

# HDL profiling in patients with deep vein thrombosis

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Does a deep vein thrombosis coincide with changes in HDL protein composition? What are the effects of anticoagulant therapy on HDL protein composition during therapy and after discontinuation of therapy?

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational invasive

## Summary

### ID

NL-OMON34805

### Source

ToetsingOnline

### Brief title

The PROFILE study

### Condition

- Other condition
- Embolism and thrombosis

### Synonym

trombose, venous thrombo-embolism

### Health condition

lipiden

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Academisch Medisch Centrum

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Deep vein thrombosis, HDL protein composition, protein profiling

## Outcome measures

### Primary outcome

Protein profiling of HDL will be done using SELDI-TOF mass spectrometry.

Additional laboratory testing will include determination of lipid spectrum

(HDL-c, LDL-c, triglycerides, apo A1, apoB, total cholesterol), measurements of

coagulation markers (aPTT, PT, protein S, activated protein C, F1+2, factor

VIII, vWF), markers of fibrinolysis (ddimer) and inflammatory markers (CRP,

Il-6, TNF-a, MCP, Leucocytes, SAA).

### Secondary outcome

Additional laboratory testing will include determination of lipid spectrum

(HDL-c, LDL-c, triglycerides, apo A1, apoB, total cholesterol), measurements of

coagulation markers (aPTT, PT, protein S, activated protein C, F1+2, factor

VIII, vWF), markers of fibrinolysis (ddimer) and inflammatory markers (CRP,

Il-6, TNF-a, MCP, Leucocytes, SAA).

## Study description

### Background summary

In spite of significant developments and insights in the pathophysiology of athero-thrombotic disease, cardiovascular disease is still one of the most important causes of death in the western world. Medication to lower LDL

cholesterol, one of the major risk factors for atherosclerotic disease, has not reduced morbidity and mortality due to CVD. Researchers now aim to explore the influence of other possible determinants of CVD risk, like HDL cholesterol. Studies show altered protein compositions of HDL particles, against an inflammatory background, which may eventually lead to a pro-atherogenic state. Data on an association between arterial and venous disease is accumulating, and common risk factors have been identified, suggesting common pathways. Limited data suggests dyslipidemia may be associated with venous thrombo-embolic disease too. Risk of recurrent DVT has been shown to be associated with both low HDL levels and low levels of large HDL particles. We aim to analyse the association between deep vein thrombosis and HDL protein composition.

## **Study objective**

Does a deep vein thrombosis coincide with changes in HDL protein composition? What are the effects of anticoagulant therapy on HDL protein composition during therapy and after discontinuation of therapy?

## **Study design**

Patients will be recruited from the Department of Vascular Medicine of the Academic Medical Centre in Amsterdam. 10 consecutive patients presenting with a DVT will be included. Serial protein profiling of HDL will be done using SELDI-TOF mass spectrometry on three different time points (at baseline, 3 to 6 months after initiation of anti-coagulant therapy and one month after discontinuation of anti-coagulant therapy) and will take place during routine hospital visits, with the exception of one additional study visit. Patients (age and sex-matched) with complaints of the leg in whom a DVT has been excluded will serve as controls and will undergo blood sampling at the same time points as the cases.

## **Study burden and risks**

Venapuncture will be the only invasive procedure and will be performed on three occasions. A total of 75 ml of blood will be drawn (25 ml during each visit). Since the first and second time points will be combined with a routine hospital visit, only the third hospital visit will be additional. Furthermore during the second and third visit, fasting blood samples will be taken for the purpose of this study (not related to routine patient care). Participants will be compensated for any travelling expenses.

## **Contacts**

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Cases: All patients with a first episode of a (objectified) deep vein thrombosis aged 18 years and older are eligible for participation.

Controls: Age and sex-matched individuals with complaints of the leg, in whom a DVT has been excluded by means of ultrasonography.

### Exclusion criteria

Those patients with a previous venous thrombo-embolism, malignancy or other medical indication requiring long term anticoagulant treatment. Furthermore those patients with a history of cardiovascular disease or those using lipid lowering medication are not eligible for participation.

## Study design

### Design

Study type:	Observational invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Basic science

### Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-12-2009
Enrollment:	20
Type:	Anticipated

## Ethics review

Approved WMO	
Application type:	First submission
Review commission:	METC Amsterdam UMC

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

### Register

CCMO

### ID

NL30474.018.09