

# Review supports LMWH for cancer-linked incidental PE

29 October 2015



"These results support the current recommendation to anticoagulate cancer-associated IPE with LMWH and argue against different management of subsegmental IPE," the authors write.

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(HealthDay)—Cancer-associated incidental pulmonary embolism (IPE) should be treated with low molecular weight heparins (LMWHs), according to a review published online Oct. 15 in the *Journal of Thrombosis and Haemostasis*.

Tom van der Hulle, M.D., from Leiden University Medical Center in the Netherlands, and colleagues conducted a systematic literature review on cancer-associated IPE management. They pooled data on incidence rates of symptomatic recurrent VTE, major hemorrhage, and mortality during a six-month follow-up of 926 cancer [patients](#) with IPE from 11 cohorts.

The researchers found that the weighted pooled six-month risks were 5.8, 4.7, and 37 percent for recurrent VTE, major hemorrhage, and mortality, respectively. The risk of VTE recurrence was comparable under LMWHs and vitamin-K antagonists (VKAs) (6.2 versus 6.4 percent; hazard ratio [HR], 0.9; 95 percent confidence interval [CI], 0.3 to 3.1), compared with 12 percent in untreated patients (HR, 2.6; 95 percent CI, 0.91 to 7.3). Major hemorrhage risk was higher under VKA than LMWH (13 versus 3.9 percent; HR, 3.9; 95 percent CI, 1.6 to 10). In patients with subsegmental IPE and those with a more proximally localized IPE, the VTE recurrence risk was comparable (HR, 1.1; 95 percent CI, 0.50 to 2.4).

APA citation: Review supports LMWH for cancer-linked incidental PE (2015, October 29) retrieved 3 December 2021 from <https://medicalxpress.com/news/2015-10-lmwh-cancer-linked-incidenta-pe.html>

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