daily the last 2 years.
- Dx: saddle PE, occlusive thrombus left subclavian artery, right heart strain, b/l posterior tibial DVTs.
- Tx: therapeutic Lovenox. Decided to forgo hospice in favor of active treatment for her PE and her metastatic endometrial cancer.

DISCUSSION

- Continuing anticoagulation in patients with cancer in hospice should be individualized.
- Anticoagulation may be appropriate to improve quality of life with the goal of symptom relief.
- A goals of care discussion should include an assessment of risk of bleeding which can have significant consequences of morbidity and mortality.

FIGURE 1: AN APPROACH TO DECISION MAKING

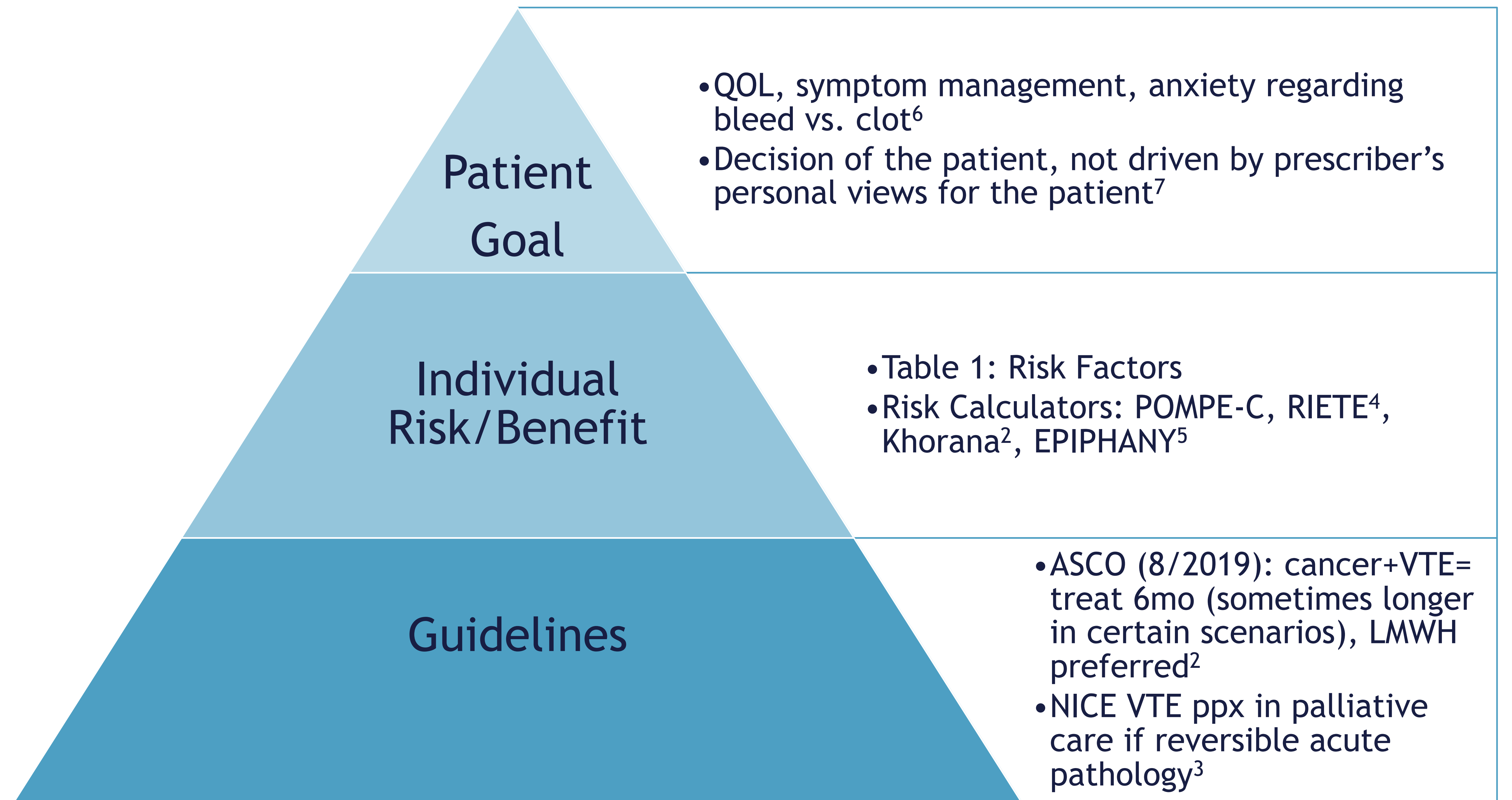


TABLE 1: RISK FACTORS ^{2,3}

Risks of bleeding	Risks of thrombosis
Personal Characteristics:	Obese, race (higher in African American), age, prolonged immobilization, renal or hepatic impairment, prior history
Thrombocytopenia, bleeding disorder, renal or hepatic impairment	
Cancer Dependent:	Advanced stage or metastatic, especially stomach, pancreas, lung, lymphoma, Gyn, GU
Mucosal tumors	
Treatment Dependent:	Recent surgery, active chemotherapy, prothrombotic drugs (ex. Tamoxifen, antiandrogens, megestrol, thalidomide, lenalidomide)
Life threatening bleeding or active critical site bleed, Prior Hx of GI bleeding	

REFERENCES

