

NCCN Guidelines for Cancer-Associated Venous Thromboembolic Disease v1.2021 – Annual on 11/20/2020

Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
<p>VTE-B External Request</p> <p>Submission from Society of Interventional Oncology (10/27/2020): With respect to “Contraindications to Mechanical Prophylaxis,” recommend modifying “Acute DVT” to “Acute DVT (if anticoagulation is contraindicated).” Consider adding statement from FDA Clearance and reference as a footnote.</p>	<p>Based on a review of the data and discussion, the panel did not use the language proposed in the submission. However, the panel supported the following language: “Acute DVT (<i>unless on therapeutic anticoagulation.</i>)”</p> <p>See Submission for references.</p>	24	0	0	7
<p>DVT-2 and DVT-3</p> <p>External Request Submission from Society of Interventional Oncology (10/27/2020) to</p> <ol style="list-style-type: none"> <li>1. Modify “consider catheter-directed pharmacomechanical thrombolysis in appropriate candidates” to “consider catheter-directed <i>therapy</i> (pharmacomechanical thrombolysis <i>or mechanical thrombectomy</i>) in appropriate candidates”</li> <li>2. Modify footnote to read: “Appropriate candidates may include: <i>patients at risk of limb loss (e.g. phlegmasia cerulea dolens), patients who demonstrate central thrombus propagation in spite of anticoagulation, and those with moderate to severely symptomatic proximal DVT. Candidates with high bleeding risk or contraindication to fibrinolytic may be candidates for percutaneous mechanical thrombectomy.</i>”</li> </ol>	<p>Based on a review of the data and discussion, the panel supported the language proposed in the submission.</p> <p>Based on a review of the data and discussion, the panel consensus was to revise footnote as suggested in the submission.</p> <p>See Submission for references.</p>	24	0	0	7

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<p>SPVT-2 External Request</p> <p>Submission from Society of Interventional Oncology (10/27/2020) to</p> <ol style="list-style-type: none"> <li>1. Modify “consider catheter-directed pharmacomechanical thrombectomy” to “Consider catheter-directed pharmacomechanical thrombectomy +/- TIPS.”</li> <li>2. Add “Consider TIPS” as one of the management options for patients with SPVT and portal hypertension.</li> </ol>	<p>Based on a review of the data and discussion, the panel supported the proposed language in the submission for patients with no contraindication to anticoagulation and acute hepatic vein thrombosis or acute portal, mesenteric, and/or splenic vein thrombosis.</p> <p>Based on a review of the data and discussion, the panel consensus was to include “consider TIPS” in a footnote: “Consider TIPS as one of the management options for patients with SPVT and portal hypertension. If thrombectomy expertise is not available, consider consultation with a tertiary medical center.”</p> <p>See Submission for references.</p>	<p>24</p> <p>24</p>	<p>0</p> <p>0</p>	<p>0</p> <p>0</p>	<p>7</p> <p>7</p>
<p>VTE-D 2 of 4 External Request</p> <p>Submission from Bristol Myers Squibb (6/25/2020) regarding the section “Therapeutic Anticoagulation for Venous Thromboembolism”: For the recommendation for apixaban 10 mg PO BID for 7 days followed by 5 mg PO BID as an option under “DOACs (preferred for patients without gastric or gastroesophageal lesions)”, we request that the reference of “Agnelli G, Becattini C, Meyer G, et al. Apixaban for the treatment of venous thromboembolism associated with cancer. N Engl J Med 2020;382:1599-607” be added to this recommendation.</p>	<p>The panel consensus was to include the reference as requested.</p>	<p>24</p>	<p>0</p>	<p>0</p>	<p>7</p>
<p>VTE-H, 1 of 2 Internal Request</p> <p>For pulmonary embolism, consider the inclusion of reteplase.</p>	<p>Based on a review of the data and discussion, the panel consensus was to include reteplase as an option for pulmonary embolism.</p> <p><u>Reference:</u> Tebbe U, Graf A, Kamke W, et al. Hemodynamic effects of double bolus reteplase versus alteplase infusion in massive pulmonary embolism. Am Heart J 1999;138:39-</p>	<p>24</p>	<p>0</p>	<p>0</p>	<p>7</p>