

ANTICOAGULANT TREATMENT

## **COMPLEXITIES IN MANAGING ANTITHROMBOTIC THERAPY IN PATIENTS WITH CANCER APPROACHING END-OF-LIFE: A MIXED METHOD INTEGRATION USING JOINT DISPLAY ANALYSIS**

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**Introduction.** There is a paucity of data on antithrombotic therapy (ATT) management in adult patients with advanced cancer at the end-of-life, including uncertainties that influence how ATT is prescribed, continued or withdrawn. SERENITY is a pan-European study developing and evaluating a shared decision-support tool for ATT management. The first phase comprised a substantial and diverse body of evidence across multiple study designs and data sources. Combining and integrating these findings has the potential to elicit key insights into the wider complexities of managing ATT in this vulnerable population.

**Aim.** To expand our understanding of ATT management among patients with advanced cancer approaching the end-of-life through mixed method integration of SERENITY phase 1.

**Materials and Methods.** Findings from nine publications reporting primary data from Phase 1 of SERENITY, comprising a clinician survey, epidemiological studies, and semi-structured interviews with patients and clinicians across Europe were integrated in a mixed methods design using joint display analysis, a structural visual method to integrating qualitative and quantitative data.

**Results.** Prescribing patterns, patient and clinician attitudes and involvement in decision-making consistently showed how current practice largely favours continuation of ATT. Factors influencing ATT management were multifaceted, with deprescribing being a more reactive process, including recognising the terminal phase or after a specific event (e.g. bleeding, patient expressing a preference). In contrast, more passive factors, such as ongoing thrombotic risk factors and ATT indication reinforced continuation of ATT. Patient preferences and clinician experiences were significant influences on decision-making, and both helped and hindered ATT decisions. The wider end-of-life setting also influenced ATT decisions, with cancer and clinical care transitions at the end-of-life stage posing challenges in how ATT management was addressed and prioritised.

**Conclusions.** ATT management in this context is influenced by a myriad of complex elements, from the varying clinical settings, approaches to deprescribing, the end-of-life setting, and the meaning patients and clinicians attach to ATT and related decisions. Understanding the full scale of these complexities is essential to addressing the inertia seen in ATT management in cancer patients at the end-of-life.