

THROMBOSIS CASE

Case #1

Thrombosis Case

1. A 56-year-old, post-menopausal woman, recently diagnosed with breast cancer is referred for consultation. She has a low-risk node-negative breast cancer that is ER/PR positive, Her2Neu negative. Her only past medical history of significance is that she has been wheelchair confined for the last 5 years after an accident left her paralyzed from the level of T12. An aromatase inhibitor and radiotherapy are recommended.

1. Does she require thromboprophylaxis?
2. What are the risk factors associated with thrombosis?
3. What risk factors for thrombosis are specific to patients with a cancer diagnosis?
4. Would her risks change if she was premenopausal and treated with tamoxifen?

2. A 41-year-old man, newly diagnosed with Adenocarcinoma of the colon, is booked for an AP resection. He is a 30 pack-year smoker who is 40 pounds overweight.

1. For what types of surgery in patients with cancer are pre- and post-operative anticoagulants recommended?
2. In the pre- and post-operative setting, what are the advantages and disadvantages of the various types of prophylaxis (i.e. anticoagulants, mechanical)?
3. What risk factors, beyond having a malignancy, increase the risk of thrombosis for patients in the pre-and post-operative setting?

3. A 55 year old man receiving adjuvant chemotherapy for Stage 3 Colon Cancer is seen for cycle 4 of adjuvant folfox chemotherapy. He presents with a 24-hour history of painless swelling to the right lower extremity. Doppler ultrasound confirms a clot. He has no complaint of shortness of breath. His physical examination is normal. Oxygen saturation on room air is 95%, vitals are normal.

1. What is appropriate outpatient management for a DVT? (Discuss the role of LMWH and the new oral anticoagulants)
2. Can you continue with his chemotherapy? Would you make any adjustments to his treatment if he was receiving bevacizumab?
3. How is prognosis affected in a patient with cancer who develops a clot?
4. Do any particular tumor types have a higher association with the development of VTE?
5. Would treatment issues be different if he was being treated for metastatic disease?

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