

Reference:	FOI.5834.21
Subject:	Cancer Associated Thromboembolism (CAT) pathway
Date of Request:	16 April 2021

Requested:

Please can you provide the pathway for oncology patients who have developed thromboembolism.

I believe this pathway is referred to as the cancer associated thromboembolism pathway (CAT). I am after where patients admit, where they are treated and with what medication plus what if any follow ups are in place.

Response:

Hywel Dda University Health Board (UHB) confirms that a draft Cancer Associated Thrombosis (CAT) Policy is currently going through its governance approval process.

Whilst operating in accordance with the Section 45 Freedom of Information Code of Practice, the UHB has a duty to provide advice and assistance. Therefore, the UHB provides the following information, which is relevant to your request :-

Patients can present with CAT in a number of ways, which determines where and how treatment is initiated.

Many patients who do not display symptoms of CAT, are identified incidentally on routine, interval Computerised Tomography (CT) scans, carried out as part of the patient's treatment pathway. Once detected, the UHB's Radiology Departments flag the results for action with the local unit, who subsequently contact the patient to initiate treatment as an outpatient, in the form of low molecular weight heparin. The patients are then referred to the anticoagulation service for ongoing follow-up appointments with the Anticoagulant Nursing Team. Depending on the type of cancer and what, if any, treatment is being received, some patients will be able to switch to an oral anticoagulant.

Other patients may be identified as having CAT symptoms, via reporting from the cancer triage line (a 24/7 helpline for unwell cancer patients), presenting with symptoms at a GP surgery or attendance at an Accident and Emergency (A&E) Department. Diagnosis is confirmed by either performing an ultrasound scan, if a deep vein thrombosis in a limb is suspected or a CT pulmonary angiogram (CTPA), if a pulmonary embolism is suspected.

Once the diagnosis has been confirmed, the patient commences treatment as an inpatient. This will generally entail an initial prescribing of low molecular weight heparin, until referred to the anticoagulant service for follow up, where again, the options for oral anticoagulation will be considered, based on the type of cancer and treatment. If a patient is haemodynamically stable, i.e. their blood pressure, oxygen saturations are all within normal limits and there are no other acute medical reasons for remaining an inpatient, then they can be managed as an outpatient.

Additionally, for any inpatient that develops symptoms of a thromboembolism during a hospital stay, cancer related or not, it is the responsibility of the medical team overseeing the patient's care episode, to notify the Radiology Department, gain a confirmed diagnosis and initiate treatment. Patients are referred to the anticoagulant service on discharge for follow up appointments and the service is also available to provide prescribing advice.

