Guidelines for Management of Cancer-Associated Thrombosis

As of June 2018, current guidelines from the American College of Chest Physicians (ACCP) and the National Comprehensive Cancer Network (NCCN) recommend LMWH for the first 3-6 months of treatment for cancer-associated thrombosis, and long-term anticoagulation for as long as malignancy is present. Ongoing clinical trials comparing LMWH to DOAC therapy for initial treatment of cancer-associated thrombosis may alter these guidelines in the future.

**OBTAIN BASELINE LABS**

- PT/aPTT
- HCT
- Platelets (and q2-5 days during the first 2 weeks of LMWH therapy)
- Serum creatinine

**OBTAIN PATIENT'S TOTAL BODY WEIGHT (TBW) IN KG**

**CALCULATE CREATININE CLEARANCE**

- Male: \[\frac{(140\text{-age}) \times \text{TBW}}{72 \times \text{Scr}}\]
- Female: \(\text{CrCl (male)} \times 0.85\)

**INITIAL THERAPY (FIRST MONTH)**

<table>
<thead>
<tr>
<th>TBW (kg)</th>
<th>OUTPATIENT THERAPY</th>
<th>INPATIENT THERAPY</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 45 kg</td>
<td>Enoxaparin 1mg/kg SQ q12h</td>
<td>Enoxaparin 1mg/kg SQ q12h</td>
</tr>
<tr>
<td></td>
<td>[or dalteparin 200 U/kg SQ q24h (rounded to nearest 500 units using 10,000 U/ml graduated syringe)]</td>
<td></td>
</tr>
<tr>
<td>46 -56</td>
<td>Enoxaparin 1mg/kg SQ q12h</td>
<td></td>
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<tr>
<td></td>
<td>[or dalteparin 10,000 units syringe SQ q24h]</td>
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<tr>
<td>57-68</td>
<td>Enoxaparin 1mg/kg SQ q12h</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[or dalteparin 12,500 units syringe SQ q24h]</td>
<td></td>
</tr>
<tr>
<td>69-82</td>
<td>Enoxaparin 1mg/kg SQ q12h</td>
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<tr>
<td></td>
<td>[or dalteparin 15,000 units syringe SQ q24h]</td>
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</tr>
<tr>
<td>83-98</td>
<td>Enoxaparin 1mg/kg SQ q12h</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[or dalteparin 18,000 units syringe SQ q24h]</td>
<td></td>
</tr>
<tr>
<td>&gt;99 kg</td>
<td>Enoxaparin 1mg/kg SQ q12h</td>
<td></td>
</tr>
</tbody>
</table>

CrCl 30-60 ml  Enoxaparin 0.85mg/kg SQ q12h  Enoxaparin 0.85mg/kg SQ q12h
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Published on Anticoagulation Services
(https://depts.washington.edu/anticoag/home)

SUBSEQUENT THERAPY (MONTH 2 THROUGH MONTH 3-6)

<table>
<thead>
<tr>
<th>TBW (kg)</th>
<th>OUTPATIENT THERAPY</th>
<th>INPATIENT THERAPY</th>
</tr>
</thead>
</table>
| < 45 kg  | Enoxaparin 1.5mg/kg SQ q24h  
(or dalteparin 150 U/kg SQ q24h  
(rounded to nearest 500 units  
using 10,000 U/ml graduated syringe)) | Enoxaparin 1.5mg/kg SQ q24h |
| 46-56    | Enoxaparin 1.5mg/kg SQ q24h  
OR  
(or dalteparin 7500 units SQ q24h) | Enoxaparin 1.5mg/kg SQ q24h |
| 57-68    | Enoxaparin 1.5mg/kg SQ q24h  
OR  
(or dalteparin 10,000 units SQ q24h) | |
| 69-82    | Enoxaparin 1.5mg/kg SQ q24h  
OR  
(or dalteparin 12,500 units SQ q24h) | |
| 83-98    | Enoxaparin 1.5mg/kg SQ q24h  
OR  
(or dalteparin 15,000 units SQ q24h) | |
| >99 kg   | Enoxaparin 1mg/kg SQ q12h | Enoxaparin 1mg/kg SQ q12h |

| CrCl 30-60 ml/min | Enoxaparin 0.85mg/kg SQ q12h or 1.5mg/kg SQ q24h | Enoxaparin 0.85mg/kg SQ q12h or 1.5mg/kg SQ q24h |
| CrCl <30 ml/min   | Enoxaparin 1mg/kg SQ q24h | IV heparin |

CHRONIC THERAPY (AFTER THE FIRST 3-6 MONTHS)

- Transition to warfarin (goal INR of 2-3)
- OR continue LMWH based on pt preference
- OR consider DOAC therapy as long as patient is not receiving potentially interacting concurrent therapies

REFERENCES