The 65th ASH Annual Meeting Abstracts

ONLINE PUBLICATION ONLY

904.OUTCOMES RESEARCH-NON-MALIGNANT CONDITIONS

Real-World Study of Adherence to Anticoagulant Treatment Guidelines in Patients with Cancer-Associated Thrombosis (CAT)

Rahul Jain, PhD[1], *Alexander Yi, MD*[2], *Ang Li, MDMS*[3], *Chelsea Vigna*[4], *Yasser Khder, MD*[5], *Ted Bebi, BA*[6], *Aaron Galaznik, MD*[7], *Emelly Rusli*[7], *Daniel Bloomfield, MD*[2]

[1] Medidata AI Labs - Integrated Evidence, Medidata, a Dassault Systèmes company, Boston, MA
[2] Anthos Therapeutics, Boston
[3] Section of Hematology-Oncology, Department of Medicine, Baylor College of Medicine, Houston, TX
[4] Medidata, a Dassault Systèmes company, Boston
[5] Anthos Therapeutics, Cambridge, MA
[6] Medidata, a Dassault Systèmes company, New York
[7] Medidata, a Dassault Systèmes company, Boston, MA

Background and Objectives:
Clinical guidelines recommend using anticoagulant therapy for 3-6 months to treat cancer-associated thrombosis (CAT). Limited data are available on real-world compliance with these guidelines in the US. This analysis aimed to describe treatment patterns for CAT in the US.

Methods:
A retrospective cohort study on adult patients with active cancer who developed CAT between January 2018 to December 2019 was conducted using integrated closed medical and pharmacy claims data from HelthVerity PS 20 database. Patients were categorized as treated cohort if they initiated anticoagulant or inferior vena cava filter within 15 days prior or 45 days after the first CAT event. Patients were required to have a continuous enrollment of $\geq$ 12 months prior and $\geq$45 days after the first CAT date. Clinical characteristics during the baseline period and treatment patterns during the follow-up period were described.
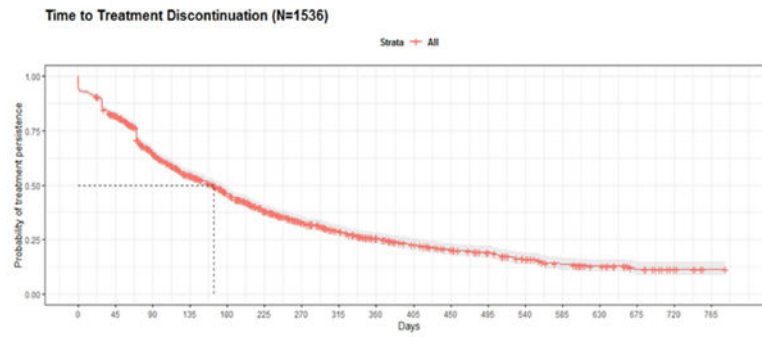
Results:
A total of 2,119 patients met the inclusion and exclusion criteria, with 1,536 (72.5%) patients assigned to the treated cohort (Quan-Charlson comorbidity index [QCI] 2.11±2.0; HAS-BLED score 1.91±1.1 and VTE-BLEED risk score 3.65±1.3). Among the treated cohort, 43.9% initiated treatment with a DOAC; the median treatment duration was 164 days. Of the treated patients, 33.8% had <91 days of treatment duration. Relative to patients with $\geq$91 days of treatment, patients with <91 days of treatment had a higher comorbidity burden [QCI 2.43±2.2 vs. 1.88±1.9; p-value <0.001], a higher HAS-BLED score [2.07±1.1 vs. 1.8±1.0; p-value <0.001], and higher average VTE-BLEED risk score [3.82±1.3 vs. 3.54±1.2; p-value <0.001].

Conclusion:
Compliance with clinical guidelines on the use of anticoagulation in CAT is suboptimal. Patients who receive <91 days of treatment are more likely to have higher risk features than those who receive $\geq$91 days of treatment.

Disclosures Jain: *Anthos:* Consultancy, Research Funding; *Endogastric:* Consultancy, Research Funding; *BMS:* Consultancy, Research Funding; *Mirati:* Consultancy, Research Funding. **Yi:** *Anthos:* Ended employment in the past 24 months. **Vigna:** *Anthos:* Consultancy, Research Funding. **Khder:** *Anthos:* Current Employment. **Bebi:** *Anthos:* Consultancy, Research Funding. **Bloomfield:** *Anthos:* Current Employment.

Figure 1

https://doi.org/10.1182/blood-2023-174466