

TEV E PATOLOGIE CARDIOVASCOLARI

RECURRENCES OF CATHETER ASSOCIATED UPPER EXTREMITY DEEP VEIN THROMBOSIS IN CANCER: A TWO YEAR PROSPECTIVE STUDY WITH ENOXAPARIN.

M. Sartori, A. Trentini, S. Cavara, L. Borgese, M. Soldati, B. Cosmi.

Angiology and Blood Coagulation Unit, IRCCS Azienda Ospedaliero-Universitaria di Bologna.

Background: The upper extremity deep vein thrombosis (UEDVT) in association with use of central venous catheters is a frequent finding in patients with cancer. Current guidelines suggest three month anticoagulation for the treatment of catheter-related UEDVT (CRT) in cancer patients, but few data are available on the appropriate anticoagulant strategy beyond three months.

Aim: To ascertain the long term venous thromboembolism (VTE) recurrences for CRT.

Study design: A single centre prospective management study in 233 cancer patients with CRT. All patients received enoxaparin 1 mg/kg subcutaneously twice a day for 4 weeks followed by 1.5 mg/kg subcutaneously once a day for a maximum of 5 weeks. The follow-up was 24 months and the end-point was the composite measure of recurrent VTE defined as: recurrence or extension of CRT, lower leg DVT, cerebral vein thrombosis, splanchnic vein thrombosis and pulmonary embolism (PE).

Results: The study population had a mean age of 57.5 ± 16.3

(female 55.5%); metastatic cancer was present in 165 (47.7%) patients. During the 2-year follow-up, there were 74 deaths (31.8%), whereas complete cancer remission was observed in 92 patients (39.4%). Ongoing enoxaparin treatment, the primary efficacy outcome occurred in 7 patients (3.0%), whereas major bleedings were 2.1%. After anticoagulant suspension, there were three PEs (1.3%), one cerebral sinus thrombosis (0.4%) and 25 recurrent CRT (10.7%). Patients that received enoxaparin treatment for 3 months has the same risk of reaching the end-point than those that received enoxaparin for more than 3 months (RR 1.21, CI95%: 0.26-5.56, $p=0.806$) The primary efficacy outcome occurred in (20.1%) patients with active cancer, whereas no patients in complete cancer remission reached the primary end-point. The use of thromboprophylaxis reduced the risk of VTE (RR 0.22, CI95%: 0.08-0.60, $p=0.02$).

Conclusions: The risk of recurrence of CRT is mainly related to cancer status. In case of active cancer, the risk of recurrent VTE is not low and thromboprophylaxis may reduce it.

Email: michelangelo.sartori@aosp.bo.it