

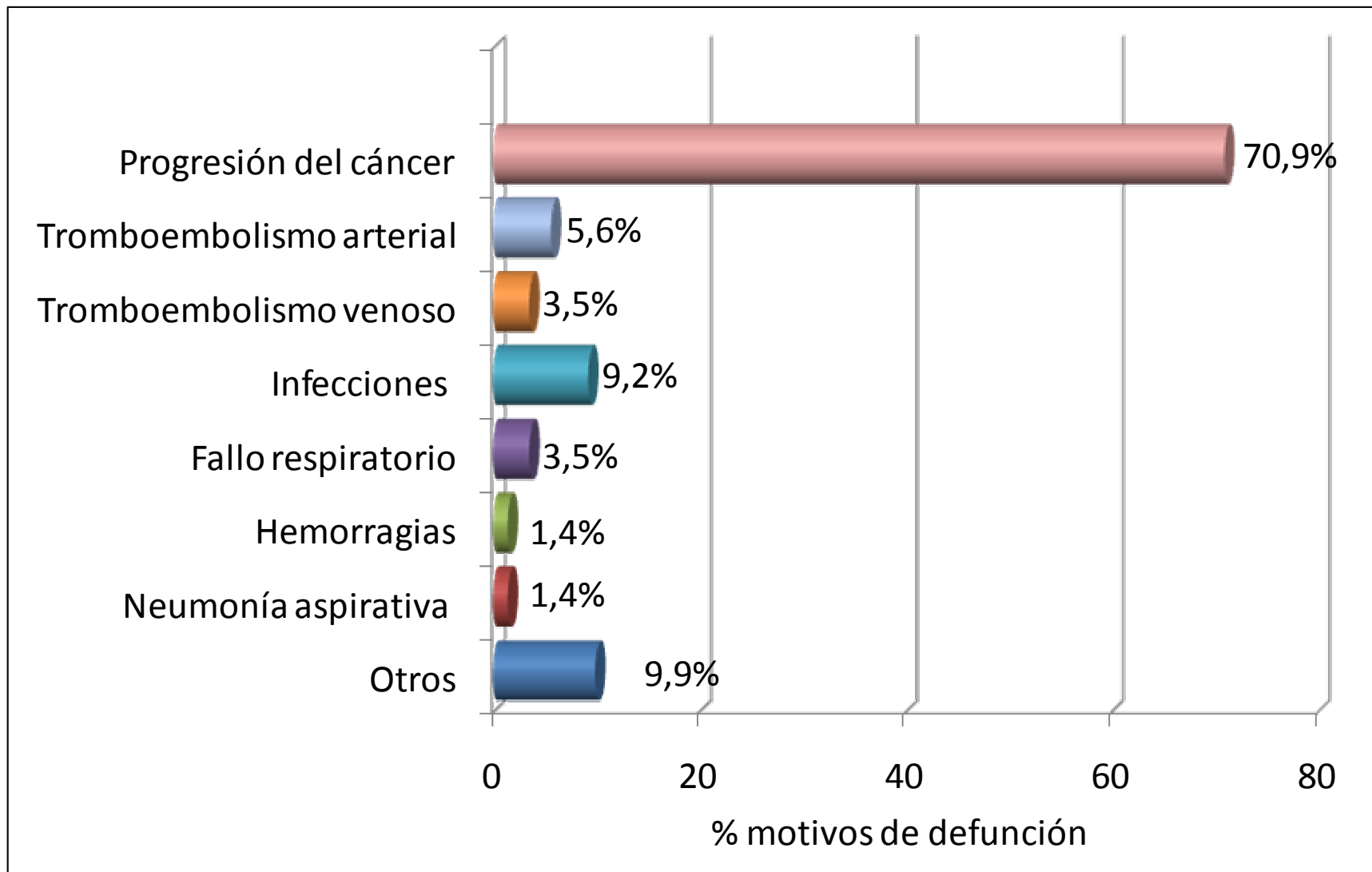


# Tratamiento de la ETV en pacientes con cáncer

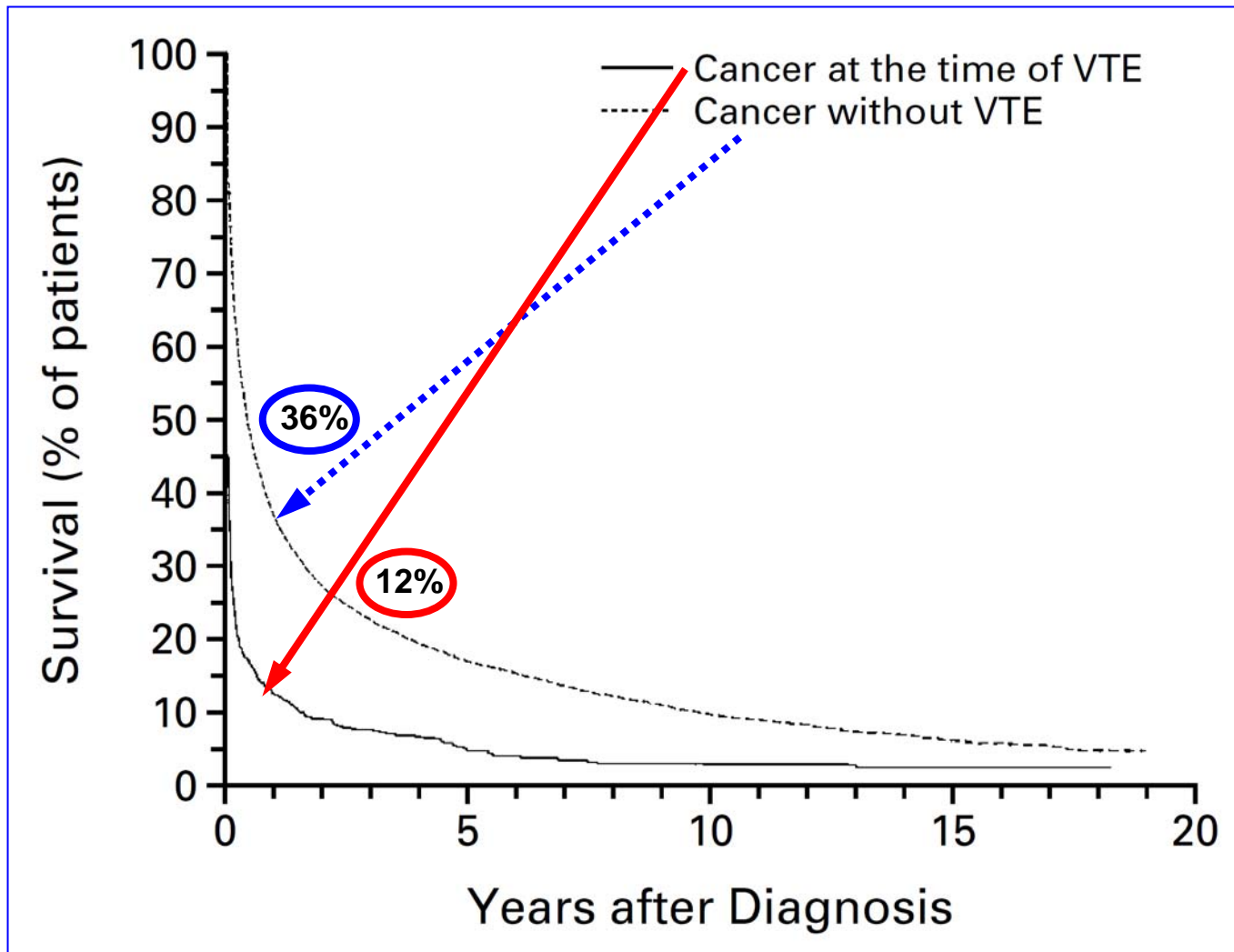
**A. Javier Trujillo Santos**

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Complejo Hospitalario Área 2 (Cartagena)

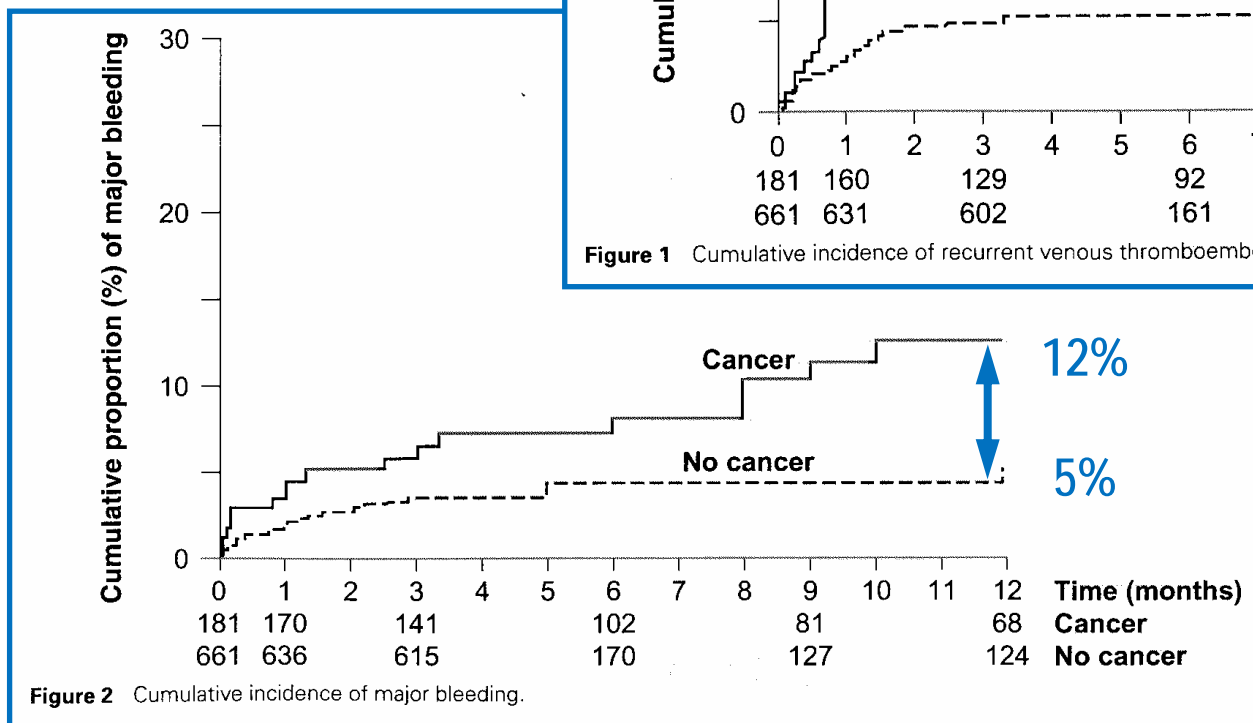
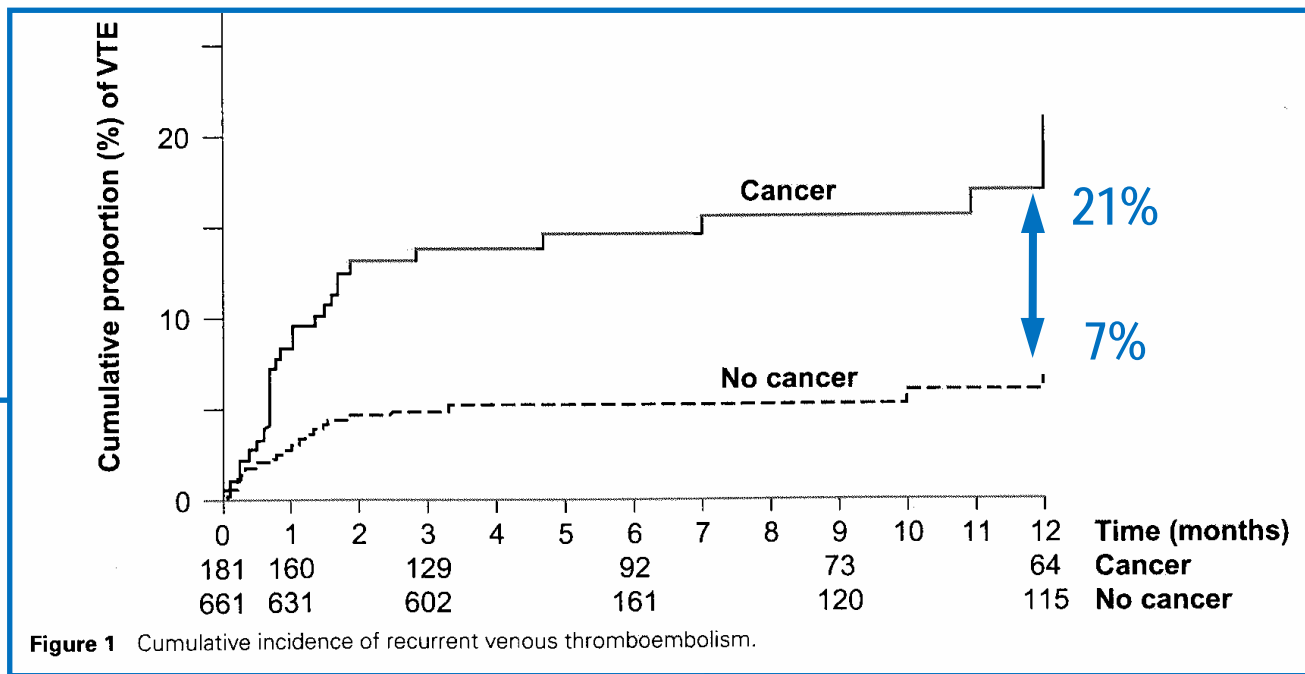
# Causas de muerte en pacientes con cáncer en QT



