

# Clinical trials of antithrombotics for venous thrombosis in secondary prevention - 2

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## 1 antiagregant

Trial	Treatments	Patients	Trials design and methods
<b>aspirin vs placebo</b>			
<b>ASPIRE , 2012</b> n=411/411 follow-up: 37.2 months median	aspirin, at a dose of 100 mg daily, for up to 4 years versus placebo	patients who had completed initial anticoagulant therapy after a first episode of unprovoked venous thromboembolism	
<b>WARFASA , 2012</b> n=205/197 follow-up:	aspirin, 100 mg daily for 2 years versus placebo	patients with first-ever unprovoked venous thromboembolism who had completed 6 to 18 months of oral anticoagulant treatment	

## References

### ASPIRE, 2012:

Brighton TA, Eikelboom JW, Mann K, Mister R, Gallus A, Ockelford P, Gibbs H, Hague W, Xavier D, Diaz R, Kirby A, Simes J Low-dose aspirin for preventing recurrent venous thromboembolism. N Engl J Med 2012;367:1979-87 [[23121403](#)] [10.1056/NEJMoa1210384](#)

### WARFASA, 2012:

Becattini C, Agnelli G, Schenone A, Eichinger S, Bucherini E, Silingardi M, Bianchi M, Moia M, Ageno W, Vandelli MR, Grandone E, Prandoni P Aspirin for preventing the recurrence of venous thromboembolism. N Engl J Med 2012;366:1959-67 [[22621626](#)] [10.1056/NEJMoa1114238](#)

## 2 direct anti-IIa

Trial	Treatments	Patients	Trials design and methods
<b>dabigatran vs placebo</b>			
<b>RESONATE , 2013</b> n=681/662 follow-up:	dabigatran at a dose of 150 mg twice daily versus placebo	-	
<b>ximelagatran vs placebo</b>			
<b>THRIVE 3 , 2003</b> n=612/611 follow-up:	ximelagatran (24 mg) versus placebo	patients with venous thromboembolism who had undergone six months of anticoagulant therapy	
<b>dabigatran vs warfarin</b>			

continued...

Trial	Treatments	Patients	Trials design and methods
<b>REMEDY , 2013</b> n=1430/1426 follow-up:	-	-	

## References

### RESONATE, 2013:

Schulman S, Kearon C, Kakkar AK, Schellong S, Eriksson H, Baanstra D, Kvanme AM, Friedman J, Mismetti P, Goldhaber SZ Extended use of dabigatran, warfarin, or placebo in venous thromboembolism. N Engl J Med 2013;368:709-18 [23425163] 10.1056/NEJMoa1113697

### THRIVE 3, 2003:

Schulman S, Whlander K, Lundstrm T, Clason SB, Eriksson H Secondary prevention of venous thromboembolism with the oral direct thrombin inhibitor ximelagatran. N Engl J Med 2003;349:1713-21 [14585939] 10.1056/NEJMoa030104

### REMEDY, 2013:

Schulman S, Kearon C, Kakkar AK, Schellong S, Eriksson H, Baanstra D, Kvanme AM, Friedman J, Mismetti P, Goldhaber SZ Extended use of dabigatran, warfarin, or placebo in venous thromboembolism. N Engl J Med 2013 Feb 21;368:709-18 [23425163]

## 3 direct anti-Xa

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Trial	Treatments	Patients	Trials design and methods
<b>rivaroxaban 10mg vs aspirin</b>			
<b>EINSTEIN CHOICE (10mg) , 2017</b> [NCT02064439] n=1127/1131 follow-up:	Rivaroxaban 10 mg once daily for 12 months versus ASA (Acetylsalicylic Acid) 100 mg once daily for 12 months	Patients with confirmed symptomatic DVT (Deep Vein Thrombosis) or PE (Pulmonary embolism) who completed 6 or 12 months of treatment of anticoagulation	
<b>apixaban 2.5mg vs placebo</b>			
<b>AMPLIFY EXT 2.5mg , 2013</b> n=842/829 follow-up:	apixaban (2.5 mg and 5 mg, twice daily) versus placebo	patients with venous thromboembolism who had completed 6 to 12 months of anticoagulation therapy	
<b>apixaban 5mg vs placebo</b>			
<b>AMPLIFY EXT 5mg , 2013</b> n=815/829 follow-up:	apixaban (2.5 mg and 5 mg, twice daily) versus placebo	patients with venous thromboembolism who had completed 6 to 12 months of anticoagulation therapy	
<b>rivaroxaban 20mg vs placebo</b>			
<b>EISNTEIN EXT , 2010</b> n=602/595 follow-up:	rivaroxaban alone (20 mg once daily)for an additional 6 or 12 months versus placebo	patients who had completed 6 to 12 months of treatment for venous thromboembolism	
<b>rivaroxaban 20mg vs aspirin</b>			

