



# Moving forward for incidental pulmonary embolism in cancer patients

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**Incidental pulmonary embolism in cancer patients remains a challenge. Since its prognosis appears to differ from symptomatic PE, optimal anticoagulation strategies, including distinct anticoagulant dosage and duration, need to be better elucidated.** <https://bit.ly/3qnycpS>

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The association between cancer and venous thromboembolism (VTE) has been well known since the 19th century. It was first described by Bouillaud in 1823 [1] but became widely recognised when Trousseau related his “phlegmatia alba dolens” in 1865 and, tragically, succumbed to the condition he described in 1866 [2]. Since then, the epidemiologic relevance of cancer-associated-thrombosis (CAT) has become quite relevant. It is believed that 20% of cancer patients present, during the evolution of the oncologic disease or its treatment, with an episode of VTE [3]. VTE is the second most common cause of death in cancer patients, after cancer progression [4]. Conversely, 20% of all VTE events are CAT [5] and cancer is the most prevalent cause of death in VTE patients [6]. CAT treatment is also not devoid of complexity and presents a challenge in itself. Cancer patients have a three-fold higher VTE recurrence rate than non-cancer patients, but they also present with a two-fold higher major bleeding rate [7].