

## Challenges of Anticoagulation in Thrombosis and Cancer - Cardiooncology View

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**Received:** July 20, 2022

**Published:** November 01, 2022

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Cancer-associated venous thromboembolism is a common and life-threatening condition in patients with cancer. These patients have four to seven times more chance to develop VTE than patients without cancer. The factors responsible for the increased incidence of cancer associated VTE basically include the type of cancer and the ongoing antineoplastic treatment. The etiology of dysregulated hemostasis in cancer is multifactorial and has been associated with disease extent, tumor biology, local and systemic inflammation, cancer therapy, and patient-related factors.

In the last decade with the emergence of OACs (oral anticoagulants), a new perspective in the treatment of cancer associated VTE has emerged. Comparative trials of OACs in cancer patients, especially the anti Xa drugs, have provided reliable information regarding their use in the anticoagulation of these patients. Among the studies are: Select-D with rivaroxaban, the Hokusai TEV Cancer with edoxaban and lastly Caravaggio, which evaluated their efficacy and safety compared to dalterparin.

The use of OACs in oncologic patients has been widely used, medical societies such as ESC, ASCO, ISTH and NCCN, have recognized their benefit and incorporated their use in their guidelines. Smaller studies have been conducted to validate its use in special situations such as renal failure, thrombocytopenia, primary and metastatic brain tumors, thrombosis in atypical sites, catheters, and a huge number of situations that occur in the daily medical practice of caring for these patients.

Anyway, when prescribing anticoagulant therapy for an oncologic patient, we must consider several factors, such as the moment of antineoplastic treatment in which he is, his

comorbidities, renal function (necessary to adjust the dose), liver function, platelet count, nausea, vomiting, active disease in the gastrointestinal and genitourinary tract, but above all listen to the patient's preference and individualize his conduct. This is yet another challenge for cardio oncologists in their daily medical practice.