DTN: participating in studies? This is what's going on!

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PhD Representative DTN Board

Disclosure belangen spreker – Amica Ko Nederlands Trombose Congres – 16 mei 2025	
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Geen
 Sponsoring of onderzoeksgeld Honorarium of andere (financiële) vergoeding Aandeelhouder Andere relatie, namelijk: 	Geen

Dutch Thrombosis Network (DTN)

- Independent, non-profit collaboration initiative of academic and non-academic venous thrombosis researchers in the Netherlands
- Affiliated with INVENT-VTE (International Network of Venous Thromboembolism Clinical Research Networks)

To encourage nationwide collaboration in clinical studies



Studies currently supported by DTN

- PEITHO
- SERENITY
- L-TRIPP
- PE@HOME

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Leiden Thrombosis Recurrence Risk Prediction (L-TRiPP) Study

Long-term anticoagulation use after first VTE:

Preventing recurrences but increased risk of (major) bleeding!

Models to predict risk of recurrence (L-TRiPP) and bleeding (VTE-BLEED): duration of treatment short-term versus ongoing?

To optimize treatment duration of anticoagulation after a first VTE based on the classification of the risk of recurrence and major bleeding



Design

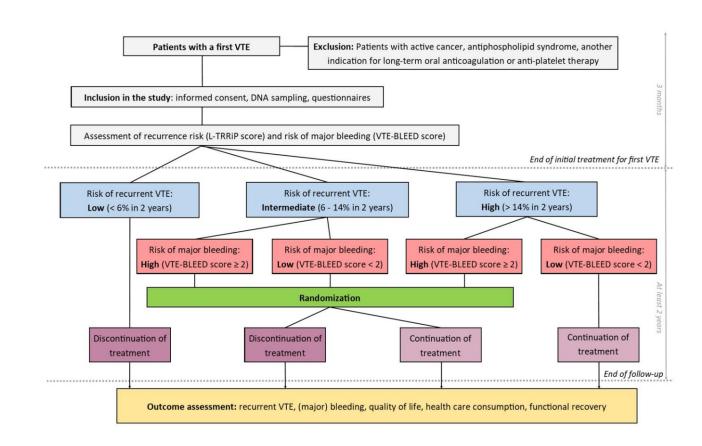
Cohort-based RCT

Primary outcomes:

Recurrence or major bleeding

Secondary outcomes:

Quality of life, disability, costeffectiveness





Updates

- Start inclusions: June 2021
- Sample size: +/- 1150 patients
 →986 included, expected to reach sample size this year
- Not open for new centers (now: 20) to participate

More information?

L-TRRiP@lumc.nl (Ruben Kok)







Post-pulmonary embolism (PE) syndrome =

Persistent functional limitations after diagnosis of an acute PE

→ Up to 50% of acute PE survivors report persistent symptoms after 3 months!*

Early exercise training programs with possible benefit!





Primary

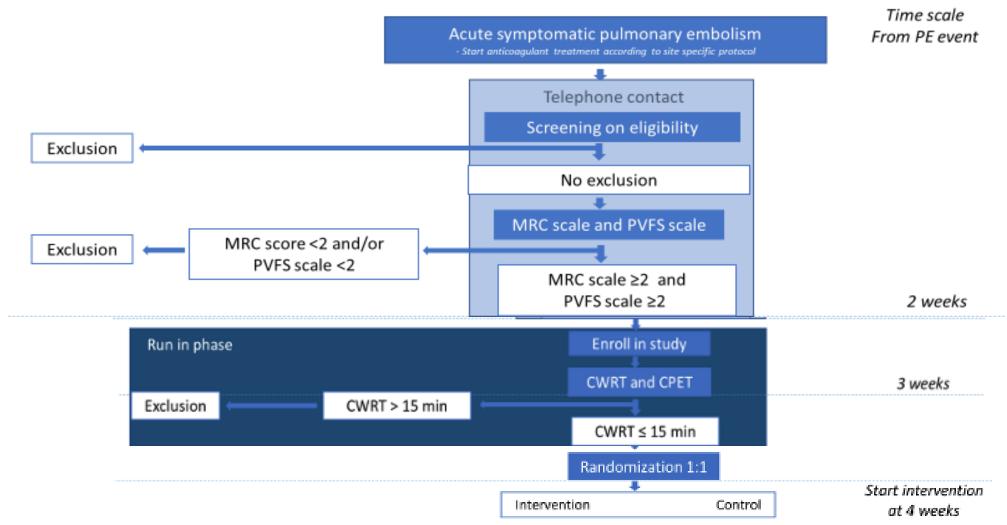
 To determine the effect of a 8-week standardized exercise training program in PE patients <4 weeks after diagnosis with persistent dyspnea and functional limitations, on physical performance

Secondary

- To assess the incidence of PPES and quality of life
- To investigate the difference in cardiopulmonary functioning
- To evaluate safety and cost-effectiveness of the intervention

Design





Updates



- First inclusions: February 2022
- Target sample size: 90
 - \rightarrow 79/90 = 88% included!
- Not open for new centers to participate (check whether your hospital still need to include patients... ©)

More information?

