

Thromboprophylaxis in Cancer patients

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Résumé

Cancer and its treatments increase the risk of venous thromboembolism (VTE) by about 5 to 10-fold. Cancer associated thrombosis (CAT) although is a preventable disease, is becoming a public health problem since it is the second cause of death after cancer per se, it negatively impacts the quality of life of patients and has a considerable cost for the health systems. Prompt and dynamic evaluation of the individual risk of CAT during the journey of the patient in the oncological disease is a major challenge.

Patients must be evaluated for the risk of VTE upon cancer diagnosis and during the administration of the adjuvant treatment.

- Patients undergoing surgical procedures for the treatment of cancer are at high risk of VTE and should routinely benefit of thromboprophylaxis during hospitalization after surgery. Before hospital discharge it is mandatory to identify those at high risk of VTE who could benefit of pharmacological thromboprophylaxis during the following 30 days.
- Patients who receive anticancer treatment, either after the primary diagnosis of the cancer or after the diagnosis of the recurrent or evolutive disease should be routinely evaluated for the risk of VTE.
- Finally, patients with active cancer hospitalized for acute medical illness are at high risk for VTE and should routinely receive thromboprophylaxis at least during hospitalization.

Accurate and validated risk assessment tools must be used for the identification of patient at high risk of VTE eligible for pharmacological thromboprophylaxis.

- The COMPASS-CAT score can be used in patients with breast, lung, ovarian or colon cancer.
- The Pabinger score can be also used in patients with cancer of intermediate risk for VTE.
- The Khoran risk score should be restricted in patients with gastric or pancreatic cancer or other cancers related with a high risk of VTE.
- Lastly, the Caprini score and particularly the Caprini score associated with D-Dimer measurement before hospital discharge should be applied in surgical cancer patients.

Special care should be given to increase among oncologists, general practitioners and cancer patients of the awareness for cancer associated thrombosis and the recognition of symptoms and signs of venous thromboembolism.