

Real-World Management and Outcomes of Clinically Relevant Bleeding and Recurrent Venous Thromboembolism in Cancer-Associated Thrombosis: A Descriptive Cohort Study

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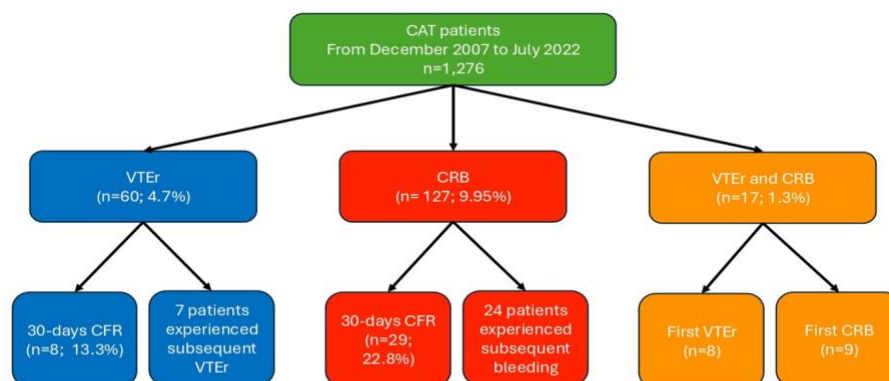
Background: Cancer-associated thrombosis (CAT) is associated with high rates of recurrent venous thromboembolism (VTEr) and clinically relevant bleeding (CRB) during anticoagulation. Optimal management strategies in these scenarios remain uncertain.

Objectives: To describe real-world management strategies and 30-day case fatality rates after VTEr or CRB in a large cohort of CAT patients.

Patients/Methods: Retrospective cohort study of 1,276 consecutive CAT patients enrolled at a single academic center (December 2007–July 2022; follow-up updated November 2022). VTEr and CRB were defined according to established criteria. Management strategies and 30-day case fatality rates were assessed. All reported associations are observational.

Results: VTEr occurred in 60 patients (4.7%; 95% CI 3.6–6.0%), with a 30-day case fatality rate of 13.3%. Dose escalation after VTEr was associated with numerically lower subsequent VTEr rates (7.1% vs 15.6%), though this difference was not statistically significant ($p = 0.31$). CRB occurred in 127 patients (9.9%; 95% CI 8.4–11.7%), with a higher 30-day case fatality rate of 22.8%. Site-specific mortality was highest for intracranial bleeding (5/8; 62.5%), hemoptysis (3/6; 50.0%), and upper gastrointestinal bleeding (9/19; 47.4%). Seventeen patients experienced both complications.

Conclusions: The 30-day case fatality rate was numerically higher after CRB than after VTEr, particularly at high-risk bleeding sites. These findings highlight the need for individualized management balancing thrombotic and hemorrhagic risks in CAT, with prospective studies urgently needed to establish optimal strategies.



Flow diagram of study population. Abbreviations: CAT: cancer-associated thrombosis; CFR: case-fatality rate; CRB: clinically relevant bleeding; VTEr: recurrent venous thromboembolism.