CANCAS Trial (AFT-28)
DOACS versus LMWH +/- Warfarin for VTE in Cancer: A Randomized Effectiveness Trial
Co-Chairs: Jean Connors MD & Deborah Schrag MD MPH
Dana-Farber Cancer Institute, Boston, MA

- Cancer patients are at risk for VTE (venous thromboembolism).
- Anticoagulation therapy is necessary to prevent recurrent VTE.
- Current practice patterns are a hybrid use of LMWH +/- warfarin.
- Recently, the FDA has approved 4 Direct Oral Anticoagulants (DOACs) for VTE based on efficacy trials showing noninferiority to warfarin.
- Given the myriad exclusion criteria present in efficacy trials, more evidence is needed to inform the

**Effectiveness of DOACs in cancer**

**Aim 1:** To compare the **effectiveness** of anticoagulation with a DOAC (intervention) with LMWH/warfarin (comparator) for preventing VTE recurrence in patients with cancer.

**Aim 2:** To compare the **harms** of DOAC vs. LMWH/warfarin therapy for cancer patients with VTE based on the cumulative rate of major bleeding at 6 months.

**Aim 3:** To compare the impact of DOAC vs. LMWH/warfarin therapy on the **experience and burden** of anticoagulation therapy for cancer patients with VTE.

**Aim 4:** To compare the impact of DOAC vs. LMWH/warfarin therapy on **mortality** in cancer patients with VTE.
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Enroll eligible participant within 30 days of VTE

Arm 1: Intervention (DOAC)
MD and patient choose:
- Rivaroxaban
- Apixaban
- Edoxaban
- Dabigatran

Arm 2: Usual Care (LMWH +/- Warfarin)
MD and patient choose:
- Dalteparin
- Enoxaparin
- Fondaparinux
- Warfarin

Study-wide accrual goal: 890
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Index VTE Diagnosis
Enroll/Randomize
(≤ 30 days after index VTE diagnosis)

Begin Protocol Treatment
(≤ 14 days after enrollment)

Administer Protocol Treatment

Off-Study
(6-months after study enrollment)

Off-study; physician and patient decide whether to continue anticoagulation therapy
Inclusion

- **Cancer Diagnosis**
  - Diagnosis of an *advanced* solid tumor, lymphoma, chronic lymphocytic leukemia (CLL), or myeloma (no time restrictions or limitations) — OR — diagnosis of *early* stage solid tumor cancer, lymphoma, chronic lymphocytic leukemia (CLL), or myeloma ≤ 12 months prior to study enrollment.

- **VTE within 30 days**
  - Diagnosis may be made based on physical exam or imaging studies. Participants with both symptomatic and asymptomatic VTEs are eligible.
  - Any anticoagulation drug/strategy may be used to treat the index VTE; protocol treatment will begin < 14 days after enrollment.
  - Intend anticoagulation therapy for ≥ 3 mo.

- Age ≥ 21 years.
- Platelet > 50,000/mm³
- CrCl > 15 ml/min

Exclusion

- Acute leukemia
- Past, present, or future alloHSCT
- Present or future autoHSCT
- Significant bleeding
- Ongoing P-gp inhibitor or azole antifungals
- Pregnant/nursing

1° Cumulative VTE recurrence at 6 months
2° Cumulative rates major bleeding at 6 months
2° Survival at 6 months
2° Overall HR-QOL & Anti-Clot Therapy Scale (ACTS) at 3 and 6 months

Low Burden Study

**Investigator Role**
- Confirm eligibility
- Consent participant
- Prescribe anticoagulation therapy
- Report SAEs, only if they occur

**CRA Role**
- Register & randomize participant
- Administer baseline questionnaire
- Treatment Update Form at 2-weeks
- Medical Record Abstraction at 6-months

**Participant Role**
- Baseline questionnaire
- 3-month follow up questionnaire
- 6-month follow up questionnaire
- Drug diary
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To learn more or to open this trial at your site, e-mail:

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