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Use of anticoagulation in patients with breast cancer and atrial fibrillation



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Results of the AMBER-AF registry were recently reported [1]. The authors find that 80% of patients with atrial fibrillation (AF) and breast cancer and 85% without cancer were prescribed oral anticoagulation (OA) at study outset and about 79% and 87%, respectively, after completion of follow-up [1].

The authors emphasize that anticoagulation is underused in patients with AF and breast cancer but we find this to be a half-empty take on an otherwise quite full glass. Anticoagulation underuse in AF is a well-reported concern, with anticoagulation rates <70% in the general population [2,3]. Similarly, after almost 3 years, 79% of patients with cancer remained under OA (1% drop) [1]. Steep discontinuation rates are a constant finding in studies in the general population [4–7].

Of course, patients treated in a registry in tertiary healthcare institutions may receive more evidence-based treatment than other subgroups but the AMBER-AF results are positive and a solid foundation for randomized trials to optimize management of AF in patients with cancer/breast cancer.

To conclude, we understand the investigators' disappointment over use of anticoagulation [1] and we share their concern over the higher stroke rates in patients with breast cancer. However, the authors should be commended both for their effort and their achievements on evidence-based care.

Conflict of interest

None.

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