

Venous thromboembolism in cancer patients: something old and something new

Stefanie Mundnich

Universidad de Chile, Chile



Abstract

Venous thromboembolism (VTE) is a common and potentially fatal complication in oncologic patients. Due to a hypercoagulable state and reduced mobility, it is possible to find incidental pulmonary emboli on computed tomography. Patients with cancer may also develop complications of cancer treatments that further increase the risk of thrombotic events including surgical procedures; toxicity secondary to radiotherapy anti-angiogenic agents, hormonal therapies, immunotherapy, and chemotherapy.

Proper risk assessment and thromboprophylaxis could mitigate this hazard, however, up to this date, almost all VTE scores studied have a poor discriminatory performance. The risk factors that all of the have in common are a high body mass index over 35 kg/m² and pancreatic or gastric cancer.

Oncologic patients may also have an increased risk of bleeding with anticoagulant treatment. Low- molecular-weight heparin, has been the guideline-recommended first-line therapy for treatment and prevention of recurrence of VTE, with a low risk of bleeding. Recent trials have reported that direct oral anticoagulants are non-inferior to low-molecular-weight heparin in preventing recurrence of VTE without a significantly increased risk of mayor bleeding.

Biography:

Stefanie Mundnich got her medical doctor's degree from Pontificia Univesidad de Chile at the age of 26 and completed her cardiology fellowship at the age of 32 from Universidad de Chile. Recently she has become one of the first board certified cardio-oncologist from the International Society of Cardio-Oncology in USA. She is studying for a master's degree in Oncological cardiology from TECH University. Dr. Mundnich is the director of Cardio Onco, the first cardio-oncology consult in Chile whose principal purpose is cardiac rehabilitation for oncology patients.

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