

EPIDEMIOLOGY

PSYCHOLOGICAL IMPACT OF CANCER-ASSOCIATED THROMBOSIS: DUAL BURDEN AND IMPLICATIONS FOR QUALITY OF LIFE AND INTEGRATED PATIENT-CENTERED CARE

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Introduction. Up to 20–60% of cancer patients experience existential distress and need psychological support at diagnosis. Cancer-associated thrombosis (CAT), affecting up to 20% of patients and ranking as the second leading cause of death after cancer progression, imposes major psychological burdens such as fear of death, recurrence anxiety, and reduced health-related quality of life (HRQoL). VTE can trigger post-traumatic stress-like symptoms and persistent health anxiety. CAT consequences remain under-recognized and are worsened by socio-economic factors.

Aim. To evaluate the psychological impact of CAT, its effects on HRQoL, and existing gaps in patient education, medication adherence, and integrated psycho-oncological care.

Materials and Methods. A narrative review of qualitative and quantitative studies, clinical cohorts, and mixed-methods research was conducted. Key sources included the PELICAN and ADAM studies, longitudinal cohorts, and randomized trials comparing low-molecular-weight heparins (LMWH) and direct oral anticoagulants (DOACs). Data were extracted on psychological distress, existential anxiety, HRQoL, treatment adherence, and socioeconomic contributors.

Results. Clinically significant existential distress affects up to 46% of patients with advanced cancer. CAT amplifies baseline distress, adds existential anxiety, and reduces HRQoL and social functioning. LMWH is associated with higher emotional burden, whereas DOACs improve convenience and perceived safety. Emotional distress is linked to better adherence. Insufficient CAT-related information increases stress. Socioeconomic disadvantage correlates with greater distress and reduced access to psycho-oncological support. Structured interventions—cognitive-behavioral therapy, meaning-centered therapy, CALM, psychodynamic approaches, and supportive counseling—reduce fear and existential distress while improving HRQoL.

Conclusions. CAT combines life-threatening clinical complications with substantial psychological impact. Optimal management requires systematic psychological assessment, targeted psychotherapeutic interventions, patient-centered education, and attention to socioeconomic disparities. Integrated consultations linking thrombosis care with psycho-oncology may improve outcomes. Addressing remaining gaps requires collaborative trials involving CAT specialists, oncologists, psychotherapists, and quality-of-life experts to ensure equitable and holistic care.