

Response to Urrego et al.

Should anticoagulation therapy be withheld in patients with active cancer after 6 months of low molecular weight heparin?

Napolitano Mariasanta¹ and Siragusa Sergio¹

1.Cattedra ed U.O. di Ematologia con trapianto, Dipartimento Biomedico di Medicina Interna e Specialistica (DiBiIMIS), Università degli Studi di Palermo

Correspondence to:

Sergio Siragusa, MD

Cattedra ed U.O. di Ematologia con trapianto

Dipartimento Biomedico di Medicina Interna e Specialistica (DiBiIMIS)

Università degli Studi di Palermo

Via del Vespro 127, 90127 Palermo, Italy

We have read with interest the letter from Urrego *et al* regarding clinical and methodological concerns related to the Cancer-DACUS¹.

Authors question about the fact that patients, at the time of randomization, may not have a “truly active cancer”. We have to highlight that enrolled patients were included in the study after 6 months of treatment with Low Molecular Weight Heparin (pre-study period). Therefore, we cannot exclude that more aggressive tumors have determined deaths during this period; indeed, approximately 20% of patients, originally screened for inclusion in the Cancer-DACUS, died during the pre-study period.

On the other hand we do not agree that tumor-related thrombophilia was low in our cohort, since the rate of recurrence in patients in Group A2 , with the highest expected risk for recurrent Deep Vein Thrombosis (having residual vein thrombosis not randomized to treatment with LMWH), was high as 22 %, even more than expected^{2,3} .

With reference to the second comment, related to the time to recurrent Venous Thromboembolism (VTE), in Figure 3 we have reported for each defined time point (six, twelve and eighteen months, respectively) after randomization, the total amount of patients that developed recurrent VTE for each group¹. Kaplan Meier analysis was performed and initially included in the paper but further revisions of the manuscript considered it as not critical for the aim of the study.

Lastly, we agree with authors on the opportunity of prolonged treatment with LMWH in patients with active cancer; we also believe in the benefits of this approach in the prevention of recurrences but further extended *ad hoc* studies are needed.

References

1. Napolitano M, Saccullo G, Malato A, et al: Optimal Duration of Low MolecularWeight Heparin for the Treatment of Cancer-Related Deep Vein Thrombosis: The Cancer-DACUS Study. *J Clin Oncol.* 32: 3607-3612, 2014
2. Kakkar AK, Levine MN, Kadziola Z, et al: Low molecular weight heparin, therapy with dalteparin, and survival in advanced cancer: The fragmin advanced malignancy outcome study (FAMOUS). *J Clin Oncol* 22:1944-1948, 2004
3. Prandoni P, Lensing AW, Piccioli A, et al. Recurrent venous thromboembolism and bleeding complications during anticoagulant treatment in patients with cancer and venous thrombosis. *Blood.* 2002 Nov 15;100(10):3484-8.