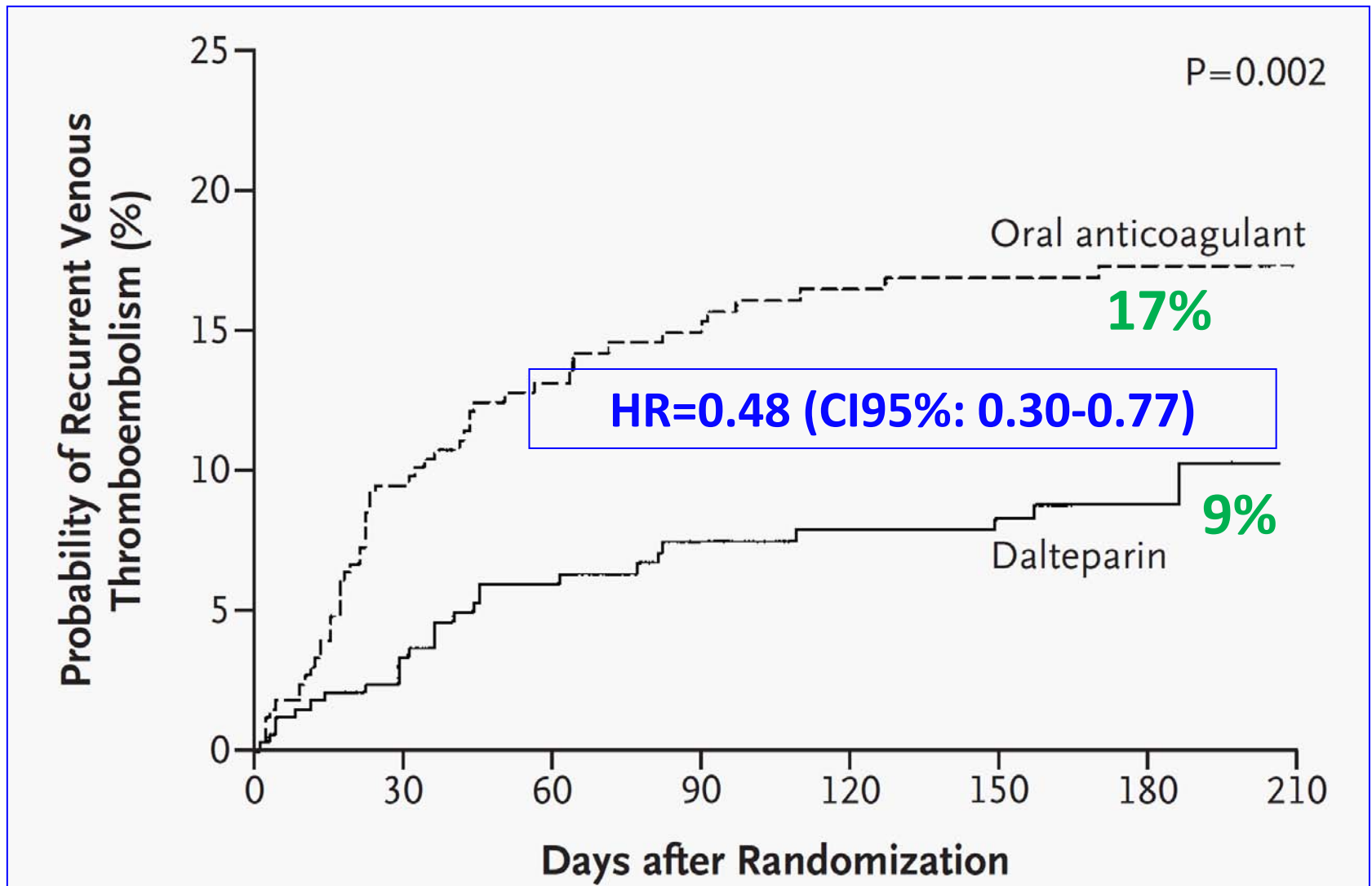
# Pronóstico del cáncer asociado a ETV

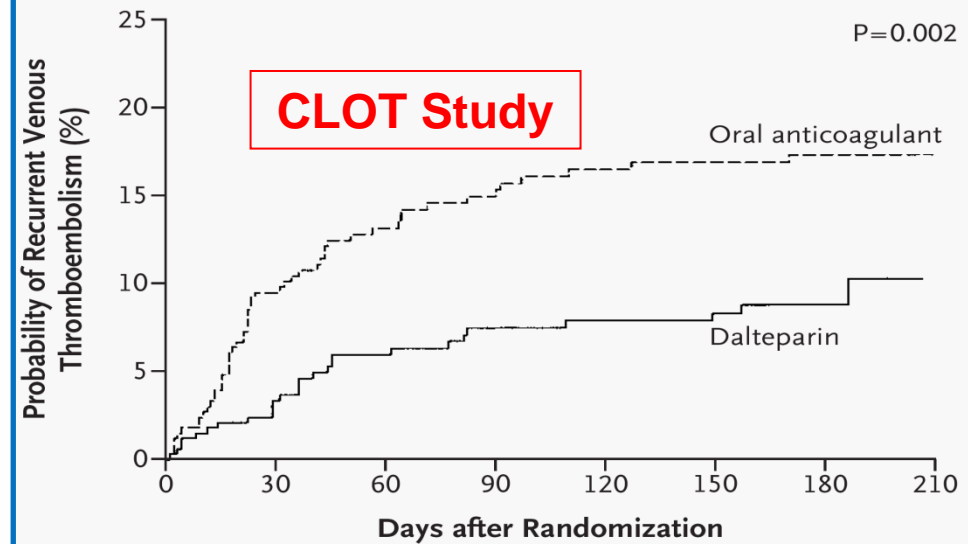
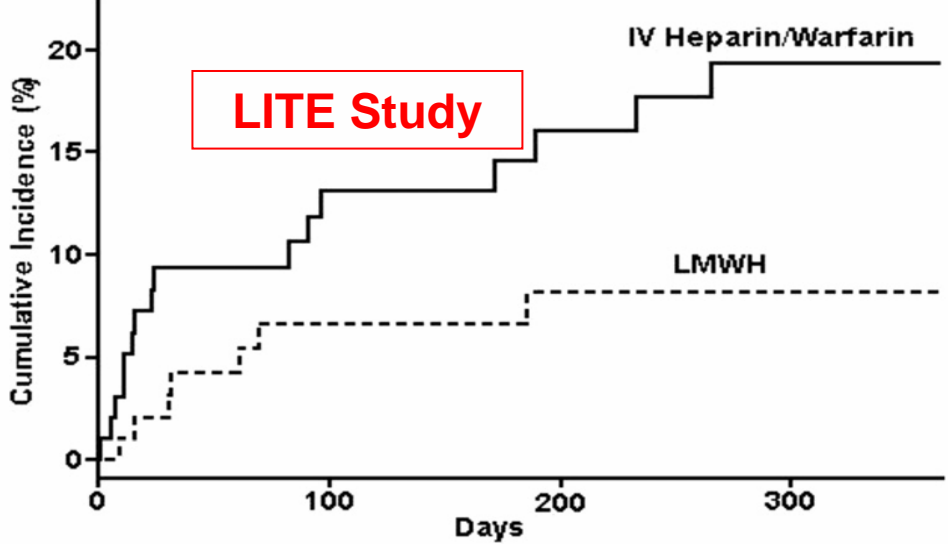


# Evolución de la ETV en pacientes con cáncer



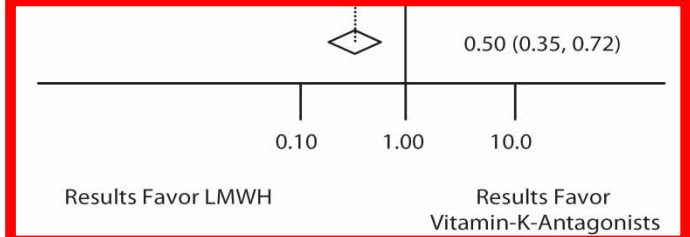
# Tratamiento de ETV en pacientes con cáncer: *CLOT trial*





Study yr (ref)	Design	Patient population	LMWH Regimen	Patients with Recurrent Venous Thromboembolism			
				LMWH	Vitamin-K-Antagonists	Risk Ratio (95% CI)	% Weight
Meyer, <sup>14</sup> 2002	Multicentre Open-label	Venous Thromboembolism Cancer	T*	2/71 (2.8%)	3/75 (4.0%)	0.70 (0.12, 4.09)	3.8
Deitcher, <sup>17</sup> 2003	Multicentre Open-label	Venous Thromboembolism Cancer	T & M <sup>†</sup> T	2/28 (7.1%) 1/31 (3.2%)	3/29 (10.3%)	0.49 (0.11, 2.29)	5.3
Lee, <sup>15</sup> 2003	Multicentre Open-label	Venous Thromboembolism Cancer	T & M <sup>†</sup>	27/336 (8.0%)	53/336 (15.8%)	0.51 (0.33, 0.79)	69.8
Hull, (current article)	Multicentre Open-label	Proximal Vein Thrombosis Broad-spectrum	T* <sup>‡</sup> §	6/100 (6.0%) 7/100 (7.0%)	10/100 (10.0%) 16/100 (16.0%)	0.44 (0.19, 1.02)	21.1

**Meta-Analysis LMWH vs AVK**



# Guías de profilaxis y tto de la ETV en pacientes con cáncer



ESMO



AIOM



AMERICAN COLLEGE OF  
CHEST  
PHYSICIANS®



NCCN



ASCO®

American Society of Clinical Oncology



Fédération  
Nationale  
DES CENTRES DE LUTTE  
CONTRE LE CANCER

# Recomendaciones de tratamiento de ETV en pacientes con cáncer

Parameter	ASCO	NCCN
Initial treatment of VTE in patients with cancer	LMWH is the preferred approach for the initial 5-10 days	LMWH, UFH, or fondaparinux according to patient's characteristics and clinical situation
	AIOM/ESMO	FNCLCC
	Weight-adjusted dose LMWH if creatinine clearance < 25-30 mL, either UFH or LMWH with anti-Xa monitoring	LMWH, UFH, or fondaparinux for the first 10 days if severe renal failure, UFH, and early VKA
Long-term treatment of VTE in patients with cancer	LMWH for at least 6 months is preferred; VKA are acceptable when LMWH is not available; indefinite anticoagulation in patients with active cancer	LMWH is preferred; indefinite anticoagulation in patients with active cancer or persistent risk factors
	LMWH for at least 3-6 months; long-term LMWH for patients with active cancer	LMWH for 3-6 months; LMWH or VKA beyond 6 months



# Recomendaciones de tratamiento de ETV en pacientes con cáncer

## Treatment: initial<sup>c</sup>

UFH	80 U/kg i.v. bolus, then 18 U/kg/h i.v. <sup>d</sup>
Dalteparin	100 U/kg s.c. every 12 h; 200 U/kg s.c. daily <sup>e</sup>
Enoxaparin	1 mg/kg s.c. every 12 h; 1.5 mg/kg s.c. daily <sup>e</sup>
Fondaparinux	<50 kg: 2.5–5 mg s.c. daily; 50–100 kg: 5–7.5 mg s.c. daily; >100 kg: 7.5–10 mg s.c. daily
Tinzaparin	175 U/kg s.c. daily

## Treatment: long term<sup>f</sup>

Dalteparin	200 U/kg s.c. daily × 1 month, then 150 U/kg s.c. daily
Warfarin	5–10 mg p.o. daily <sup>g</sup>

# Duración tratamiento anticoagulante en pacientes con cáncer

Long-term treatment of VTE in patients with cancer

LMWH for at least 6 months is preferred; VKA are acceptable when LMWH is not available; indefinite anticoagulation in patients with active cancer

LMWH is preferred; indefinite anticoagulation in patients with active cancer or persistent risk factors

