

Table X: Management of recurrent VTE

Clinical scenario	Management
Subtherapeutic anticoagulation	If on VKA, transition to therapeutic INR with parenteral agent, consider higher INR target (2.3-3.5) Consider LMWH or fondaparinux
Therapeutic anticoagulation	If on VKA, switch to LMWH or fondaparinux; if on parenteral agent consider dose escalation or alternative parenteral agent
Anatomic vascular compression (nodal, tumor masses, etc.)	Reduce/relieve vascular compression, reinstitute anticoagulation
Trousseau's syndrome	Switch to UFH or LMWH
Heparin-induced thrombocytopenia	Eliminate heparin, start direct thrombin inhibitor
Antiphospholipid syndrome	Increase INR target or switch to alternative anticoagulant (e.g., LMWH)

Adapted from [Streiff MB](#). Anticoagulation in the management of venous thromboembolism in the cancer patient. *J Thromb Thrombolysis*. 2011 Apr;31(3):282-94. Review. PMID: 21331559 [PubMed - indexed for MEDLINE]