In Reply: Low-Dose Warfarin Prophylaxis for Catheter-Associated Thrombosis in Cancer Patients. Can It Be Safely Associated with 5-Fluorouracil-Based Chemotherapy?

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I agree with the comments made in the letter by Magagnoli et al. regarding the increased likelihood of an increased International Normalized Ratio (INR) and possible bleeding when low-dose warfarin is used in patients with 5-fluorouracil (5-FU)-based chemotherapy regimens. 5-FU seems to inhibit the metabolism of the more active S-enantiomer of warfarin, decrease its clearance, and thereby enhance the hypoprothrombinemic effect of warfarin [1]. Indeed, in patients on full-dose warfarin who subsequently receive 5-FU, the average warfarin dose to maintain a therapeutic INR declines by nearly half and requires careful weekly monitoring [2]. Similar effects have been noted with capecitabine (Xeloda®; Roche Laboratories, Inc.; Nutley, NJ), the prodrug of 5-FU [3, 4].

It is for reasons such as this, as well as the lack of any demonstrable benefit of low-dose warfarin in clinical trials of catheter prophylaxis, that I personally do not use or recommend low-dose warfarin catheter prophylaxis. For patients with marginal nutrition or impaired hepatic function or who are on 5-FU or capecitabine chemotherapy regimens, I would certainly not recommend low-dose warfarin prophylaxis. However if low-dose prophylaxis is used in those settings, weekly INR monitoring is strongly recommended.

REFERENCES