

Poster 16: The Clot Thickens: Identifying Risk Factors for VTE in Metastatic and Recurrent Cervical Cancer

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Topic: Cervical

Objectives

Cervical cancer (CC) patients infer a greater risk for venous thromboembolism (VTE) than the general population. r/mCC patients with VTE are at high risk of adverse bleeding events on therapeutic anticoagulation. There are no reliable risk stratification tools to identify patients who would benefit from thromboprophylaxis. We previously showed Khorana score was not effective at predicting VTE risk. This study aims to correlate other commonly known risk factors with VTE risk in patients with recurrent or metastatic cervical cancer (r/mCC).

Methods

We performed a retrospective review of patients at an urban university system diagnosed with r/mCC receiving systemic chemotherapy between 2010 and 2021. Clinical and demographic information was abstracted from the medical record, with special attention to known VTE risk factors. Exclusion criteria were diagnosis with more than one cancer, previous VTE, unverified pathology, or inadequate follow-up. Statistical analysis was performed using Chi square, Fisher exact, and logistic regression.

Results

285 patients were identified, and 194 were included in the final analysis. 144 (74.4%) received treatment for recurrent disease, and 50 (25.6%) received systemic treatment for stage IVB disease. The mean age was 49, and the majority (59.2%) had BMI < 30. Histology was primarily squamous (75%) and adenocarcinoma (19%). Demographic characteristics were balanced between groups. 52.8% received bevacizumab, and 46% had hypertension (HTN). The overall rate of VTE was 40.7%. There was no significant association between HTN, smoking, bevacizumab exposure, diabetes, hyperlipidemia, COPD, Khorana score, pelvic radiation, or previous hysterectomy with VTE (table 1). There remained no significant association when controlling for age, race, and other demographics.

Conclusions

Patients with r/mCC have a high baseline risk of developing VTE. Known risk factors for VTE such as Avastin exposure, prior radiation, and medical comorbidities were not associated with this increased risk, underscoring the need for adequate risk assessment tools

Abstract Table or Graph

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