

LETTER to the EDITOR

Can Low Molecular Weight Heparins Circumvent the Problem of Coumadine and Chemotherapy Interaction in Cancer Patients with Prosthetic Heart Valves?

Asian Pac J Cancer Prev, **15** (4), 1889-1890

Dear Editor

In the everyday routine practice of a medical oncologist, it is not so infrequent that a patient with prosthetic heart valve who is on warfarine therapy has to receive chemotherapy. This is a problematic situation for a medical oncologist since, drug interactions of warfarine with various chemotherapeutics are unpredictable, the result may either be thrombosis or bleeding. Furthermore, chemotherapeutic agents are given mostly on an intermittent basis, meaning that these unpredictable interactions occur when chemotherapy is given and then thrombocytopenia follows. The data on how to continue anti-coagulation therapy in such patients are sparse and in major guidelines, it is not involved (Holbrook et al., 2012; Vahanian et al., 2012).

Low molecular weight heparins (LMWH) are superior to warfarine in patients with cancer in the prophylaxis of deep vein thrombosis, probably owing to lack of significant drug interactions with chemotherapeutic agents. There is also no need for INR (International normalized ratio) monitorization. They are also safe as bridging therapy in patients with prosthetic heart valves peri-operatively instead of warfarine (Holbrook et al., 2012; Vahanian et al., 2012).

For the reasons above, we tend to follow such patients on chemotherapy with LMWH instead of warfarine. Here, we wanted to share our experience on nine patients with prosthetic heart valves treated with LMWH during chemotherapy (Table 1).

During our follow up, we had not observed neither any thrombotic complications nor LMWH associated bleeding

and this outcome has encouraged us to use LMWH in patients with cancer and prosthetic heart valve.

During the past ten years developments in cancer care is prosperous. This positive trend has caused increased progression free and overall survival. But despite of this developments still dealing with cancer is a quite a hard problem for patients and medical oncologist because of concomittant chronic diseases (Abali et al., 2011). During the treatment period complications usually disappointpatients and doctors and coumadine usage associated bleeding is one of them. By this report we want to take an attention and also share our recommendation to this problem. We hope that by counducting big randomized trials on this issue is going to clear the questions on the minds and will help initiating new guidelines lighting the way for this uncommon problem.

References

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Table 1. Patients with Cancer and Prosthetic Heart valve Treated with LMWH

Patient No	Age	Sex	Primary diagnosis	Diseasest age	Prosthetic valve	LMWH**	LMWH dosage (IU)	Complication	Follow time (months)
1	71	F	NHL*	IV	Aortic	Enoxaparin	2x6000	None	4
2	47	M	Lung cancer	IV	Mitral	Enoxaparin	2x8000	None	4
3	74	F	Rectal cancer	III	Mitral	Enoxaparin	2x8000	None	5
4	79	M	Lung cancer	IV	Aortic	Enoxaparin	2x6000	None	4
5	63	M	Lung cancer	IV	Mitral	Enoxaparin	2x6000	None	9
6	44	M	Mesothelioma	IV	Mitral	Enoxaparin	2x4000	None	4
7	56	F	Breast cancer	IV	Mitral	Enoxaparin	2x6000	None	6
8	45	F	Parathyroid cancer	IV	Aortic	Enoxaparin	2x4000	None	2
9	60	F	Rectal Cancer	III	Mitral	Enoxaparin	2x6000	None	6

*NHL: Non-hodgkin's lymphoma; ** LMWH: Low Molecular Weight Heparin

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