Conclusions

VTE occurs commonly in patients with advanced lung cancer. Most of the patients with lung cancer and DVT in our study tolerated long term LMWH. Survival benefit of aggressive anticoagulant therapy in patients with advanced lung cancer, validity of the risk score in predicting the risk of VTE in the modern era of lung cancer therapy and effect of VTE on survival in patients with lung cancer needs to be studied.

Introduction

Lung cancer patients are at increased risk of venous thromboembolism (VTE). Risk factors for VTE in lung cancer patients are adenocarcinoma, advanced disease, pneumonectomy, chemotherapy including antiangiogenic therapy. It has recently been recognized that many cancer-associated VTE events are found incidentally on radiographic studies performed for staging purposes.

Methods

Retrospective review of patients with lung cancer with VTE registered in the cancer thrombosis clinic of a tertiary referral cancer centre. Demographic data, details of lung cancer and VTE was recorded. Analysis done using SPSS 20 software.

Results

37 patients with VTE and lung cancer were registered in the year 2017. Males were predominant 59.5%. Median age was 56 years (range 38-77 years).

HISTOPATHOLOGY

- Adenocarcinoma: 35
- Squamous cell carcinoma: 1
- Small cell carcinoma: 1

STAGE

- 3: 2
- 4: 32
- Recurrence: 3

The median time to development of VTE after diagnosis of lung cancer was 3 months (range <1 – 52 months).

Chemotherapy received at the time of VTE diagnosis

<table>
<thead>
<tr>
<th>Drug</th>
<th>N = 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crizotinib</td>
<td>5</td>
</tr>
<tr>
<td>Pemetrexed + carboplatin</td>
<td>4</td>
</tr>
<tr>
<td>platinum + carboplatin</td>
<td>3</td>
</tr>
<tr>
<td>Paclitaxel + carboplatin</td>
<td>2</td>
</tr>
<tr>
<td>Atezolast</td>
<td>2</td>
</tr>
<tr>
<td>Gefitinib</td>
<td>2</td>
</tr>
<tr>
<td>Erlotinib + carboplatin</td>
<td>1</td>
</tr>
<tr>
<td>pemetrexid + carboplatin</td>
<td>1</td>
</tr>
<tr>
<td>carboplatin</td>
<td>1</td>
</tr>
<tr>
<td>Pemetrexid + carboplatin + axitin</td>
<td>1</td>
</tr>
<tr>
<td>Pemostate + carboplatin + crizotin</td>
<td>1</td>
</tr>
<tr>
<td>everolimustarte</td>
<td>1</td>
</tr>
</tbody>
</table>

3 patients received palliative RT only
10 patients were diagnosed with VTE at the time of cancer diagnosis.

Treatment for VTE

33 patients were started on low molecular weight heparin (LMWH), of these 14 patients were continued on long term LMWH, 3 patients received warfarin

Follow up

The median follow up was 3.4 months (range <1 – 17 months).

FUTURE DIRECTIONS

1. To explore the role of primary VTE prophylaxis in patients with advanced lung cancer.
2. Use of newer oral anticoagulants for treatment of VTE in lung cancer patients on chemotherapy.

Aruna Alahari Dhir
Professor & Head
Dept of General Medicine
Tata Memorial Hospital
Parel Mumbai, India

E-mail: arunaalahari@hotmail.com
Phone: +9122 24177203, Fax: +91 22 24146937