

## Journal Watch

American Society of Clinical Oncology Guideline: Recommendations for Venous Thromboembolism Prophylaxis and Treatment in Patients With Cancer. Lyman GH, Khorana AA, Falanga A, Clarke-Pearson D, Flowers C, Jahanzeb M, Kakkar A, Kuderer NM, Levine MN, Liebman H, Mendelson D, Raskob G, Somerfield MR, Thodiyil P, Trent D, Francis CW. *J Clin Oncol* 2007; 25:5490-5505.

Prepared by: Sharon Watanabe

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### Abstract:

**Purpose:** To develop guideline recommendations for the use of anticoagulation in the prevention and treatment of venous thromboembolism (VTE) in patients with cancer. **Methods:** A comprehensive systematic review of the medical literature on the prevention and treatment of VTE in cancer patients was conducted and reviewed by a panel of content and methodology experts. Following discussion of the results, the panel drafted recommendations for the use of anticoagulation in patients with malignant disease. **Results:** The results of randomized controlled trials of primary and secondary VTE medical prophylaxis, surgical prophylaxis, VTE treatment, and the impact of anticoagulation on survival of patients with cancer were reviewed. Recommendations were developed on the prevention of VTE in hospitalized, ambulatory, and surgical cancer patients as well as patients with established VTE, and for use of anticoagulants in cancer patients without VTE to improve survival.

**Conclusion:** Recommendations of the American Society of Clinical Oncology VTE Guideline Panel include (1) all hospitalized cancer patients should be considered for VTE prophylaxis with anticoagulants in the absence of bleeding or other contraindications; (2) routine prophylaxis of ambulatory cancer patients with anticoagulation is not recommended, with the exception of patients receiving thalidomide or lenalidomide; (3) patients undergoing major surgery for malignant disease should be considered for pharmacologic thromboprophylaxis; (4) low molecular weight heparin represents the preferred agent for both the initial and continuing treatment of cancer patients with established VTE; and (5) the impact of anticoagulants on cancer patient survival requires additional study and cannot be recommended at present.

### Comments:

**Strengths/uniqueness:** The methodology of the systematic literature review appears to be sound. The basis for the consensus recommendations is explicitly stated.

**Weaknesses:** In some instances, the evidence supporting specific recommendations is limited.

**Relevance to Palliative Care:** Studies of primary VTE prophylaxis in hospitalized patients have been conducted in populations in which only a minority has cancer; data on the risk of bleeding in cancer patients is absent. Therefore, it remains difficult to make a firm recommendation regarding primary VTE prophylaxis for cancer patients

who are hospitalized in palliative care settings. Ultimately, the decision for prophylaxis must be individualized. Evidence from non-cancer-specific studies suggests that unfractionated heparin is as effective for prophylaxis as low molecular weight heparin; it is also considerably cheaper, although at the expense of more frequent injections. For palliative care patients with established VTE, low molecular weight heparin is clearly the agent of choice. Treatment may need to continue indefinitely, given the ongoing risk of recurrence.