

Table 2. Characteristics of includes studies – Maligniteit geassocieerde trombose

Study	Participants	Comparison	Follow-up for primary outcome	Outcome measures	Comments	Risk of bias (per outcome measure)*
Young, 2018 (SELECT-D)	<p>N=406</p> <p>Intervention: 203</p> <p>Median age: 67 (22-87) years</p> <p>Male sex: 116 (57%)</p> <p>Metastatic disease: 58%</p> <p>Control: 203</p> <p>Median age: 67 (34-87) years</p> <p>Male sex: 98 (48%)</p> <p>Metastatic disease: 58%</p>	<p>Rivaroxaban (15 mg twice daily for 3 weeks followed by 20 mg once daily) vs. Dalteparin (200 IU/kg once daily for 1 month followed by 150 IU/kg once daily)</p>	6 months	<p>Primary: Recurrent VTE</p> <p>Secondary: Major bleeding and CRNMB</p>	<p>Pilot trial; open-label; industry-funded;</p> <p>Inclusion of esophagus or gastroesophageal junction tumors was stopped halfway due to high bleeding incidences</p>	Some concerns (all outcomes)
Raskob, 2018 (Hokusai VTE Cancer)	<p>N=1050 (analyzed = 1046)</p>	<p>Edoxaban (60 mg once daily after at least 5 days LMWH) vs. Dalteparin (200 IU/kg once daily for 1 month followed by 150 IU/kg once daily)</p>	12 months	<p>Primary: Composite of recurrent VTE or major bleeding</p>	Open-label; industry-funded	High risk of bias (all outcomes)

	<p>Intervention: 522</p> <p>Mean age: 64.3 (11.)</p> <p>Male sex: 277 (53.1%)</p> <p>Metastatic disease: 52.5%</p> <p>Control: 524 Mean age: 63.7 (11.7)</p> <p>Male sex: 263 (50.2%)</p> <p>Metastatic disease: 53.4%</p>			<p>Secondary:</p> <p>Recurrent VTE</p> <p>CRNMB</p> <p>Major or CRNMB</p> <p>Mortality</p> <p>Event-free survival</p>		
<p>McBane, 2020 (ADAM VTE)</p>	<p>N=300 (treated = 187)</p> <p>Intervention: 145</p> <p>Mean age: 64.4 (11.3) years</p> <p>Male sex: 72 (48%)</p> <p>Metastatic disease: 65.3%</p>	<p>Apixaban (10 mg twice daily for 7 days followed by 5 mg twice daily) vs. Dalteparin (200 IU/kg once daily for 1 month followed by 150 IU/kg once daily)</p>	<p>6 months</p>	<p>Primary: Major bleeding</p> <p>Secondary: Recurrent VTE or arterial thromboembolism CRNMB</p> <p>Major plus CRNMB Mortality</p>	<p>Open-label; small trial; industry- funded</p>	<p>Low risk of bias (all outcomes)</p>

Table 2. Characteristics of included studies – Maligniteit geassocieerde trombose
Richtlijn Antitrombotisch beleid 2026

	Control: 142 Mean age: 64 (10.8) years Male sex: 73 (48.7%) Metastatic disease: 66%					
Agnelli, 2020 (CARAVAGGIO)	N=1155 Intervention: 576 Mean age: 67.2 (11.3) years Male sex: 292 (50.7%) Metastatic disease: 67.5% Control: 579 Mean age: 67.2 (10.9) years Male sex: 276 (47.7%) Metastatic disease: 68.4%	Apixaban (10 mg twice daily for 7 days followed by 5 mg twice daily) vs. Dalteparin (200 IU/kg once daily for 1 month followed by 150 IU/kg once daily)	6 months	Primary: Recurrent VTE Principal safety: Major bleeding Secondary: Recurrent VTE or major bleeding CRNMB Major bleeding or CRNMB Mortality Event-free survival	Open-label; noninferiority trial; partially industry-funded	Low risk of bias (all outcomes)
Planquette, 2022 (CASTA-DIVA)	N=158	Rivaroxaban (15 mg twice daily for 3 weeks followed by 20 mg once daily)	3 months	Primary: Recurrent VTE	Noninferiority criteria not met due to small sample	Low risk of bias (all outcomes)

	<p>Intervention: 74 Mean age: 68.6 (62.9-77.8) years Male sex: 37 (50%) Metastatic disease: 76.8%</p> <p>Control: 84 Mean age: 70.7 (62.7-78.7) years Male sex: 40 (47.6%) Metastatic disease: 75.6%</p>	<p>vs. Dalteparin (200 IU/kg once daily for 1 month followed by 150 IU/kg once daily)</p>		<p>Secondary: Major bleeding CRNMB Composite of major bleeding or CRNMB Mortality Symptomatic recurrent PE or DVT</p>		
Schrag, 2023 (CANVAS)	<p>N=671 Intervention: 335 Median age: 64 (56-70) years Male sex: 149 (45%) Metastatic disease: 70%</p>	<p>DOAC (rivaroxaban (N=122; 37.0%), apixaban (N=193; 58.5%), dabigatran (N=9; 2.7%) or edoxaban (N=6; 1.8%), per physician's choice) vs. LMWH (enoxaparin (N=277; 89.9%), fondaparinux (N=23; 7.5%), or dalteparin (N=8; 2.6%))</p>	6 months	<p>Primary: Recurrent nonfatal VTE Secondary: Bleeding: Major bleeding, CRNMB, or minor bleeding Mortality</p>	Open-label; noninferiority trial; partially third party-funded	Low risk of bias (all outcomes)

	Control: 336 Median age: 62 (54-68) years Male sex: 111 (36%) Metastatic disease: 68%					
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**For further details, see risk of bias table in the appendix*