Other ongoing clinical studies in NL

- TORPEDO-NL
- DISTINCT
- Hydra

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TORPE-DO-NL

Thrombectomy in high-risk pulmonary embolism – device versus thrombolysis (TORPEDO-NL)

Treatment of high-risk PE patients

- Systemic thrombolysis ("standard")
 - 10-25% risk of major bleeding
 - 3% intracranial bleeding

- Thrombectomy = catheter assisted thrombosuction
 - Directer effect on **reducing clot formation** in pulmonary artery
 - Most likely a better safety profile
 - Limited availability of RCTs on safety and efficacy



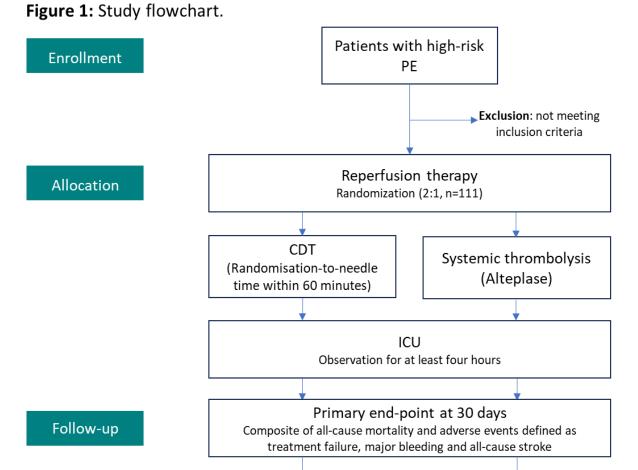
Objectives

- To determine whether thrombectomy is more effective and safer compared to systemic thrombolysis and whether it leads to a better Desirability of Outcome Ranking (DOOR)
- To investigate if thrombectomy is associated with
 - Lower levels of oxygen suppletion
 - Shorter ICU or hospital admission duration
 - Better functional recovery or quality of life
- To evaluate if thrombectomy is more cost-effective than systemic thrombolysis

TORPE-DO-NL

Design

- Investigator-initiated, academically sponsored, multicenter, open-label, RCT
- Thrombectomy versus systemic thrombolysis (2:1)
- 111 high-risk PE patients



Note: PE: pulmonary embolism, CDT: Catheter-directed thrombectomy, ICU: intensive care unit

Follow-up at 7 days and 3,6,9 and 12 months

Questionnaires



Updates







2/111

December 2024 METC approval











een santeon ziekenhuis







6/15

Amphi

Riinstate

Centers started

Included patients



Radboudumc





Recruitment

Interested in participating? Study is still open!

Justine Stenger - LUMC

Corstiaan den Uil - Maasstad Ziekenhuis

Wim Rietdijk - VU/Erasmus UMC

Adriaan Kraaijeveld - UMCU

Erik Klok - LUMC



www.torpedo-nl.nl

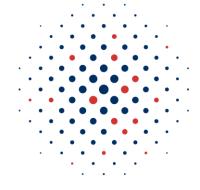


w.j.e.stenger@lumc.nl (Justine)

Other ongoing clinical studies in NL

- TORPEDO-NL
- DISTINCT
- Hydra

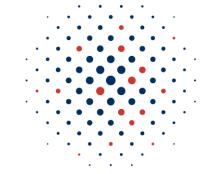
DISTINCT trial



"inDividual, targeted thrombosIS prophylaxis versus the standard one size fits all'approach in patients undergoing Total hlp or total kNee replacement"

- Patients undergoing major orthopaedic surgery at high risk of developing VTE despite the use of prophylactic anticoagulants
- Prophylaxis in "fast-track" mobilization protocols not well studied:
 - Overtreating those with low-risk?
 - Undertreating those with high-risk?

Objectives

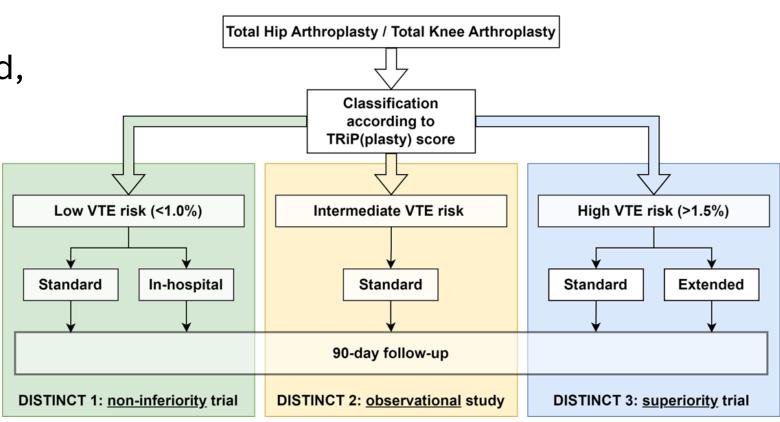


- To determine whether <u>in-hospital thrombosis prophylaxis</u> only is as effective compared with the standard thrombosis prophylaxis approach to prevent symptomatic VTE after total knee and hip arthroplasty in patients with a low VTE risk.
- To determine the incidence of symptomatic VTE after total knee and hip arthroplasty in patients with an <u>intermediate VTE risk</u>.
- To determine whether <u>intensified thrombosis prophylaxis</u> is more effective and equally safe compared with standard thrombosis prophylaxis to prevent symptomatic VTE in patients with a high VTE risk by comparing symptomatic VTE and bleeding complications.

