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ANTICOAGULANT TREATMENT

THROMBOEMBOLIC PREVALENCE IN MULTIPLE MYELOMA BEFORE AND AFTER THE INTRODUCTION OF DIRECT ORAL ANTICOAGULANTS: A LONGITUDINAL COHORT STUDY

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Thromboembolic events are frequent non-hematologic complications of Multiple Myeloma (MM). This study aimed to quantify the prevalence of thromboembolic events in Mexican MM patients. We conducted a multicenter retrospective cohort study of patients aged >=18 years from October 97 to October 2025. Thromboprophylaxis strategies included none, antiplatelet therapy, or anticoagulation (DOACs, VKA, or LMWH). Patients were stratified in pre-DOAC and DOAC-access era. The sample size was calculated, assuming an expected incidence of 10%, 95% confidence level, and an absolute precision of 3%. The required sample size was 384. Normality was assessed using the Kolmogorov-Smirnov test. Comparison between groups was performed using Student's t-test. The association between categorical variables was tested with the x2 test. Time-to-event analyses were conducted using Kaplan-Meier curves and the log-rank test. Multivariable analyses include logistic regression and Cox proportional hazard models. A total of 517 patients were included. Men accounted 53.6% and women for 46.4%, with a mean diagnosis age of 55.8 years. Renal involvement was present in 26.9%, and bone disease in 49%. Elevated DHL was observed in 14.9%, and 33.7% underwent autologous stem cell transplantation. The IMPEDE-VTE score median was 6.71 (5- 9, RIC 4). Baseline characteristics were similar between groups with and without thrombotic events. According to IMPEDE-VTE, 13% were low risk, 29.4% intermediate risk, and 56.75% high risk. 84.7% received thromboprophylaxis, mainly aspirin (42.6%), DOACs (31%), and vitamin K antagonists (9.9%). Major bleeding occurred in 0.4%. Thromboembolic prevalence was 8.3%. The mean time to thrombosis for the entire cohort was 4.6 months (95% CI 2.3-6.9). Patients' diagnoses in the pre-DOAC access era had a thrombotic incidence of 10.9% (n=35/322), compared with 4.1% (8/195) in the DOAC access era (p=0.007). Kaplan-Meier analysis in the pre-DOAC group showed a median time to thrombosis of 5.8 mo (95% CI 0.6-19.9) vs 1 mo (95% CI 0.0-4.1) in the DOAC era (p=0.012). Cox regression did not identify independent predictors of thrombosis. Logistic regression demonstrated a significantly lower odds of thrombosis with anticoagulation compared with antiplatelet therapy (p<0.001). In conclusion, the prevalence of thrombosis in this cohort was 8.3%. Expanded access to DOACs reduced thrombotic events, and the shorter time to thrombosis reflects a shorter follow-up, not increased risk.