

ATC code: B01- Antithrombotic Agents

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OBJECTIVE

The aim of our study was to evaluate the anticoagulation therapy approach in cancer-associated thrombosis patients with reference to international guidelines .

Study type: A descriptive study.

Period: From January 2015 to September 2016 (21 months).

STUDY DESIGN

Patients: Cancer patients who developed thrombosis at diagnosis or during disease evolution .

Data collection: was achieved using patients' medical files.

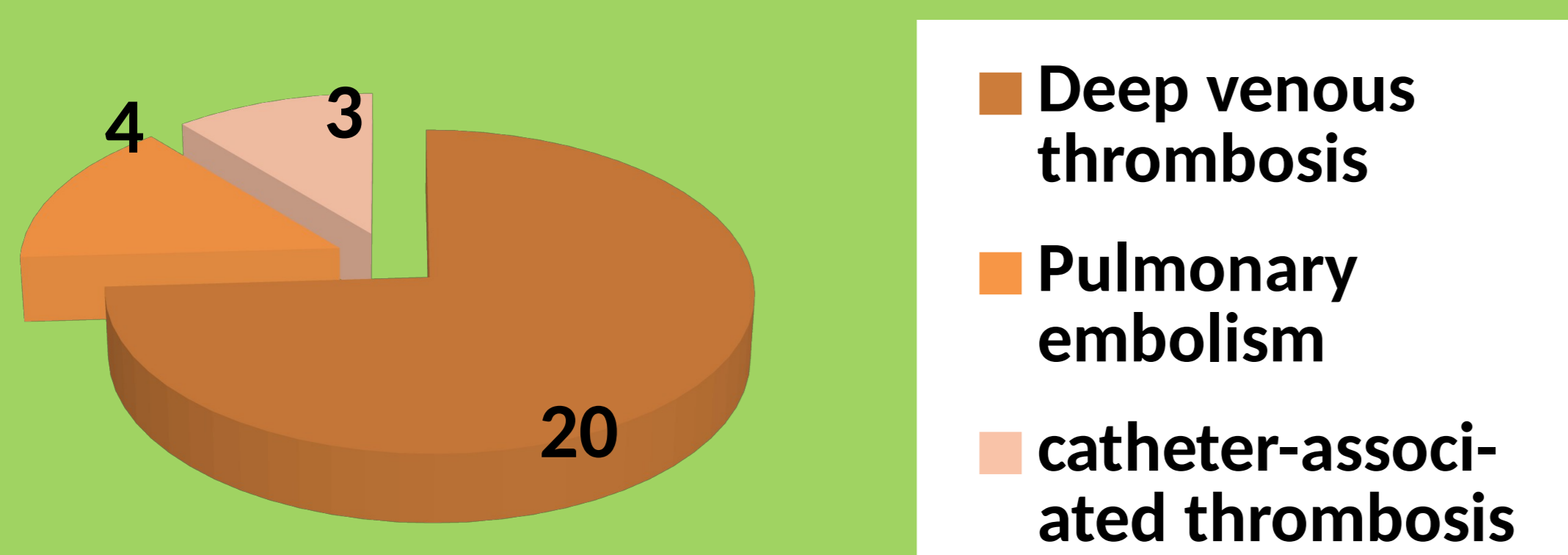
Guidelines: of 'Groupe Francophone Thrombose et Cancer (GFTC)' were used to evaluate our management of thrombosis

