

PALLIATIVE CARE TIPS

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Anticoagulation in Palliative Care cancer patients

Background:

- Venous thromboembolism (VTE) is a frequent complication in cancer patients and is an important source of morbidity and mortality.
- Specific cancers are associated with a higher incidence of VTE (pancreas, brain, ovary, lung, colon, prostate, breast)
- Palliative care cancer patients may have multiple other risk factors for VTE, including hospitalization, immobility, use of chemotherapy or hormonal therapy, central venous catheters, surgery, other co-morbidities (CHF, CVA, AMI, and coagulopathy), infections, or a previous VTE.
- Survival is shorter in patients with cancer and associated VTE.

Diagnosis:

- VTE are often asymptomatic or minimally symptomatic, and symptoms are usually non-specific or mistakenly attributed to the underlying malignancy. However, the development of sudden onset shortness of breath should raise concerns of a thromboembolic complication (PE).
- There are no specific signs of VTE on the physical examination, but the development of unilateral leg swelling may be the result of a DVT.
- Spiral Computed Tomography (CT) of the chest and Venous Compression Ultrasonography (CUS) are useful for the diagnosis of VTE. These investigations may be performed if the patient's overall condition warrants it.
- Laboratory investigations like D-Dimer serum level determination are of little clinical help in the diagnosis of VTE in patients with cancer.

Treatment:

- The role of primary prophylaxis of VTE in palliative cancer patients is unclear, and does not constitute standard of care. Each case should be analyzed individually considering benefits and burden, patients and family wishes, stage in the disease trajectory and goals of care.
- The decision to treat VTE events in palliative cancer patients should be made bearing in mind the same considerations previously mentioned for the administration of primary prophylaxis of VTE.
- In the palliative cancer population, Low Molecular Weight Heparin (LMWH) is the preferred treatment for VTE. The CLOT study showed an overall relative risk reduction of recurrent VTE of approximately 52% in the LMWH group when compared with oral anticoagulation [1].
- Coumadin requires monitoring of INR, is given orally (not always available as a route), is associated with more bleeding complications and failure is not uncommon.
- Due to the high risk of VTE recurrence after discontinuation of treatment, anticoagulation should be a life-long intervention. However, most authorities recommend discontinuation of anticoagulation in actively dying patients.

[1] Lee AY, Levine MN, Baker RI, Bowden C, Kakkar AK, Prins M, Rickles FR, Julian JA, Haley S, Kovacs MJ, Gent M. Low Molecular Weight Heparin versus Coumarin for the prevention of recurrent venous thromboembolism in patients with cancer (for the CLOT investigators). *N Eng J Med* 2003; 349:146-153.

REMEMBER: For referrals, questions, or telephone consultations call 496-1300 weekdays and weekends.

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