



Letter to the Editor

## Anticoagulation for atrial fibrillation in patients with active cancer: Reply to the 'Letter to the Editor' from Dr. Sorigue et al.



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Dear Dr. Sorigue

Thank you for the comments on our recently published paper [1] including anticoagulated patients with atrial fibrillation (AF) with and without cancer (not anticoagulated patients were excluded). As you underlined, such a study design cannot address the issue of whether AF-patients with active-cancer should receive anticoagulation.

In our active-cancer patients (only 104), the incidence of major bleeding was higher than that of thromboembolic events (TEs), suggesting that some patients would not derive a net benefit from anticoagulation. However, it should be considered that a number of TEs have probably been avoided by anticoagulation (incidence of TEs would have been nearly 3-times higher without this treatment). Moreover, no significant differences were observed for fatal bleedings or TEs in active-cancer compared to non-cancer patients.

We observed a significantly higher rate of major gastrointestinal (GI) bleeding in cancer vs non-cancer patients. This could be related to the high proportion of GI-cancer (21%). In recent trials on patients with cancer-related venous thromboembolism [2,3], the increase in major GI-bleeding was mainly accounted for by patients with GI-cancer. We went deeper in our data and observed that the risk of major bleeding was nearly ten-times higher in patients with active GI-cancer compared to other cancer sites.

It is conceivable that in patients with active GI-cancer caution is required on the use of anticoagulants for the risk of bleeding complications.

We convene that many questions on the clinical benefit of anticoagulants in AF-patients with cancer remain unsolved and that further studies are needed.

### References

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