

ASCO: anticoagulant use predicts metastatic prostate CA survival

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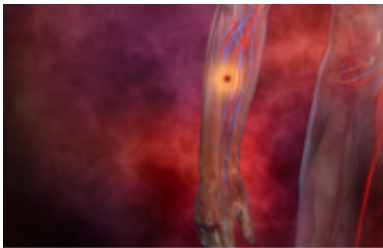


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Anticoagulant use is associated with improved overall survival in men receiving docetaxel chemotherapy for treatment of metastatic castration-resistant prostate cancer, according to research presented at the American Society of Clinical Oncology's annual Genitourinary Cancers Symposium, held from Feb. 14 to 16 in Orlando, Fla.

(HealthDay)—Anticoagulant use is associated with improved overall survival in men receiving docetaxel chemotherapy for treatment of metastatic castration-resistant prostate cancer (mCRPC), according to research presented at the American Society of Clinical Oncology's annual Genitourinary Cancers Symposium, held from Feb. 14 to 16 in Orlando, Fla.

Caroline F. Pratz, M.S.N., of the Johns Hopkins Sidney Kimmel Comprehensive Cancer Center in Baltimore, and colleagues retrospectively reviewed the records of 247 consecutive mCRPC patients who received first-line [docetaxel](#) chemotherapy (Jan. 1, 1998, to

Jan. 1, 2010). The authors sought to ascertain information on anticoagulant use.

The researchers found that 29 of the 247 men (11.7 percent) received anticoagulation therapy (low-molecular-weight [LMW] heparin, 17; warfarin, 12). [Anticoagulation therapy](#) was indicated for [deep venous thrombosis](#) (DVT) in 15 of the 247 men, pulmonary embolism (PE) in nine, and both DVT and PE in five. Anticoagulant use was associated with significantly improved overall survival (any anticoagulant HR, 0.61; $P = 0.024$; LMW heparin HR, 0.58; $P = 0.048$; warfarin HR, 0.82; $P = 0.23$). For use of any anticoagulant, median overall survival was 20.9 months, compared to 17.1 months without an anticoagulant. After adjusting for other prognostic factors, anticoagulant use remained a significant predictor of overall survival.

"If validated, these data may provide the impetus to explore the antitumor potential of anticoagulants in prospective clinical trials," the authors write.

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