

ICM VTE Oncology

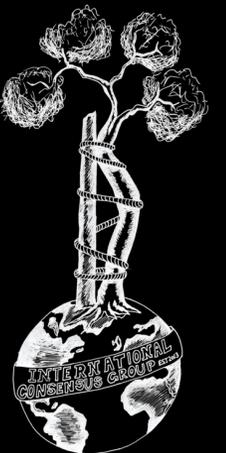
1 - VTE in Bone Metastasis

- A. What is the overall risk for VTE in this patient population and what are the factors that increase VTE risk in this patient population?
- B. What is the optimal VTE prophylaxis protocol in this patient population when also taking into consideration bleeding risk?

Response/Recommendation: Patients that undergo prophylactic fixation or pathological fracture fixation due to metastatic bone disease have a high risk of developing venous thromboembolism (VTE). Risk factors include patient characteristics such as age and comorbidities, as well as extent of surgery and duration of surgery. In the absence of contraindications, patients that undergo surgery or hospitalized patients should be administered thromboprophylaxis with or without mechanical prophylaxis. At this time, we do not have sufficient evidence to make specific recommendations for the type of thromboprophylaxis.

Strength of Recommendation: Limited.

*Mohammad H. Basuki, Yusuf Rizal, Andreas Leithner,
Felasfa Wodajo, Panayiotis J. Papagelopoulos, Michelle Ghert*



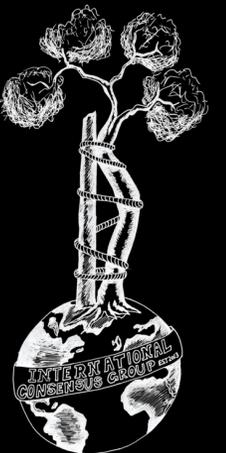
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- A. What is the overall risk for VTE in this patient population and what are the factors that increase VTE risk in this patient population?
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(Strong Consensus)



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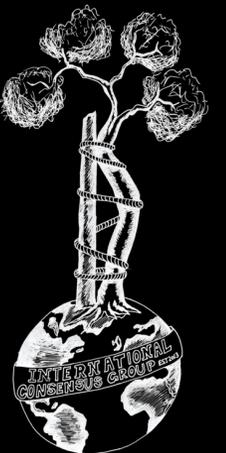
2 - For Primary Bone Tumors/Sarcoma Patients

- A. What is the overall risk for VTE in this patient population and what are the factors that increase VTE risk in this patient population?
- B. What is the optimal VTE prophylaxis protocol in this patient population when also taking into consideration bleeding risk?

Response/Recommendation: Patients undergoing sarcoma surgery have a high risk of venous thromboembolism (VTE) with multiple common risk factors relating to the patient population, surgery, and complications. Patients should have chemoprophylaxis with either low-molecular-weight heparin (LMWH) or aspirin (ASA) unless very high bleeding risk, combined with pneumatic compression.

Strength of Recommendation: Limited.

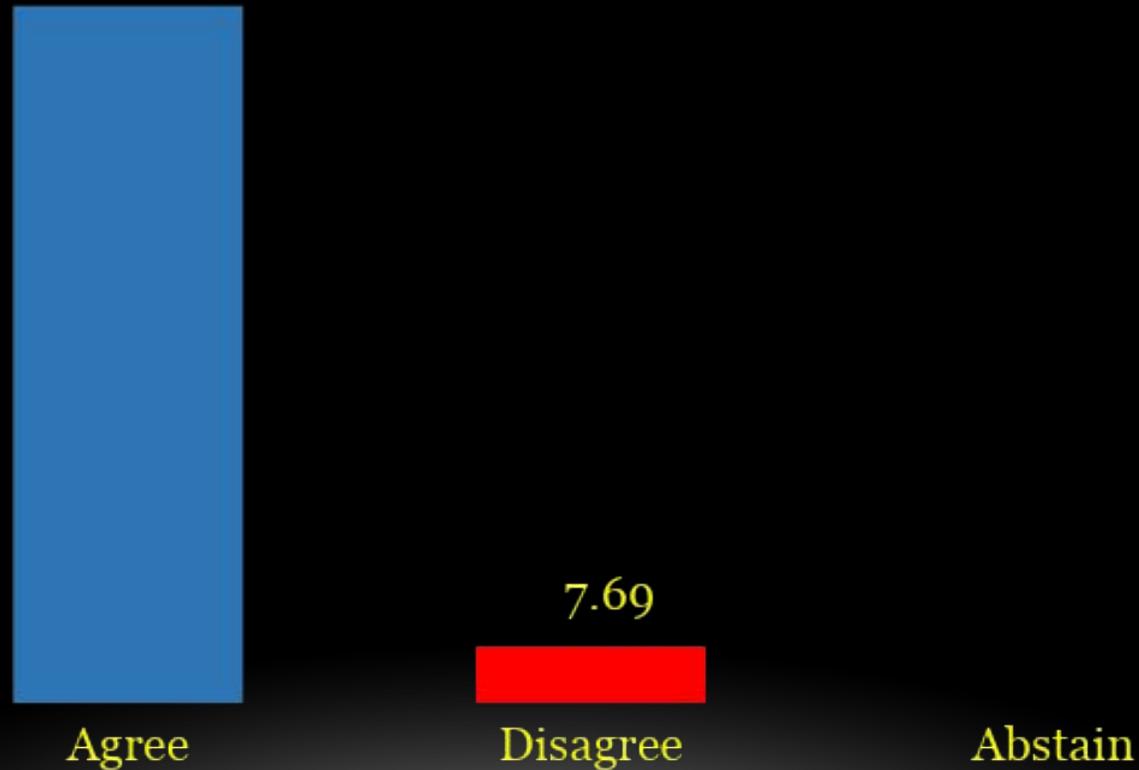
*Tanis Worthy, Michelle Ghert, Mohammad H. Basuki, Felasfa Wodajo, Andreas Leithner,
Panayiotis J. Papagelopoulos, Jashvant Poeran*



