VENOUS THROMBOSIS

COMMON FOR PEOPLE

LIVING WITH CANCER

PATIENT INFORMATION
People living with cancer should know that they are at risk for getting a blood clot. Blood clots are a common problem for people living with cancer. About 1 in 200 cancer patients will develop a blood clot. The risk of getting a blood clot varies and can depend on several factors. For example, the risk is higher if:

• The cancer is growing or if it has spread to multiple areas.
• The person is receiving treatment for their cancer (chemotherapy) or has surgery.
• Other medical conditions occur, such as infections.

Blood clots in the veins, or venous thrombosis, usually develop in the deep veins of the legs; this is called deep vein thrombosis (DVT). They can also develop in the blood vessels in the lungs; this is called pulmonary embolism (PE). Sometimes, blood clots can occur in the arms, especially if a catheter or PICC line is in place for giving chemotherapy or taking blood.
SYMPTOMS OF BLOOD CLOTS

It is important for people living with cancer to know the signs and symptoms of blood clots because they might not be obvious; you may think these symptoms are related to the cancer itself or the treatment.

When DVT occurs, the blood clot causes blood flow coming back from the leg to either stop completely, or slow down and “back up.” This causes congestion, sort of like a traffic jam! Because of gravity, fluid will go down the limb so you might notice swelling in the ankle or calf. You might also get cramping or a “charley horse” in the calf, redness or discolouration in the leg, or a sense of heaviness in the leg.
If the DVT is in the arm, similar symptoms occur. Some people may complain of aching in their shoulder or neck and might notice that the veins on the back of their hands “pop out.” If the DVT occurs around a catheter or PICC line, the catheter might not work properly, so that it becomes difficult to draw blood from it or inject fluid or drugs into it.

When PE occurs, the clot blocks blood flow in the lungs. This will often cause breathing problems, especially when you are exercising, or doing regular day-to-day activities like walking up stairs, carrying groceries or doing household chores.

Some patients may have chest pain. The chest pain can feel like a sharp stab from a knife and is worse with deep breaths, or it can feel like a pressure on your chest. When a clot is in a larger vessel in the lungs, or there are multiple clots in the lungs, you can feel light-headed or dizzy.
If you get any of these symptoms, it is important to have someone take you to the emergency department, or call 911 right away if you are by yourself. PE is a medical emergency because it can be fatal.
LOW-MOLECULAR-WEIGHT HEPARIN

For people living with cancer, one of the recommended treatments for venous thrombosis is an injectable blood thinner called low-molecular-weight heparin (LMWH). This drug is given by a needle in your belly, very much like how insulin is given in people with diabetes. The injection is given once a day. The dose is based on your weight, and how well your kidneys work.

This drug works by stopping blood from clotting quickly. Once you start the treatment, the blood clot stops growing or moving and the body can slowly start breaking down the clot.
Besides injections, there are blood thinner pills. But not everyone can use pills because there might be an interaction with drugs that you are taking for cancer or other medical conditions, or you might have vomiting or diarrhea that makes it difficult for the pills to work properly.

**WARFARIN**

The older blood thinner pill is warfarin, which is still used for treating thrombosis in patients with cancer. It is taken by mouth but it can be “high maintenance!” Because warfarin interacts with all kinds of food and many other drugs (including chemotherapy), each person needs a different dose at different times. The only way to make sure the correct dose is being used for each person is to check blood levels often. This can be hard to manage if you are living with cancer. And if the wrong dose is used, you can still get more blood clots or end up bleeding too much.
DIRECT ORAL ANTICOAGULANTS

The newer class of blood thinner pills are called direct oral anticoagulants (DOACs). These drugs also work by interfering with the process of blood clotting. They are taken once or twice a day and may require a different dose at different times during treatment. Unlike warfarin, they don’t require frequent blood work to check the level of drug in the blood, and there are no food issues related to them. They also begin to work – and clear the system when needed – more quickly than warfarin.
DOACs are usually more suited to people who have a low risk of bleeding in the stomach or intestines, who are not feeling nauseous or ill, or who are not at risk of experiencing diarrhea. Because there are some medications that cannot be taken with DOACs, a pharmacist needs to check for potential drug-drug interactions before you start a DOAC. Some DOACs require a brief overlap with an injectable blood thinner at the start.

Once you start treatment for a blood clot, you need to continue taking the medication for at least 3 to 6 months. A shorter period of treatment can mean that more blood clots will occur.
Your doctor will see you a few months after starting this medication to make a decision about whether you can stop treatment or if you need to continue. That decision depends on what’s happening with your cancer, if you are still receiving cancer therapy and how well you’ve tolerated the blood thinner therapy.
If you experience symptoms of blood clots, get medical attention right away. Your healthcare team can help you make the best choice for you.

A good way to remember the signs of a blood clot is to remember the acronym **CLOTS**:

- **C**hest pain
- **L**ight-headedness
- **O**ut of breath
- **T**ender leg
- **E**dema

If you have any of these signs, see a doctor right away.