

## Needs Assessment: Treatment and Prophylaxis of VTE in Patients with Cancer

Prepared October 2016

Venous thromboembolism (VTE) is a major therapeutic challenge in patients with cancer, affecting from four to 20% of all patients with cancer. These patients are at an increased risk of developing VTE (pulmonary embolism, deep vein thrombosis, or central venous catheter-associated thrombosis) and are more likely to have a recurrence of VTE and bleeding while taking anticoagulants. VTE is an independent prognostic factor for morbidity and mortality, and the second-leading cause of death in cancer patients. As an independent prognostic factor for cancer progression and death, it has been recommended that VTE occurrence becomes a secondary endpoint in oncological trials.

VTE is potentially preventable with the use of thromboprophylaxis in appropriate patients, and effective and safe treatments are available for those patients with cancer who have established VTE. There is evidence that, worldwide, the incidence of VTE in patients with cancer is underestimated and often managed suboptimally.

The International Initiative on Thrombosis and Cancer (ITAC-CME), established to reduce the global burden of VTE in patients with cancer, published international guidelines for the treatment and prophylaxis of VTE and central venous catheter-associated thrombosis in 2013. In October 2016, ITAC-CME published an update to these guidelines in *Lancet Oncology*, including guidance for direct oral anticoagulants, an emerging treatment trend for the management of VTE in patients with cancer.

The updated guidelines, endorsed by the International Society on Thrombosis and Haemostasis (ISTH), are based on a systematic review of the literature published since 2013, and address in-hospital and outpatient cancer-associated VTE, including central venous catheter-related thrombosis, in specific subgroups of patients with cancer.

To ensure that patients with cancer at risk of VTE or with established VTE receive optimal care, and to reduce the burden of VTE worldwide, it is recommended that physicians involved in the treatment of these patients, including hematologists, oncologists, vascular specialists have an opportunity to complete a continuing professional development program that details the latest version of the guidelines.

**Reference:** Farge D, Bounameaux B, Brenner B, et al. International clinical practice guidelines including guidance for direct oral anticoagulants in the treatment and prophylaxis of venous thromboembolism in patients with cancer. *Lancet Oncol* 2016 Oct 5. [Epub ahead of print]