

Comparison of Real-world Effectiveness and Safety of Enoxaparin versus Tinzaparin or Dalteparin in Cancer Patients with Venous Thromboembolism. The RIETECAT Cohort Study

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Background: Venous thromboembolism (VTE) is a frequent complication in patients with active cancer, and a leading cause of morbidity and death.

Aims: To compare the long-term effectiveness and safety of enoxaparin versus tinzaparin or dalteparin for the secondary prevention of VTE in adults with cancer.

Methods: RIETECAT was an observational cohort study performed using data from the RIETE (Registro Informatizado Enfermedad TromboEmbolica) registry. Patients initiating with full dose treatment of enoxaparin, tinzaparin or dalteparin between January 2009 to June 2018 and within 48h from the date of diagnosis of their primary episode of VTE were included. VTE recurrences and major bleeding events were assessed in the 6 months following treatment initiation.

Results: Overall, 4,451 cancer patients with VTE were included (enoxaparin [N=3526]; tinzaparin [N=754]; dalteparin [N=171]). Recurrent VTE occurred in 70 patients (2.0%) in the enoxaparin subgroup and 23 patients (2.5%) in tinzaparin/dalteparin subgroup (odds ratio [OR]: 0.79, [95%CI: 0.49-1.28], P=0.343, [P=0.004 for non-inferiority]). There were no differences between subgroups in the rate of recurrences of deep vein thrombosis, pulmonary embolism or fatal pulmonary embolism (Table1). Major bleeding occurred in 111 patients (3.1%) in the enoxaparin subgroup and 18 patients (1.9%) in tinzaparin/dalteparin subgroup (OR: 1.64; 95%CI: 0.99-2.71, P=0.052). Incidence of all-cause death was similar between treatment subgroups (18.9% vs 17%; OR: 1.14; 95%CI: 0.94-1.38; P=0.182). After propensity score matching analysis, there were no differences between subgroups for risk of VTE recurrences (adjusted hazard ratios [aHR]: 0.81; 95%CI: 0.48-1.38), major bleeding (aHR: 1.41; 95%CI: 0.80-2.46; P=0.235) or all-cause death (aHR: 1.07; 95%CI: 0.88-1.30; P=0.476).

Conclusions: In real-life clinical practice, enoxaparin had a comparable effectiveness and safety profile to tinzaparin/dalteparin in cancer patients with VTE.

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