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OUTCOMES OF DIRECT ORAL ANTICOAGULANTS IN UNUSUAL-SITE THROMBOSIS: IMPACT OF ACTIVE CANCER

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Introduction. Splanchnic vein thrombosis (SVT) and cerebral venous thrombosis (CVT) are unusual site of thrombosis. Cancer is a common predisposing factor and is associated with worse outcomes and increased bleeding risk. Evidence supporting the use of direct oral anticoagulants (DOACs), especially in patients with active malignancy, is limited.

Materials and Methods. This single-center longitudinal observational study included adult patients with imaging-confirmed SVT or CVT treated with DOACs between January 2018 and October 2025. Inclusion was retrospective with prospective follow-up. Primary outcomes were radiological recanalization and thrombotic recurrence. Secondary outcomes included major bleeding, clinically relevant non-major bleeding (CRNMB), and all-cause mortality.

Results. 43 patients were included (median age 58 years; 46.5% male), 26 with SVT and 17 with CVT; 16 had active cancer. Median follow-up was 17 months. Recanalization was assessable in 41 patients and was complete in 43.9%, partial in 29.3%, and absent in 26.8%. Active cancer was associated with a lower likelihood and longer time to recanalization. Two thrombotic recurrences (4.7%) occurred. Clinically relevant bleeding was observed in 16.3%, including 7.0% major bleeding. Seven deaths occurred, all in patients with active cancer.

Conclusion. In this cohort of SVT and CVT treated with DOACs, recurrence and bleeding rates were acceptable. Active cancer identified a high-risk subgroup with reduced recanalization and increased mortality, supporting tailored management strategies.