Venous thromboembolic disease (VTE) is considered one of the most frequent and important complications in hematologic patients and is associated with a worse prognosis.

AIM AND OBJECTIVES

To assess the adequacy of thromboembolic prophylaxis (TP) in patients with multiple myeloma (MM) at the start of treatment with thalidomide and lenalidomide according to thromboembolic risk.

MATERIALS AND METHODS

- Descriptive retrospective study was conducted (January 2016 - January 2021) including patients with MM in treatment with thalidomide or lenalidomide.
- Farmatools® application and electronic medical history were used to record variables.

KORANA SCALE

Depending on the value obtained:
- Low risk (LR) (value=0)
- Intermediate risk (IR) (1-2)
- High risk (HR) (≥3)

The recommended TP for scores ≤1 is low-dose acetylsalicylic acid (ASA, 81-100 mg every 24 hours) and for ≥2 is low-molecular-weight heparin (LMWH) at prophylactic doses every 24 hours.

RESULTS

- Forty patients (68% female) with a median age of 73 (range 52-87) years were included.
- The median duration of MM treatment was 8.1 (0.7-40) months.
- No data were found in three patients (7%).

<table>
<thead>
<tr>
<th>TP RISK</th>
<th>LOW RISK</th>
<th>INTERMEDIATE RISK</th>
<th>HIGH RISK</th>
<th>NO DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>7%</td>
<td>5%</td>
<td>83%</td>
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</tbody>
</table>

CONCLUSIONS AND RELEVANCE

- TP was adequate in most of the patients, with the exception of a few did not receive a suitable TP, all of them with IR.
- Since adequate thromboprophylaxis has a high impact on survival and morbidity of the disease, the thromboprophylaxis used can be considered correct with these results, although with room for improvement.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Abstract number: 5PSQ-078

Historical research