

Evaluation of a predictive thrombotic risk and thromboprophylaxis score in cancer patients in a third level hospital.

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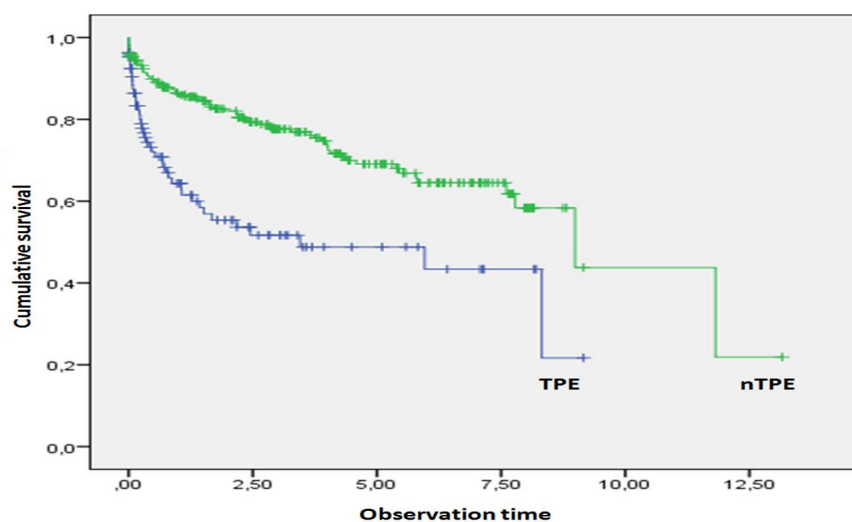
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Abstract

Introduction: We aimed to analyse the application of Khorana score in cancer patients. We also tried to evaluate the prescription of primary thromboprophylaxis in cancer patients at risk of venous thromboembolic disease (VTE). **Methods:** A retrospective observational study on survival of hospitalized patients diagnosed with pulmonary embolism (PE) at the Hospital Central de la Defensa from January 2009 to March 2018. They were stratified into tumour PE (TPE) and non-tumour PE (nTPE). A case-control study was also carried out with TPE patients and non PE cancer patients (nPEC). **Results:** 108 patients were diagnosed with TPE, 260 nTPE and 324 nPEC. Gynaecological tumours were the most frequent (23.1%), followed by lung, digestive and urological cancer (20.4% each) in TPE group. Death risk was 1,9 times higher in cancer patients (95%CI: 1.23-2.8) ($p < 0.001$). Khorana score was [?]3 points in 9.7% of TPE and 3.1% of nPEC compared to 26.2% of TPE and 9.9% of nPEC with Khorana score [?]2 points ($p < 0.001$). 7.4% of TPE patients received thromboprophylaxis. Khorana score in TPE patients without thromboprophylaxis was [?]3 points in the 9% and [?]2 points in the 24%. **Conclusions:** There is a trend towards underuse of thromboprophylaxis in our cancer patients and mainly in those with high risk of VTE, as well as poor adherence to the Khorana score. More studies are needed to validate these findings and to optimize predictive strategies in the management of these patients.

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