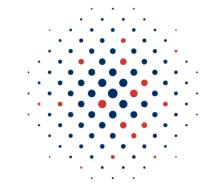
Design

 Multi-arm, national, multicenter, randomized, open-label trial

- TRiP(plasty) score
- Follow-up to 3 months after surgery



Updates



- First inclusion: November 2024
- Sample sizes
 - DISTINCT 1: 3,478
 - DISTINCT 2: 2,500
 - DISTINCT 3: 4,100
 - → 335 inclusions, but still open for additional hospitals (currently 11) to participate!

Interested in participating or more information?

Other ongoing clinical studies in NL

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Hydra study

YEARS-criteria as diagnostic strategy for patients with suspected pulmonary embolism (PE), but applicability in patients with malignancies?

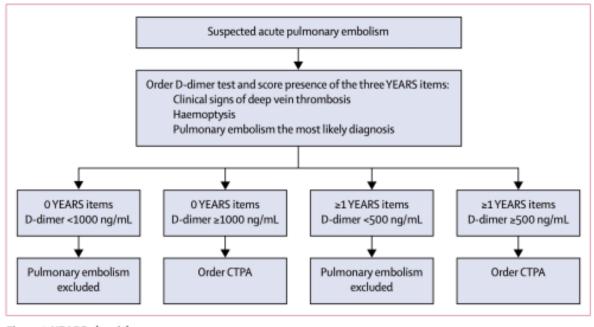


Figure 1: YEARS algorithm

CTPA=computed tomography pulmonary angiography.

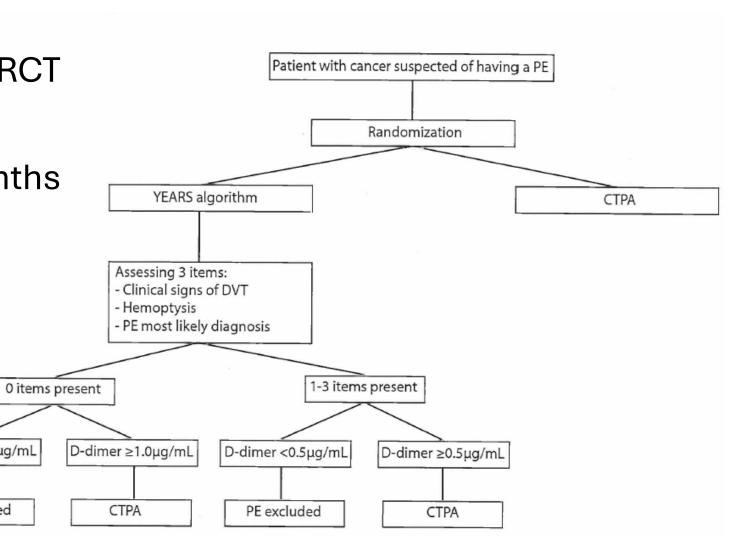
→ To prospectively validate the safety and efficiency of management according to the YEARS algorithm to safely rule out clinically suspected PE in patients with active malignancy to be compared with "standard" management by CTPA alone

Design

- Multicenter international RCT
- Randomization 1:1
- Follow-up period of 3 months

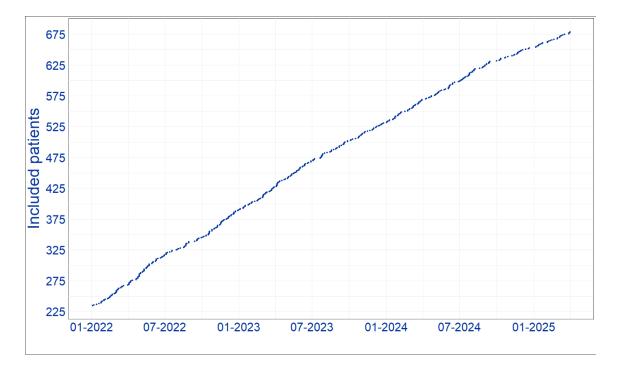
D-dimer <1.0µg/mL

PE excluded



Updates

- Start inclusions: July 2019
- Sample size: 1566
 - →680 patients included!



Still recruiting new centers/hospitals!

Interested in participating or more information?

Interested in collaboration?



https://www.dutchthrombosisnetwork.org/