SP-05. VENOUS THROMBOEMBOLISM AND GLIOBLASTOMA

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The risk of venous thromboembolism (VTE) is very high for patients with brain tumors; Glioblastoma (GB) specifically is one of the most at risk cancers. The aim of this study is to estimate the frequency and identify potential risk factors of GB patients developing VTE during adjuvant chemotherapy and to test if the Khorana scale accurately predicts the risk of VTE among this patient population. We retrospectively reviewed patients with GB treated at MD Anderson during the years 2005-2011. The target population of our study was patients who developed VTE after starting adjuvant chemotherapy. Patients were excluded if they did not start treatment with the established standard of care, had less than 6 months follow up or if they developed VTE before starting adjuvant treatment. The study sample included 440 patients. 64 (14.5%) of them developed VTE. The median time to develop VTE was 6.5 months. On multivariate analysis male sex, BMI $\geq$ 35, KPS $\leq$ 80, history of VTE and steroid therapy were significantly associated with the development of VTE. We also found that in this patient sample, the Khorana scale was not a valid predictive model in GB patients due to very poor specificity. Of the 64 patients who developed a VTE, 36 were treated with anticoagulation, 2 with an IVC filter, and 21 with both. Complications secondary to anticoagulation were reported in 16% (n = 10) of patients. The complications included intracranial hemorrhage, bleeding to other organs and thrombocytopenia. VTE is very common in patients with GB. Currently, we are lacking a scale that accurately predicts the risk of VTE among GB patients. Predictive scales used for other cancers do not seem valid for GB due to the unique nature of the disease. Future studies are needed to create an accurate predictive model for VTE in GB patients.