Abstract:

Objectives: Central venous access is needed to facilitate chemotherapy for many cancer patients. Central venous catheter-related thrombosis (CVCT) is a major complication that can cause significant morbidity and mortality. We sought to explore the rate of CVCT in a general cancer population in Australia and to identify factors associated with increased risk of thrombosis.

Design: This is a multi-centre retrospective cohort study.

Setting and participants: We analysed key patient, treatment, and cancer-related factors for 317 patients with cancer and central venous catheters inserted for systemic therapy.

Main outcome measures: Symptomatic CVCT confirmed with imaging and management of patients with CVCT.

Results: A total of 402 cases of central line insertion were analysed. Central venous catheter-related thrombosis occurred in 24 patients (6.0%). Having a peripherally inserted central catheter (PICC; HR = 3.78, 95% CI = 1.28-11.19, P = .02) compared with an implantable port and a body mass index of ≥25.0 kg/m2 (HR = 3.60, 95% CI = 1.31-9.85, P = .01) were independently associated with increased risk of thrombosis. Central venous catheter-related thrombosis was managed mostly with removal of the catheter (19 of 24 cases) and anticoagulation, including direct-acting oral anticoagulants in 5 patients.

Conclusions: This work explored rates of CVCT in a general cancer population, observing increased rates in those with PICCs or increased body mass index.

Reference:


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