# Impact of therapeutic patient education in the prevention and treatment of venous thromboembolism in patients





# with cancer





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## Introduction

Venous thromboembolism (VTE) is a frequent and severe complication in cancer patients, which is the second leading cause of death in this population.



#### International guidelines:

- a low molecular weight heparin (LMWH)
- during at least 3 months and until chemotherapy is going

Setting up a Therapeutic Education Program (TEP) for patients treated for cancer-associated thrombosis (CAT)

# Objective

Description of the cohort of patients and the impact of the program on adherence, tolerance and recurrence

## Materials and methods

Information collected from sessions performed between 2014 and 2017:

- Characteristics of the patients
- PEP sessions
- Anticoagulant treatment
  - Observance, recurrences and bleeding

## Results

#### **Characteristics of the patients:** N = 48 patients

- Middle age = 64.5 years [28 88]
- Sex ratio = 0.78
- Types of cancer: breast cancer (35%), lung cancer (13%), colon cancer (8%), bladder cancer (8%)

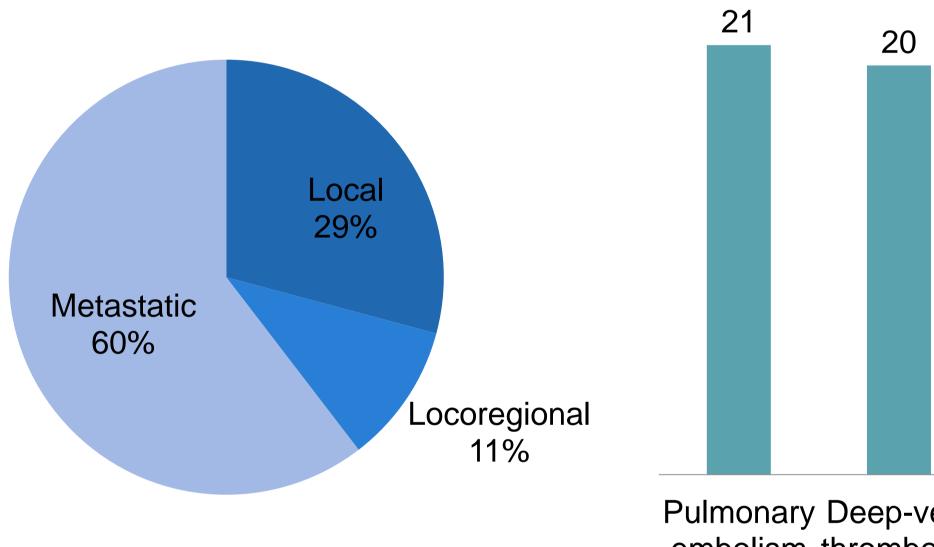
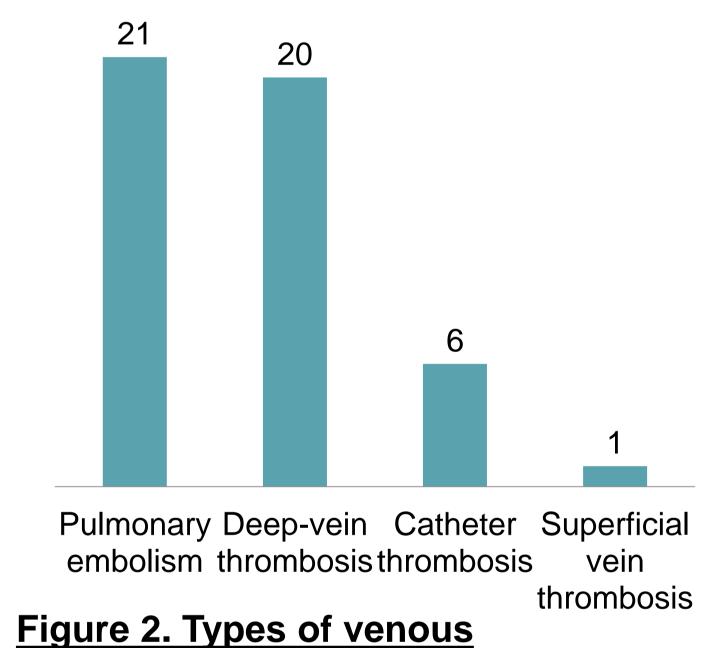
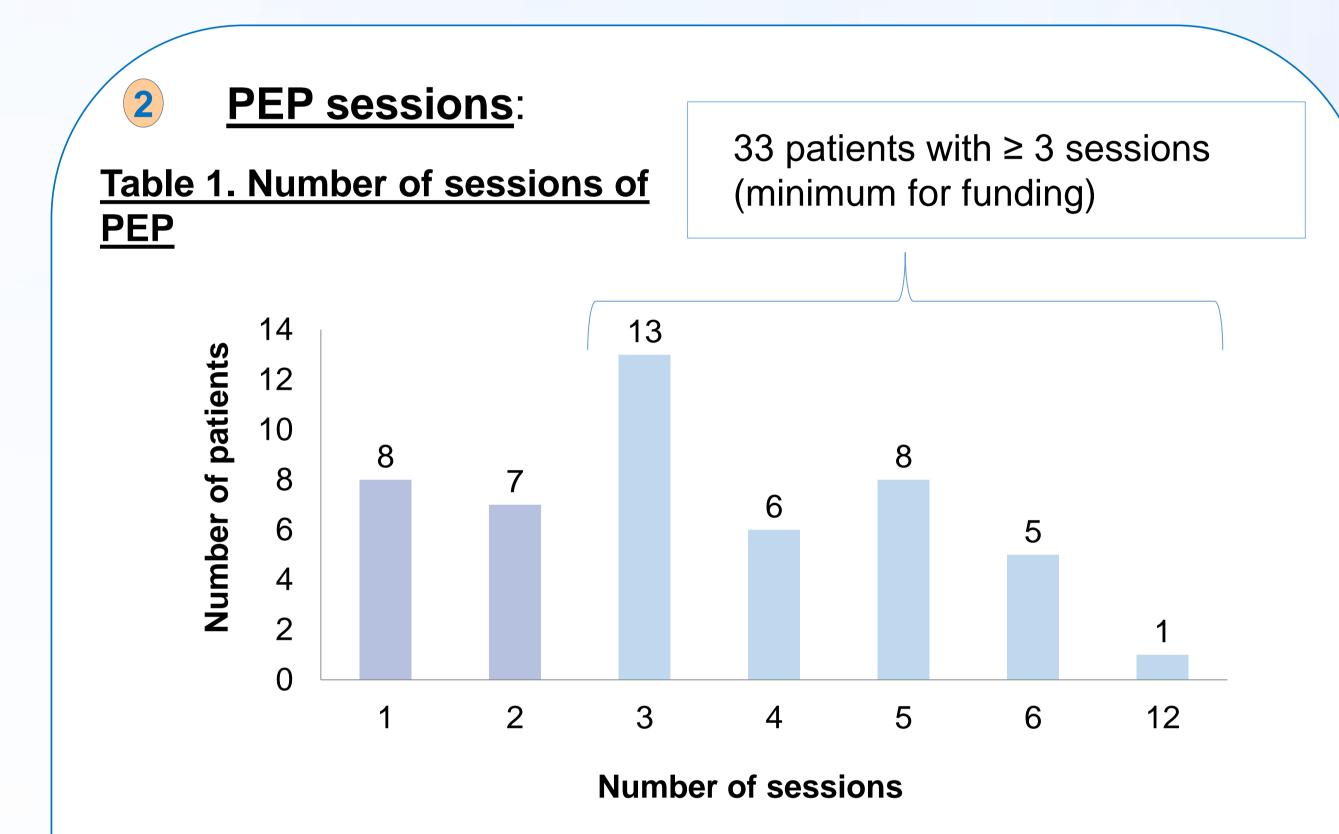


Figure 1. Stage of cancers



thromboembolism



Average number of sessions = 3.5 Nearly 70% of patients have this minimum of 3 sessions, allowing funding by the Regional Health Agency. For other patients, stop because death, treatment break or relay by another drug class.

#### **Anticoagulant treatment:** Table 2. Heparin injection Calciparin\_ Dalteparin 8% **Fluindione** 21% Tinzaparin By other person Self-injection By a nurse 86% ■ Before PEP ■ After PEP

Injections were mainly in the abdomen (77%) Figure 3. Types of anticoagulant treatment then in the thighs (21%).

#### Observances, recurrences and bleeding

- cases, patients reported being observant of their anticoagulant therapy and 83% for compression.
- Nearly 12% of patients had recurrent thrombosis under anticoagulant therapy.
- 4% Only patients experienced bleeding event.

## Conclusion

The program filled its objectives, including understanding, treatment adherence and allowing patients to be more independent with injection. This program is the first to describe a cohort of patients treated for CAT and result of a good collaboration between physicians, pharmacists and nurses. It is involved in supportive care explaining the low number of patients in the cohort, but brings a real benefit for patients. With the evaluation of the place of direct oral anticoagulants, the program will probably have to be rehabilitated.



