# Prevalence of FXI gene mutations in women with menorrhagia.

Published: 26-10-2011 Last updated: 27-04-2024

to investigate the presence and frequency of FXI gene mutations in patients with menorrhagia and healthy volunteers.

**Ethical review** Approved WMO **Status** Recruitment stopped

**Health condition type** Coagulopathies and bleeding diatheses (excl thrombocytopenic)

**Study type** Observational non invasive

## **Summary**

#### ID

NL-OMON35784

#### Source

ToetsingOnline

#### **Brief title**

FXI gene mutations in women with menorrhagia

#### **Condition**

- Coagulopathies and bleeding diatheses (excl thrombocytopenic)
- Menstrual cycle and uterine bleeding disorders

#### **Synonym**

**FXI** gen mutations

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Universitair Medisch Centrum Groningen

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

#### Intervention

**Keyword:** bleeding disorders, FXI gene mutations, menorrhagia

#### **Outcome measures**

#### **Primary outcome**

The prevalence and frequency of FXI gene mutations in patients with menorrhagia and healthy volunteers.

#### **Secondary outcome**

not applicable

## **Study description**

#### **Background summary**

Menorrhagia is a common problem among women in the reproductive age. Menorrhagia or heavy menstrual bleeding is objectively defined as greater than or equal to 80 ml blood loss per menstrual cycle.3 At least 5 -10% of women in reproductive age will seek medical attention for menorrhagia.4 The World Health Organization estimates that 18 million women worldwide are affected.5 Menorrhagia is a common cause of iron deficiency anemia3;6 and may affect a woman\*s quality of life, her study or work and family and social interactions.7 Menorrhagia can be caused by a wide range of disorders.8;9 We performed an observational study about the prevalence of underlying bleeding disorders in women with menorrhagia (METc 2009/217). Preliminary results of 91 women and 30 healthy volunteers showed that women with menorrhagia had significantly lower levels of factor XI (FXI) compared to controls (100 vs 125 IU/dL; p=0.000). Of all the patients four had a lower FXI level (<70%). FXI is a coagulation protein essential to normal haemostasis and acts by cleaving coagulation factor IX. FXI deficiency, also known as haemophilia C, is an autosomal bleeding disorder characterized by reduced levels of FXI in plasma with a high prevalence (about 9%) in the Ashkenazi Jewish population.10 Women with low levels FXI (<70%) are prone to excessive bleeding during menstruation. Bleeding manifestations are not well correlated with the plasma levels of FXI activity and bleeding episodes can vary widely among patients with similar FXI levels.10;11 Recent studies suggested that the incidence of mild FXI deficiency in Caucasians may be higher than expected.1;2 The factor XI (FXI) gene is located on the long arm of chromosome 4 (4q35) with 23 kb in length and consists of 15 exons and 14 introns. Until now, more than 90 FXI gene

mutations, associated with a FXI deficiency have been reported. Most of these mutations are found in the Jewish population. To our knowledge, the prevalence of FXI gene mutations in women with menorrhagia have not been reported. However, the presence of mutations in FXI gene in women with menorrhagia could probably lead to lower levels of FXI.

We want to perform an explorative study out of our previous study to investigate the prevalence of FXI gene mutations in women with menorrhagia and a control group of healthy female volunteers matched by age with normal menstrual blood loss without hormonal treatment.

#### Study objective

to investigate the presence and frequency of FXI gene mutations in patients with menorrhagia and healthy volunteers.

#### Study design

Explorative study to investigate the prevalence and frequency of FXI gene mutations in patients with menorrhagia and healthy volunteers from our previous study.

#### Study burden and risks

Burden and risks: 20 mL blood will be taken from the patients and the controls by venapunction. There are no benefits for the patients and the controls.

## **Contacts**

#### **Public**

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## **Trial sites**

#### **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

#### Inclusion criteria

#### For patients

- Patients with regular heavy menstrual bleeding (=menorrhagia).
- Age over 18 years.
- Written informed consent.; For healthy volunteers
- women with normal menstrual blood loss.
- Age over 18 years.
- Written informed consent.

#### **Exclusion criteria**

#### For patients:

- Patients with postmenopausal, irregular, postcoital and intermenstrual bleeding.
- Patients with an intra-uterine device or hormonal treatment.
- Patients with anticoagulant, antithrombotic therapy or use of non-steroidal antiinflammatory drugs (NSAIDs). ;Exclusion criteria for healthy volunteers :
- women with postmenopausal, irregular, postcoital and intermenstrual bleeding.
- women with an intra-uterine device or hormonal treatment.
- women with anticoagulant, antithrombotic therapy or use of non-steroidal antiinflammatory drugs (NSAIDs).

# Study design

### **Design**

Study type: Observational non invasive

Intervention model: Other

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Primary purpose: Basic science

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 02-12-2011

Enrollment: 90

Type: Actual

## **Ethics review**

Approved WMO

Date: 26-10-2011

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

# **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

ID

NL35433.042.11

 $\mathsf{CCMO}$