

Clinical characteristics of patients with cancer-associated thrombosis

Serhat Erol¹, Afaq Isazade¹

Chest Diseases Department, Ankara University School of Medicine, Ankara, Turkiye.

Cancer patients face a higher risk of thrombosis. Moreover, cancer-associated thrombosis (CAT) is a significant cause of morbidity and mortality. This study aimed to explore the clinical features of cancer patients who developed CAT.

In this retrospective study, adult patients with active cancer who developed CAT were included. One hundred forty-six patients were enrolled (43.7% female), with a mean age of 65.15 ± 12.09 years (range 27-91). 21.2% had a previous history of VTE. 39% had a central venous catheter. 13.7% developed under LMWH prophylaxis. 81.6% of patients were symptomatic, and 18.4% were incidental. Presenting symptoms included 96.1% with increased dyspnea, 12.4% with hemoptysis, and 21.7% with signs of DVT. The median D-dimer level was 2096 (range 7-28867). 38.4% had concurrent DVT and PE.

The most common malignancy types were: lung cancer at 26.8%, GIS cancers at 21.9%, and GUS cancers at 21.2%. 50.7% of patients had metastatic malignancy. Among the patients, 11.1% were newly diagnosed with cancer. 28.2% had cancer surgery (including 7 primary brain cancer surgeries or brain metastasectomies), and 53.8% had chemotherapy or radiotherapy within the last three months. The in-hospital mortality rate was 10.2%. None of these were associated with pe.

According to ESC/ERS risk stratification, 45.8% were low risk, 32.7% were intermediate-low risk, 13.7% were intermediate-high risk, and 3.8% were high risk. In 17.1% of patients, PE developed during the hospital stay. 82.2% of patients had segmental PE. Initial treatment involved systemic thrombolysis in 3 patients, catheter-directed therapy in 2 patients, and UFH in 2 patients. Long-term treatment consisted of DOACs in 9 patients, VKA in 8 patients, and LMWH in the remaining patients.

In 28.8% of patients, cancer treatment was delayed due to PE. Complications related to PE treatment occurred in 29 (19.%) patients, including bleeding in 21 patients (14 gastrointestinal, 3 hematuria, no cranial bleeding) and thrombocytopenia in 8 patients. The in-hospital mortality rate was 10.2%, with none of these deaths related to PE. The average life expectancy after CAT was 13 months.

Conclusion

Cancer-associated thrombosis doesn't increase mortality. However, it causes delays in cancer treatment. Anticoagulation is generally well tolerated in this group of patients.