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Trial	Treatments	Patients	Trials design and methods
<b>EINSTEIN CHOICE (20mg) , 2017</b> [NCT02064439] n=1107/1131 follow-up:	Rivaroxaban 20 mg once daily for 12 months versus ASA (Acetylsalicylic Acid) 100 mg once daily for 12 months	Patients with confirmed symptomatic DVT (Deep Vein Thrombosis) or PE (Pulmonary embolism) who completed 6 or 12 months of treatment of anticoagulation	

## References

### **EINSTEIN CHOICE (10mg), 2017:**

Weitz JI, Lensing AWA, Prins MH, Bauersachs R, Beyer-Westendorf J, Bounameaux H, Brighton TA, Cohen AT, Davidson BL, Decousus H, Freitas MCS, Holberg Rivaroxaban or Aspirin for Extended Treatment of Venous Thromboembolism. N. Engl. J. Med. 2017; 376:1211-1222 [[28316279](#)] [10.1056/NEJMoa1700518](#)

### **AMPLIFY EXT 2.5mg, 2013:**

Agnelli G, Buller HR, Cohen A, Curto M, Gallus AS, Johnson M, Porcari A, Raskob GE, Weitz JI Apixaban for extended treatment of venous thromboembolism. N Engl J Med 2013;368:699-708 [[23216615](#)] [10.1056/NEJMoa1207541](#)

### **AMPLIFY EXT 5mg, 2013:**

Agnelli G, Buller HR, Cohen A, Curto M, Gallus AS, Johnson M, Porcari A, Raskob GE, Weitz JI Apixaban for extended treatment of venous thromboembolism. N Engl J Med 2013;368:699-708 [[23216615](#)] [10.1056/NEJMoa1207541](#)

### **EISNTEIN EXT, 2010:**

Bauersachs R, Berkowitz SD, Brenner B, Buller HR, Decousus H, Gallus AS, Lensing AW, Misselwitz F, Prins MH, Raskob GE, Segers A, Verhamme P, Wells P, Agnelli G, Bounameaux H, Cohen A, Davidson BL, Piovella F, Schellong S Oral rivaroxaban for symptomatic venous thromboembolism. N Engl J Med 2010;363:2499-510 [[21128814](#)] [10.1056/NEJMoa1007903](#)

### **EINSTEIN CHOICE (20mg), 2017:**

Weitz JI, Lensing AWA, Prins MH, Bauersachs R, Beyer-Westendorf J, Bounameaux H, Brighton TA, Cohen AT, Davidson BL, Decousus H, Freitas MCS, Holberg Rivaroxaban or Aspirin for Extended Treatment of Venous Thromboembolism. N. Engl. J. Med. 2017; 376:1211-1222 [[28316279](#)] [10.1056/NEJMoa1700518](#)

## 4 idraparinux

Trial	Treatments	Patients	Trials design and methods
<b>idraparinux vs placebo</b> <b>Van Gogh , 2007</b> [NCT00071279] n=594/621 follow-up:	once-weekly injections of 2.5 mg of idraparinux for 6 months without monitoring versus placebo	patients who had completed 6 months of prophylaxis with idraparinux or a vitamin K antagonist and in whom extended anticoagulation was warranted	Parallel groups double-blind

## References

### **Van Gogh, 2007:**

Buller HR, Cohen AT, Davidson B, Decousus H, Gallus AS, Gent M, Pillion G, Piovella F, Prins MH, Raskob GE Extended prophylaxis of venous thromboembolism with idraparinux. N Engl J Med 2007;357:1105-12 [[17855671](#)] [10.1056/NEJMoa067703](#)

