Clinical trials of antithrombotics for DVT prophylaxis in patients with immobilization of the lower extremities

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1 Low molecular weight heparin

Trial	Treatments	Patients	Trials design and methods
certoparin vs control			
Kock , 1995 n=176/163 follow-up: 15 days	Certoparin 3000 IU versus no prophylaxis	patients with minor injuries treated with plaster-cast immobilisation of the leg	Parallel groups open
nadroparin vs control			
Kujath , 1993 n=126/126 follow-up: 65279;16 days	Nadroparin 2850 IU versus no prophylaxis	patients with injuries of the lower limb immobilized by a plaster cast	Parallel groups open
tinzaparin vs control			
Jorgensen , 2002 n=99/106 follow-up: 38 days	Tinzaparin 3500 IU versus no prophylaxis	patients over 18 years of age with planned plaster cast on a lower extremity of at least 3 weeks	Parallel groups open, assessor-blinded
nadroparin vs no treatment			
PROTECT (nadroparin) *ongoing* [NCT00881088] n=NA follow-up: 6 weeks	nadroparin 0,3 cc daily during immobilization versus no treatment	patients with a nonsurgical fracture of the lower extremity requiring immobilisation in a below-knee plaster cast	Parallel groups single blind
dalteparin vs placebo			
D-KAf (Selby) , 2007 [NCT00187408] n=134/131 follow-up:	dalteparin 5000U daily versus placebo	below-knee fractures repaired surgically	
Lapidus , 2007 n=47/44 follow-up: 43 days	Dalteparin 5000 IU versus Placebo	patients surgically treated for Achilles tendon rupture	Parallel groups double-blind
Lapidus , 2007 n=101/96 follow-up: 44 days	Dalteparin 5000 IU versus Placebo	patients undergoing ankle fracture surgery	Parallel groups double-blind
reviparin vs placebo			
Lassen , 2002 n=183/188 follow-up: 43 days	Reviparin 1750 IU versus Placebo	patients who required immobilization in a plaster cast or brace for at least five weeks after a leg fracture or rupture of the Achilles tendon	Parallel groups double-blind

References

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Kock HJ, Schmit-Neuerburg KP, Hanke J, Rudofsky G, Hirche H Thromboprophylaxis with low-molecular-weight heparin in outpatients with plaster-cast immobilisation of the leg. Lancet 1995;346:459-61 [7637478]

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2 synthetic oligosaccharide

Trial	Treatments	Patients	Trials design and methods
fondaparinux vs no treatment			
PROTECT (fundaparinux) *ongoing* [NCT00881088] n=NA follow-up:	fondaparinux 2,5 mg daily group during immobilization versus no treatment	Patients with a nonsurgical fracture of the lower extremity immobilised in a below-knee plaster cast	Parallel groups single blind
fondaparinux vs nadroparin			
FONDACAST *ongoing* [NCT00843492] n=NA follow-up: 5 weeks	subcutaneously, once daily, fondaparinux 2.5 mg for at least 21 Days, up to complete mobilization, with a maximal duration of treatment of 45 days versus daily nadroparin 2850 anti-Xa IU (0.3 mL) for at least 21 Days, up to complete mobilization	patients requiring rigid or semi-rigid immobilization for at least 21 days and up to 45 days because of isolated non-surgical below-knee injury	Parallel groups open Europe

References

PROTECT (fundaparinux), :
FONDACAST, :

3 About TrialResults-center.org

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The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

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