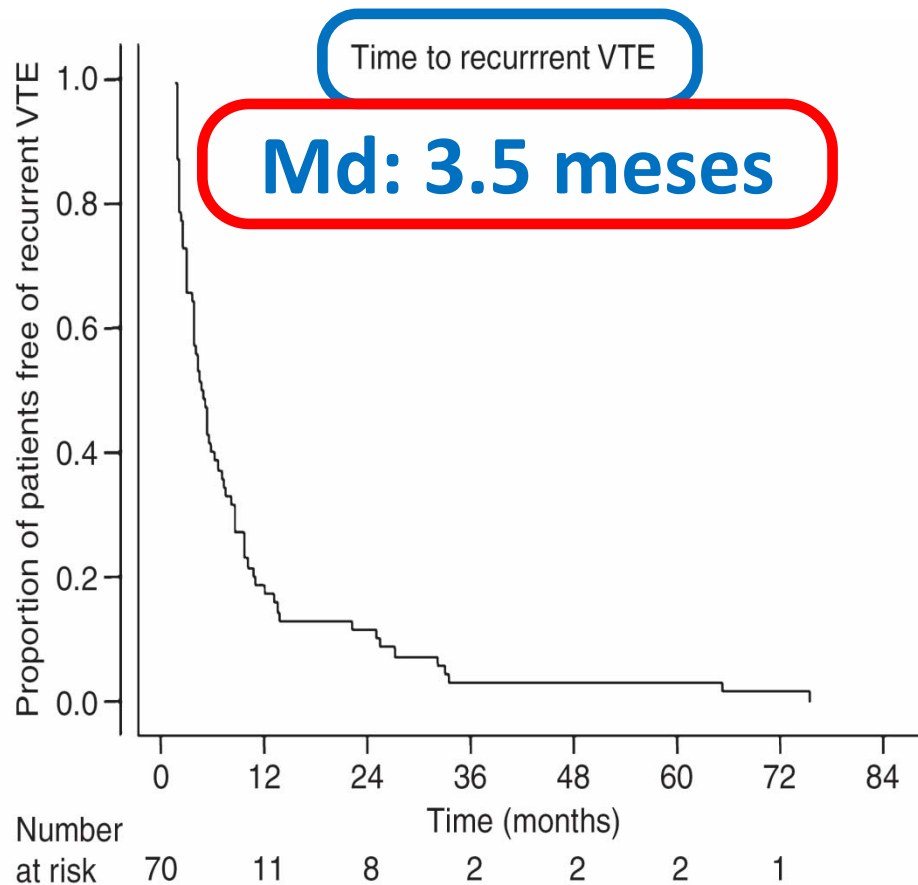
LMWH for at least 3-6 months; long-term LMWH for patients with active cancer

LMWH for 3-6 months; LMWH or VKA beyond 6 months

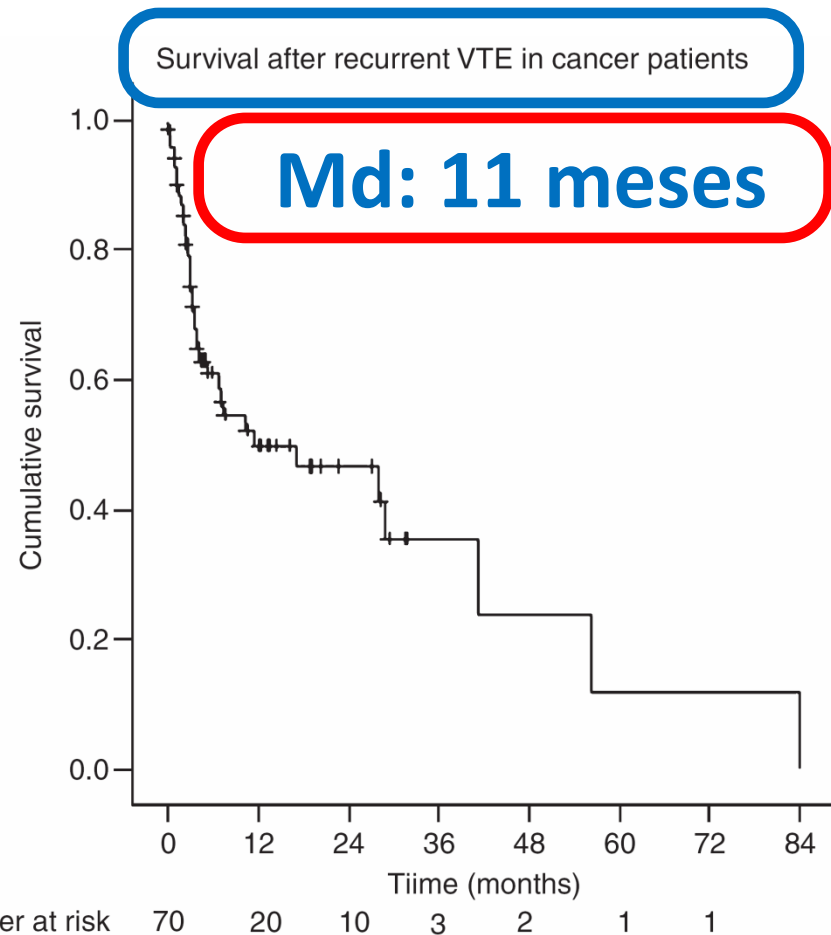
each patient should be assessed individually in terms of the risk/benefit ratio of continuing *vs* stopping anticoagulants, life expectancy, quality of life, and patient preference.

beyond 6 months. It seems likely that the benefit of LMWH would extend beyond this period if continuing anticoagulation is required, but consideration may be given to oral anticoagulant therapy in individual instances.

# Recidiva TEV en pacientes con cáncer



**Fig. 1.** Time to index recurrent venous thromboembolism (VTE) after initial diagnosis of VTE.



**Fig. 2.** Kaplan–Meier survival curve after index recurrent venous thromboembolism (VTE).

# Fallo del tratamiento anticoagulante en pacientes con cáncer

## Si recidiva ETV

Tto con  
HBPM



1. Comprobar cumplimiento
2. Cambiar de OD a BID
3. Aumentar de dosis 75-80% a 100%
4. ¿Filtro de cava?
5. Cambiar a Fondaparinux

