Despite evidence that Black patients with cancer experience higher rates of venous thromboembolism (VTE) compared to White patients, Black patients are not at an increased risk for VTE within 30 days after major oncologic resection, suggesting that perioperative VTE prophylaxis protocols should be applied independent of patient race.

**AIM** To determine whether Black patients undergoing major oncologic resection experience increased rates of postoperative VTE.

**METHODS**

ACS-NSQIP database identified patients undergoing major GI resection then identified patients with GI cancer diagnosis.

Race was abstracted from EHR and defined as White, Black or Other. MVR was performed to evaluate association of Race with developing VTE.

Primary outcome variable was VTE within 30 days following surgery.

There is no difference in odds of VTE among Black relative to White patients (OR 1.08; 95%CI 0.93-1.26).

- **Black Patients**
  - Older
  - More often smokers
  - Higher rate of obesity
  - Higher rate of diabetes

- **Black Patients >75 yo**
  - Rates of VTE were >50% higher than White Patients
  - OR 1.54, 95%CI 1.17-2.03