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ANTICOAGULANT TREATMENT

# EXTENDED DURATION REDUCED DOSE ANTICOAGULATION IN CANCER-ASSOCIATED THROMBOSIS: A REAL-WORLD COHORT WITH LONG TERM FOLLOW UP

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Introduction. Clinical practice guidelines on CAT recommend extended duration anticoagulation beyond 6 months in patients with active cancer/ongoing treatment. However, data on reduced dose anticoagulation to prevent recurrent CAT are only now emerging.

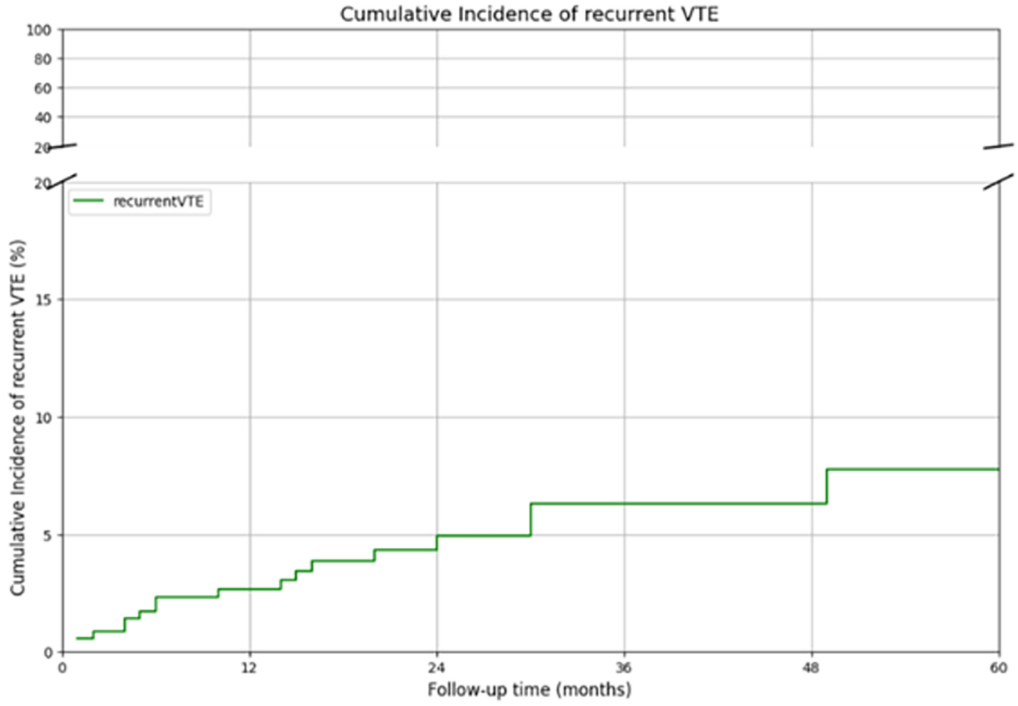
Aim. This retrospective, single-centre observational study reports on efficacy & safety of extended duration therapy with reduced dose anticoagulation in a large real-world cohort of CAT patients.

Methods. Consecutive patients with ongoing review in a dedicated tertiary centre CAT clinic from Jan 2019-Dec 2024 were included. Inclusion criteria: patients with active cancer & VTE, switched to prophylactic dose anticoagulation at discretion of the treating physician after ≥6 months full-dose anticoagulation. Data on recurrent VTE (excluding events occurring >48h off anticoagulation), bleeding events and mortality after anticoagulant dose reduction were collected from electronic health records.

Results. 352 patients had anticoagulant dose reduction at median 6.2 months after index VTE (IQR 6-7.4). Commonest cancer types were gynaecological (26%) & haematological (20%). Index VTE was PE+/-DVT in 63% patients, isolated DVT 29.3% & other site 7.7%. 70% patients had apixaban as secondary thromboprophylaxis, 25% rivaroxaban, 5% prophylactic dose LMWH. Median follow up was 15 months (IQR 7-29, range 3-83). Cumulative incidence of recurrent VTE was 2.7% at 12 months; 4.9% at 24 months; 6.3% at 36 & 48 months and 7.8% at 60 months (Figure 1). 15 recurrent VTE (83%) were symptomatic. 8 (44.4%) were isolated DVT; 4 (22.2%) PE, 3 (16.7%) CVC-associated & 3 (16.7%) other site VTE. 4 (1.1%) patients had major bleeding and 10 (2.8%) had clinically relevant non-major bleeding in the first 12 months (5.1% in study period). All-cause mortality was 19% in 12 months, 34.7% in study period.

Conclusions. Rates of recurrent VTE remain reassuringly low in a large real-world cohort when reduced dose anticoagulation is used for extended duration secondary prophylaxis after initial 6-month treatment period with subsequent follow up for >60months. Our cohort likely had poorer performance status/more advanced disease than published RCTs based on higher all-cause mortality, better reflecting real world practice. Bleeding rates were low, although retrospective data collection likely led to underestimation. Further data are required on use of longer-term secondary thromboprophylaxis in an era when people are living longer with advanced cancer.

Anticoagulant Treatment




| Time (months) | 0 | 12 | 24 | 36 | 48 | 60 |
|---|---|---|---|---|---|---|
| Number at risk of recurrent VTE | 352 | 216 | 112 | 64 | 33 | 10 |

**Figure 1 Cumulative incidence of recurrent VTE over time on low dose anticoagulation.** Number at risk of recurrent VTE at each timepoint, up to 60 months follow-up, considering competing risk of death.