

# A retrospective cross-sectional comparative study identifying the risk factors associated with recurrent venous thrombosis among oncology patients

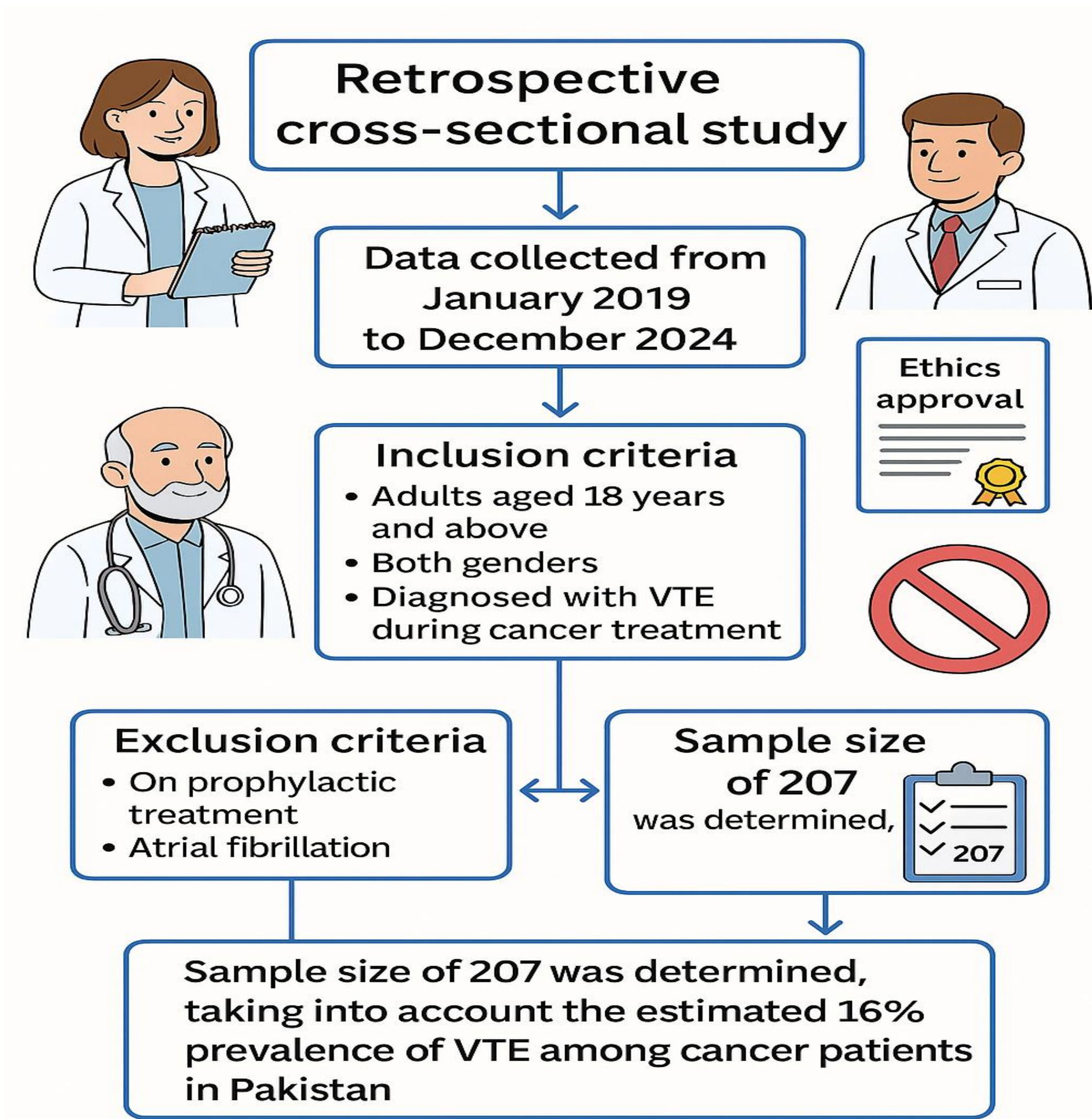
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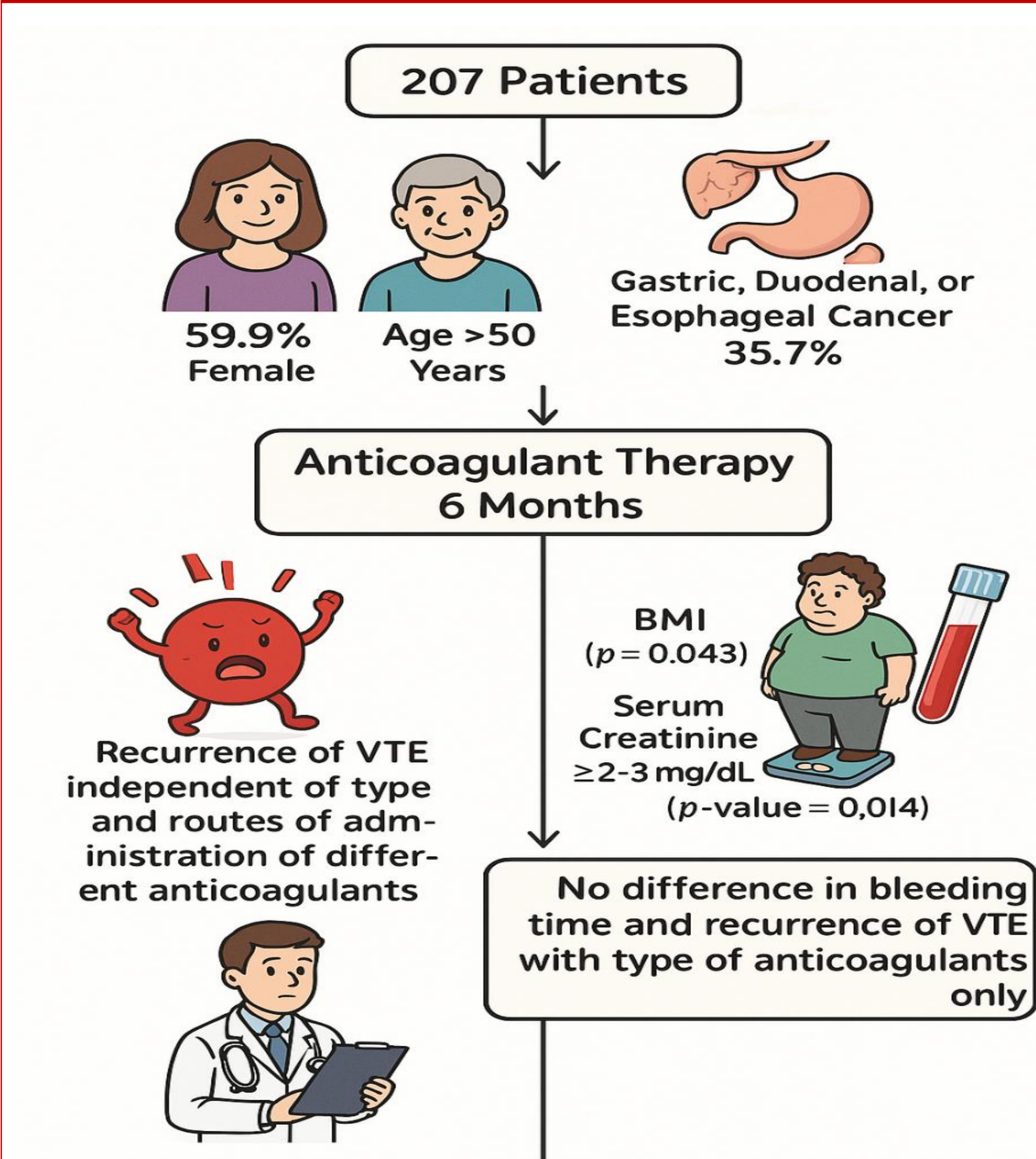
## OBJECTIVE

- The objective of this study was to evaluate the incidence of recurrence of VTE by comparison of subcutaneous (SC) and direct oral anticoagulants (DOCA), and risk factors associated with incidence of bleeding and recurrence of VTE while using different anticoagulant therapy in cancer patients.

