

# Anticoagulation in glioblastoma

Le Rhun et al., from University of Lille, France; Zurich, Brussels, Belgium. Lausanne, Switzerland. CHU Timone, Marseille, France. University of Alabama at Birmingham, USA. Los Angeles, USA. Dana-Farber Cancer Research Institute, Boston, USA. University Hospital Heidelberg and German Cancer Heidelberg, Germany assessed survival associations of [anticoagulant](#) use from baseline up to the start of [temozolomide chemoradiotherapy](#) (TMZ/RT) (period I) and from there to the start of maintenance TMZ chemotherapy (period II) by pooling data of three randomised clinical trials in newly diagnosed [glioblastoma](#) including 1273 patients. [Progression free survival](#) (PFS) and [overall survival](#) (OS) were compared between patients with anticoagulant use versus no use; therapeutic versus prophylactic versus no use; different durations of anticoagulant use versus no use; anticoagulant use versus use of anti-platelet agents versus neither anticoagulant nor anti-platelet agent use. Cox regression models were stratified by trial and adjusted for baseline prognostic factors.

Anticoagulant use was documented in 75 patients (5.9%) in period I and in 104 patients (10.2%) in period II. Anticoagulant use during period II, but not period I, was associated with inferior OS than no use on multivariate analysis ( $p = 0.001$ , hazard ratio [HR] = 1.52, 95% confidence interval [CI]: 1.18-1.95). No decrease in OS became apparent when only patients with prophylactic anticoagulant use were considered. No survival association was established for anti-platelet agent use.

Anticoagulant use was not associated with improved [OS](#). Anticoagulants may not exert relevant anti-tumour properties in glioblastoma <sup>1)</sup>.

<sup>1)</sup>

Le Rhun E, Genbrugge E, Stupp R, Chinot OL, Nabors LB, Cloughesy T, Reardon DA, Wick W, Gorlia T, Weller M. Associations of anticoagulant use with outcome in newly diagnosed glioblastoma. *Eur J Cancer*. 2018 Jul 20;101:95-104. doi: 10.1016/j.ejca.2018.06.029. [Epub ahead of print] PubMed PMID: 30036741.

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