



The 65th ASH Annual Meeting Abstracts

POSTER ABSTRACTS

332. THROMBOSIS AND ANTICOAGULATION: CLINICAL AND EPIDEMIOLOGICAL

Management and Evolution after VTE Recurrence and/or Bleeding in Cancer Patients Receiving Anticoagulant Therapy for VTE: A Nationwide Cohort Study in France

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BACKGROUND Until recently, the standard of care for treatment of *venous thromboembolism* (VTE) in cancer patients was low molecular weight heparins (LMWH). Despite anticoagulation therapy (AC), patients remain at high risk of treatment failure (VTE recurrence and/or bleeding).

PURPOSE To determine the characteristics, management and the course of treatment after experiencing a recurrent VTE and/or bleeding event in VTE cancer patients receiving LMWH.

METHODS A nationwide retrospective cohort study of all adult patients (identified via the French national health data system: SNDS) with VTE and active cancer prescribed LMWH from 2013 to 2018.

RESULTS Of 31,771 patients administered LMWH, 1,256 patients (mean age 64.1 years) experienced a recurrent VTE (median time to the first recurrent VTE event: 1.2 months) and 1,129 patients (mean age 67.5 years) experienced a bleeding event leading to hospitalization (median time to the first bleeding event: 1.5 months) during the first six months, and among them 46.7% and 40.9% patients experienced the event within the first month.

The proportion of patients with recurrent VTE and bleeding varied according to cancer sites (7.3%, 6.5% and 5.1% for recurrent VTE and 5.0%, 6.1% and 4.1% for bleeding, respectively in lung, colorectal and breast cancer) (Figure 1).

The management of patients with recurrent VTE consisted of a switch to another AC treatment in 370 patients, in whom 262 switched to an oral AC (179 to a DOAC and 83 to a VKA), the remaining continuing LMWH.

The management of patients with bleeding consisted of a switch to another AC treatment in 159 patients. Among the 159 switched patients, 94 switched to an oral AC (73 to a DOAC and 21 to a VKA), <10 stopped AC (Figure 2).

CONCLUSION Our results indicate that recurrent VTE and bleeding events lead to a heterogeneous switch of AC therapy. Further research is needed to optimize secondary AC management in VTE cancer patients.

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Keywords : venous thromboembolism; cancer; anticoagulants; bleeding; low molecular weight heparin; treatment pattern

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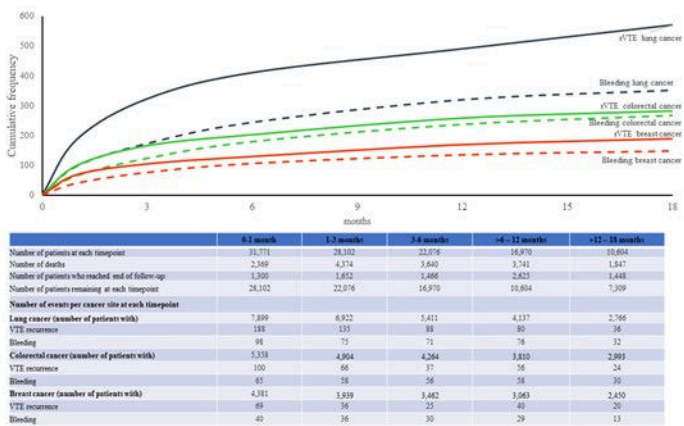


Figure 1: VTE recurrence and bleeding over time according to cancer type.

Figure 2: Sankey diagram showing treatment patterns and outcomes after VTE recurrence.

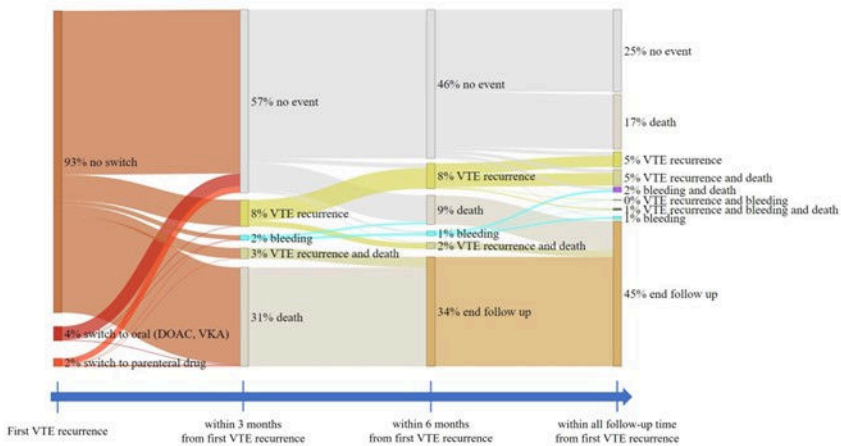


Figure 1