Dalteparin sodium superior for recurrent thromboembolism

Dalteparin sodium is more effective than oral anticoagulants in reducing the risk of recurrent thromboembolism in patients with cancer and acute venous thromboembolism, reports a multinational group of researchers.[1]

The CLOT* study involved 676 such patients with acute, symptomatic proximal deep-vein thrombosis, pulmonary embolism, or both, who were randomised to receive SC dalteparin sodium [low-molecular-weight heparin] 200 IU/kg once daily for one month and approximately 150 IU/kg for a further 5 months (n = 338), or SC dalteparin sodium ['Fragmin'] 200 IU/kg for 5–7 days plus standard dose warfarin or acenocoumarol for 6 months.** A total of 336 patients in each group were eligible for analysis.

At six months, recurrent thromboembolism had occurred in 27 patients who had received dalteparin sodium alone, compared with 53 patients who had received oral anticoagulant therapy (hazard ratio 0.48; 95% CI 0.3–0.77). The probability of recurrent thrombosis in dalteparin monotherapy and oral anticoagulant recipients was 9% and 17%, respectively. Rates of major bleeding, any bleeding and mortality were not significantly different between the two treatment groups.

In an accompanying editorial, Dr Rodger Bick from the University of Texas Southwestern Medical School, US, comments that this trial "*provides clear evidence that low-molecular-weight heparin should become the therapeutic and prophylactic agent of choice in cancer-associated thromboembolic disease*".[2]

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** CLOT = Randomised Comparison of Low-Molecular-Weight Heparin versus Oral Anticoagulant Therapy for the Prevention of Recurrent Venous Thromboembolism in Patients with Cancer.

1. Lee AYY, et al. Low-molecular-weight heparin versus a coumarin for the prevention of recurrent venous thromboembolism in patients with cancer. New England Journal of Medicine 349: 146-153, 10 Jul 2003.
2. Bick RL. Cancer-associated thrombosis. New England Journal of Medicine 349: 109-111, 10 Jul 2003.

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