

PO-11**Venous thromboembolism in patients receiving preoperative chemotherapy for gastric cancer**

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Background: Preoperative chemotherapy for adenocarcinoma of the stomach may increase survival but it is unknown how this new regime affects risk of deep vein thrombosis (DVT) and pulmonary embolism (PE), collectively known as venous thromboembolism (VTE). We examined the prevalence of preoperative and postoperative VTE in patients receiving preoperative chemotherapy for gastric cancer.

Material and Methods: All patients who had preoperative chemotherapy and scheduled for surgery for gastric cancer at Aalborg Hospital, Aarhus University Hospital, between May 2008 and August 2009 were included. Chemotherapy consisted of intravenous Epirubicin 50 mg/m² and Oxaliplatin 130 mg/m² and oral Capecitabine 500 mg/m² twice daily in 14 days. Patients were scheduled for 3 series of chemotherapy. We screened for VTE before chemotherapy, preoperative after chemotherapy, and postoperative before discharge. The investigational program included clinical examination, plasma D-dimer, flow-doppler ultrasonography with compression of veins in both legs to diagnose DVT, and thoracic CT or PET-CT scan modified also to diagnose PE. Patients received standard prophylaxis with low molecular weight heparin (LMWH) per-operatively and until discharge.

Results: We included a total of 26 patients. None had VTE prior to chemotherapy. However, 2 patients (2/26=8%; 95% CI: 1–25%) had a VTE (1 DVT and 1 PE) after 3 series of chemotherapy but before surgery. Twenty-one (81%) patients completed surgery including the patient with a preoperative DVT. Of these, 1 patient had an asymptomatic VTE (both DVT and PE) before discharge despite ongoing standard prophylaxis with LMWH. This patient had still no sign of recurrence 6 months postoperatively.

Conclusion: Our study shows VTE may develop during preoperative chemotherapy for gastric cancer. Whether this is due to the delay before surgery or the chemotherapy per se needs further investigation.

PO-12**Safety and feasibility of a diagnostic algorithm combining clinical probability, D-dimer test and ultrasonography in suspected upper extremity deep vein thrombosis**

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Background: Ultrasonography is currently used as the reference test for clinically suspected upper extremity deep vein thrombosis (UEDVT) although the diagnostic accuracy of the test for this indication remains less well established compared to DVT of the legs. The safety of withholding anticoagulant therapy without additional testing in patients with suspected UEDVT who have an unlikely clinical probability score and a normal D-dimer test has not been evaluated. Moreover, no study has so far evaluated the safety and feasibility of (serial) ultrasonography in patients with either a likely clinical decision rule or abnormal D-dimer.

Aim: Aim of this study is to assess the safety and feasibility of a diagnostic algorithm that combines a clinical score, D-dimer test, and compression ultrasonography as a diagnostic work-up for UEDVT.

Design: This is a prospective multicenter management study.

Patients: All patients with suspected UEDVT, including patients with central venous catheters for chemotherapy, will be included in this study. Patients with suspected UEDVT will be handled according to the attached flow-chart. All patients will be followed for 3 months. The primary outcome will be the cumulative 3-month incidence of objectively confirmed symptomatic venous thromboembolic events. Based on a maximum failure rate of the diagnostic work-up of 3%, 400 patients will be needed to test the safety of the diagnostic strategy.

Organization: We aim for an inclusion rate of 20 patients per center per year; with an inclusion period of 1.5 years and to compensate for inactive centers, we will need approximately 20 centers. A steering committee will be formed and outcomes will be adjudicated by a central adjudication committee. An electronic case report form will be used for data collection.

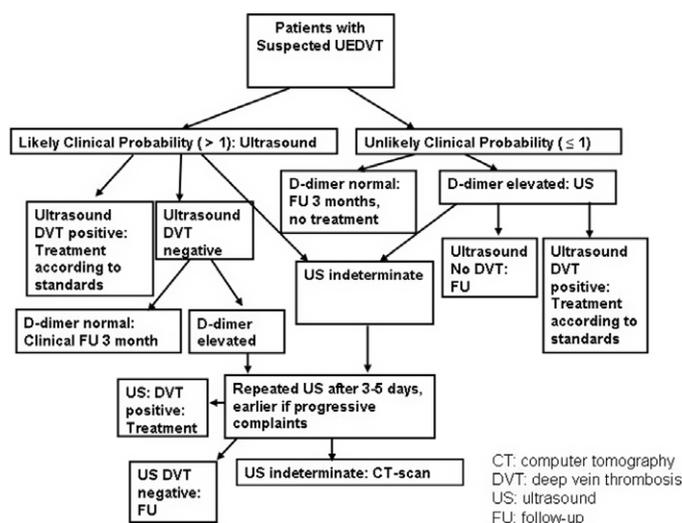


Figure 1. Diagnostic algorithm for clinically suspected Upper Extremity Deep Vein Thrombosis.

PO-13**Deep vein thrombosis of the upper limbs. A retrospective study**

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The upper extremity deep venous thrombosis is an unusual clinical occurrence, but it involves difficulties in diagnosis and therapy. The thrombotic event is usually due to coagulant diathesis, which may be increased by estroprogestinic therapy. Sometimes the thrombosis is the first manifestation of a mediastinic neoplastic mass and implies the appearance of clinical signs related to upper extremity vascular obstruction. Often it's not possible to find a definite cause, even after a detailed coagulative study is completed.

Methods: From 03/2003 to 03/2008, 24 patients (8M/16F, mean age 54 years, range 22–69) with upper extremity DVT came to our observation on a total of 8227 admissions, with an incidence of 0.22%. Chest radiography, doppler echography of the upper extremities and coagulative parameters evaluation were performed. In 5 patients of 22 studied with a chest CT a mediastinal cancer was found. In 4 patients we also performed an upper extremity phlebography in order to define the real extension of thrombosis. Once the diagnosis was sure, an anticoagulant therapy was started (heparin 300 U/Kg/24h by continuous infusion keeping aPTT 2–2.5). No thrombolytic therapy was used.

Results/discussion: In two cases thrombosis was due to a central venous catheter in the subclavia vein, in three cases it was linked to a thoracic neoplasm (carcinoma in hilum of lung, mediastinal NHL and thymoma). In one patient the thrombosis was caused by a paraneoplastic hypercoagulative syndrome and was associated to a leg deep venous thrombosis. In other 18 patients no sure cause was identified but seven were on estroprogestinic therapy and one had a familiar history of embolic events. In 19 of 24 patients a complete resolution of the symptoms and normalization of doppler parameters were obtained. They were given intravenous heparin for a week, then oral anticoagulant therapy was started and extended up to five-six months or longer if needed.

PO-14**Unsuspected venous thromboembolic disease as a finding of staging procedures in oncology**

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Background: Pulmonary embolism (PE) is detected incidentally in asymptomatic patients (pts) with a prevalence of approximately 1–1.5% in general population and 4–5% in inpatients. In oncology setting, different authors reported a frequency of incidental pulmonary emboli between 2.6–4%.