

Management of Cancer Associated Thrombosis in France: A National Survey in Vascular Disease and Supportive Care Specialists

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Background: For many years, low molecular weight heparins (LMWHs) were recommended by international guidelines for at least 3 to 6 months in patients with cancer associated thromboembolism (CAT). Following clinical trials assessing direct oral anticoagulants (DOACs), DOACs have been proposed as alternative to low-molecular-weight heparins (LMWHs) by many guidelines. In clinical practice, specialists in charge of CAT management, have to decide which anticoagulant to prescribe.

Aims: To describe the therapeutic management proposed for patients diagnosed with CAT according to medical specialties in France.

Methods: An electronic survey tool including vignettes and questions about management of patients with CAT was sent to members of the Société Française de Médecine Vasculaire (SFMV), Association Francophone pour les Soins Oncologiques de Support (AFSOS) and INNOVTE network.

Results: Among the 414 specialists who answered the survey, 376 were in charge of patients with CAT : 40 cancer-related specialists (10.6%) and 336 vascular-related specialists (89.4%).LMWHs were indicated as the first choice by most of the specialists for the initial treatment of symptomatic CAT. The prescription of DOACs within the first 3 weeks of CAT diagnosis was highly dependent of cancer's site : 5.9%, 18.6% and 24.5% in patients with locally advanced colo-rectal, lung and breast cancer respectively; 76.9% chose the same therapeutic option regardless of primary tumor's site. The determinants for the choice of treatment were mostly related to cancer (site and stage or evolution) and to anticancer treatments (Table). For 61% of physicians, some anticancer treatments were contra-indications to DOACs, mainly due to hemorrhagic risk. However, almost 90% of physicians consider switching to DOAC after a median 3-months of LMWHs therapy.

¤	Cancer-specialists [†] (N=-40)¤	Vascular-specialists [†] (N=-336)¤	All [†] (N=-376)¤
Stage-and/or-evolution-of-the-cancer¤	19·(47.5%)¤	130·(38.7%)¤	149·(39.6%)¤
Site-of-cancer¤	13·(32.5%)¤	126·(37.5%)¤	139·(37.0%)¤
Patients'-comorbidities/additional-risk-factors¤	15·(37.5%)¤	109·(32.4%)¤	124·(33.0%)¤
Risk-of-drug-interaction¤	16·(40.0%)¤	103·(30.7%)¤	119·(31.6%)¤
Anticancer-treatment-¤	8·(20.0%)¤	56·(16.7%)¤	64·(17.0%)¤
Index-event-type¤	2·(5.0%)¤	55·(16.4%)¤	57·(15.2%)¤
Patient-preference¤	0·(0.0%)¤	40·(11.9%)¤	40·(10.6%)¤
Some-anticancer-treatment-are-contraindications-to-DOACs¤	26·(65.0%)¤	204·(60.7%)¤	230·(61.2%)¤
Main-reason¤	¤	¤	¤
<i>Hemorrhagic-risk¤</i>	21·(80.8%)¤	120·(58.8%)¤	141·(61.3%)¤
<i>Thromboembolic-risk¤</i>	0·(0.0%)¤	53·(26.0%)¤	53·(23.0%)¤
<i>Toxicity-of-antitumor-treatment¤</i>	2·(7.7%)¤	23·(11.3%)¤	25·(10.9%)¤
<i>Ineffectiveness-of-antitumor-treatment¤</i>	3·(11.5%)¤	8·(3.9%)¤	11·(4.8%)¤

Determinants of the decision for initial anticoagulant treatment of CAT according to the medical specialty

Conclusions: LMWHs and DOACs are now considered by specialists of CAT, both in vascular and oncologic diseases, depending of the site of cancer. The role of anticancer treatments in the decision remains to be further investigated.

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