

# American Society of Hematology 2021 guidelines for management of venous thromboembolism: prevention and treatment in patients with cancer.

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and treatment in patients with cancer. Blood Adv. 2021;5(4):927-974. 5 7 6 4 2021 1953 1953  
Blood Advances 10.1182/bloodadvances.2021004734 PMC8045511 33821993 Background:  
Venous thromboembolism (VTE) is a common complication among patients with cancer. Patients  
with cancer and VTE are at a markedly increased risk for morbidity and mortality.

These evidence-based guidelines of the American Society of Hematology (ASH) are intended to  
support patients, clinicians, and other health care professionals in their decisions about the  
prevention and treatment of VTE in patients with cancer.

ASH formed a multidisciplinary guideline panel balanced to minimize potential bias from conflicts of  
interest. The guideline development process was supported by updated or new systematic  
evidence reviews. The Grading of Recommendations Assessment, Development, and Evaluation  
(GRADE) approach was used to assess evidence and make recommendations.

Recommendations address mechanical and pharmacological prophylaxis in hospitalized medical  
patients with cancer, those undergoing a surgical procedure, and ambulatory patients receiving  
cancer chemotherapy. The recommendations also address the use of anticoagulation for the initial,  
short-term, and long-term treatment of VTE in patients with cancer.

Strong recommendations include not using thromboprophylaxis in ambulatory patients receiving  
cancer chemotherapy at low risk of VTE and to use low-molecular-weight heparin (LMWH) for initial  
treatment of VTE in patients with cancer. Conditional recommendations include using  
thromboprophylaxis in hospitalized medical patients with cancer, LMWH or fondaparinux for  
surgical patients with cancer, LMWH or direct oral anticoagulants (DOAC) in ambulatory patients  
with cancer receiving systemic therapy at high risk of VTE and LMWH or DOAC for initial treatment  
of VTE, DOAC for the short-term treatment of VTE, and LMWH or DOAC for the long-term  
treatment of VTE in patients with cancer.