## METHODOLOGY



## RESULTS



**Table 1: Binary logistic regression analysis for risk factors/predictor identification associated with recurrence of VTE**

Variable	Recurrence of VTE		Univariate Analysis			P-value	Multivariate Analysis			
	No	Yes	OR	Lower	Upper		OR	Lower	Upper	P-value
	n (%)	n (%)								
Age										
<50 years	71 (38.4)	9 (40.9)				Reference				
> 50 years	114 (61.6)	13 (53.1)	0.818	0.366	2.213	0.818	0.527	0.176	1.580	0.253
Smoking/ Tobacco Use										
No	163 (88.1)	21 (95.5)				Reference				
Yes	22 (11.9)	1 (4.5)	0.353	0.045	2.754	0.32	0.264	0.028	2.448	0.241
Family History										
No	156 (84.3)	17 (77.3)				Reference				
Yes	29 (15.7)	5 (22.7)	1.582	0.541	4.626	0.402	0.946	0.276	3.247	0.930
BMI			1.09	1.003	1.184	0.043*	1.066	0.971	1.171	0.178
Anticoagulant Route										
Oral	123 (66.5)	16 (72.7)				Reference				
Subcutaneous	62 (33.5)	6 (27.3)	1.756	0.619	4.98	0.29	1.173	0.374	3.677	0.784
Serum Creatinine										
0.6-1.2mg/dl	158 (85.4)	14 (63.6)				Reference				
>1.2 mg/dl	25 (13.5)	6 (27.3)	3.344	1.281	8.731	0.014*	4.703	1.415	15.630	0.012*
Duration of anticoagulant										
3 months	58 (31.4)	5 (22.7)				Reference				
6 months	69 (37.3)	4 (18.2)	0.672	0.173	2.621	0.568	0.550	0.129	2.349	0.419
> 6 months	58 (31.4)	13 (59.1)	2.6	0.871	7.762	0.087	1.864	0.571	6.090	0.302

