

Management of patients with an atrial fibrillation (AF), a cancer, and stroke.

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With an aging of a population, patients with cancer, stroke or AF are further expected to be increasing, recently, we often encounter the patients who coexists all of them. According to a large epidemiological study of newly diagnosed cancer, the prevalence of AF at baseline was 2.4% (baseline AF), whereas AF developed in another 1.8% of patients after the diagnosis of cancer (new-onset AF). Moreover, new-onset AF was associated with a 2-fold risk of thromboembolism and a 6-fold risk of heart failure. The occurrence of AF in cancer seems to be related to not only comorbid states, but also a direct tumor effect, chemotherapy, the invasively examination or surgery. Although the underlying mechanisms of AF induction in cancer patients are still poorly understood, in a leading cause of death in patients with cancer, thrombosis is associated with higher mortality risk. Recently, the efficacy and safety of DOACs have been established in primary and secondary prevention for the stroke patient with AF, considering an aging society, it is urgent issue to show them for a stroke patient with AF and cancer. Treatment of AF in cancer patients is a challenge, because cancer is itself a prothrombotic state, thus further increasing the risk of thromboembolic events and at same time malignancies increase risks of hemorrhage. In complicated underlying factors, the response to anticoagulation might be unable to predict owing to the concomitant medication or metabolic disorders associated with cancer. Thus, it is necessary to cooperate with oncologist, cardiologist and then stroke doctors.