



# Prevention and Treatment in Patients with Cancer



## What it covers

- Evidence-based recommendations for the prevention of venous thromboembolism (VTE) in patients with cancer, including those who are hospitalized, undergoing surgery, ambulatory, and/or have a central venous catheter, and for the treatment of VTE in this patient population.



## Why it matters

- VTE is a common complication among patients with cancer, who account for approximately 20% of all VTE cases.
- Patients with cancer and VTE are at a markedly increased risk of recurrent VTE and early death.
- While VTE is common in this population, clinicians often do not discuss the risk with their patients.
- The occurrence of VTE in patients with cancer may interfere with planned chemotherapy regimens, worsen patient quality of life, use scarce health care resources, and increase the risk of mortality.



## Who it affects

- Hematologists, oncologists, pharmacists, nurses, hospitalists, and other specialists managing care for people with cancer.
- Surgeons requiring guidance for the prevention of VTE in cancer patients undergoing surgery.
- Individuals receiving cancer treatment and/or preparing for surgery.
- Researchers seeking to address potential gaps in current guidelines.



## What are the highlights

- The guidelines emphasize the importance of stratifying patients according to their underlying risk of VTE in low-, intermediate-, and high-risk groups.
- When being used in cancer patients undergoing surgery, the guidelines recommend the use of low-molecular-weight-heparin (LMWH) over unfractionated heparin for the prevention of VTE.
- While other guidelines have suggested that the use of anticoagulation for the prevention of VTE in surgical patients undergoing cancer-related abdominal surgery start prior to an operation, the ASH guidelines suggest a post-operative start and make a conditional recommendation to continue prevention treatments for a month afterward.
- For ambulatory patients receiving systemic treatment who are at high risk of VTE, the ASH guidelines suggest use of oral or injectable anticoagulation treatment. However, for those ambulatory patients at low risk of VTE, use of drugs for prevention is not recommended.
- For cancer patients needing short-term treatment for VTE (initial 3 to 6 months), the guidelines recommend either LMWH or direct oral anticoagulants.
- For patients with active cancer, long-term anticoagulation (indefinite duration) is suggested to prevent recurrent VTE.

**Total number of panel recommendations: 34**

## REFERENCE

Citation: Gary H. Lyman, Marc Carrier, Cihan Ay, Marcello Di Nisio, Lisa K. Hicks, Alok A. Khorana, Andrew D. Leavitt, Agnes Y. Y. Lee, Fergus Macbeth, Rebecca L. Morgan, Simon Noble, Elizabeth A. Sexton, David Stenehjem, Wojtek Wiercioch, Lara A. Kahale, Pablo Alonso-Coello; American Society of Hematology 2021 guidelines for management of venous thromboembolism: prevention and treatment in patients with cancer. *Blood Adv* 2021; 5 (4): 927–974. doi: <https://doi.org/10.1182/bloodadvances.2020003442>

For more information on the ASH Clinical Practice Guidelines on Venous Thromboembolism, visit [www.hematology.org/VTEguidelines](http://www.hematology.org/VTEguidelines)

The American Society of Hematology (ASH) ([www.hematology.org](http://www.hematology.org)) is the world's largest professional society of hematologists dedicated to furthering the understanding, diagnosis, treatment, and prevention of disorders affecting the blood. For more than 60 years, the Society has led the development of hematology as a discipline by promoting research, patient care, education, training, and advocacy in hematology.