RESULTS

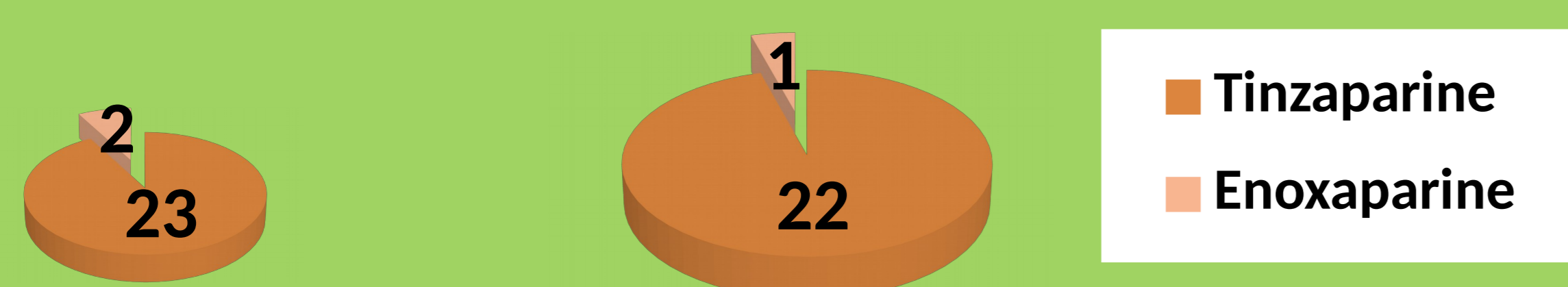
POPULATION CHARACTERISTICS

- **Number of patients:** 25
- **Sex-ratio (M/F)** = 1.27 (14H/ 11F)
- **Median Age:** 59 years (21-80 years)

TYPES OF VENOUS THROMBOEMBOLISM (VTE)



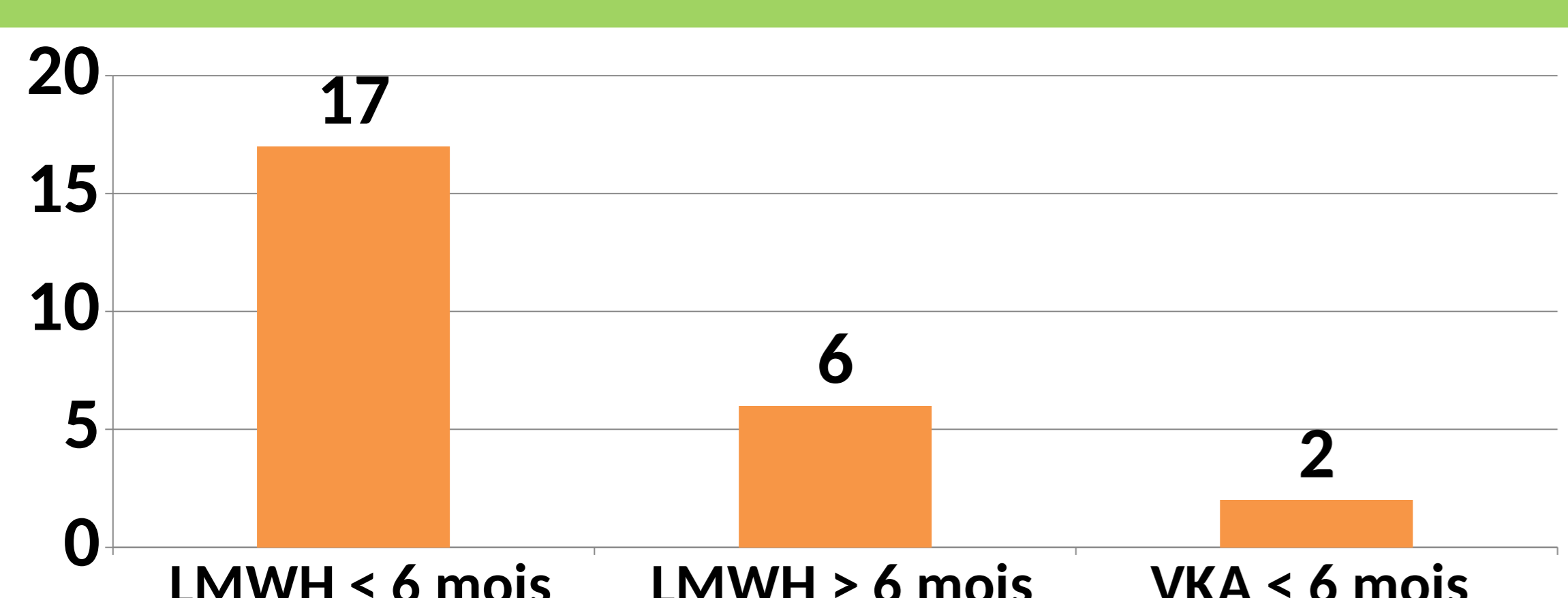
INITIAL TREATMENT OF VTE (FIRST 5 TO 10 DAYS)



