

Role of Palliative Low-Molecular-Weight Heparin for Treating Venous Thromboembolism in Patients with Advanced Cancer

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Reference: [Am J Hosp Palliat Care](#). 2010 Sep;27(6):416-9. Epub 2010 Mar 2. Author: Quy N.H. Tran

Abstract

Patients with cancer are at risk of developing venous thromboembolism ([VTE]; deep venous thrombosis, and pulmonary embolism). Although vitamin K antagonists had originally been used to treat VTE in these patients, low-molecular-weight heparins (LMWH) have been shown to be more effective and safe for patients with cancer-associated thrombosis. In cancer patients with advanced disease where curative therapy is no longer the intent of treatment, continued anticoagulation for VTE for palliative purposes continues to remain a controversial topic as no large randomized trials have been conducted to guide clinicians in this setting. This review summarizes the data available for treating VTE in cancer patients receiving palliative services.

Strength:

- Some of the journals cited from this article had large patient population sizes.
- Summarizes key points from various studies.
- Acknowledges the lack of data available.
- No financial support from pharmaceutical company.
- Emphasizes the importance to tailor practice to each patient.

Weakness:

- Subset of patients excluded from many large trials (life expect < 3mo, or ECOG performance status greater than 3.)
- Lack of patients that fit our specific patient population (We have to acknowledge that it would have been difficult to have compliant patients participating in this research.)
- A very brief summary of different studies that have been done.
- Absence of large clinical trials and lack of data on number of patients who may benefit symptomatically from anticoagulation.

Relevance to Palliative Care:

LMWH is easy to administer and does not require monitoring. There are no large trials to establish optimal duration of administration, but without contraindications, it would be preferred over warfarin for secondary prophylaxis of VTE. The preference is to continue for at least 6 months after first episode of VTE. Montréal regimen was a better option for consideration if patients were at high risk of bleeding. If a patient refuses therapy or has low palliative performance scale,

experiences adverse events, or is entering the dying phase, discontinuing anticoagulation after discussion with the patient and families may be reasonable to consider.