

CONTENTS

Q&A: Deep Vein Thrombosis

BY LEN LICHTENFELD, MD

Q: Should I be worried about DVT?

Deep vein thrombosis (DVT) is a condition where blood clots form in veins, leading to pain, redness, and swelling. Blood clots can occur in any vein in the body, but DVT is more common in the legs and abdominal blood vessels found deep in the body.

Over the past several years, doctors have become more aware of how often DVT occurs in patients with cancer, either from the cancer itself, treatment, hospitalization, or surgery. Studies have shown cancer patients have double the risk of post-surgery DVT than patients without cancer.

Cancer patients are also four times more likely to develop blood clots than the general population, with an even higher risk for those receiving chemotherapy. Drugs associated with an elevated risk of DVT include multiple myeloma medicines, such as Revlimid (lenalidomide) and Thalomid (thalidomide); antiangiogenesis drugs, such as Avastin (bevacizumab), which treat cancer by preventing new blood vessel growth to tumors; and erythropoiesis-stimulating drugs, such as Epogen and Procrit (epoetin alfa) and Aranesp (darbepoetin alfa).

Aside from discomfort and possible disability caused by DVT, the condition can become life-threatening if a piece of the clot breaks off and travels to the lung—a pulmonary embolism (PE). When a PE occurs, it can bring on sudden shortness of breath, chest pain, and, sometimes, coughing up of blood. If the clot is large enough, it can block a major blood vessel in the lung and possibly cause death.

Several nationwide professional groups, including the American Society of Clinical Oncology and the National Comprehensive Cancer Network, have created awareness campaigns and guidelines to alert patients and physicians about DVT and the need to provide preventive treatment for patients at risk. Because of the new guidelines, there's an increased likelihood that your doctor will prescribe a blood thinner to prevent DVT when appropriate, such as before and after surgery or with certain drugs.

Speak to your oncology health care team if you have questions or concerns about whether you should be receiving treatment to prevent DVT, or if you notice any of the signs or symptoms of DVT or PE. Prompt recognition and treatment can be lifesaving.

Len Lichtenfeld, MD, is deputy medical officer for the American Cancer Society.