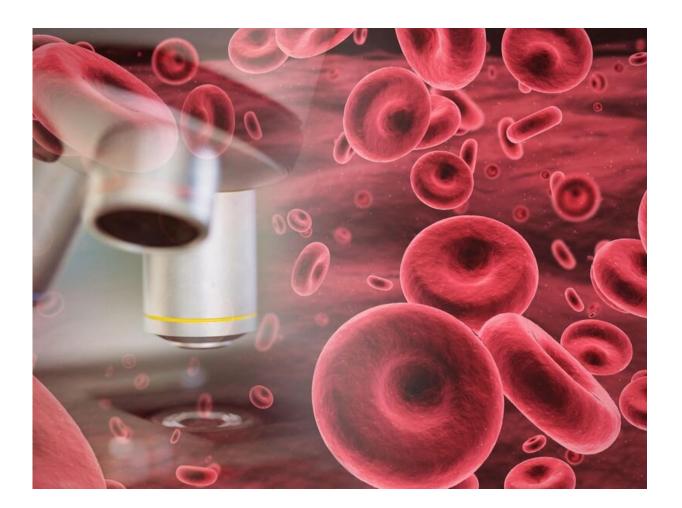


Anticoagulants do not reduce arterial thrombotic event risk in cancer

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For ambulatory patients on systemic anticancer therapy, anticoagulants



do not reduce the risk of arterial thrombotic events (ATEs) and are associated with increased bleeding risk, according to a review published online June 27 in *JACC: CardioOncology*.

Yan Xu, M.D., from the University of Ottawa in Canada, and colleagues examined the efficacy and safety of anticoagulants in ATE prevention among ambulatory cancer patients. The researchers performed a systematic review of studies comparing oral or parenteral anticoagulation with no anticoagulation among patients receiving systemic anticancer therapy with no other indication for anticoagulation. Data were included from 14 randomized trials involving low-molecular-weight heparins, direct oral anticoagulants, and warfarin. ATEs (myocardial infarction, ischemic stroke, intra-abdominal arterial embolism, or peripheral artery occlusion) were captured as coefficacy end points or adverse events.

The researchers observed no association for anticoagulant use with a decrease in ATEs compared with placebo or <u>standard treatment</u> (relative risk [RR], 0.73; 95 percent confidence interval [CI], 0.50 to 1.04). For major and minor bleeding, the RRs with anticoagulant use were 1.56 (95 percent CI, 1.12 to 2.17) and 2.25 (95 percent CI, 1.45 to 3.48). The risk of death was not reduced with <u>anticoagulants</u> in 13 trials that reported all-cause mortality (RR, 0.99; 95 percent CI, 0.95 to 1.02).

"Our data do not support the routine use of anticoagulation for ATE prevention in ambulatory cancer patients," the authors write.

One author disclosed ties to the pharmaceutical industry.

More information: Yan Xu et al, Anticoagulation for the Prevention of Arterial Thrombosis in Ambulatory Cancer Patients, *JACC: CardioOncology* (2023). DOI: 10.1016/j.jaccao.2023.04.003

Carmen Spaccarotella et al, To Anticoagulate or Not to Anticoagulate to



Prevent Arterial Thrombosis During Systemic Cancer Therapy, *JACC: CardioOncology* (2023). DOI: 10.1016/j.jaccao.2023.05.006

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