

Guidelines for VTE prophylaxis, treatment in cancer unchanged

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(HealthDay)—The 2014 recommendations for the prophylaxis and treatment of venous thromboembolism (VTE) in patients with cancer are unchanged from 2013, according to an article published online Jan. 20 in the *Journal of Clinical Oncology*.

Gary H. Lyman, M.D., M.P.H., from the Fred Hutchinson Cancer Research Center in Seattle, and colleague conducted a [systematic review](#) to provide current recommendations about VTE prophylaxis and treatment in [patients](#) with cancer. Data were included from 53 publications, with none of the findings prompting a change in the 2013 recommendations.

The researchers note that thromboprophylaxis is required throughout hospitalization for most patients with active cancer. For patients in the outpatient setting, routine thromboprophylaxis is not recommended, although it may be considered for selected high-risk patients. Prophylaxis with low-molecular weight heparin or low-dose aspirin is recommended for patients with multiple myeloma receiving antiangiogenesis agents with chemotherapy and/or dexamethasone. For patients undergoing major surgery, prophylaxis should start before surgery and be continued for at least seven to 10 days. For patients with malignancy and VTE, use of novel oral

anticoagulants is not recommended because of limited data in patients with cancer. In the absence of other indications, anticoagulation should not be used to extend survival of patients with cancer.

"Patients with cancer should be periodically assessed for VTE risk," the authors write. "Oncology professionals should educate patients about the signs and symptoms of VTE."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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