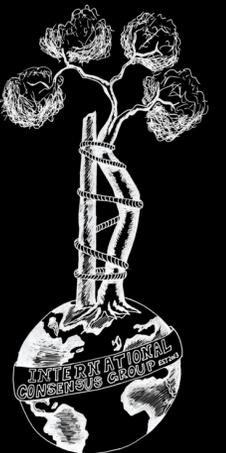
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2 - For Primary Bone Tumors/Sarcoma Patients

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(Strong Consensus)



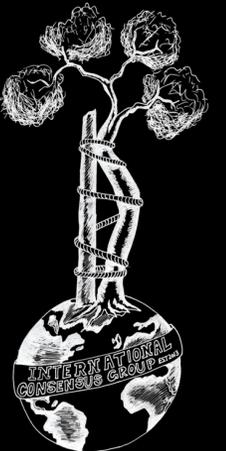
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3 - What orthopedic tumor-related surgeries require routine prophylaxis?

Response/Recommendation: Patients undergoing resection procedures for bone metastasis or procedures that involve prosthesis reconstruction are at higher risk of venous thromboembolism and require routine prophylaxis.

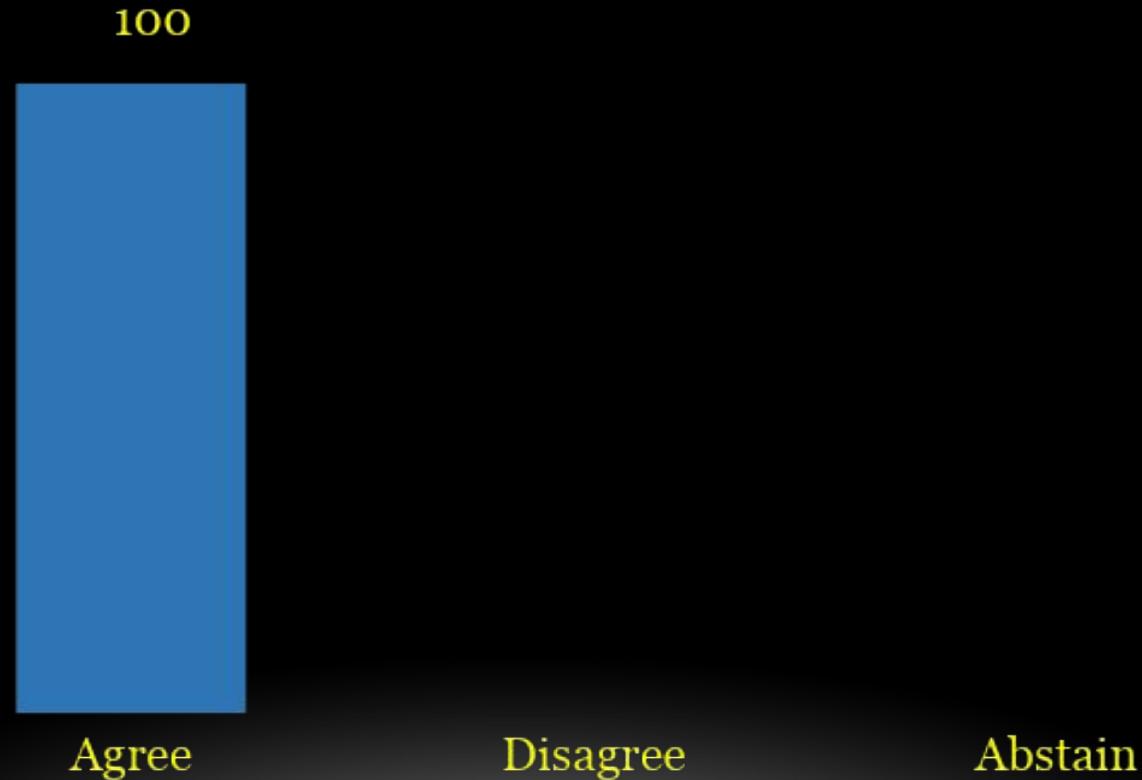
Strength of Recommendation: Limited.

