Venous thromboembolic disease (VTE) is a frequent complication in cancer patients, and represent an important cause of morbidity and mortality. Several studies have recently shown that the presence of malignancy increases the risk of thrombosis to four to six times than in the general population and that the survival of patients with both cancer and VTE is less than that of patients with cancer or VTE alone.

The optimal treatment of VTE in patients with malignancy is thus a problem of paramount clinical importance, and differs from the treatment of VTE in the general population for a number of issues. Firstly, there is convincing evidence that demonstrates how antithrombotic treatment is less effective and less safe in such patients than in patients without cancer, since the higher incidence of recurrences and haemorrhagic complications. It is also important to note that in cancer patients the optimal antithrombotic treatment should provide a good quality of life, which is often already compromised, particularly when the cancer is advanced. Moreover, there are still a number of uncertainties about some particular aspects of antithrombotic treatment in cancer patients; for example, the optimum duration of pharmacological treatment, the management of thrombosis related to the use of central venous catheters or of VTE recurrences, the possible role of vena cava filters or of the new antithrombotic drugs. Finally, VTE treatment is particularly problematic in oncohaematological patients, especially on account of the high risk of haemorrhage caused primarily by prolonged and often severe thrombocytopenia. Unfortunately, the efficacy and safety of the various treatment methods in this category of patients are not supported by adequate evidence in different contexts, and there are considerable differences in approach in clinical practice.