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Atrial fibrillation plus cancer = a complex case

Authors:
T Dowling¹, G Lee², ¹Guy’s Hospital, Haemostasis and thrombosis - London - United Kingdom of Great Britain & Northern Ireland, ²Kings College London - London - United Kingdom of Great Britain & Northern Ireland,

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Introduction: An 81-year-old man ‘Peter’ was referred for assessment of his newly diagnosed Atrial Fibrillation (AF) to the nurse and pharmacist-led rapid access AF clinic. He has been experiencing TIA-like episodes that are being investigated. His comorbidities are: Stage IV melanoma with cerebellar metastasis, Chronic obstructive pulmonary disease, chronic kidney disease, hypertension, type 2 diabetes (on insulin), iron-deficiency anaemia and benign prostatic hyperplasia. Socially he lives with his wife, is relatively independent and despite his various health issues, he is happy. On assessment, he is notably short of breath and his clinical assessment demonstrates the following: he is obese with BMI 31, BP 166/75 and heart rate 48 bpm. His 12 lead ECG demonstrates slow AF with hemiblock, but he was unaware of any palpitations. He is on a long list of medication for his various conditions, including pembrolizumab infusions for his melanoma.

The problem: Assessment of his risk of stroke using CHA2DS2VASC is calculated at 6 with a stroke risk of 9.7 % per year and his HASBLED score is 2 with major bleed risk is 1.9% per year. Although anticoagulation is clearly warranted to prevent a stroke, Peter’s metastatic cerebellar lesion presents a significant bleeding risk underestimated by HAS-BLED score alone.

Questions: Clinically, this is a difficult case to manage, and providing an accurate risk/benefit is complicated by his specific clinical circumstances. Opinion of the multidisciplinary team was sought to answer pertinent questions, which included haematology, cardiology, oncology and radiology. Cerebellar metastases are known to be a significant bleeding risk, but does this outweigh his high stroke risk? Are there alternatives to anticoagulation that would be viable, such as left atrial appendage occlusion (LAAO)?

Conclusions and implications for clinical practice: This case highlights a complex AF case and highlights that Peter is one of many patients who have AF and are being treated for cancer, which carries a number of implications for treatment decisions. Despite his advanced age and multiple comorbidities, it was important to manage his stroke and bleeding risk and ensure a multi-disciplinary approach is taken and the optimal treatment is offered. The case also highlights the need for specialty consultant review along with strong support networks for non-medically led services, which are commonly found in the setting of AF and anticoagulation.