Use and deprescribing of direct oral anticoagulants in Palliative Care

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BACKGROUND

The risk of **venous thromboembolism (VTE) and lung embolism (LE)** is particularly high in palliative care (PC) patients, who often have multiple conditions correlating with increased risk. While VTE/LE is associated with distressing symptoms such as pain and dyspnea, thromboprophylaxis can also increase the risk of bleeding.

In current clinical practice, **direct oral anticoagulants (DOAKs)** have gained importance as both therapy and prophylaxis.

DESIGN

I. Scoping literature review

– in Medline and Embase databases to identify recommendations for, and an

II. Online survey, using Findmind® (www.findmind.ch)

– among PC physicians and pharmacists from Austria, Germany and Switzerland to explore current practice regarding the use and deprescribing of DOAKs, in the context of secondary prophylaxis of DVT/LE in PC patients with a life expectancy of ≤ 6 months.

Full survey

OBJECTIVES We aimed to provide

- An **overview based on literature** of DOAK use in PC, in the context of secondary prophylaxis of DVT and/or pulmonary LE, and
- of the **current practice in PC** institutions in German-speaking Switzerland, Germany, and Austria.

CONCLUSION

Experts showed a high readiness for the use of secondary prophylaxis of VTE/LE in PC patients and were open to consider DOAK, mainly due to a perceived high recurrence rate and symptom burden, despite the lacking evidence in the literature for DOAK use.

The use as well as deprescribing of DOAKs in PC for primary and secondary prophylaxis as well as therapy still lacks evidence.

RESULTS

I. We included **13 publications,** published between 2010 – 2023**,** containing recommendations, with **ten reviews derived from Europe (77%)**.

Most recommendations were based on cancer-associated thrombosis in PC patients.

The decision to discontinue or avoid anticoagulation in PC should be based on: shared decision making (11 publications), renal (11) & liver (9) function, life expectancy (8), risk of bleeding (8), cancer type (7), thrombocytopenia (4), and nutritional status (3).

Five publications (46%) consider the evidence base for DOAKs questionable.

Seven publications (54%) discouraged anticoagulant use at end-of-life altogether.

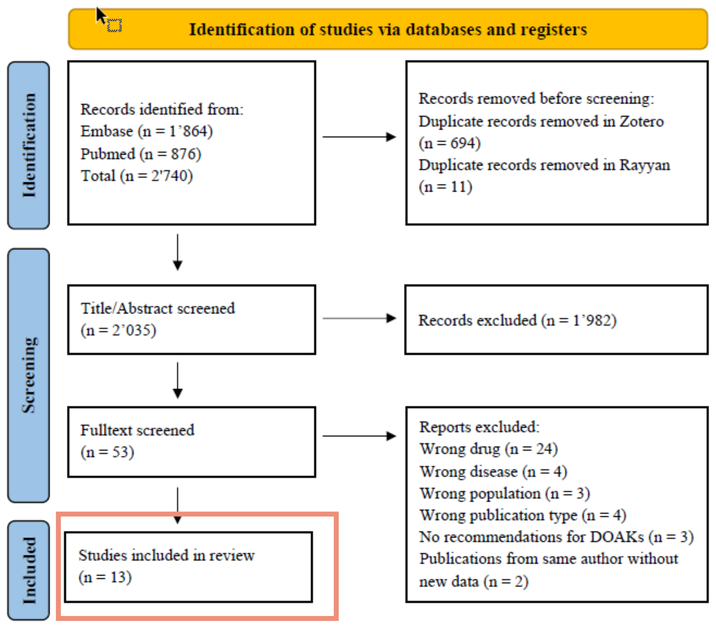

Figure 1 Scoping review flowchart (PRISMA)

II. Survey response rate: 66% (41/62) - 76% physicians, 24% pharmacists.

Of these, 83% had completed further training in palliative care.

The majority (36/39, 92%), would generally consider secondary prophylaxis with a DOAK in the case of a previous DVT and LE in a cancer patient, and a life-expectancy of 3-6 months, provided there is no contraindication.

Main reasons were the high risk of VTE recurrence and the benefit to the quality of life.

Substance of choice was apixaban (27/32, 84%).

Discontinuation was considered with a life expectancy of ≤ 2 weeks (39%) or a few days (36%).

26 experts reported difficulties in decision making in case of TVT/LE in end-of-life care.

The majority of experts (35/41, 85%) wanted more and more specific guidelines on the use of anticoagulants for secondary prophylaxis of DVT and/or LE in palliative cancer patients.

Table 1 Reported guideline use by experts

Guideline	Recommendations for Thromboprophylaxis in Palliative Care
American Society of Hematology (ASH)	not used
European Society for Medical Oncology (ESMO)	not use
National Comprehensive Cancer Network (NCCN)	not used
National Institute for Health and Care Excellence (NICE)	used
S2k-Leitlinie zur Diagnostik und Therapie der Venenthrombose und Lungenembolie	used

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