- Low Molecular Weight Heparin (LMWH)
- Vitamin K Antagonists (VKA)

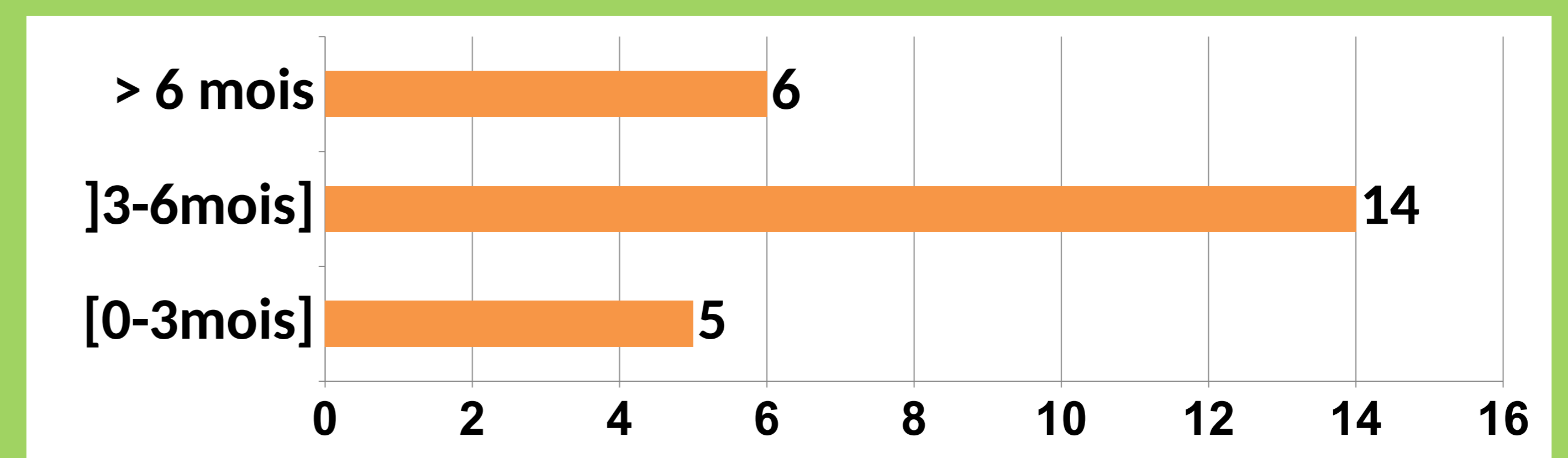
One of the 2 patients treated by VKA didn't reach the target International Normalized Ratio (INR). Therefore, VKA was substituted by LMWH.

