Venous thromboembolism (VTE) encompasses both deep vein thrombosis (DVT) and pulmonary embolism (PE) and affects as many as 60,000 Canadians and 1 in 1,000 Americans per year (Heit, Cohen, & Anderson, 2005). DVT occurs when a blood clot forms in the deep veins, most often in the lower limbs, whereas PE is the result of a DVT migrating to the lungs, which can be fatal. DVT also can lead to post-thrombotic syndrome (PTS) in about 50% of patients (Kahn & Ginsberg, 2002). PTS is characterized by chronic burdensome symptoms, including leg swelling and pain, and can lead to venous ulceration in severe cases (Kahn & Ginsberg, 2002).

VTE is one of the most common and costly complications of cancer (Geerts et al., 2008) and patients with cancer are at a four- to sixfold increased risk of developing VTE when compared to age- and sex-matched controls without cancer (Cunningham, White, & O’Donnell, 2006). As many as 50% of all patients with cancer with extensive disease will have VTE (symptomatic or not) observed by imaging procedures (Johnson, Walker, Sproule, & Conkie, 1999). In addition, the diagnosis of VTE in patients with cancer is associated with poor outcomes (Geerts et al., 2008). PE remains a leading cause of death in patients with cancer, and the probability of death for those who develop thromboembolic complications is twice as great as patients with other afflictions (Dolan & Fitch, 2007). Despite the serious nature of the medical threat posed by VTE on this population, until now, no published qualitative research has addressed patients’ experiences of VTE while coping with cancer.