

Venous Thromboembolism in Breast Surgery Patients

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PERSPECTIVE

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Perspective

The Breast cancer is the most common female cancer worldwide, accounting for 25% of new female cancer cases and being the leading cause of cancer-related mortality (16 percent of all deaths). Cancer in women is associated with a significant burden of venous thromboembolism worldwide (VTE). Despite the low incidence of VTE in localised breast cancer (5 per 1000 person years), the large number of early breast cancers around the world justifies the high number of VTE cases associated with breast cancer (about 14 present of all cancer-associated VTE). The introduction of systematic mammographic screening programmes all over the world, in particular, increased the number of early breast cancer diagnoses, as well as the number of women eligible for surgical treatment, and significantly improved survival after surgery or after exposure to adjuvant treatments.

The link between cancer and VTE has been known for over a century (since 1864), and the acquired thrombophilia state associated with cancer has been thoroughly investigated in numerous studies. In fact, there is a known VTE risk associated with neoplasm surgical treatment, a hazard associated with adjuvant therapies, and an intrinsic VTE risk associated with the possible association between blood hypercoagulability and tumour aggressiveness.

Despite the obvious multiple correlations between VTE and breast cancer, only a few studies have looked into the relationship between breast cancer and VTE or pulmonary embolism (PE) over a long period of time. However, given the ever-increasing number of newly diagnosed breast cancers, it is becoming increasingly important to focus research on the relationship between breast cancer and VTE. Furthermore, both VTE and PE are pathologies that have a significant impact on a patient's quality of life, with long-term consequences or even death in the most severe cases. As a result, accurate knowledge of the subject and the potential risk factors in women undergoing breast cancer treatment is required, including the risk associated with breast surgery alone as opposed to surgical treatment of the neoplastic pathology.

The majority of VTE events after breast surgery occurred during the first five years of follow-up, with invasive breast cancer patients having a significantly higher prevalence. Furthermore, women's age, BMI, chronic hypertension, chronic lung disease, tumour type, stage, comedo-like necrosis, recurrences, adjuvant chemotherapy, and radiation therapy were all significantly associated with VTE events. Furthermore, the presence of VTE had a significant impact on survival in patients with invasive breast cancer.^[1-5]

Despite the known multiple correlations between venous thromboembolism (VTE) and breast cancer, only a few studies have looked at the relationship between the two during long-term follow-up. Given the ever-increasing number of newly diagnosed breast cancers, it is becoming increasingly important to focus research on the relationship between breast cancer and VTE. Furthermore, VTE has a significant negative impact on a patient's quality of life, with long-term consequences or even death in the most severe cases. Thus, the goal of this study is to assess the occurrence and timing of VTE over a long period of time in order to analyse possible correlated factors and overall survival. These findings may have an impact on the medical community by increasing awareness of VTE risk factors. Because the co-existence of invasive breast cancer and VTE has a significant impact on survival, these factors can be useful as prognostic information and eventually target preventive treatment for VTE.

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