INR

terapéutico

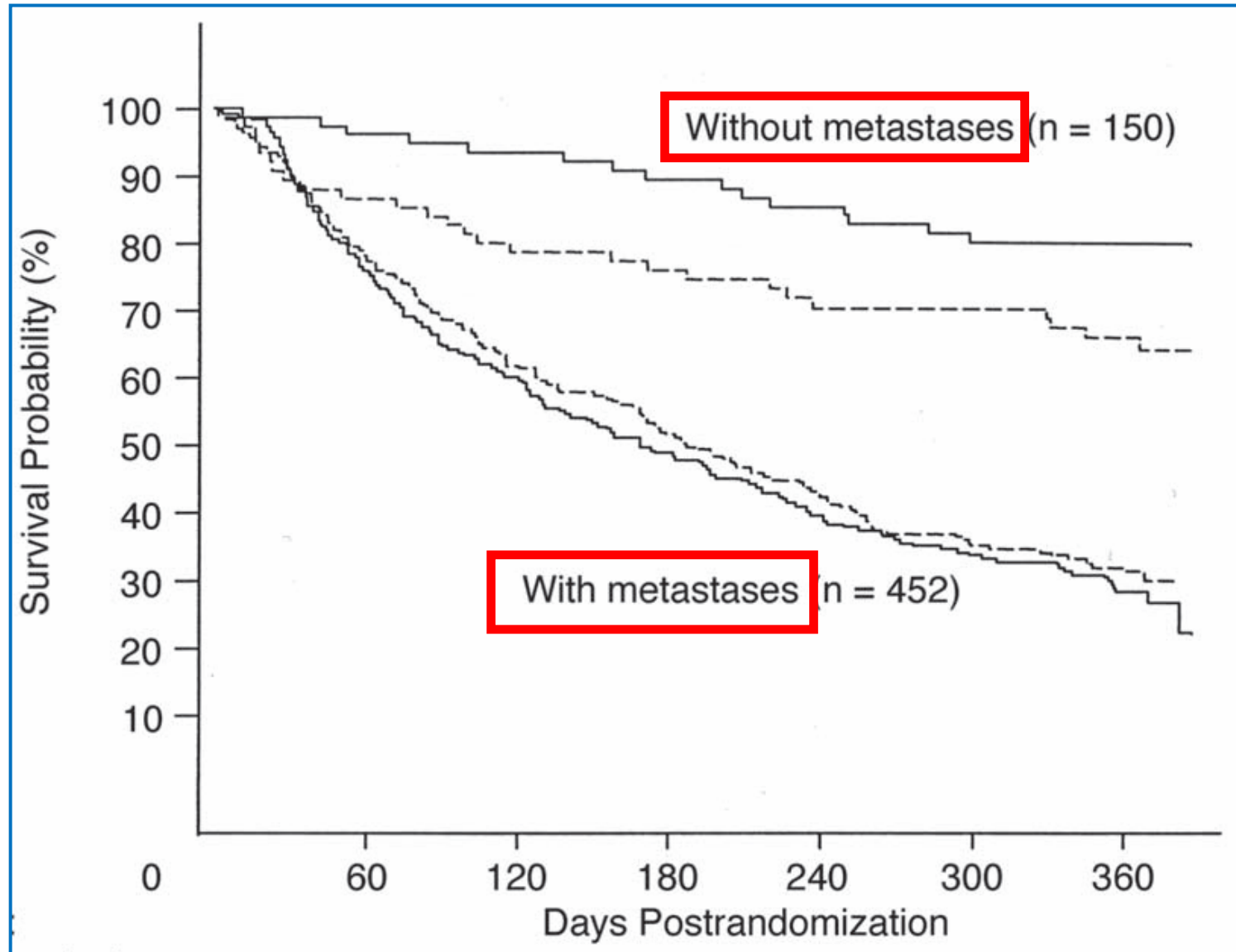
1. Cambiar a HBPM o Fondaparinux

Tto con  
AVK

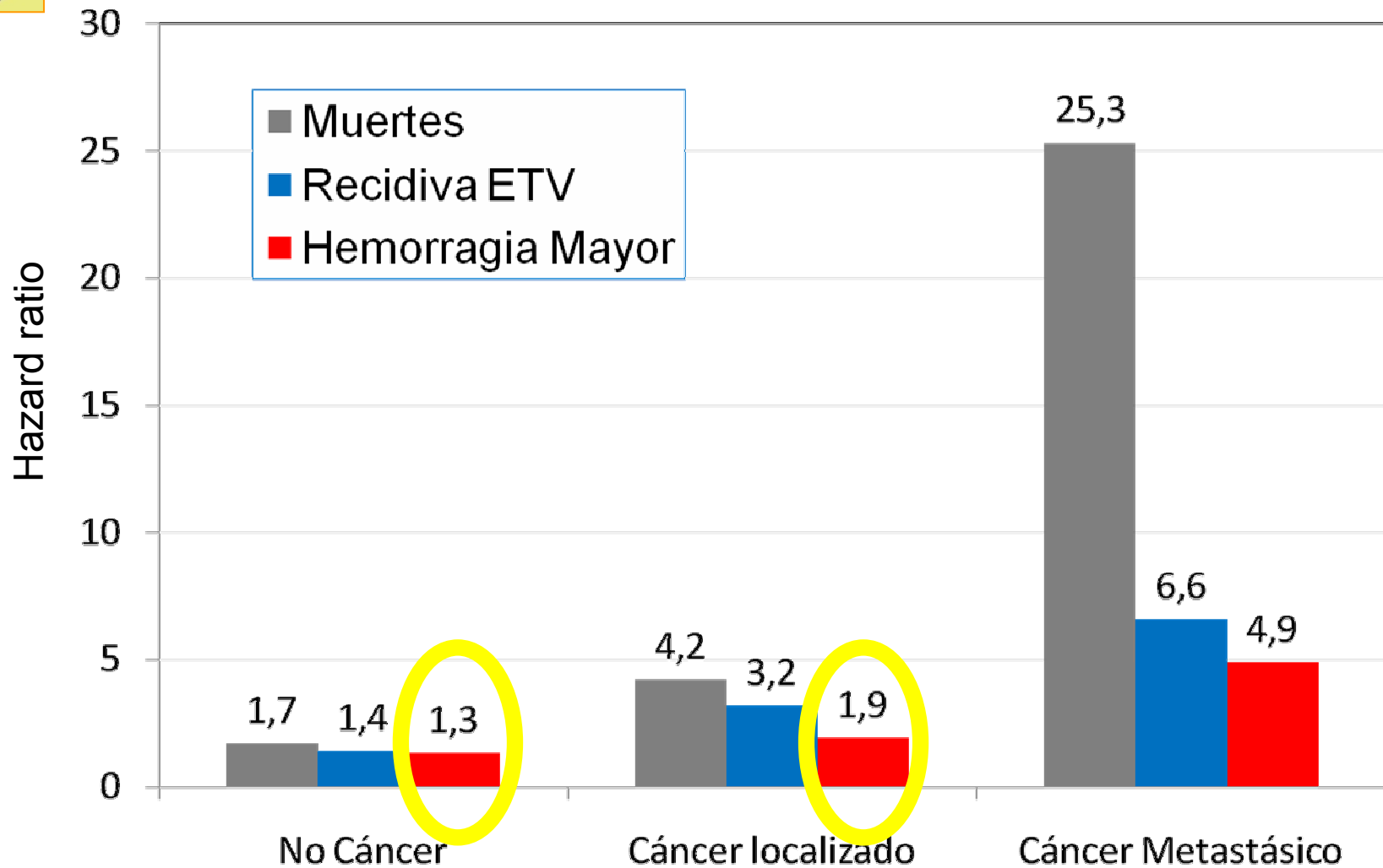
INR  
bajo

1. Aumentar dosis
2. Cambiar a HBPM o Fondaparinux

# Efecto de la anticoagulación según metástasis



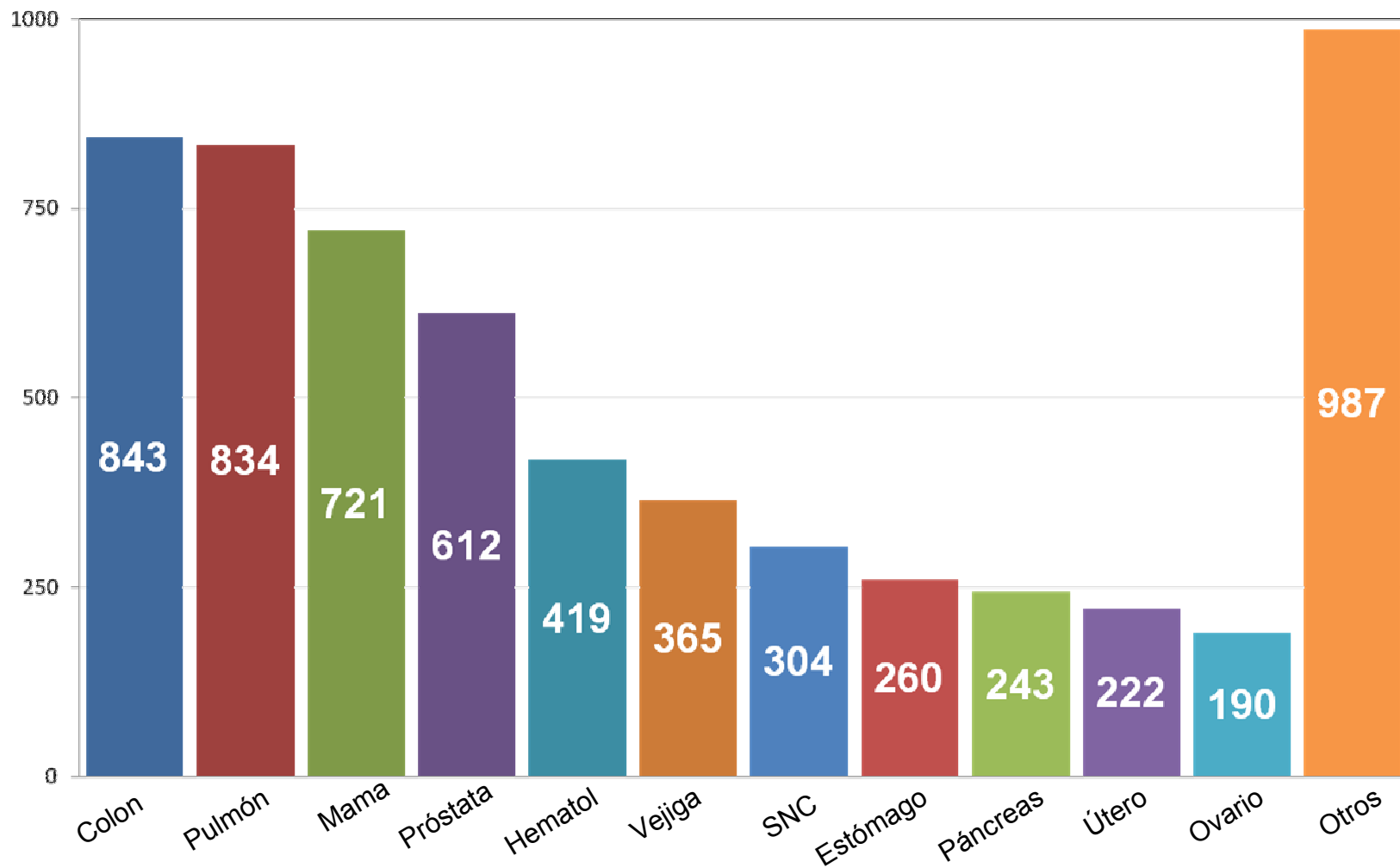
# Eventos durante el tratamiento con AVK (3 meses)



