Thrombosis and paroxysmal nocturnal hemoglobinuria clones

Published: 05-07-2016 Last updated: 17-04-2024

The goal is to investigate wether a PNH clone could be the cause of an unexplained thrombosis. In the population of patients with unexplained thrombosis a PNH clone may be the cause. The goal is to investigate whether the prevalence of PNH clones is...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Embolism and thrombosis
Study type	Observational invasive

Summary

ID

NL-OMON43444

Source ToetsingOnline

Brief title Thrombosis and PNH clones

Condition

• Embolism and thrombosis

Synonym

Paroxysmal Nocturnal Hemoglobinuria/Paroxysmal nocturnal red urine

Research involving Human

Sponsors and support

Primary sponsor: Scheper Ziekenhuis

Source(s) of monetary or material Support: Alexion Pharmaceuticals, Bedrijf en eigen ziekenhuis

Intervention

Keyword: PNH, