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IS LONG-TERM LOW-MOLECULAR-WEIGHT HEPARIN STILL ACCEPTABLE TO PALLIATIVE CARE PATIENTS IN THE TREATMENT OF CANCER-ASSOCIATED THROMBOSIS? A QUALITATIVE STUDY REVISITED

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Background The treatment of cancer-associated thrombosis (CAT) is well established as a daily injection of weight-adjusted low-molecular-weight heparin (LMWH). Previous qualitative research suggesting LMWH to be acceptable in the palliative care population had several recognised limitations including selection bias and limited time on LMWH treatment.

Aims To reevaluate acceptability of LMWH as a long-term treatment for patients with advanced cancer and venothromboembolic disease within the context of current clinical practice.

Methods A qualitative study of advanced cancer patients who had been receiving daily treatment dose of LMWH for CAT for at least 3 months. Patients were recruited from dedicated CAT clinics. Semi-structured interviews were recorded, transcribed and analysed using thematic content analysis until theoretical saturation was achieved.

Results Fourteen patients were interviewed who had been on LMWH for an average of 11 months (range 3–34 months). Major themes included the impact of CAT, acceptability of LMWH and practicalities of injection. Many participants described the symptoms of their CAT as more burdensome than their cancer. Despite some of the challenges described with LMWH therapy it was generally considered an acceptable treatment with the perceived benefit of prolonging life outweighing the discomfort and burden of daily injections. Participants described several practical measures they had implemented to simplify their treatment.

Conclusions Long-term LMWH remains an acceptable intervention in patients with advanced cancer and venous thromboembolism. Whilst new oral anticoagulants may offer an alternative to daily injections they are yet to demonstrate non-inferiority to LMWH. LMWH therefore remains the drug of choice in the treatment of CAT in the palliative care setting.