## 5 VKA

Trial	Treatments	Patients	Trials design and methods
<b>VKA vs control</b>			
<b>AUREC FVII , 2009</b> n=17/17 follow-up: 37 months mean	continue VKA for additional 24 months versus discontinuation	patients with first spontaneous VTE and FVIII levels >230 IU/dl after 6 monthsh of VKA	
<b>DACUS (Siragusa) , 2008</b> [NCT00438230] n=88/92 follow-up:	anticoagulants for 9 additional months versus no treatment	with a first episode of deep vein thrombosis, treated with OAT for 3 months and with Residual vein thrombosis	
<b>DURAC II , 1997</b> n=116/111 follow-up: 4 years	anticoagulant therapy continued indefinitely versus six months of oral anticoagulant therapy	patients who had had a second episode of venous thromboembolism	
<b>PROLONG (Palarati) , 2006</b> [NCT00264277] n=105/122 follow-up: 1.4 years	resume treatment versus discontinue treatment	patients with a first unprovoked proximal deep-vein thrombosis or pulmonary embolism who had received a vitamin K antagonist for at least 3 months and with abnormal D-dimer testing 1 month after the discontinuation of anticoagulation	
<b>WODIT DVT , 2001</b> n=134/133 follow-up: at least two years	continuation for nine additional months versus discontinuation	Patients with a first episode of idiopathic proximal deep venous thrombosis who had completed three months of oral anticoagulant therapy	
<b>WODIT PE , 2003</b> n=165/161 follow-up:	-	patients after a first episode of pulmonary embolismwho had had 3 months of oral anticoagulant therapy without experiencing recurrence or bleeding	
<b>DDOAT2006 ongoing</b> [NCT00895505] n=300 follow-up: 24 months	Extension of OAT versus discontinuation	-	
<b>warfarin vs control</b>			
<b>Vitotec , 2009</b> n=27/25 follow-up:	continuation of warfarin for another 6 months versus discontinuation of warfarin	patients with idiopathic DVT After 6 months of standard therapy (heparin/LMWH, warfarin with target INR 2-3) and persistent echogenic masses of over 20% of venous diameter	
<b>warfarin vs low intensity warfarin</b>			
<b>ELATE , 2003</b> n=369/369 follow-up: 2.4 years mean	continue warfarin therapy with a target international normalized ratio (INR) of 2.0 to 3.0 versus target INR of 1.5 to 1.9 (low intensity)	patients who had completed three or more months of warfarin therapy for unprovoked venous thromboembolism	Parallel groups open-label
<b>low-intensity warfarin vs placebo</b>			

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Trial	Treatments	Patients	Trials design and methods
<b>PREVENT , 2003</b> n=255/253 follow-up: 2.1 years mean	low-intensity warfarin (target INR, 1.5 to 2.0) versus placebo	Patients with idiopathic venous thromboembolism who had received full-dose anticoagulation	double-blind
<b>VKA vs placebo</b>			
<b>PADIS-PE (Couturaud) , 2015</b> [NCT00740883] n=184/187 follow-up:	additional 18-month treatment with warfarin versus placebo	patients who had experienced a first episode of symptomatic unprovoked pulmonary embolism (ie, with no major risk factor for thrombosis) and had been treated initially for 6 uninterrupted months with a vitamin K antagonist	double-blind
<b>warfarin vs placebo</b>			
<b>LAFIT , 1999</b> n=79/83 follow-up: 10 months	warfarin for a further 24 months versus placebo	patients who had completed 3 months of anticoagulant therapy for a first episode of idiopathic venous thromboembolism	double-blind
<b>Levine , 1995</b> n=109/105 follow-up:	continue warfarin (targeted International Normalized Ratio 2.0 to 3.0) for a further eight weeks versus placebo	Patients with venographically confirmed acute proximal DVT who had received four weeks of warfarin after initial heparin and whose four week IPG was normal	

## References

### AUREC FVII, 2009:

Eischer L, Gartner V, Schulman S, Kyrle PA, Eichinger S 6 versus 30 months anticoagulation for recurrent venous thrombosis in patients with high factor VIII. *Ann Hematol* 2009;88:485-90 [[18931845](#)] [10.1007/s00277-008-0626-1](#)

### DACUS (Siragusa), 2008:

Siragusa S, Malato A, Anastasio R, Cigna V, Milio G, Amato C, Bellisi M, Attanzio MT, Cormaci O, Pellegrino M, Dolce A, Casuccio A, Bajardi G, Mariani G Residual vein thrombosis to establish duration of anticoagulation after a first episode of deep vein thrombosis: the Duration of Anticoagulation based on Compression UltraSonography (DACUS) study. *Blood* 2008;112:511-5 [[18497320](#)] [10.1182/blood-2008-01-131656](#)

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### PROLONG (Palarati), 2006:

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### WODIT PE, 2003:

Agnelli G, Prandoni P, Becattini C, Silingardi M, Taliani MR, Miccio M, Imberti D, Poggio R, Ageno W, Pogliani E, Porro F, Zonzin P Extended oral anticoagulant therapy after a first episode of pulmonary embolism. *Ann Intern Med* 2003;139:19-25 [[12834314](#)]

### DDOAT2006, :

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**Levine, 1995:**

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## 6 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.

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