EARLY MAINTENANCE AND LONG TERM TREATMENT

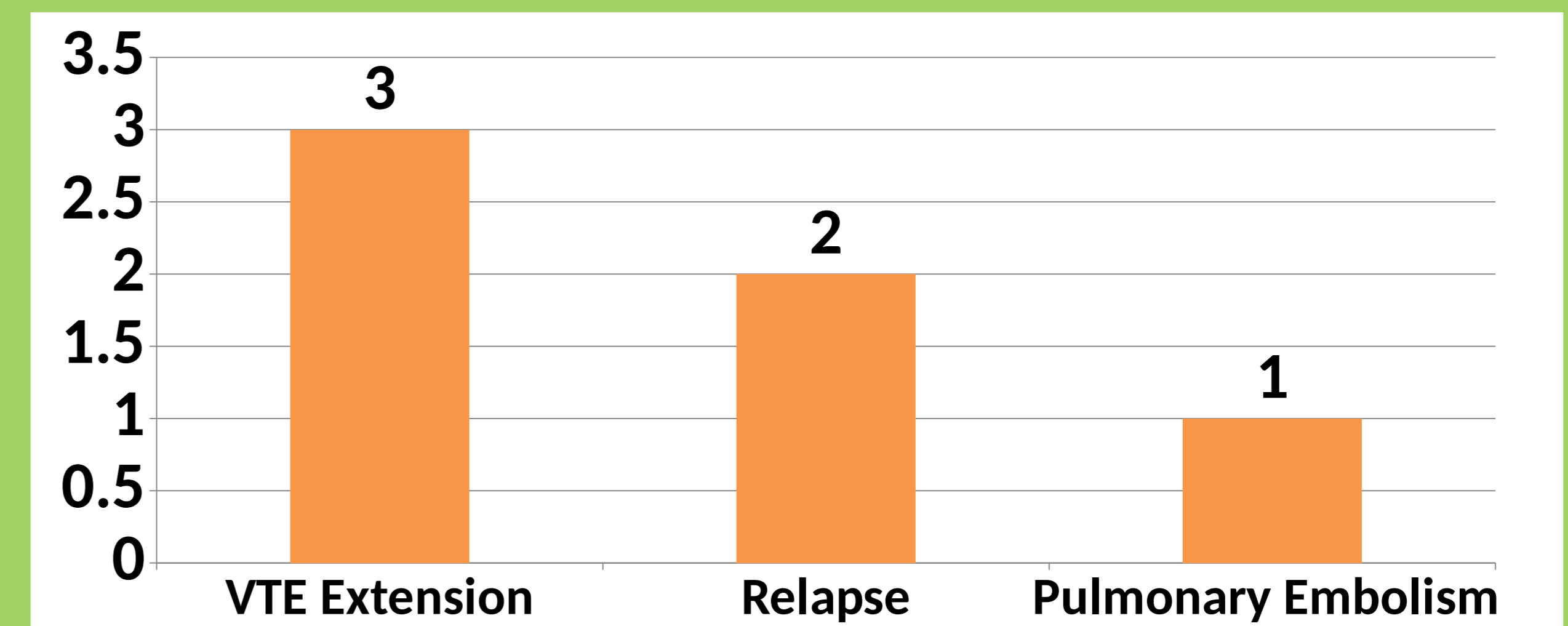


Two patients suffered from heparin-induced thrombocytopenia during initial treatment. As a result, LMWH was replaced by VKA.

DURATION OF TREATMENT



EVOLUTION OF VTE UNDER TREATMENT



DISCUSSION

With reference to 'Groupe Francophone Thrombose et Cancer (GFTC)' Guidelines :

- **LMWH** is recommended for the initial treatment of established VTE in cancer patients.
- **Fondaparinux and Unfractionated Heparin (UFH)** could be used equally for the initial treatment of established VTE in cancer patients. However, the level of recommendation and the quality of evidence are low.
- The balance between efficacy and safety favors the use of LMWH vs UFH (lower risk of heparin-induced thrombocytopenia) and once or twice a day use vs continuous perfusion or three times a day).
- **Tinzaparin and dalteparin** are LMWHs having Marketing Authorization for prolonged treatment of VTE and for the prevention of recurrence in patients with active cancer and / or undergoing chemotherapy.
- LMWH are preferred for the early maintenance treatment (ten days to third month) and long-term treatment (beyond 3 months) of VTE in cancer patients .
- LMWH should be used for a minimum of three months to treat established VTE in cancer patients.

CONCLUSIONS

- ✓ According to our results, therapeutic management of VTE in our department is **globally comparable** to current international recommendations.
- ✓ The optimal duration of treatment remains unclear. In our study, arrest or prolongation of anticoagulation was based on **individual evaluation of safety, efficacy, patients' preference and cancer activity.**

ACKNOWLEDGMENTS

None.