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Use of systemic anticoagulation may improve the chance of survival in patients hospitalized with the COVID-19 virus, a large study from the epicenter of the US outbreak suggests.

Among nearly 3000 patients with COVID-19 admitted to New York City's Mount Sinai Health System beginning in mid-March, median survival increased from 14 days to 21 days with the addition of anticoagulation.

The results were particularly striking among sicker patients who required mechanical ventilation, in whom in-hospital mortality fell from 62.7% to 29.1% and median survival jumped from 9 days to 21 days.

Interestingly, the association with anticoagulation and improved survival remained even after adjusting for mechanical ventilation, the authors reported May 6 in the *Journal of the American College of Cardiology* (JACC).

"It's important for the community to know, first of all, how this should be approached and, second, it's really opening a door to a new reality," senior corresponding author Valentin Fuster, MD, PhD, director of Mount Sinai's Zena and Michael A. Wiener Cardiovascular Institute and JACC editor-in-chief.

"I can tell you any family of mine who will have this disease absolutely will be on antithrombotic therapy and, actually, so are all of the patients at Mount Sinai now," he told *theheart.org* / *Medscape Cardiology*.

COVID-19 is thought to promote thrombosis but the exact role of anticoagulation in the management of COVID-19 and optimal regimen are unknown.

In late March, the International Society on Thrombosis and Haemostasis recommended that all hospitalized COVID-19 patients, even those not in the ICU, should receive prophylactic-dose low molecular weight heparin (LMWH), unless they have contraindications.

Last month, international consensus-based recommendations were published for the diagnosis and management of thrombotic disease in patients with COVID-19. Experts highlighted the potential for bleeding events to also be elevated in these patients, a concern supported by small case reports.

In early March, however, data were scarce and only a minimal number of patients were receiving anticoagulants at Mount Sinai.

"But after a few weeks, we reached an intuitive feeling that anticoagulation was of benefit and, at the same time, the literature was beginning to say clots were important in this disease," Fuster said. "So we took a very straightforward approach and set up a policy in our institution that all COVID-19 patients should be on antithrombotic therapy. It was a decision made without data, but it was a feeling."

For the present study, the researchers examined mortality and bleeding among 2773 patients hospitalized at Mount Sinai with confirmed COVID-19 between March 14 and April 11.

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