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**ABSTRACT N. PO81**

# DIRECT ORAL ANTICOAGULANTS IN ATYPICAL SITE VEIN THROMBOSIS: A SINGLE CENTRE EXPERIENCE FOCUSED ON CANCER PATIENTS.

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BACKGROUND AND AIMS: Atypical sites venous thromboembolism (VTE-AL) is a rare disease has an incidence of 4% in the general population with an involvement of organ-related venous districts such as portal, mesenteric, hepatic, splenic, gonadal, renal, and cerebral venous segments. The risk of VTE in patients with cancer is increased by 12-fold compared with the general population. Major clinical trials on direct oral anticoagulants (DOACS) have excluded patients with VTE-AL. We aimed to evaluate the safety and efficacy of anti-Xa DOACs in our cancer patients with VTE-AL referred to our Centre for congenital bleeding and thrombotic disorders.
METHODS: We evaluated 7 cancer patients with VTE-AL (3 female and 4 male, median age 65,71 years) referred to our centre since April 2023 till March 2025: 3 (42.3%) with splenoportal axis thrombosis, 2 (28.5%) with inferior vena cava thrombosis, 1 (14%%) renal thrombosis. 2/4 patients (45%) had oncohematological desease (Multiple Myeloma, Non-Hodgkin Lymphoma) and 5 patients (55%) had solid cancer (Renal Cancer, Ascending Colon Adenocarcinoma, Sigma Adenocarcinoma, Pulmonary Adenocarcinoma). All patients were diagnosed with received DOACs at full or reduced doses according to the reduction criteria in the drug label.
RESULTS: All patients underwent regular oncological follow-up of 24 months. During this follow-up period, no major bleeding or further thrombotic events were observed. Minor bleeding as to ecchymosis was observed in one patient with Non-Hodgkin Lymphomashe developed anaemia undergoing chemotherapy, resulting in discontinuation of DOAC and initiation of low molecular weight heparin (LMWH)at prophylactic dose after 5 months of treatment. 5 patients (55%) resolved the thrombotic episode and continued treatment due to disease activity, while 3 patients (33%) still present thrombosis at ultrasonographic and radiographic follow-up. 1 (11%) patient died due to the progression of the cancer.
CONCLUSION: Our case series, limited because of the small sample size, shows that the use of DOACs in the management of VTE-AL in cancer patients is not associated with progression of VTE or major bleeding events.

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| PATIENT | AGE (YR) | SEX | SITE OF THROMBOSIS | DISEASE | THERAPY | Hb pre DOAC | Hb post DOAC | PLT pre DOAC | PLT post DOAC |
|---|---|---|---|---|---|---|---|---|---|
| 001 | 47 | F | left renal vein | Minimolecular multiple myeloma lambda chain | Apixaban 5 mg x 2 | 8 | 12.9 | 314000 | 150000 |
| 002 | 65 | M | inferior vena cava | Lung adenocarcinoma | Apixaban 5 mg x 2 | 9.9 | 11.1 | 320000 | 333000 |
| 003 | 65 | M | splenic hilum vessels | Advanced renal cell carcinoma under immunotherapy | Apixaban 2.5 mg x 2 | 11.7 | 9.8 | 200000 | 135000 |
| 004 | 65 | F | Splenic vein | Non-Hodgkin lymphoma large B-cell (DLBCL) + K breast | Edoxaban 60 mg | 11.7 | 12.3 | 141000 | 171000 |
| 005 | 76 | M | inferior vena cava extending to the right atrium | Hepatocarcinoma | Edoxaban 60 mg | 14.4 | 13.3 | 286000 | 308000 |
| 006 | 52 | F | portal vein | Sigmoid adenocarcinoma | Edoxaban 30 mg | 9 | 9.6 | 143000 | 293000 |
| 007 | 90 | M | portal mesenteric axis | Ascending colon adenocarcinoma | Edoxaban 30 mg | 15 | 12.9 | 250000 | 226900 |