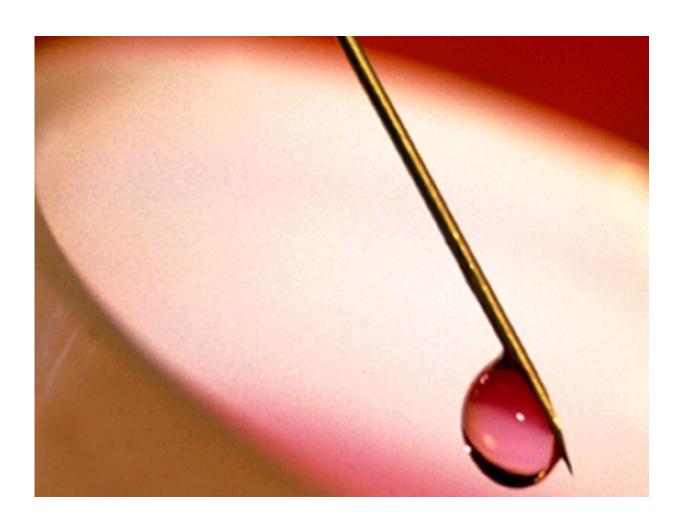


ASH issues guidance for preventing, treating VTE in cancer

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(HealthDay)—In a clinical guideline from the American Society of



Hematology, published online Feb. 11 in *Blood Advances*, recommendations are presented for the prevention and treatment of venous thromboembolism (VTE) in patients with cancer.

Gary H. Lyman, M.D., M.P.H., from the Fred Hutchinson Cancer Research Center in Seattle, and colleagues developed evidence-based guidelines to support patients, clinicians, and other health care professionals in their decision-making about prevention and treatment of VTE in patients with cancer. The recommendations address prophylaxis in hospitalized medical patients with cancer, those undergoing surgical procedures, and ambulatory patients receiving chemotherapy. Use of anticoagulation is addressed for initial, short-term, and long-term treatment of VTE.

The recommendations are classified as strong or conditional. Strong recommendations include not using thromboprophylaxis for ambulatory patients receiving chemotherapy who are at low risk for VTE and using low-molecular-weight heparin (LMWH) for initial VTE treatment. Conditional recommendations include thromboprophylaxis for hospitalized medical patients with cancer; LMWH or fondaparinux for patients with cancer undergoing surgical procedures; and LMWH or direct oral anticoagulants (DOACs) for ambulatory patients with cancer receiving systemic therapy who are at high risk for VTE. For initial, short-term, and long-term treatment of VTE for patients with cancer, the authors recommend LMWH or DOACs, DOACs, and LMWH or DOACs, respectively.

"The ASH guideline suggests stratifying <u>patients</u> into groups who are at low, intermediate, or high risk for VTEs, and it provides recommendations on the use of pharmacological thromboprophylaxis in these different subgroups," the authors write.

More information: Abstract/Full Text



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