

## **BLOOD CLOTS – CANCER PATIENT AWARENESS**

Compiled by Charles (Chuck) Maack – Prostate Cancer Activist/Mentor

**DISCLAIMER:** Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient’s viewpoint, to voluntarily help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make your journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing your prostate cancer care.

Not enough is explained to we prostate cancer patients regarding the possibility of experiencing blood clots that usually begin development in the legs, but then travel up and can cause blockage to the lungs – known as “pulmonary embolism.” This is more common than most are aware, particularly to patients with cancer and even more so with more advanced prostate cancer.

This is reasonably explained below that provides these key messages:

“Blood clots are common in patients with cancer. Many patients are not aware of the risks, symptoms, and signs of a blood clot. The risks for a blood clot are listed below, followed by the signs and symptoms. If you have questions and concerns about the risks and symptoms listed below, it’s important to talk with your doctor.

- Blood clots often occur for many reasons in people with cancer, especially in those with certain types of cancer or cancer that has spread.
- Blood clots can be prevented and treated with medication.
- Talk with your doctor about your risk of developing a blood clot and the steps you can take to prevent one.”

Please take the IMPORTANT time to review: <http://tinyurl.com/hmoc2qu>

I have experienced two episodes of double pulmonary embolism to both lungs simultaneously that I have concluded were the result of androgen deprivation medications. The first time was when returning to ADT meds after being off all but Avodart for two months short of six years, and the addition of Casodex at 50mg along with Lupron was not stemming PSA elevation, we upped my Casodex to 150mg. Shortly thereafter I thought someone had hit me in the chest with a baseball bat. I was in the garage and was able to stumble into the house where my daughter immediately called 911. I didn't know what was wrong but I could only gasp. I didn't know if I was experiencing a heart attack or stroke or what. EMT got oxygen mask on that didn't provide much help and they got me to the ER where an X-ray found both lungs had large clots with little ones behind forming the blockage but permitting just enough air that with infusion of Heparin reduced the clot sizes as well as the significant pain over the next 24 hours. Spent two days in the ICU then another 4 days in the Cardio ward on Heparin and warfarin before they stabilized my INR in appropriate range before being released. Two years later I experienced a rupture of likely a diverticulitis nodule with massive rectal bleeding that took me back to the ER and the blood stemmed with infusion of Vitamin K over another several days. I was then offered the opportunity of a filter installed in a blood vein in the groin area that was to prevent blood clots to travel up to the lungs and warfarin then not necessary, or back to warfarin. Well, I opted for the filter installation. Yet, two years later when coming down the stairs I found I had a hard time breathing but passed it off as just a onetime occurrence. But the next day, once again I really had a hard time breathing by the time I descended the stairs. I was driving my granddaughter to school every morning, and when her mother/my daughter came down I told her I was going to drive Shelby the 9 miles to school, then would return and go to the ER. Again, my daughter had presence of mind to tell me "NO WAY, I'M TAKING YOU TO THE ER RIGHT NOW!" Well, as you can guess by now, both lungs were again being blocked by blood clots, but not to the extent of blockage four years earlier, and back to Heparin infusion. Another two days in the ICU and another 4 days in the Cardio ward before my INR once again stabilized so I could return home, but this time with warfarin "forevermore." Doctor explained that though the filter is helpful, blood clots broken up by the filter can sometimes join back together above the filter and thus again block air to the lungs. This doctor advised to never stop warfarin since if the clots bunched up before branching off to the lungs that would be certain death. He said that with my experiencing double pulmonary embolism to both

lungs simultaneously I was exceptionally fortunate since more often than not the patient doesn't survive. I definitely prefer warfarin/Coumadin to Pradaxa (dabigatran), Xarelto (rivaroxaban) and Eliquis (apixiban). There have been no comparative trials among these newer anticoagulant medications. All of them have similar or slightly less bleeding risk than the older drug Coumadin (warfarin), **But importantly, if there is a serious bleed on one of these, there is no way to stop it** – as opposed to warfarin, which has a treatment in the case of excess bleeding.

Up until my first experience with pulmonary embolism, I was never explained the likelihood of a blood clot possibly developing in my system. I had heard of “Deep Vein Thrombosis/DVT, but never had any expectation this was going to occur to me.

**THUS MY ENCOURGEMENT THAT YOU BE AWARE OF THIS POSSIBILITY, DO SOME RESEARCH TO BETTER UNDERSTAND HOW THIS MIGHT OCCUR, DISCUSS WITH YOUR TREATING PHYSICIAN(S), AND LOOK TO MEASURES OF PREVENTION**