# Distribución de tipos de cáncer



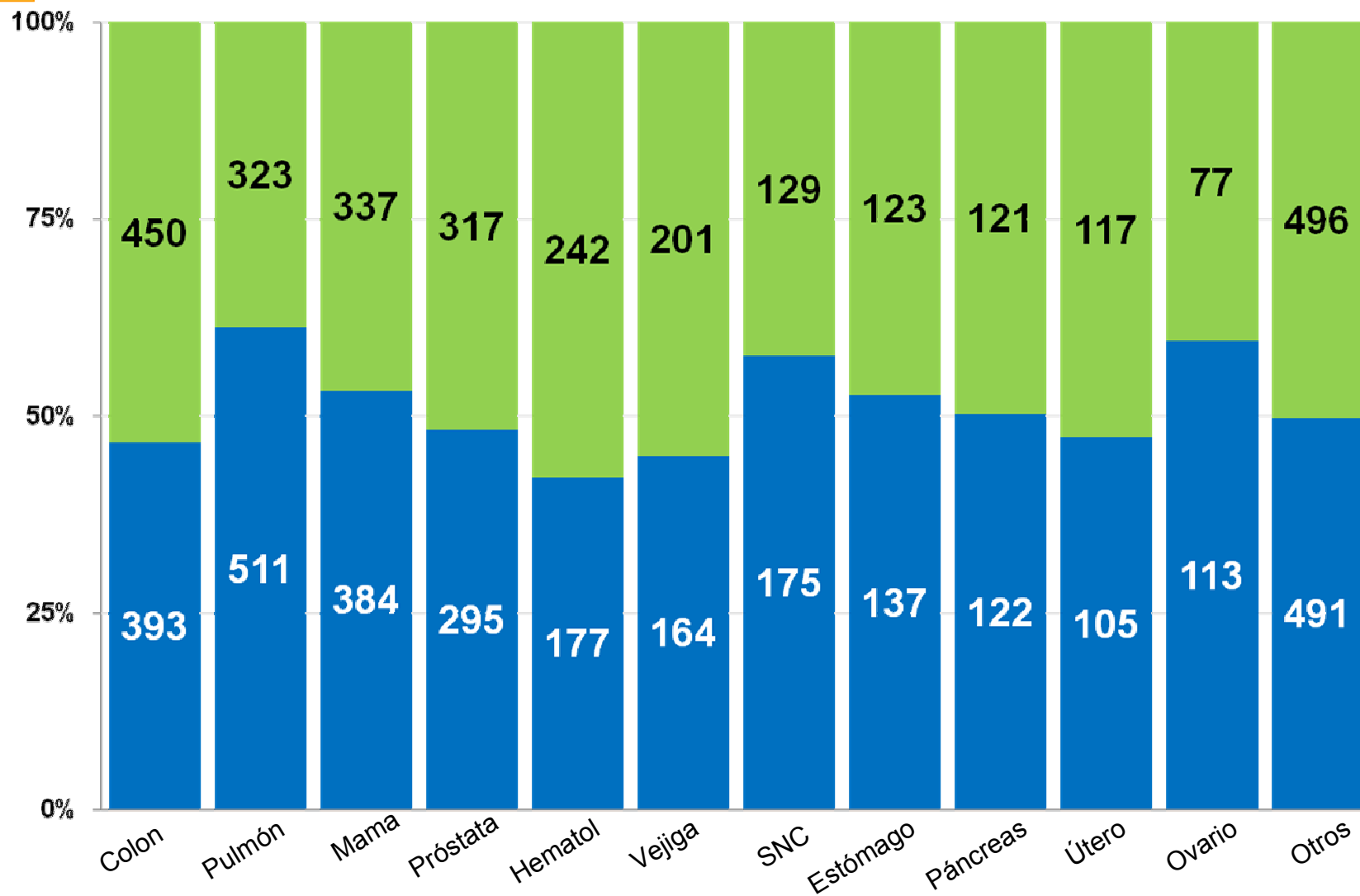
6000 pacientes con ETV y cáncer activo



# Distribución de la forma de presentación según tipo de cáncer

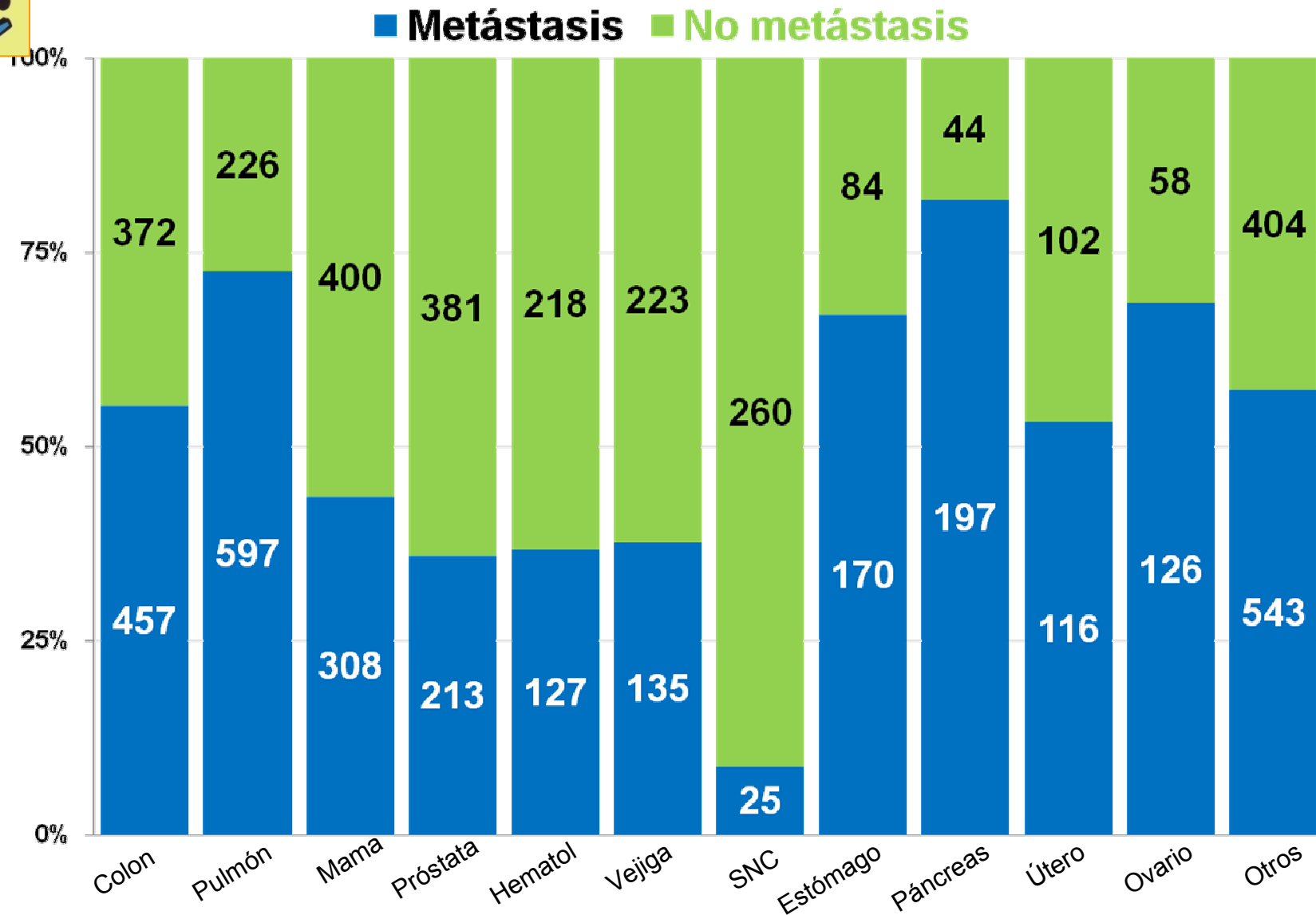


■ EP ■ TVP

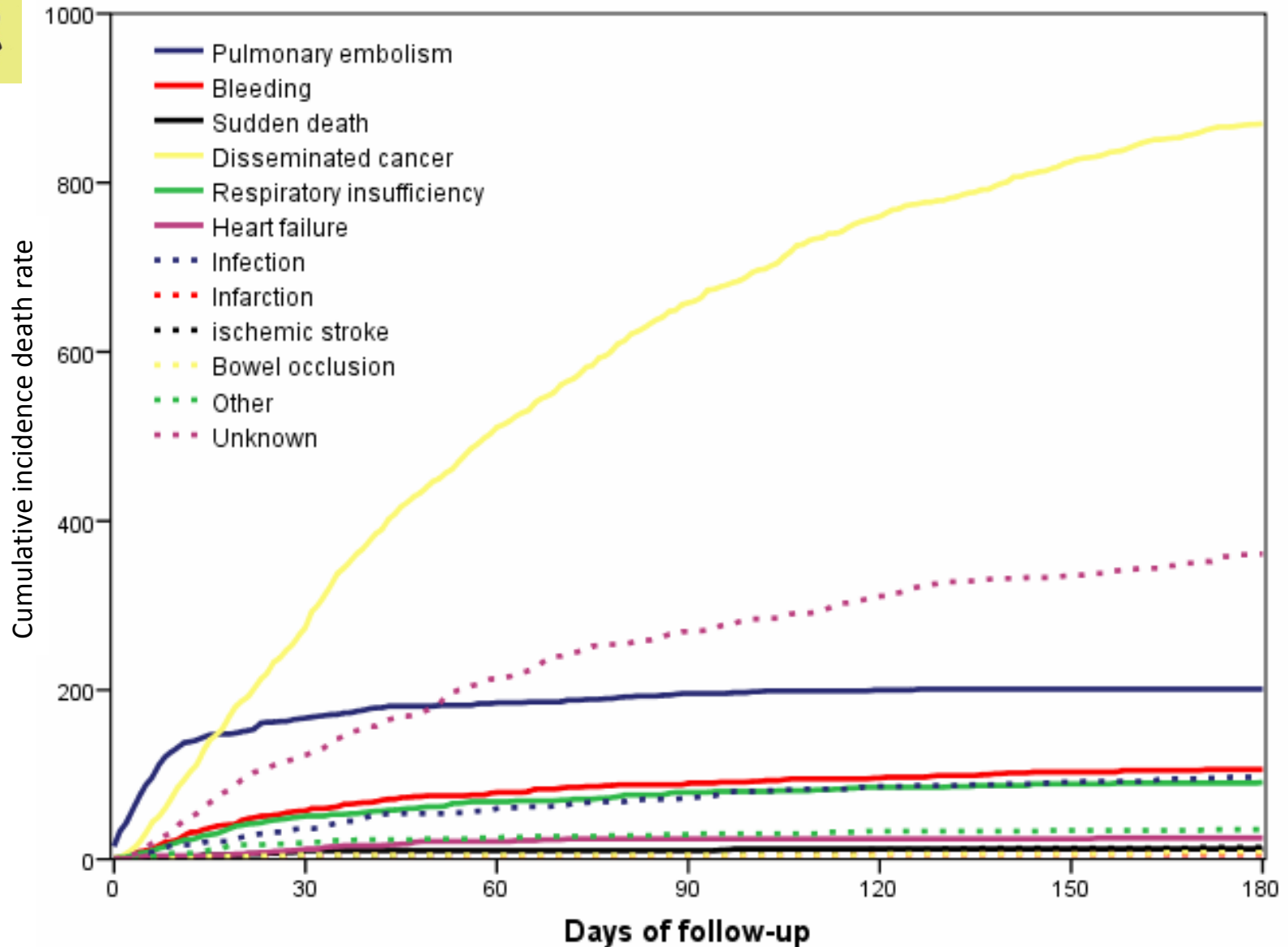




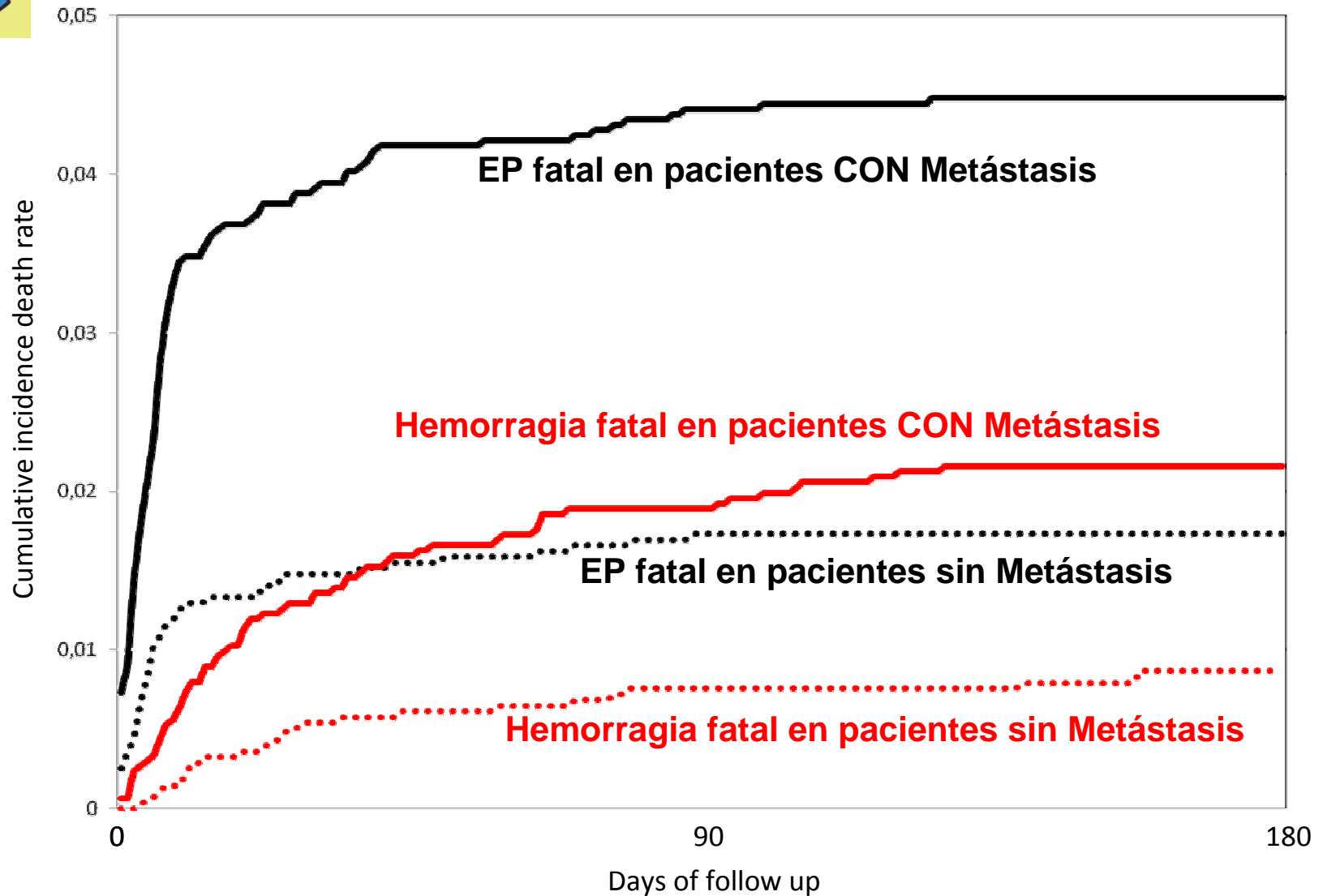
# Distribución de metástasis según tipo de cáncer



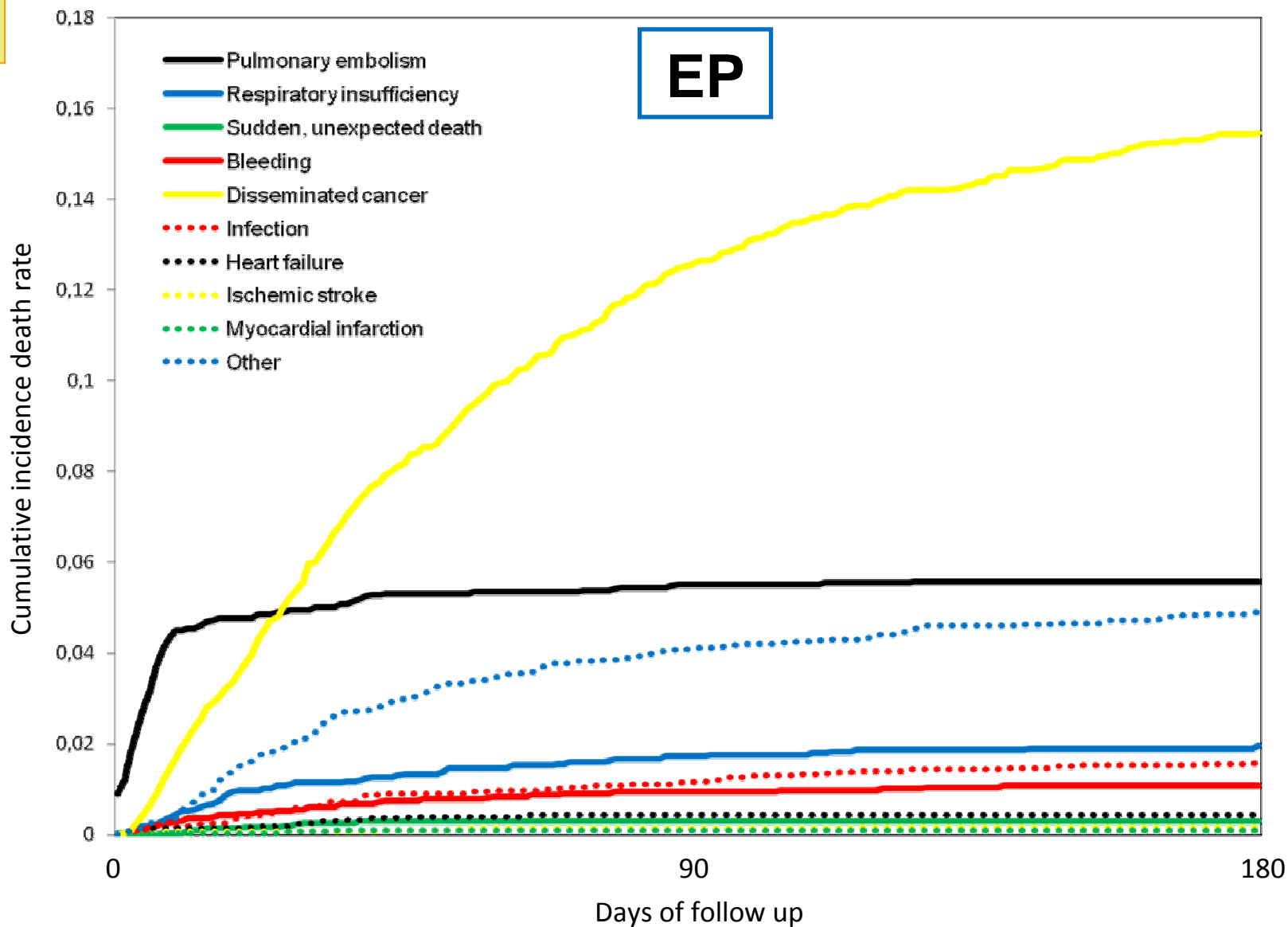
# Causas de muerte en pacientes con ETV y cáncer



# EP y hemorragia fatales según metástasis



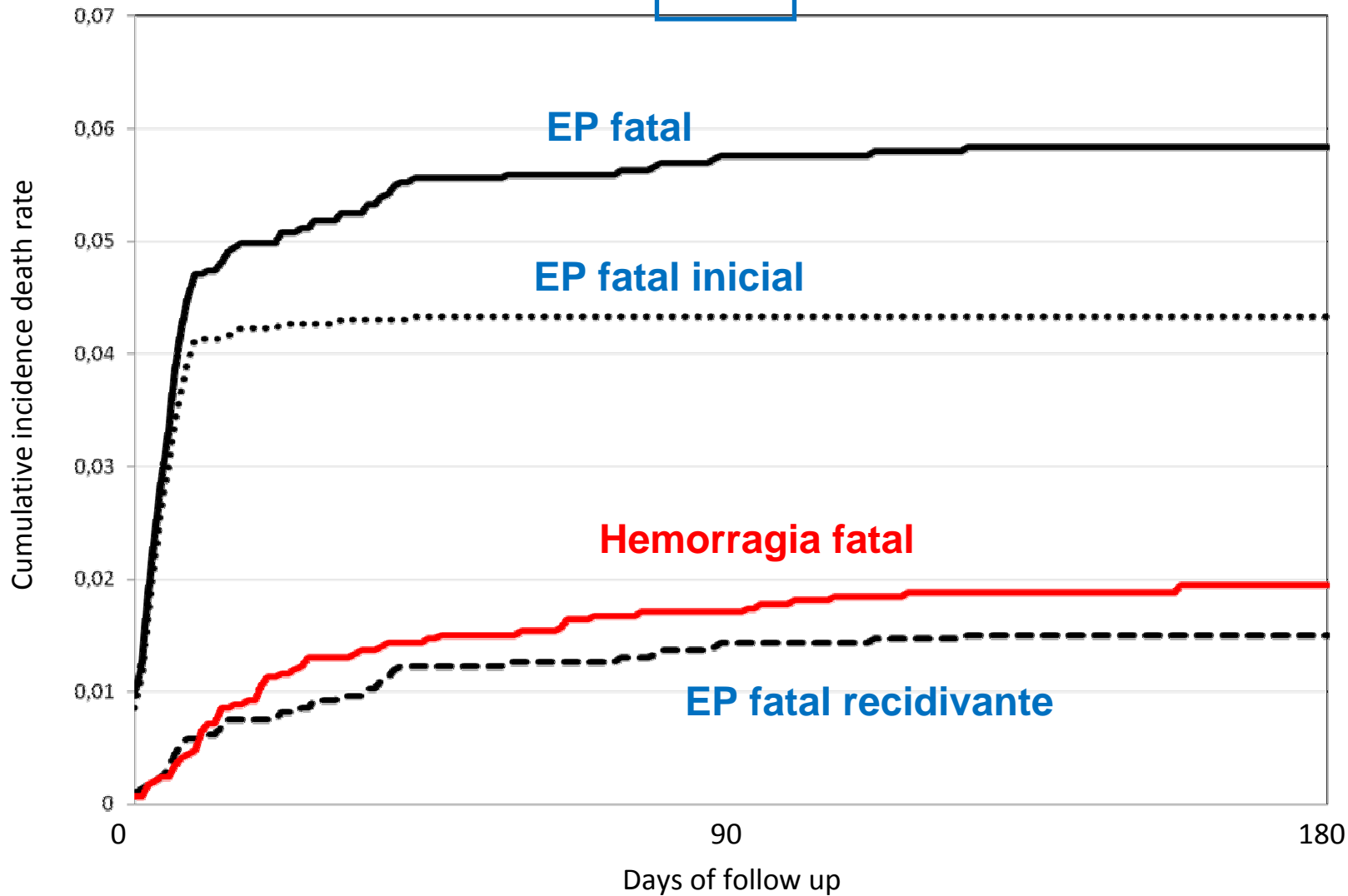
# Causas de muerte en pacientes con cáncer y EP



