

**Table 4. Guidelines for cancer-associated thrombosis**

<b>Guideline</b>	<b>National Comprehensive Cancer Network<sup>32</sup></b>	<b>International consensus group<sup>33,62</sup></b>	<b>American Society of Clinical Oncology<sup>35</sup></b>	<b>European Society for Medical Oncology<sup>34</sup></b>
VTE prophylaxis with UFH, LMWH or fondaparinux during hospitalization should be considered in all patients undergoing major surgical intervention for malignant disease	Endorsed	Endorsed	Endorsed	Endorsed
Prolonged prophylaxis for up to 4 wk may be considered in patients undergoing major abdominal or pelvic surgery for cancer with high-risk features such as residual malignant disease, obesity, and prior history of VTE	Endorsed	Endorsed	Endorsed	Endorsed
VTE prophylaxis with UFH, LMWH, or fondaparinux should be considered in all hospitalized nonsurgical cancer patients unless contraindicated	Endorsed	Endorsed	Endorsed	Endorsed
Routine VTE prophylaxis in ambulatory patients receiving chemotherapy is not recommended	Endorsed	Endorsed	Endorsed	Endorsed
VTE prophylaxis should be offered to patients receiving highly thrombogenic thalidomide or lenalidomide-based combination chemotherapy regimens	Endorsed	Endorsed	Endorsed*	Endorsed†
Routine VTE prophylaxis for catheter-associated thrombosis is not recommended	Endorsed	Endorsed	Not mentioned in guideline	Endorsed
LMWH is preferred for initial VTE treatment in cancer patients. Continue treatment with LMWH is preferred for at least the initial 6 mo of treatment	Endorsed	Endorsed	Endorsed	Endorsed
A defined period of anticoagulation if adequate for cancer patients with VTE occurring during adjuvant chemotherapy if the cancer is no longer active and chemotherapy is complete	Endorsed (advise 3 mo for DVT and 6 mo for PE)	Endorsed (advise minimum duration of 3-6 mo)	Endorsed (advise at least 6 mo duration)	Endorsed (advise at least 6 mo duration)
Indefinite anticoagulation is recommended in cancer patients whose cancer remains active	Endorsed	Endorsed	Endorsed	Endorsed‡
Restrict use of IVC filters to cancer patients with acute VTE who cannot receive anticoagulation due to bleeding or profound prolonged thrombocytopenia or with recurrent VTE despite adequate anticoagulation	Endorsed	Endorsed	Endorsed	Endorsed

\*LMWH or ASA is recommended.

†LMWH, ASA, or adjusted-dose warfarin (INR 1.5) is recommended.

‡A 75% to 80% dose of LMWH can be used for long-term management.