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COVID-19
Questions, Answers and Actions
Anticoagulation in cancer

Question: "Can patients with active cancer currently prescribed low molecular weight heparin (LMWH) for the **treatment** of a deep vein thrombosis (DVT) or pulmonary embolism (PE) be switched to a direct-acting oral anticoagulant (DOAC)?"

Answer: Certain DOACs can be considered for patients with active cancer and a confirmed proximal DVT or PE, however they are not specifically licensed in patients with active cancer.[1]

Note dabigatran is **not** suitable as it is contraindicated in patients with cancer.[2]

Particular patient groups would **not** be suitable to be switched to a DOAC and should remain on LMWH. These are listed below,

- Patients with cancers that have a high risk of bleeding, for example, gastrointestinal or genitourinary cancers.[2-3]
- Patients who have had a DVT or PE whilst already anticoagulated.
- For patients who have a variable dietary intake rivaroxaban may not be suitable for as it must be taken with food.[4] There have been reports of a lack of efficacy in patients who have taken it on an empty stomach.[5] Apixaban and edoxaban are not required to be taken with food.[6-7]

Action: Suitable patients may be switched to; apixaban, edoxaban or rivaroxaban noting that prescribing will be outside of the product license. Whilst usually advised to be that of the lowest acquisition cost where more than one product is available for the indication, choice of DOAC should take place across all three to ensure continuity of supply during the current pandemic. Prescribers will take full responsibility for prescribing and patients should also be made aware of this and their consent documented.[1]

DOACs are more likely to have drug interactions with other medicines than LMWH. Prescribers should consider patient's other medicines which may have been prescribed in either primary or secondary care - see the BNF interactions checker. Additionally prescribers should also assess the effect that systemic anticancer therapies may have on a patient's renal and hepatic function and if a DOAC is still appropriate.

Switching treatment from LMWH to a DOAC can be done at the next scheduled dose. DOACs and LMWH should not be administered simultaneously.[4-6] Dosing information can be found here (p10).

Patients receiving LMWH as **prophylaxis** of DVT or PE as they are prescribed thalidomide, pomalidomide or lenalidomide with steroids could alternatively be prescribed aspirin 75 or 150mg.[8]

References

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4. SPC. Xarelto 20mg film-coated tablets. November 2019. Available at https://www.medicines.org.uk/emc/product/2793

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8. NICE NG89. Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. August 2019. Available at https://www.nice.org.uk/guidance/ng89

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