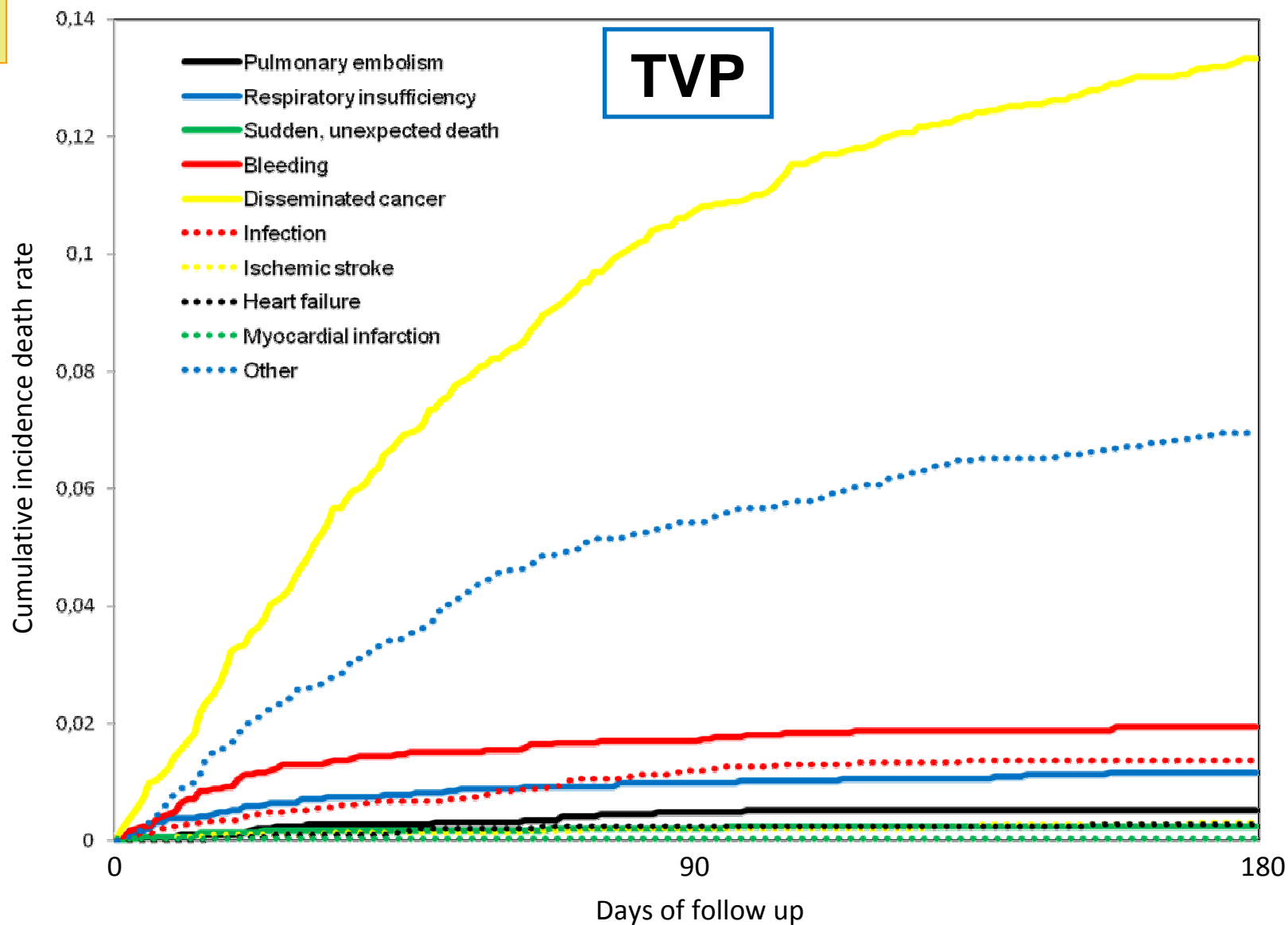
# Causas de muerte en pacientes con cáncer y EP



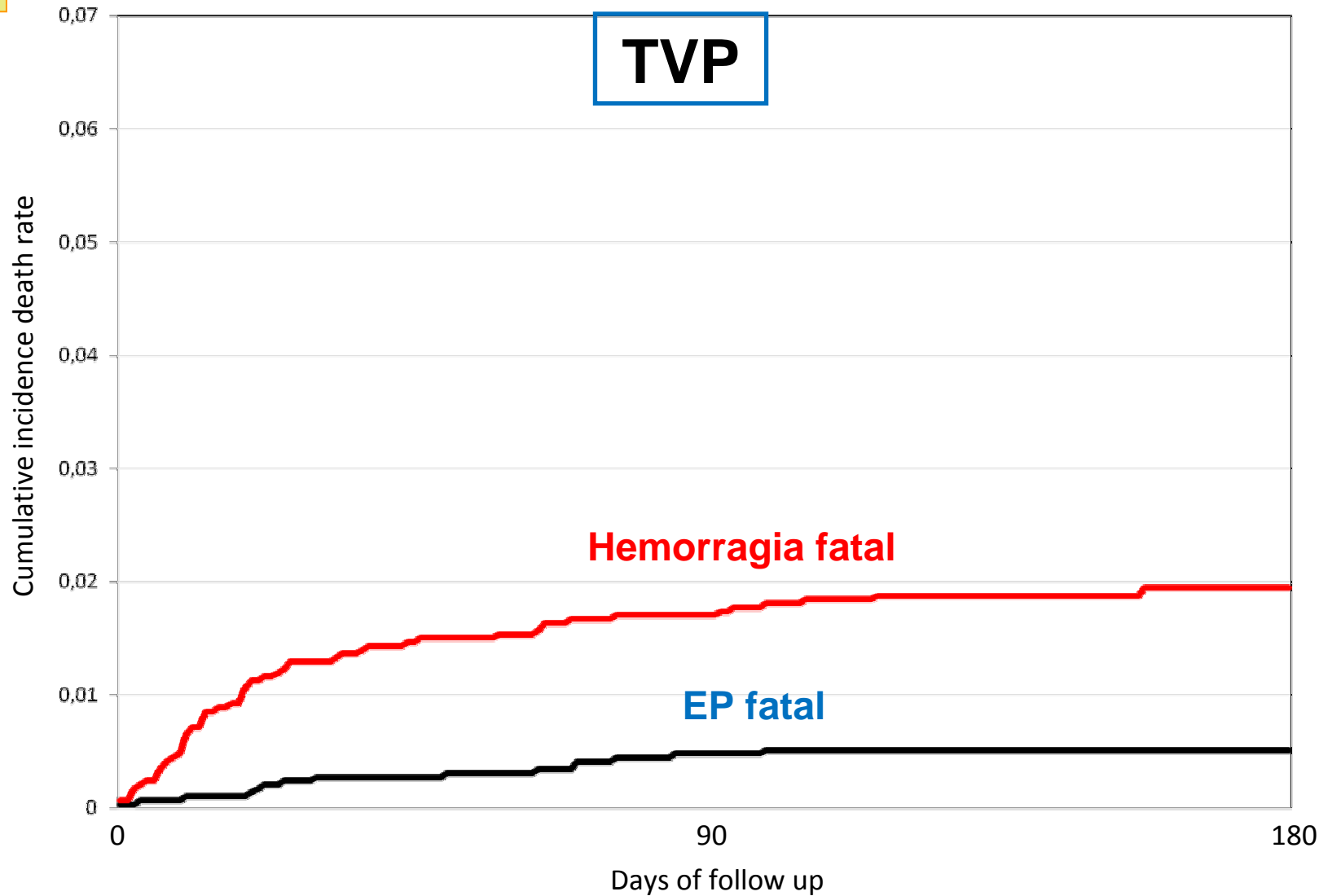
EP



# Causas de muerte en pacientes con cáncer y TVP



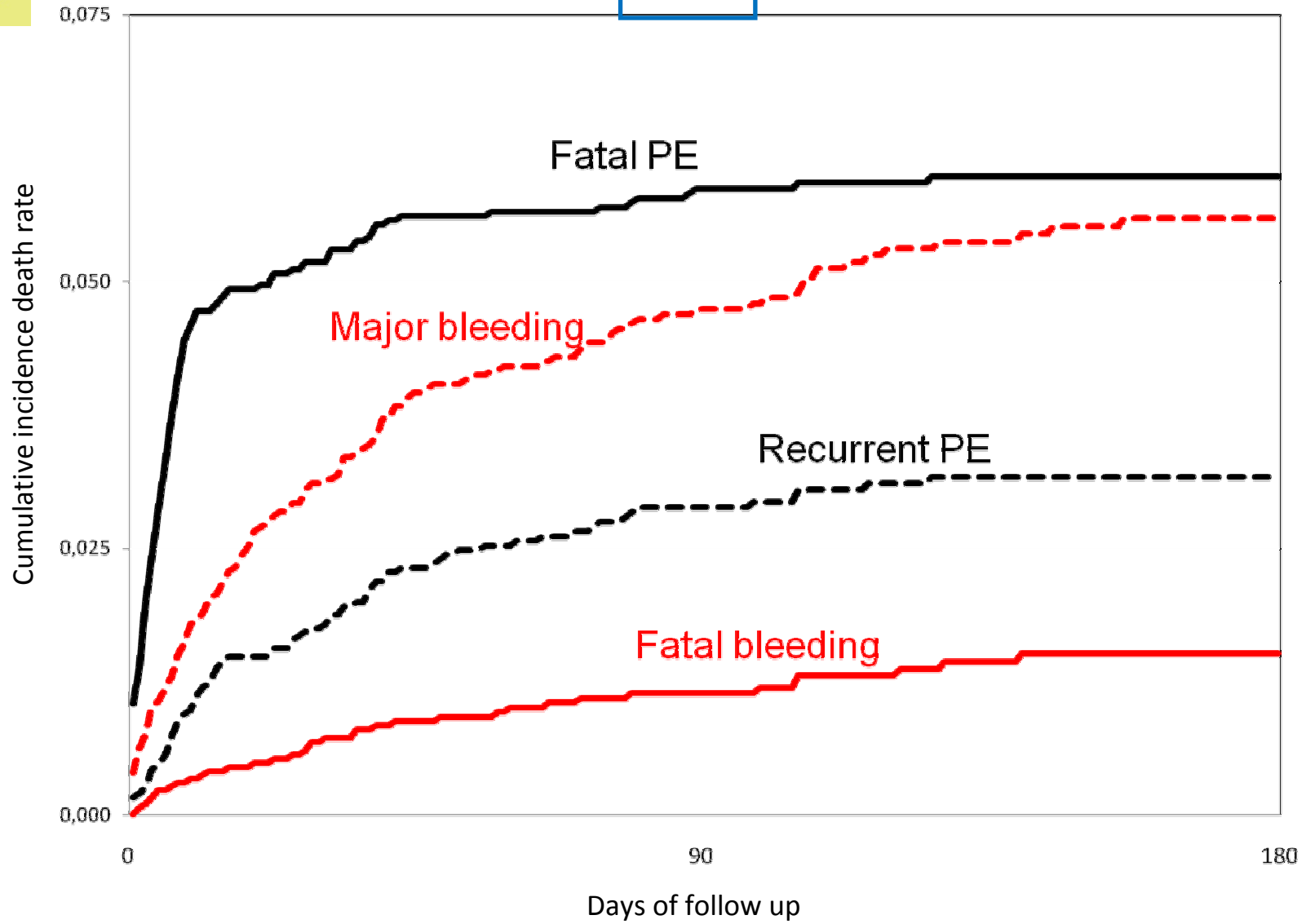
# Causas de muerte en pacientes con cáncer y TVP



