Direct Oral Anticoagulants (DOACs) versus LMWH +/- Warfarin for VTE in Cancer: A Randomized Effectiveness Trial (CANVAS Trial)

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CANVAS Trial AFT-28
Treating Blood Clots in Cancer Patients

Tip Sheet #3

How to Select a DOAC

If your patient is enrolled to Arm 1 (Intervention Arm, DOAC), here are some tips:

- **Enrolling MDs may choose any DOAC based on availability, coverage, preference, and/or cost**
- **Protocol does NOT stipulate which DOAC to prescribe**
- **Protocol does NOT mandate dose**
- **Prescribing should follow FDA drug label**

Direct Oral Anticoagulants (DOACs)	Rivaroxaban (Xarelto)	Apixaban (Eliquis)	Edoxaban (Savaysa)	Dabigatran (Pradaxa)
Target factor	Xa	Xa	Xa	II (thrombin)
Renal dose modifications				
CrCl > 50 mL/min	15 mg bid x 3w Then: 20 mg qd	10 mg bid x 1w Then: 5 mg bid	60 mg qd	150 mg bid
CrCl 30-49 mL/min	I5 mg bid x 3w Then: 20 mg qd	10 mg bid x 1w Then: 5 mg bid	30 mg qd	150 mg bid
CrCl < 30 mL/min	Avoid	Use with caution 5 mg bid x 1w Then: 2.5 mg bid*	30 mg qd	Avoid
Metabolism	P-gp, CYP3A4	P-gp, CYP3A4	P-gp	P-gp
Liver failure modification	Don't use in moderate to severe	Don't use in moderate to severe	Don't use in moderate to severe	Don't use in moderate to severe
Bleeding risk vs. warfarin	Same/Better	Better	Better	Same; FDA approved reversal agent available
Rivaroxaban and Apixaban: OK to Start VTE therapy without period of initial LMWH or heparin therapy Dabigatran and Edoxaban: Treat VTE with 5 days of LMWH or heparin and then start therapy * Advised off label dose, FDA approved dose is full dose				

If you have questions about selecting a DOAC, please contact CANVAS_coordinator@dfci.harvard.edu or Co-Study Chair Jean Connors, MD, Hematologist, at jconnors@partners.org

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