



Female reproductive health- What the classical haematologist needs to know

Background: An estimated 50% or more patients established with hematology are female, yet reproductive health education is frequently excluded from hematology training. This review summarizes key reproductive health considerations across the lifespan for patients with hematologic disorders, including menarche, pregnancy, menopause, and gender-affirming care.

- **Heavy menstrual bleeding:** Occurs in more than 2/3 of patients on anticoagulation (AC). Consider using tranexamic acid or switching to a direct thrombin inhibitor.
- **Gender affirming hormone therapy:** Oral estrogen increases the risk of VTE. Strategies include starting AC, using transdermal estrogen, and managing modifiable risk factors in patients with a history of VTE.
- **Pregnancy:** Requires continuous monitoring and management as physiological changes begin after conception and may continue for months to years post-partum.
- **Menopause:** Hormone therapy often declined due to concerns about stroke, VTE, and coronary heart disease risks. Consider using vaginal or transdermal estrogen.

Rapid Takeaway: This review highlights an often-underrecognized aspect of hematologic management: addressing female reproductive health concerns as part of comprehensive patient care. A proactive assessment and management of bleeding and VTE risks and individualized counseling regarding hormone therapy are essential to optimize safety and quality of life.

For more on this topic, view these [ACF Clinical Guidance on AC Use in Menstruating People](#) [Lancet Haematology. 2026;13\(7\):e494-e502.](#) and [Peripartum VTE Prophylaxis](#).

Antidotes For Anticoagulation Reversal

Background: Anticoagulant use continues to rise, making prompt reversal strategies important for life-threatening bleeding and urgent procedures. This review summarizes currently available reversal agents, practical considerations for their use, ongoing evidence gaps surrounding DOAC reversal, and review of reversal agents in development.

Summary of Recommendations:

- **Heparins:** Protamine is the specific antidote for UFH, though appropriate dosing and monitoring requires further studies. Protamine is less effective for LMWH and is ineffective for fondaparinux and danaparoid.
- **VKAs:** 4-Factor Prothrombin Complex Concentrates (4F-PCC) achieve faster INR correction than 3-Factor Products and Fresh Frozen Plasma. The safety and efficacy of fixed vs. standard doses of 4F-PCC remain uncertain. Vitamin K is not an emergency medication.
- **Dabigatran:** Idarucizumab provides specific, rapid, and nearly complete reversal.
- **DOACs:** Andexanet is withdrawn from the US market due to concerns of early thrombosis risk and is not approved for perioperative use. Off-label use of 4F-PCC provides bleeding reversal; however, comparisons between products are lacking.

Rapid Takeaway: The authors emphasize that timely reversal, prompt bleeding source control, and early resumption of AC when appropriate are important components of optimal patient care.

For more on this topic, view this [ACF Antithrombotic Clinical Guidance on DOAC Reversal](#). [N Engl J Med. 2026;394:2235-2254.](#)

Direct Oral Anticoagulants, COX-2-Selective NSAIDs, and Gastrointestinal Bleeding in Atrial Fibrillation

Background: Nonsteroidal anti-inflammatory drugs (NSAIDs) are known to increase the risk of gastrointestinal (GI) bleeding, which is of particular concern in patients on anticoagulants, such as direct oral anticoagulants (DOACs) for atrial fibrillation (AF). NSAIDs which are selective for cyclooxygenase 2 (COX-2) have a lower risk of GI bleeding than nonselective NSAIDs in patients who are not on anticoagulation. It is unclear if there is similarly a reduction in GI bleeding in patients on DOACs for AF when treated with COX-2 selective NSAIDs compared to nonselective NSAIDs.

Design: Multinational, retrospective cohort study of adults (10 years, n=30,320; 37,833 episodes) with nonvalvular (NVA) receiving DOAC therapy who were prescribed either a COX-2 selective (45.2%) or nonselective NSAID (54.8%). The primary outcome was gastrointestinal (GI) bleeding, defined as requiring hospitalization.

Results: Primary Outcome (see chart): COX-2 selective NSAIDs were associated with a lower risk of GI bleeding than nonselective NSAIDs in patients receiving DOAC therapy.

Outcome	DOAC + COX-2 Selective NSAID	DOAC + Non-selective NSAID	Effect Estimate
GI bleeding	Lower risk	Higher Risk	HR 0.63 (95% CI 0.46 – 0.87)
Non-GI bleeding			HR 0.54 (95% CI 0.40 – 0.74)

Rapid Takeaway: When NSAID therapy is unavoidable in patients receiving DOACs, these findings support preferential use of a COX-2 selective NSAID over a nonselective NSAID to mitigate GI bleeding risk. The observational study does not establish safety nor identify effects on cardiac and stroke risk. Utilizing shared decision-making, consider non-pharmacologic pain management strategies, using NSAIDs for the shortest period possible, and considering and mitigating risk factors as possible (e.g., bleeding, CV, etc.).

[JAMA Network Open. 2026;9\(5\):e2613941.](#)

Global perspectives on the core elements of Antithrombotic Stewardship in hospital

Background: Antithrombotic stewardship (ATS) has demonstrated benefits of minimizing AC-related harm. This study aimed to identify components of successful ATS programs and to describe quality indicators used to monitor performance.

Results: Sixteen clinicians working in hospital-based ATS services across six countries participated in semi-structured interviews. Clinicians included 14 pharmacists (88%), 1 nurse (6%), and 1 medical officer (6%). The most common health institution types were government-funded (81%, n = 13) and academic (88%, n = 14).

Core elements to a successful ATS services:

- **Organization:** dedicated funding of ATS positions and multidisciplinary teams.
- **Individuals:** Subject-matter experts committed, despite obstacles.
- **Tasks, Tools, Technology:** Utilizing real-time, electronic population-health dashboards to ensure ongoing ATS service improvements, including staff education and establishing local guidelines and protocols.
- **Environment:** Allowing remote work while balancing visible presence to expand awareness of the availability of ATS services.
- **Outcome measures:** Included thrombotic and bleeding events, rates of hospital-acquired VTE, critically high INR levels, hospital readmissions, and antithrombotic-related incident reports.

Rapid Takeaway: As anticoagulant and antithrombotic therapies become increasingly complex, stewardship programs provide a framework to optimize medication use and improve patient outcomes. Future development of standardized, international-level quality indicators for ATS could provide the necessary evidence to further improve the implementation of ATS programs.

[Thrombosis Research. 2026;262:109719.](#)

Anticoagulation Services as a Model for Cardiovascular Medication Stewardship

Background: Perspective piece discussing the role of anticoagulation services as a model for cardiovascular medication stewardship and highlighting opportunities to improve anticoagulant-related care delivery utilizing EHR dashboards. The authors propose that anticoagulation stewardship programs can serve as a framework for optimizing medication use through evidence-based protocols, interdisciplinary collaboration, and data-driven quality improvement.

Rapid Takeaway: As the population of chronic, multi-condition patients outgrow the available clinicians, the ability to realistically manage all patients needing care becomes increasingly complex and time consuming. Stewardship models can extend beyond traditional monitoring by identifying care needed via dashboards to include appropriate population-based cardiovascular care beyond just anticoagulation to reduce care task burden, increase quality of care, and expand access for the growing population. This perspective highlights the potential of expanding the concept that anticoagulation stewardship has consistently demonstrated as imperative and successful. The authors propose with enhanced use of EHRs, a multidisciplinary team collaboration, and pharmacists leading the effort, a broader scope of stewardship can improve safety and quality across common comorbidities beyond just anticoagulant management.

[Circulation. 2026;153\(21\):1603-1605.](#)

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