

Cancer patients with blood clots gain no benefit from adding IVCF to fondaparinux

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Cancer patients with blood clots -- which occur in one of every 200 cancer patients and are the second most common cause of death among cancer patients -- gain no benefit from the insertion of an inferior vena cava filter (IVCF) to the anticoagulant medication fondaparinux (Arixtra), according to research presented today at the 14th World Conference on Lung Cancer, hosted by the International Association for the Study of Lung Cancer.

"This is the first prospective study to evaluate the treatment of venous thromboembolism (VTE) or blood clots in [cancer patients](#) and is a potentially practice-changing clinical trial," said principal investigator Dr. Myra Barginear, M.D., of The North Shore-LIJ Health System in New York, U.S.A.

The inferior vena cava is a large blood vessel in the abdomen that carries blood from the lower parts of the body back to the heart. A thin-mesh IVC filter can be placed in the inferior vena cava to prevent [blood clots](#), or VTEs, from reaching the heart.

In the study, sixty-four patients with [deep venous thrombosis](#) (86%) and/or pulmonary embolism (55%) received fondaparinux. About half of patients received only fondaparinux, while the other half received fondaparinux in conjunction with an IVCF.

The median survival for patients receiving only fondaparinux was 493 days, compared with 266 days for patients on fondaparinux plus an IVCF. Meanwhile, a median 52% of patients on fondaparinux alone

experienced a complete resolution of VTEs, compared with 45% of patients on fondaparinux plus IVCB.

The study suggests that there is no benefit from costly and invasive IVCB placement in patients who are receiving fondaparinux. The results also support future [randomized trials](#) to compare VTE resolution rates achieved with fondaparinux with low molecular weight heparin, another class of [anticoagulant medication](#).

Provided by International Association for the Study of Lung Cancer

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