Shang-Wen Tsai, Te-Feng Arthur Chou, Wei-Ming Chen

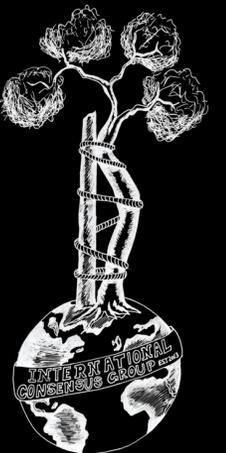


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3 - What orthopedic tumor-related surgeries require routine prophylaxis?



(Unanimous Strong Consensus)



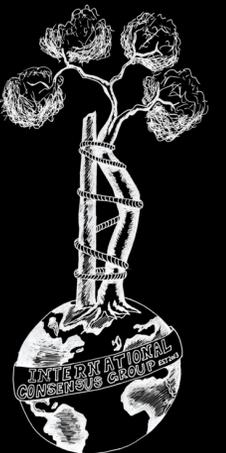
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4 - How should VTE prophylaxis protocols be adjusted for surgical repairs of pathological fractures or orthopaedic surgery in a patient with a history of malignancy or concurrent malignancy?

Response/Recommendation: Patients undergoing surgical repairs of pathological fractures or those undergoing orthopaedic surgery with a history of malignancy or concurrent malignancy are at high risk for development of venous thromboembolism (VTE). While guidelines may provide some guidance in terms of choice of chemical agent and duration, the current evidence base is insufficient in determining optimal prophylaxis strategies, especially in light of factors that may further impact VTE risk in this high-risk population such as primary tumor site.

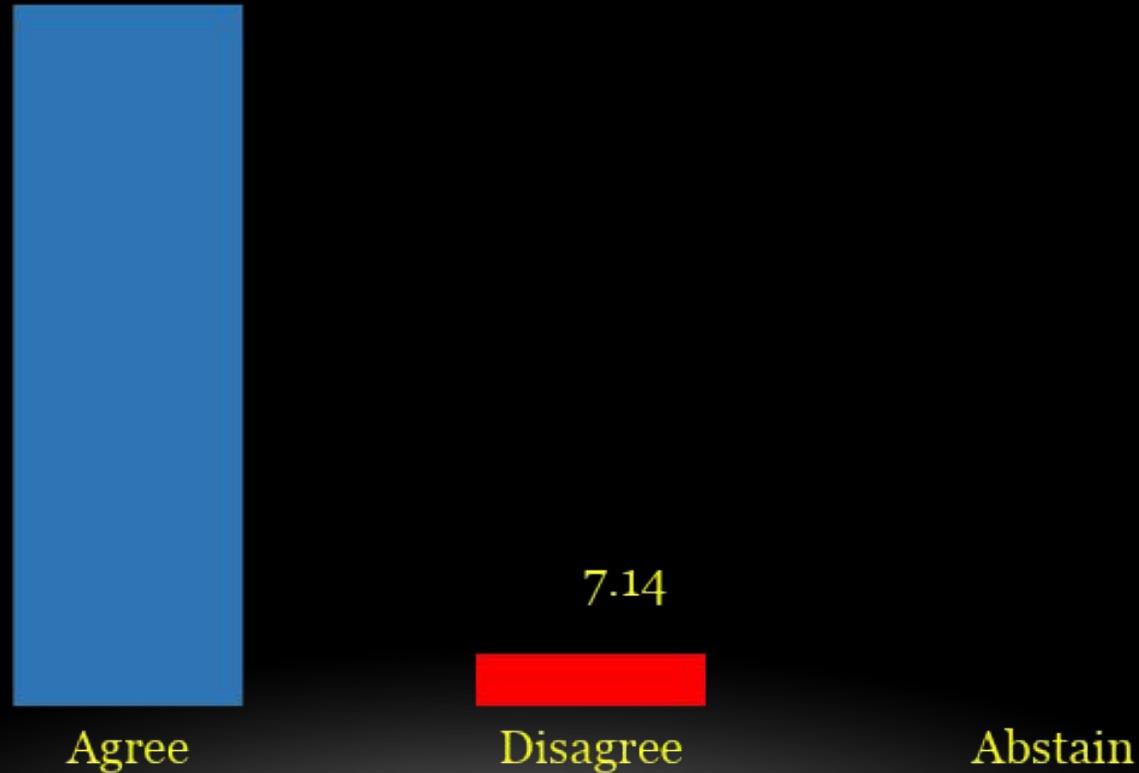
Strength of Recommendation: Limited.

Jashvant Poeran, Panayiotis J. Papagelopoulos, Tanis Worthy, Michelle Ghert, Mohammad H. Basuki, Felasfa Wodajo, Andreas Leithner.



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4 - How should VTE prophylaxis protocols be adjusted for surgical repairs of pathological fractures or orthopaedic surgery in a patient with a history of malignancy or concurrent malignancy?



(Strong Consensus)

