

# Apixaban in Patients with Thromboembolic Disease and Primary or Metastatic Brain Cancer?

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The Caravaggio trial [1] nicely documents that in patients with cancer and acute deep venous thrombosis or pulmonary emboli oral apixaban is as effective as subcutaneous dalteparin at preventing recurrent thromboembolic disease. In addition, anticoagulation with apixaban resulted in less “major” bleeding than dalteparin (8.9% vs 11.4%). However, “clinically relevant non-major bleeding” occurred in 52 patients on apixaban versus 35 on dalteparin and “major bleeding or clinically relevant non-major bleeding” occurred in 70 patients on apixaban versus 56 on dalteparin. This study purposefully excluded patients with primary or metastatic brain tumors. These patient populations are important when it comes to anticoagulation. Thirty-three percent of all patients with solid tumors accrued to this study had cancer of the lung or breast. These two cancers account for over 60%

of all patients who present with brain metastases [2]. In addition, over 30% of all patients with primary brain tumors develop thromboemboli requiring systemic anticoagulation [3]. Additional studies are required to document that apixaban can be safely administered to patients with primary and metastatic brain tumors.

## References

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**Received:** May 25, 2020; **Accepted:** June 03, 2020; **Published:** June 05, 2020