



Anticoagulation
Initiative

Anticoagulation Roundtable

Challenging Cases for Anticoagulation



Case 1

- A 76-year-old female with a past medical history of hypertension, heart failure and non-insulin-dependent diabetes mellitus, with persistent atrial fibrillation. The CHA2DS2-VASc score is 6 and the patient is treated with apixaban 5 mg BID.
- She presented with a two-week history of gross hematuria and dysuria. The patient is found to be anemic with a hemoglobin of 9.7 gm/dl, down from a baseline in the 12-13 gm/dl range.
- The patient undergoes a workup by urology and is found to have a muscle-invasive urothelial carcinoma. The patient is being evaluated for radical cystectomy and chemotherapy. The patient's hemoglobin has stabilized but continues to have hematuria on a regular basis.



- Should this patient continue on apixaban?
- Is apixaban appropriate for afib thromboembolic risk reduction in cancer patients? DVT prophylaxis?
- What would your perioperative management of anticoagulation be? Is the risk of thromboembolism higher perioperatively?



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Take Home Points

- Limited evidence supporting the use of DOACs in patients with cancer
- The role of DOACs in malignancy is unclear and needs to be studied further
- DOACs for stroke prevention in patients with cancer must be used with caution, with a careful determination of bleeding risk and comorbidities



Case 2

- 82 year old with a history of hypertension, hyperlipidemia, coronary artery disease and aortic stenosis who underwent CABG/AVR 7 years ago with a bioprosthetic aortic valve and LIMA to LAD, SVG to OM1 and a SVG to RPDA.
- The patient has largely been asymptomatic but had a syncopal episode and was found to have atrial fibrillation with a long conversion pause and has a permanent pacemaker placed.
- The patient is refusing warfarin therapy due to its impact on his diet and need for frequent INRs.



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Questions for Case 2

- What is the risk of this patient being on a DOAC instead of warfarin?
- Is the thromboembolic risk the same in all patients with “valvular atrial fibrillation”?



- DOAC trials had inconsistent exclusion criteria for bioprosthetic valves
 - Small patient populations
- The definition of “valvular” versus “non-valvular” atrial fibrillation is still a cause of confusion