# EP y hemorragia fatales durante el tratamiento: EP



EP

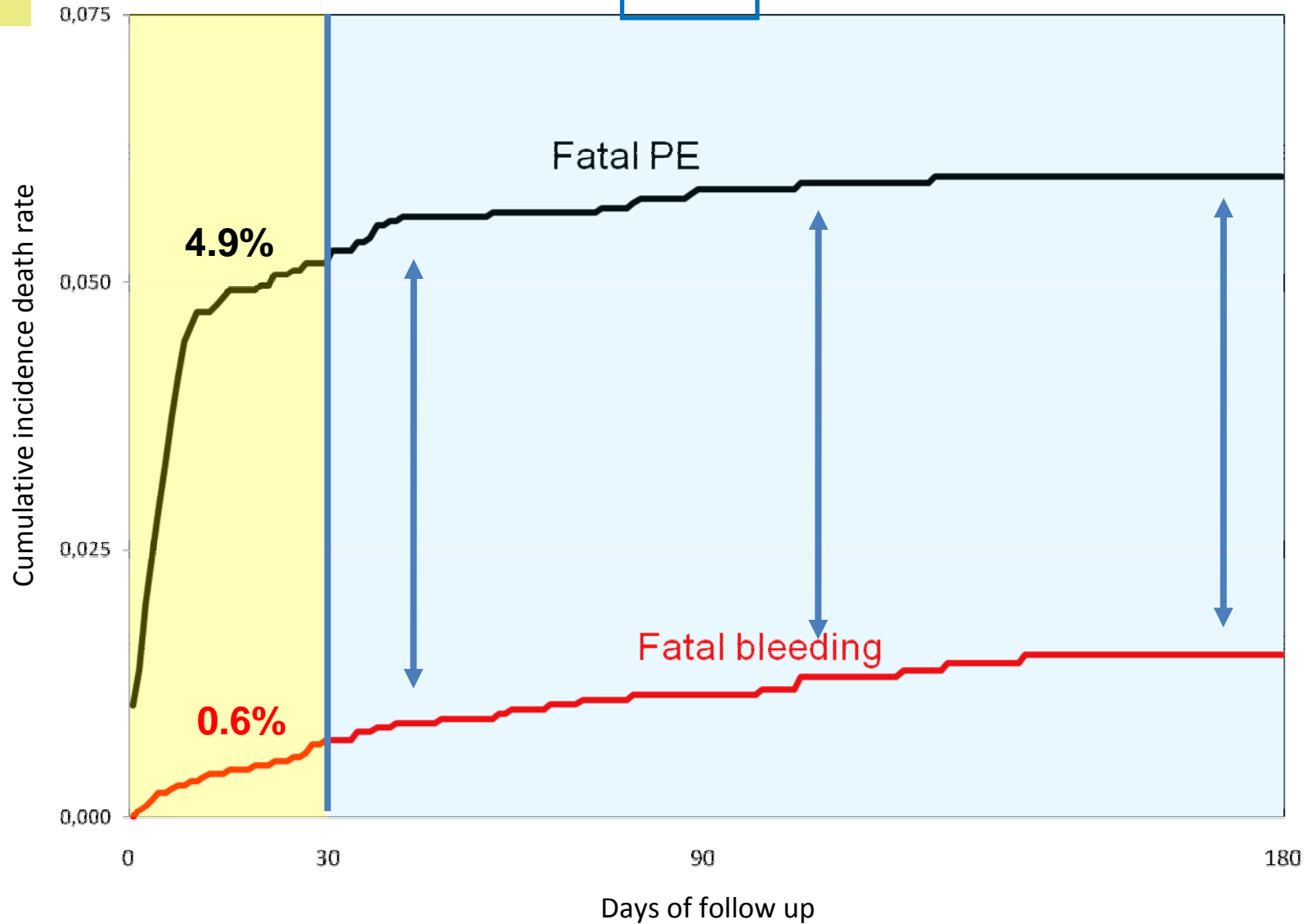




# EP y hemorragia fatales durante el tratamiento: EP



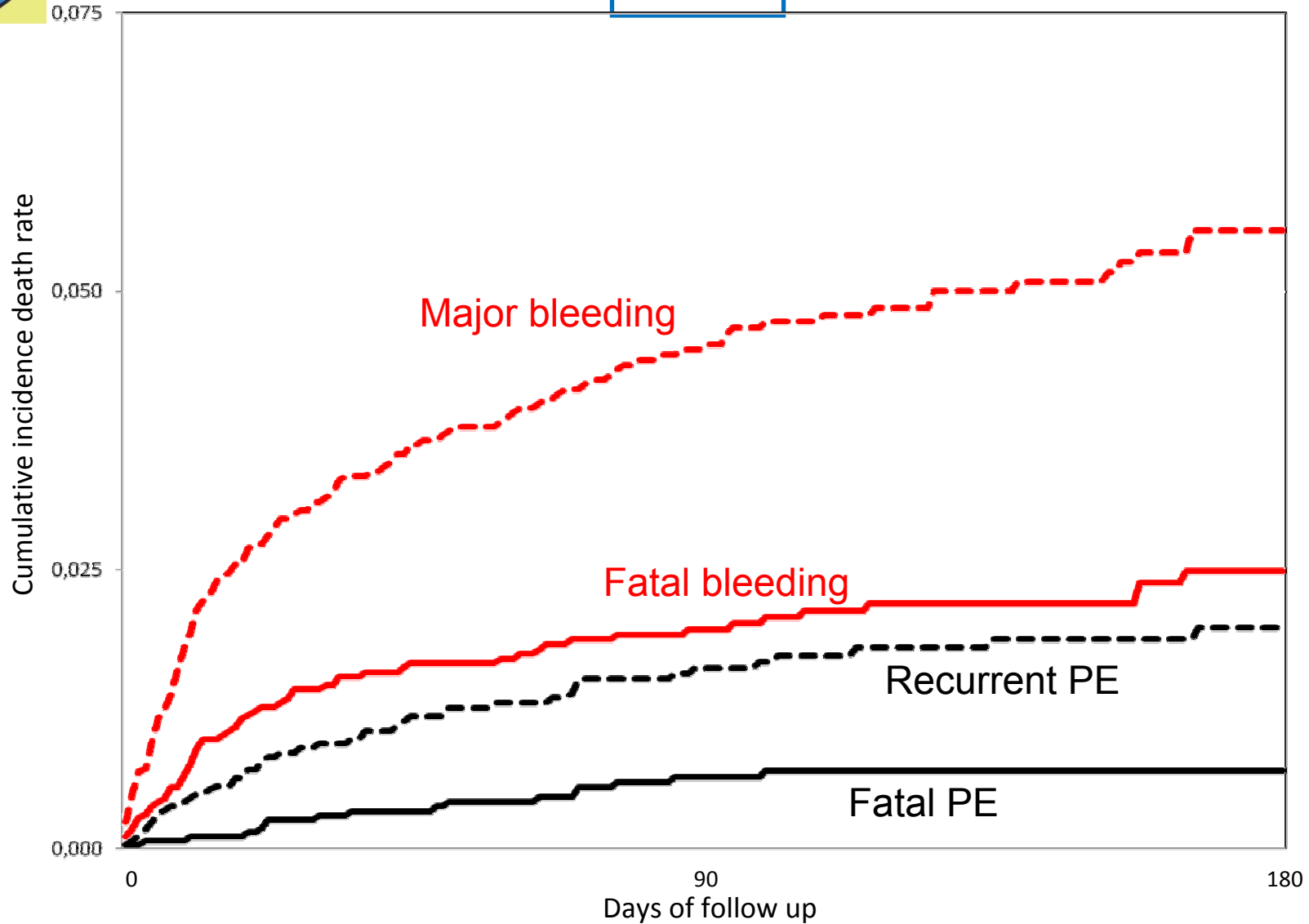
EP



# EP y hemorragia fatales durante el tratamiento: TVP



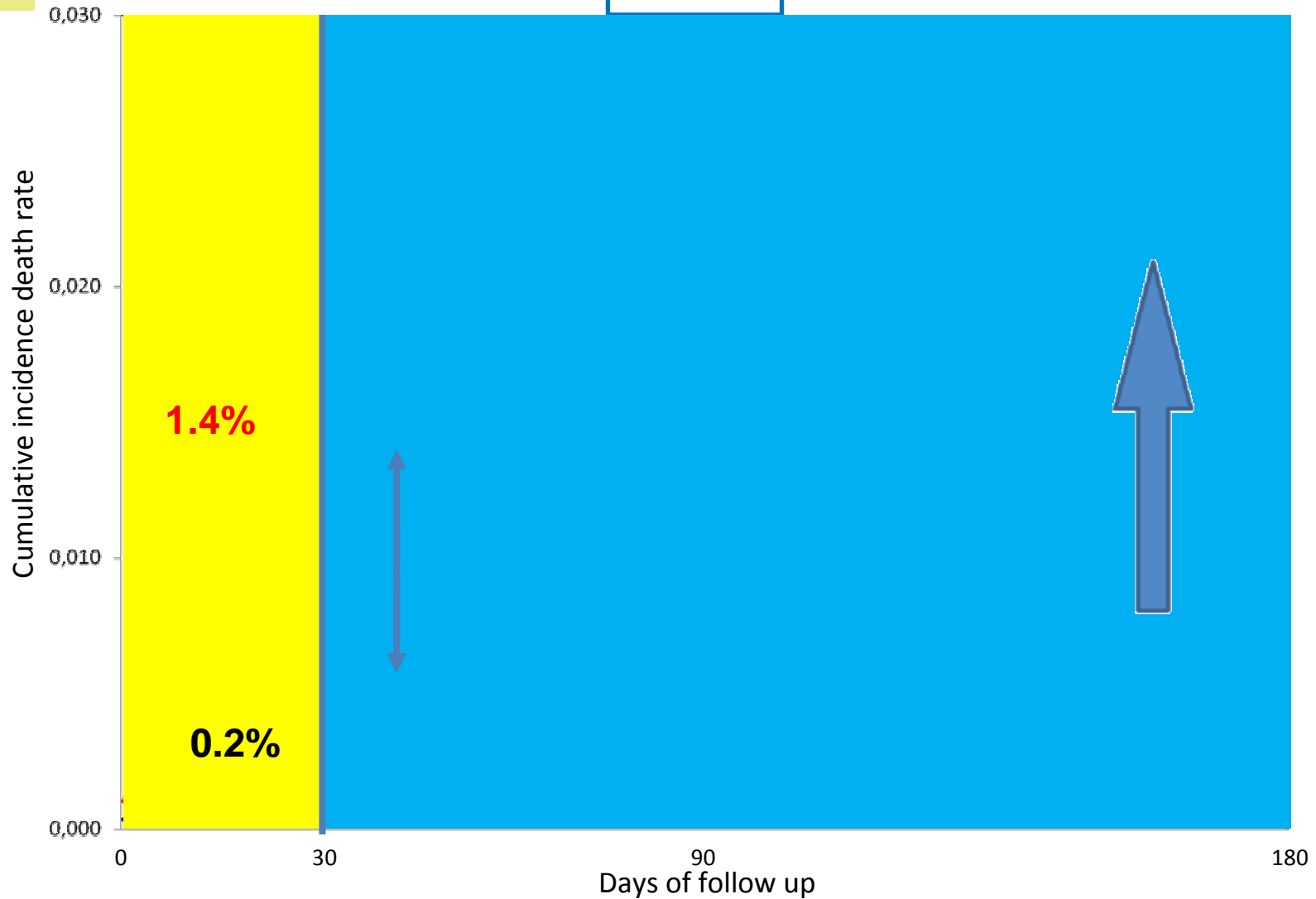
TVP



# EP y hemorragia fatales durante el tratamiento: TVP



**TVP**



# EP y hemorragia fatales según forma de presentación: EP vs TVP



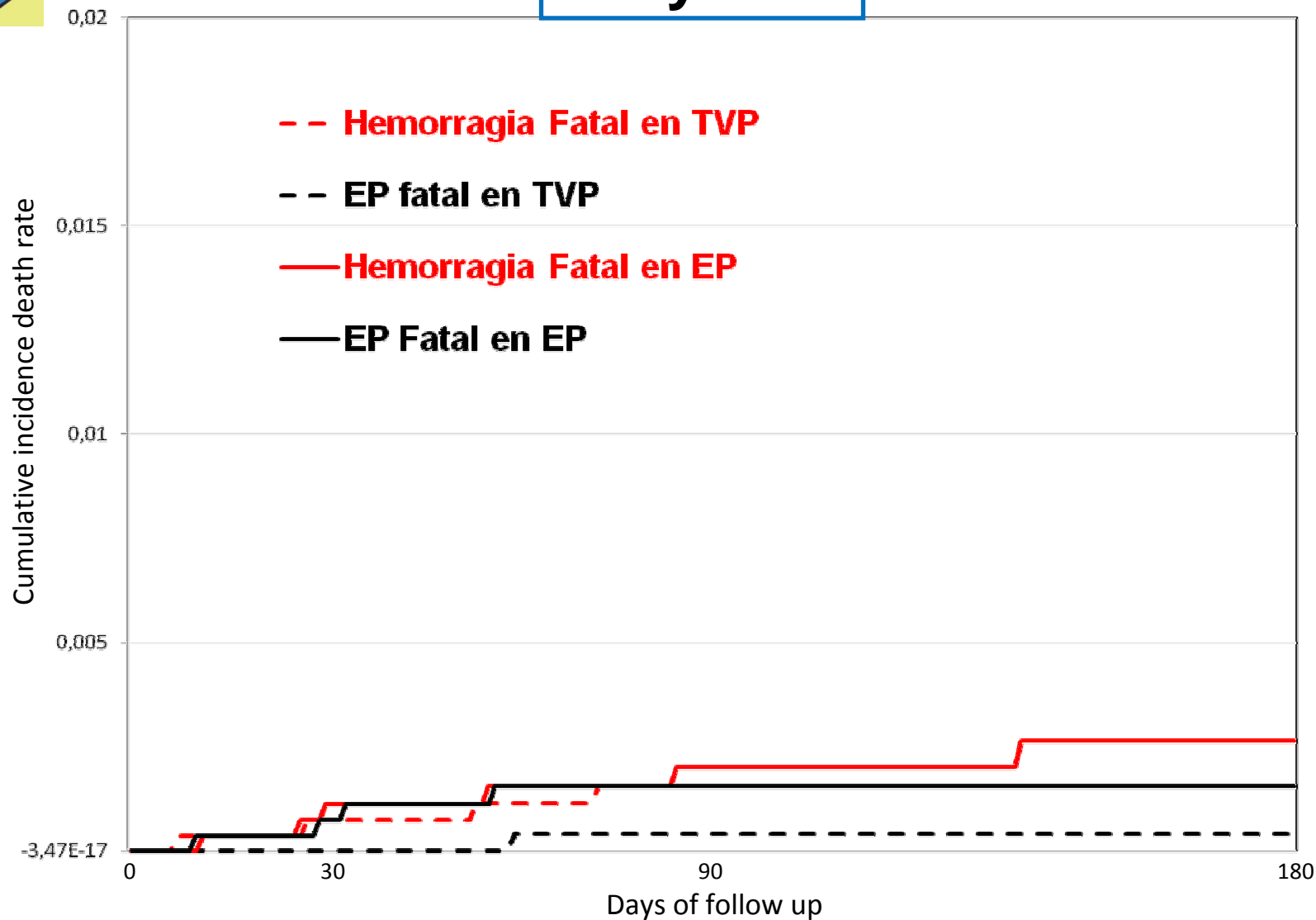
	EP fatal	Hemorragia fatal
<b>Pacientes, N</b>	<b>188</b>	<b>98</b>
<b>Características clínicas,</b>		
Ingresados	1.6	-
<b>Factores de riesgo adicionales,</b>		
Inmovilidad ≥ 4 días	1.6	2.5
Cirugía previa	0.4	0.3
<b>Presentación inicial de la ETV,</b>		
FC ≥ 110 lpm	2.3	
TAs < 100 mm Hg	2.2	
<b>Comorbilidad,</b>		
Cl. creatinina < 30 mL/min	3.8	3.3
Hemorragia mayor reciente		3.4
Leucocitos ≥ 11000/μL	2.1	1.7
Plaquetas < 100.000/μL	2.3	
<b>Forma clínica de ETV,</b>		
EP	8.6	
TVP		1.7
<b>Características de la neoplasia,</b>		
Metástasis	2.4	2.7
<b>Localización del cáncer,</b>		
Mama-Próstata		0.1
Pulmón-Páncreas-CUO	1.5	

