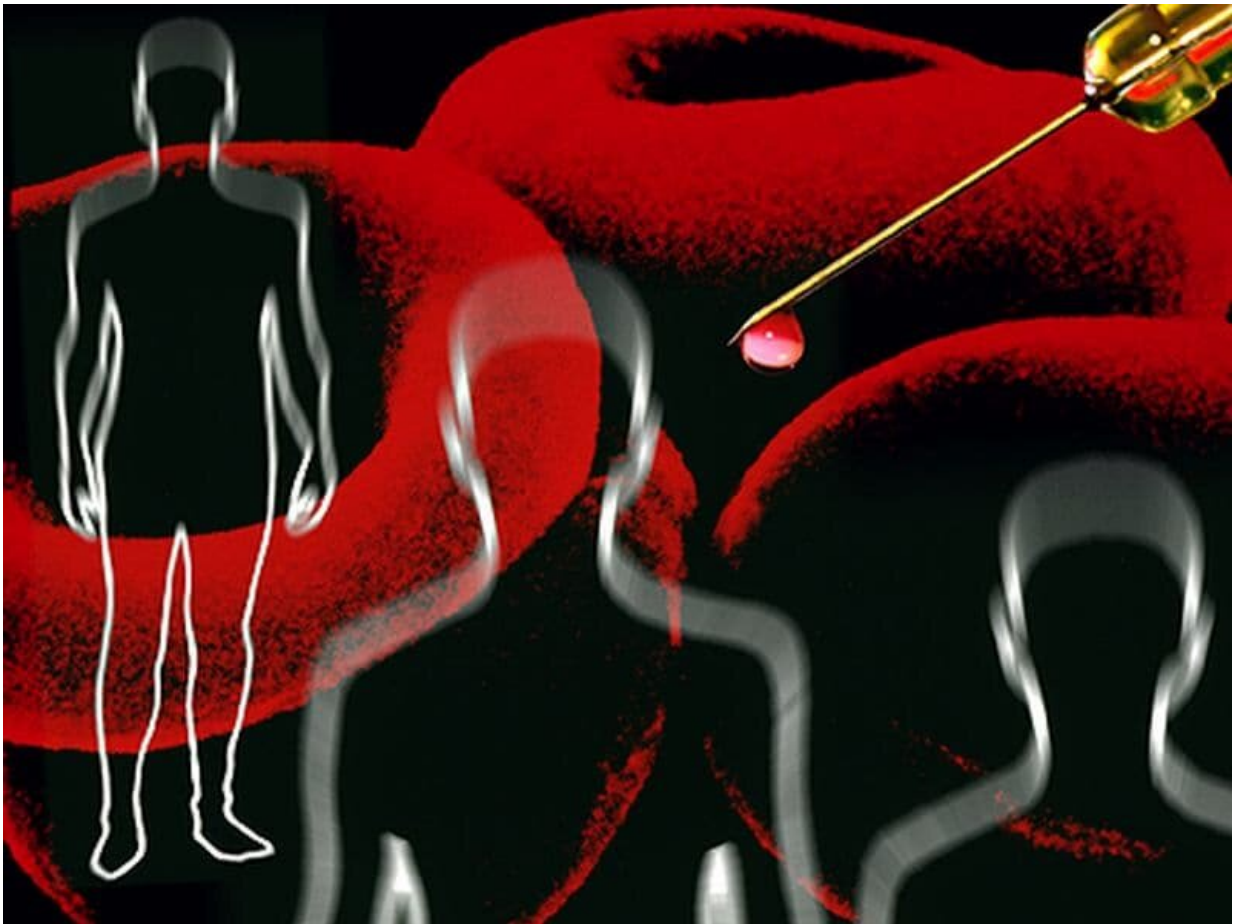


New score predicts risk for VTE in those with multiple myeloma

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(HealthDay)—A new risk prediction score outperforms current

guidelines for predicting venous thromboembolism (VTE) in multiple myeloma (MM), according to a study published online Aug. 4 in the *American Journal of Hematology*.

Kristen M. Sanfilippo, M.D., M.P.H.S., from Veterans Administration St. Louis Health Care System, and colleagues sought to develop and validate a risk prediction score for VTE in MM and assess the performance of the current International Myeloma Working Group (IMWG)/National Comprehensive Cancer Network (NCCN) guidelines. A [risk score](#) was developed using 4,446 patients within the Veterans Administration Central Cancer Registry with newly diagnosed MM starting chemotherapy. The score was validated among 4,256 patients from the Surveillance, Epidemiology, End Results-Medicare database.

The researchers combined independent predictors of VTE to develop the IMPEDE VTE score, including immunomodulatory agent; body mass index ≥ 25 kg/m²; pelvic, hip, or femur fracture; erythropoietin stimulating agent; dexamethasone/doxorubicin; Asian ethnicity/race; VTE history; tunneled line/central venous catheter; and existing thromboprophylaxis). The derivation cohort had satisfactory discrimination for the score (C-statistic, 0.66). As the score increased, the risk for VTE increased significantly (hazard ratio, 1.20). IMPEDE VTE had a C-statistic of 0.64 within the external validation cohort. The C-statistic was 0.55 for performance of the IMWG/NCCN guidelines.

"These data suggest that the IMPEDE VTE score could replace the risk stratification within the current guidelines for identification of patients with MM at high risk of VTE," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

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