

RE: Use of anticoagulation in patients with breast cancer and atrial fibrillation



Keywords:

Breast cancer
Atrial fibrillation
Anticoagulation

We very much appreciate the interest of Dr. Sorigue in our work and his great regard in patients' health for this difficult problem [1]. His letter further elaborates on the clinical relevance that therapy for prevention of stroke in atrial fibrillation (AF) usually differs among patients with breast cancer, highlighting that there are motives for optimism [2].

AF is the most common sustained arrhythmia and many drugs used in breast cancer are known to induce it. The importance of optimizing care for patients with breast cancer lies in the fact that AF is associated with a five-fold increased risk of stroke unless anticoagulation is prescribed [3].

Anticoagulation is generally considered if CHA₂DS₂-VASc score is ≥ 2 and platelet count $>50,000/\text{mm}^3$ [4]. Anticoagulation rates in our study were better than similar registries [5], but our concern is that their improvement over the years was not seen among patients with cancer.

Our results reinforce the recommendation that stroke prevention should be decided regardless of the existence of breast cancer, given that compared with patients without cancer the adjusted rates of stroke were higher (HR 1.56) whereas bleedings remained similar.

There are several classes of anticoagulants. While the use of one or the other could be open to discussion, the decision to anticoagulate should be taken for granted.

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Conflict of interest

JLZ reports honoraria for lectures from Abbott and Daiichi-Sankyo.

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