Correspondence

Use of anticoagulation in patients with breast cancer and atrial fibrillation

Results of the AMBER-AF registry were recently reported [1]. The authors find that 80% of patients with atrial fibrillation (AF) and breast cancer and 85% without cancer were prescribed oral anticoagulation (OA) at study outset and about 79% and 87%, respectively, after completion of follow-up [1].

The authors emphasize that anticoagulation is underused in patients with AF and breast cancer but we find this to be a half-empty take on an otherwise quite full glass. Anticoagulation underuse in AF is a well-reported concern, with anticoagulation rates<70% in the general population [2,3]. Similarly, after almost 3 years, 79% of patients with cancer remained under OA(1% drop) [1]. Steep discontinuation rates are a constant finding in studies in the general population [4–7].

Of course, patients treated in a registry in tertiary healthcare institutions may receive more evidence-based treatment than other subgroups but the AMBER-AF results are positive and a solid foundation for randomized trials to optimize management of AF in patients with cancer/breast cancer.

To conclude, we understand the investigators' disappointment over use of anticoagulation [1] and we share their concern over the higher stroke rates in patients with breast cancer. However, the authors should be commended both for their effort and their achievements on evidence-based care.

Conflict of interest

None.

Funding

None.

References

[1] Pardo Sanz A, Rincón LM, Guedes Ramallo P, Belarte Tornero LC, de Lara Delgado G, Tamayo Obregon A, et al. Current status of anticoagulation in patients with breast cancer and atrial fibrillation. Breast 2019;46:163–9.
[2] Lip GYH, Rushton-Smith SK, Goldhaber SZ, Fitzmaurice DA, Mantovani LG, Goto S, et al. Does sex affect anticoagulant use for stroke prevention in nonvalvular atrial fibrillation? The prospective global anticoagulant registry in the FIELD-Atrial Fibrillation. Circ Cardiovasc Qual Outcomes 2015;8:S12–20.
[3] Chapman SA, St Hill CA, Little MM, Swanoski MT, Scheiner SR, Ware KB, et al. Adherence to treatment guidelines: the association between stroke risk stratified comparing CHADS2 and CHA2DS2-VASc score levels and warfarin prescription for adult patients with atrial fibrillation. BMC Health Serv Res 2017;17:127.
[4] Björck F, Ek A, Johansson L, Själander A. Warfarin persistence among atrial fibrillation patients - why is treatment ended? Cardiovasc Ther 2016;34:468–74.
[5] Raparelli V, Proietti M, Cangemi R, Lip GYH, Lane DA, Basili S. Adherence to oral anticoagulant therapy in patients with atrial fibrillation. Focus on non-vitamin K antagonist oral anticoagulants. Thromb Haemost 2017;117:209–18.
[6] Brown JD, Shewale AR, Talbert JC. Adherence to rivaroxaban, dabigatran, and apixaban for stroke prevention in incident, treatment-naïve nonvalvular atrial fibrillation. J Manag Care Spec Pharm 2016;22:1319–29.
[7] Gopalakrishnan C, Schneeweiss S, Bartels DB, Zint K, Santiago Ortiz A, Huybrechts KF. Evaluating utilization patterns of oral anticoagulants in routine care. J Thromb Haemost 2019;17:14467.

Marc Sorigue
Department of Hematology Laboratory. ICO-Hospital Germans Trias i Pujol. Josep Carreras Leukaemia Research Institute, Universitat Autònoma de Barcelona, Ctra. Canyet s/n 08916, Badalona, Spain
E-mail address: msorigue@iconcologia.net.

12 July 2019
Available online 23 July 2019