



Letter to the Editor

## Anticoagulation for atrial fibrillation in patients with active cancer

M. Sorigue<sup>a,\*</sup>, E. Sarrate<sup>a</sup>, M.D. Miljkovic<sup>b</sup><sup>a</sup> Department of Hematology, ICO-Hospital Germans Trias i Pujol, Institut de Recerca Josep Carreras, Universitat Autònoma de Barcelona, Badalona, Spain<sup>b</sup> Lymphoid Malignancies Branch, National Cancer Institute, Bethesda, MD, USA

## ARTICLE INFO

## Article history:

Received 18 August 2018

Received in revised form 27 September 2018

Accepted 2 November 2018

## Keywords:

Atrial fibrillation

Cancer

Direct oral anticoagulant

Stroke

Major bleeding

Vedovati et al. [1] recently published their experience with the use of DOACs in patients with AF and active cancer. However, we would want to underscore that their article does not deal with an arguably more relevant question, i.e., whether patients with AF and active cancer should receive anticoagulation at all.

A risk of anticoagulant-associated major bleeding is often acceptable to decrease the risk of cardioembolic stroke, since the latter are more disabling and lethal. However, major bleeding can be lethal and disabling (particularly if intracranial). Therefore, a balance between the two must be found. This balance may be different in patients with cancer than in the general population based on the higher incidence of stroke and bleeding [2,3] and the potentially higher lethality of major bleeding in patients with cancer [4].

Vedovati et al. [1] find that the increases in thromboembolism and major bleeding in patients with active cancer over cancer-free individuals have similar hazard ratios (4 and 3.8, respectively). However, because bleeding is more common, the absolute increase is greater for major bleeding and, based on the incidence they report (thromboembolism 3.6%/year, major bleeding 12.8%/year), it seems likely that at least some patients would not derive a net benefit from anticoagulation.

In conclusion, despite the value of the report by Vedovati et al. [1], it remains unclear if patients with active cancer should receive anticoagulation for AF. A prospective trial randomizing patients with active cancer and AF to anticoagulation versus observation, stratified according to bleeding and stroke risk, could answer this important question.

The authors report no relationships that could be construed as a conflict of interest.

## References

- [1] M.C. Vedovati, M. Giustozzi, P. Verdecchia, et al., Patients with cancer and atrial fibrillation treated with doacs: a prospective cohort study, *Int. J. Cardiol.* 269 (2018) 152–157.
- [2] B.B. Navi, A.S. Reiner, H. Kamel, et al., Risk of arterial thromboembolism in patients with cancer, *J. Am. Coll. Cardiol.* 70 (2017) 926–938.
- [3] P.W. Kamphuisen, J. Beyer-Westendorf, Bleeding complications during anticoagulant treatment in patients with cancer, *Thromb. Res.* 133 (Suppl. 2) (2014) S49–S55.
- [4] B. Brenner, B. Bikdeli, I. Tzoran, et al., Arterial ischemic events are a major complication in cancer patients with venous thromboembolism, *Am. J. Med.* 131 (9) (2018) 1095–1103.

\* Corresponding author at: Department of Hematology, ICO-Hospital Germans Trias i Pujol, Institut de Recerca Josep Carreras, Universitat Autònoma de Barcelona, Ctra. Canyet s/n, 08916 Badalona, Spain.

E-mail address: [msorigue@iconcologia.net](mailto:msorigue@iconcologia.net) (M. Sorigue).