# Phlebology

## Response to the letter to the editor: "New data for venous thromboembolism in patients with small cell lung cancer: A review"

Dear Editor,

In the article entitled "New data for venous thromboembolism in patients with small cell lung cancer: A review," we have reviewed 14,169 patients with small cell lung cancer, including 977 patients who had a thromboembolic event.[1] In total, we have found only six studies that met the inclusion criteria and 13,542 patients were reviewed in one of those studies. The other five studies had only a small number of participants (627 patients). Furthermore, these studies could contain more details about the patients in order to make more accurate conclusions about the relationship between small cell lung cancer (SCLC) and venous thromboembolism (VTE). Thus, we concluded that we need more well-designed research in this field in order to improve therapeutic and preventive strategies and to minimize thrombotic events among the SCLC patients.

Concerning the "new data," we would like to comment that in the previous years there have not been any major advancements in the management of patients with SCLC and there were only a few studies that examined the relationship between VTE and SCLC, so the results of our review are the current data of the existing literature.

We have to agree with Kumar Anil that the approach of patients with cancer and VTE needs to be improved based on good quality studies but concerning the cancer of lung we have very well-designed studies for the role of risk factors, the VTE events and their anticoagulation treatment.[2] Given the increased incidence of VTE in patients with cancer, the prevention with anticoagulation should be examined in new studies, enrolling high-risk patients (a paper on prophylactic anticoagulation in cancer patients is completed and it will be published soon with more details).

Moreover, we have to agree with Kumar Anil that there are no current guidelines to use the newer oral anticoagulants in patients with cancer.

In order to detect high-risk patients for each type of cancer, researchers have to use validated tools and data from well-designed studies. As for Khorana score, the new data support that it is not a valuable and predictive score for VTE events in cancer patients and in different type of cancers.[3–6] The combination of Khorana score with other prediction tools (older or more recent) might improve the efficacy of VTE prevention.

Finally, nowadays the personalized treatment of the patient with cancer and its complications should be of high importance for all physicians who care for these patients.

### Declaration of Conflicting Interests

### Funding

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