

decisions for these patients; however, more detailed data regarding these decisions are important. We suggest further analysis of their data, and in particular, more detailed insight into cancer type may be useful. This might help us in developing a cancer-specific risk tool for this important patient population.

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The authors attest they are in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines, including patient consent where appropriate. For more information, visit the [Author Center](#).

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## REPLY: Anticoagulation Challenges in Cancer Patients



We thank Drs. Khan and Ahmad for their interest in our study (1). The authors cite several studies that demonstrate challenges in anticoagulation decision making in cancer patients. Our study was designed to evaluate anticoagulation prescribing patterns based on stroke and bleeding risk and not to evaluate outcomes. However, our data are complementary to other analyses that indicate heterogeneity in bleeding and stroke risk stratified by cancer type. We agree that following our cohort for long-term bleeding and

thromboembolic events would be of significant interest.

In our analyses, we evaluated rates of anticoagulation based on 9 cancer categories: hematologic, gastrointestinal, cutaneous, genitourinary, lung, breast, gynecologic, sarcoma, and other. While performing subgroup analyses of the 24 patients with hematologic malignancies that were prescribed anticoagulation would be interesting, we think that the small number of patients would make interpretation of the results challenging. We did perform multivariable analyses to identify factors independently associated with the prescription of anticoagulation in patients with cancer and atrial fibrillation, and all cancer subtypes were included to control for confounding. However, using a larger dataset of hematologic malignancy patients to evaluate this specific question would be of value. We also agree that a survey of the anticoagulation decision makers in our cohort would be a useful future study and would expand upon the data recently published by Boriani et al. (2), specifically to determine the frequency of cardiology evaluation and to identify any inherent biases that may exist among the various practitioners caring for cancer patients with atrial fibrillation.

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