

Journal Watch – Thromboembolic Disease – November 2017

Article:

Advances in managing and preventing thromboembolic disease in cancer patients

Maraveyas A, Muazzam I, Noble S, & Bozas G.

Curr Opin Support Palliat Care 2017, 11:347-354

Article link: DOI: [10.1097/SPC.0000000000000309](https://doi.org/10.1097/SPC.0000000000000309)

Review:

Strengths of the review

The authors have reviewed data from many trials to determine the potential role of the newer agents, and novel doses of LMWH in treatment and prophylaxis of VTE. The review was not industry funded. Although one author had received industry grants three authors had no conflict of interest and the review appeared to be unbiased

Weaknesses of the review

Although the review was published in a palliative care journal, evidence was for directed at the cancer population rather than the palliative population specifically. Although we can extrapolate the information to include palliative patients, this must be done on a case by case basis, factoring in patient variables.

Relevance to palliative care

VTE remains a significant risk to many of the palliative patients and we are frequently required to assess their needs.

We are also frequently asked about the role of DOACs in this population as the oral format is more appealing than parenteral therapies. Up until now there has been no evidence to support their use and we have had to continue using LMWH. The subgroup analysis now provides evidence that LMWH remains the most appropriate therapy, although we can consider the use of DOACs if the patient refuses LMWH as DOACs remain preferable to the VKAs.

Other considerations like using IDPTP in patients with pancreatic cancer undergoing chemo may play a role as well as the limitations of the RAMs.

As emerging evidence may change appropriate management, we need to reassess therapeutic choices on a regular basis.