

ANTICOAGULANT TREATMENT

A MULTICENTRE AUDIT OF CURRENT TUMOUR THROMBOSIS MANAGEMENT IN THE UNITED KINGDOM

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Background. Tumour thrombus is the extension of tumour into the intravascular space; its management remains uncertain. This UK-wide audit examined current anticoagulation practice and patient outcomes.

Methods. A multicentre audit was conducted across four hospital trusts. Data were collected via review of electronic patient records. VTE events were defined as new bland thrombosis non-contiguous with the tumour. Progression of tumour thrombus was recorded separately. Outcomes were compared using Fisher's exact test with significance set at $p < 0.05$.

Results. Between January 2023 and December 2024, 156 individuals were identified with mean age of 62.6 years (range 2-99) and 55% male. The commonest primary cancer sites were hepatopancreatobiliary (32%), renal (18%) and gastrointestinal (12%). Metastatic disease was present in 109 (70%). Tumour thrombus most frequently involved the splanchnic veins (40%), pulmonary vasculature (24%), inferior vena cava (22%) and renal veins (17%). Radiological reports identified associated bland thrombosis in 27 patients (17%). At baseline, non-contiguous VTE was present in 14 patients (9%). Ninety patients (58%) received anticoagulation. 81 (52%) individuals were given therapeutic anticoagu-

lation, 9 (6%) received prophylactic anticoagulation and 66 (42%) received no anticoagulation. Low-molecular-weight heparin was the most common anticoagulant, used in 72 (80%) of anticoagulated patients. Surgical thrombectomy was performed in 13 cases (8%). At six months, new or recurrent VTE event occurred in 8 individuals (10%) receiving therapeutic anticoagulation, 1 (11%) receiving prophylactic anticoagulation and 2 (3%) without anticoagulation ($p > 0.05$). Major or clinically relevant non-major bleeding was observed in 17 (21%), 1 (11%), and 7 (11%) patients, respectively ($p > 0.05$). Tumour thrombus progression occurred in 20 (25%) on therapeutic anticoagulation, none on prophylactic anticoagulation, and 10 (15%) without anticoagulation ($p > 0.05$). Overall six-month mortality 45% (70/156). Mortality differed significantly between groups; 31% (25/81) on therapeutic anticoagulation, 78% (7/9) on prophylactic anticoagulation and 58% (38/66) without anticoagulation ($p < 0.05$).

Conclusions. Our results show no difference in VTE rate or bleeding events between different treatment approaches. Mortality rates were lower for individuals who received therapeutic anticoagulation, but these may have been a fitter population. Prospective clinical trials are needed.□□