(HR)

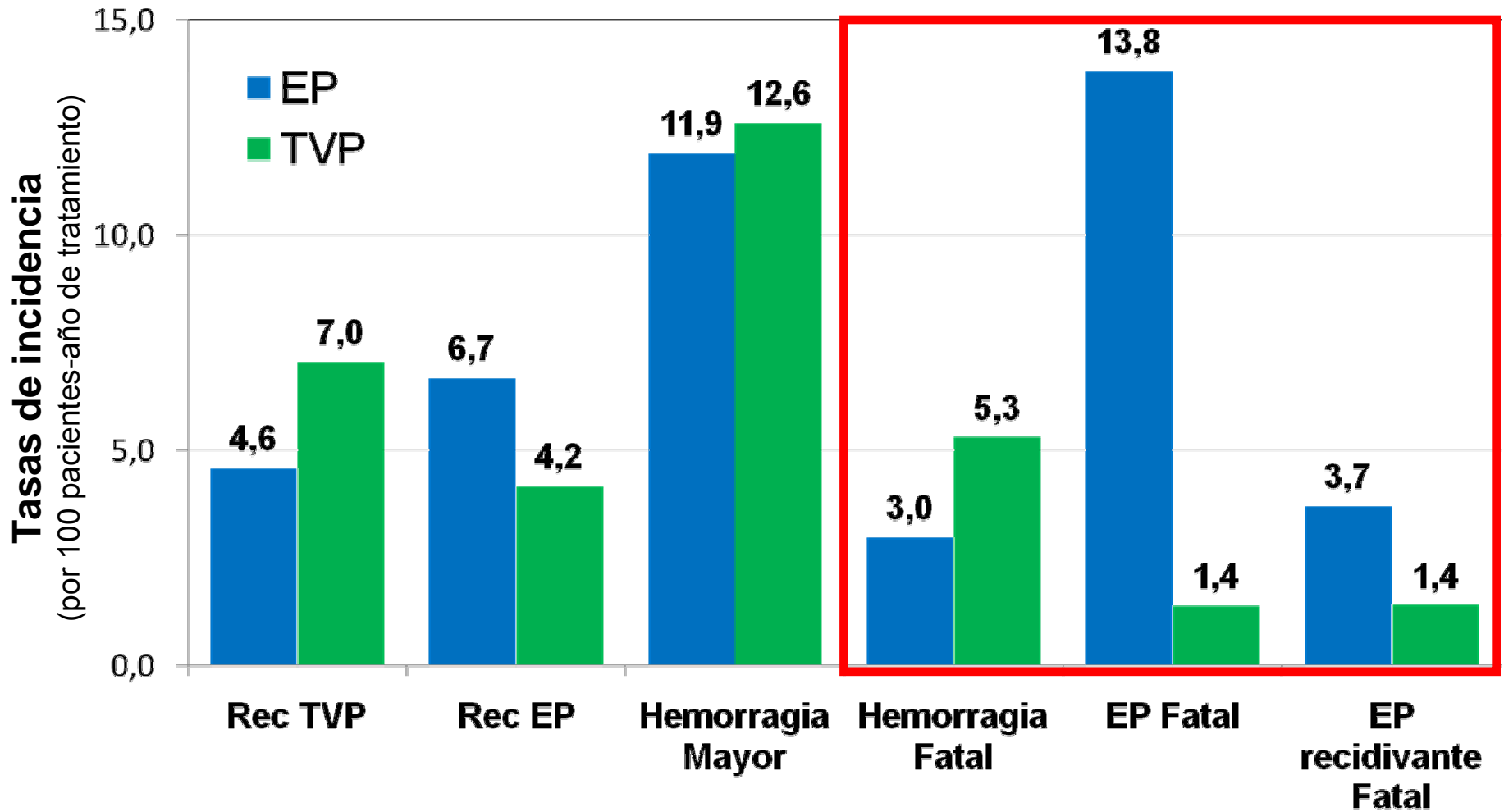
# EP y hemorragia fatales tras finalizar el tratamiento



## EP y TVP



# Eventos según forma de presentación: EP vs TVP

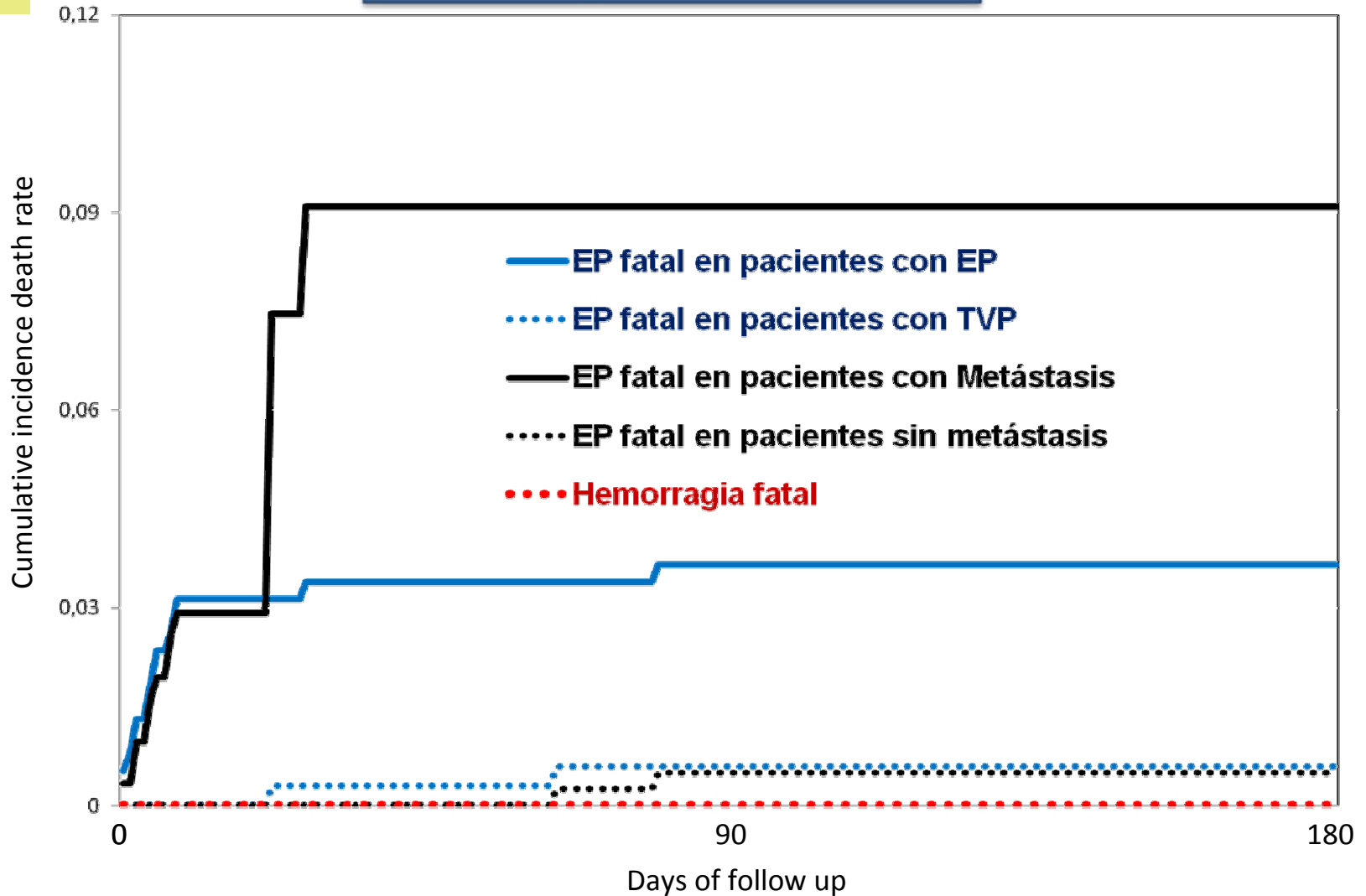


Seguimiento: EP=1243 pacientes-año; TVP=1150 pacientes-año

# EP y hemorragia fatales según tipo de neoplasia

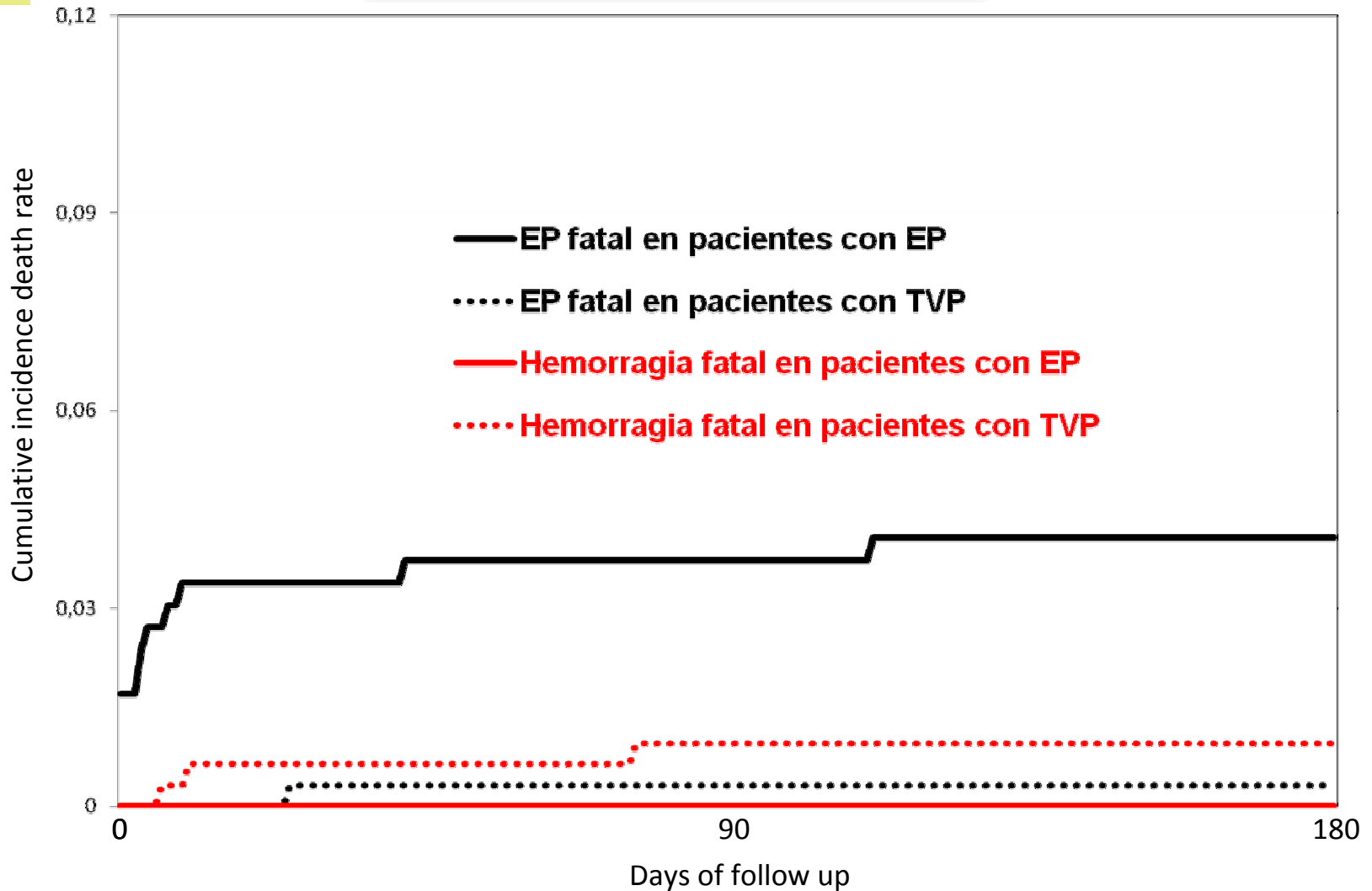


## Ca de MAMA





## Ca de PRÓSTATA







## Ca de PULMÓN

