Clinical trials of direct oral anticoagulant (DAO) for thrombosis prevention in medical patients

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1 Extended-duration prophylaxis

Trial	Treatments	Patients	Trials design and methods
rivaroxaban vs placebo			
MARINER , 2018 [NCT02111564] n=6007/6012 follow-up:	once-daily rivaroxaban at a dose of 10 mg (with the dose adjusted for renal insufficiency) , begun at hospital discharge and continued for 45 days versus placebo	high-risk medical patients : medically ill patients who were at increasedrisk for venous thromboembolism on the basis of a modified International Medical Prevention Registry on Venous Thromboembolism (IMPROVE) score of 4 or higher (scores range from 0 to 10, with higher scores indicating a higher risk of venous thromboembolism) or a score of 2 or 3 plus a plasma d-dimer level of more than twice the upper limit of the normal range (defined according to local laboratory criteria)	double blind

References

MARINER, 2018:

Raskob GE, Spyropoulos AC, Zrubek J, Ageno W, Albers G, Elliott CG, Halperin J, Haskell L, Hiatt WR, Maynard GA, Peters G, Spiro T, Steg PG, Suh EY, Weitz JI The MARINER trial of rivaroxaban after hospital discharge for medical patients at high risk of VTE. Design, rationale, and clinical implications. Thromb Haemost 2016;115:1240-8 [26842902]

Spyropoulos AC Rivaroxaban for Thromboprophylaxis after Hospitalization for Medical Illness. N Engl J Med 2018;379:1118-1127 [30145946] 10.1056/NEJMoa1805090

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Trial	Treatments	Patients	Trials design and methods
apixaban vs enoxaparin			
ADOPT , 2011 [NCT00457002] n=3255/3273 follow-up: 30 days	apixaban, administered orally at a dose of 2.5 mg twice daily for 30 days versus enoxaparin, administered subcutaneously at a dose of 40 mg once daily for 6 to 14 days	acutely ill patients who had congestive heart failure or respiratory failure or other medical disorders and at least one additional risk factor for venous thromboembolism and who were hospitalized with an expected stay of at least 3 days	double-blind
betrixaban vs enoxaparin			

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Trial	Treatments	Patients	Trials design and methods
APEX , 2016 [NCT01583218] n=3759/3754 follow-up:	betrixaban (at a dose of 80 mg once daily) for 35 to 42 days versus subcutaneous enoxaparin (at a dose of 40 mg once daily) for 104 days	Patients who were hospitalized for acute medical illnesses and with an elevated d-dimer level	Parallel groups double-blind

References

ADOPT, 2011:

Goldhaber SZ, Leizorovicz A, Kakkar AK, Haas SK, Merli G, Knabb RM, Weitz JI Apixaban versus enoxaparin for thromboprophylaxis in medically ill patients. N Engl J Med 2011;365:2167-77 [22077144]

APEX, 2016:

Cohen AT, Harrington RA, Goldhaber SZ, Hull RD, Wiens BL, Gold A, Hernandez AF, Gibson CM Extended Thromboprophylaxis with Betrixaban in Acutely Ill Medical Patients. N Engl J Med 2016 May 27;: [27232649]

3 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

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.

TrialResults-center is non-profit and self-funded.