Emostasi e Tumori

THROMBOTIC AND BLEEDING EVENTS IN PATIENTS WITH VASCULAR INVASION BY ADVANCED HEPATOCELLULAR CARCINOMA: A SYSTEMATIC REVIEW

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Background. The role of anticoagulation in advanced hepatocellular carcinoma (HCC) with macrovascular invasion remains uncertain. While anticoagulation may be associated with a lower incidence of venous thromboembolism (VTE), it may also increase bleeding risk, particularly in patients with portal hypertension.

Methods. We conducted a systematic review of studies reporting thrombotic and bleeding outcomes in anticoagulated (AC) versus non-anticoagulated (NOT AC) adults patients with advanced HCC and vascular invasion. Pooled weighted incidences were calculated, and risk of bias was assessed with the Newcastle–Ottawa Scale.

Results. Four retrospective cohort studies (n=608; 142 AC, 466 NOT AC) were included. VTE incidence was low overall and numerically lower in AC patients (2.0%) compared with NOT AC patients (5.3%). In contrast, bleeding events were more frequent in the AC group (28.1% vs 13.8%), with higher rates of both major (MB) and clinically relevant non-major bleeding (CRNMB), particularly in the largest cohort. Mortality was high across studies and primarily driven by tumor progression. No pooled effect estimates were calculated due to sparse data and heterogeneity.

Conclusions. Available evidence indicates a numerically lower VTE incidence was observed in anticoagulated patients, alongside a higher incidence of bleeding events in patients with advanced HCC and vascular invasion. Given the limited and heterogeneous evidence, the net clinical benefit remains uncertain. Prospective studies are urgently needed to better define patient selection in this high-risk population.