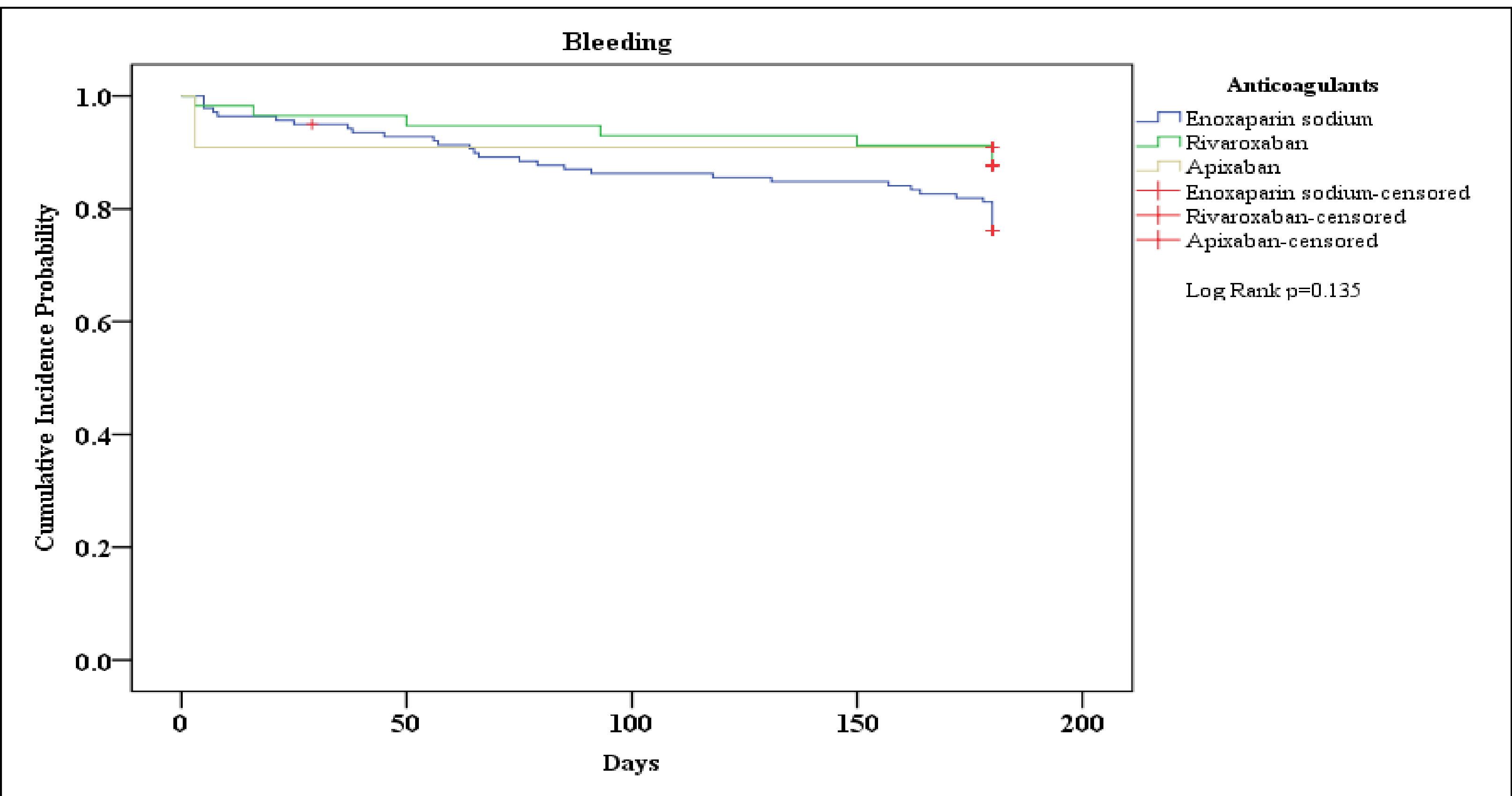
**Table-2: Comparative analysis of anticoagulants patients received**

Variable	Recurrence of VTE				P-value
	No (n=185)		Yes (n=22)		
	n	%	n	%	
Anticoagulants Type					
Enoxaparin	122	65.9	17	77.3	0.389
Rivaroxaban	52	28.1	5	22.7	
Apixaban	11	5.9	0	0.0	
Route of Administration					
Oral	63	34.1	5	22.7	0.285
Subcutaneous	122	65.9	17	77.3	

## CONCLUSION

- Our study findings showed, no significant difference between oral versus subcutaneous anticoagulants for recurrence of VTE in cancer patients
- Consequently, anticoagulant therapy is essential and should take into consideration the potential of clinical benefit and economic costs for the management of VTE in patients with cancer.

### Figure 1: Cumulative incidence of bleeding by anticoagulant type



## References

- Faqah, A., et al., *Comparative analysis of enoxaparin versus rivaroxaban in the treatment of cancer associated venous thromboembolism: experience from a tertiary care cancer centre*. Thromb J, 2020. **18**: p. 8
- Camilli, M., et al., *Efficacy and safety of novel oral anticoagulants versus low molecular weight heparin in cancer patients with venous thromboembolism: A systematic review and meta-analysis*. Critical Reviews in Oncology/Hematology, 2020. **154**: p. 103074.
- Houghton, D.E., et al. *Bleeding in patients with gastrointestinal cancer compared with nongastrointestinal cancer treated with apixaban, rivaroxaban, or enoxaparin for acute venous thromboembolism*. in *Mayo Clinic Proceedings*. 2021. Elsevier.