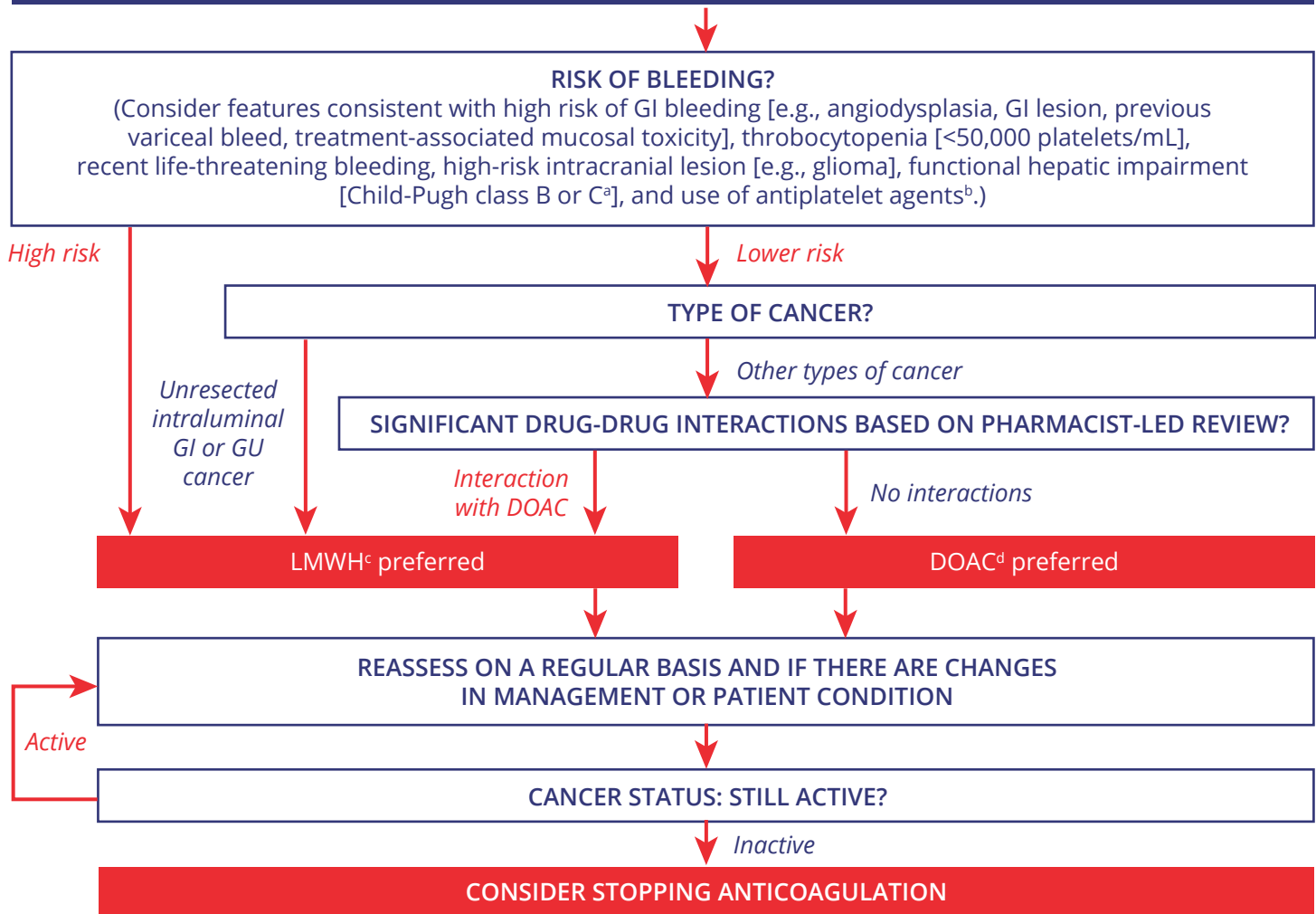


PATIENT RISK STRATIFICATION ALGORITHM FOR ANTICOAGULANT THERAPY IN CANCER-ASSOCIATED THROMBOSIS

CANCER-ASSOCIATED THROMBOSIS WITHOUT CONTRAINDICATION TO ANTICOAGULATION (both incidental and symptomatic, upper extremity and lower limb DVT and PE)



OTHER FACTORS TO CONSIDER

- Patient and clinician preferences, after discussion of risks and benefits
- Drug cost
- Body weight (consider LMWH in patients with weight >150 kg and agent with weight-adjustable dosing in patients with weight <50 kg)
- Burden of cancer (e.g., recurrence or progression) and burden of VTE (consider LMWH for patients with severe symptoms, e.g., iliofemoral DVT, extensive PE, submassive PE, any thrombolysed patient)
- Abnormal uterine bleeding (consider LMWH for patients with history of abnormal uterine bleeding secondary to DOAC)
- Significant GI surgery or absorption disorders (consider LMWH for patients with impaired GI absorption)

^a None of the DOACs are recommended for use in patients meeting criteria for Child-Pugh class C, with use of rivaroxaban being contraindicated in patients with hepatic disease (including Child-Pugh class B and C) associated with coagulopathy and having clinically relevant bleeding risk. Apixaban should be used with caution in patients with mild or moderate hepatic impairment (Child-Pugh class A or B), while these patients exhibited comparable pharmacokinetics and pharmacodynamics to healthy controls when treated with edoxaban. ^b Use of antiplatelet agents should be assessed, and discontinuation should be considered in the absence of a strong indication. Shared decision-making with other healthcare providers is warranted. ^c Currently, dalteparin, enoxaparin, and tinzaparin have randomized controlled trial evidence in cancer-associated thrombosis, with the evidence base being stronger for dalteparin and tinzaparin. Refer to the relevant product monograph for appropriate dosing. ^d Currently, apixaban, edoxaban, and rivaroxaban have randomized controlled trial evidence in cancer-associated thrombosis, with stronger evidence for apixaban and edoxaban. Refer to the relevant product monograph for appropriate dosing. DVT=deep vein thrombosis; PE=pulmonary embolism; GI=gastrointestinal; GU=genitourinary; DOAC=direct-acting oral anticoagulant; LMWH=low molecular weight heparin; VTE=venous thromboembolism.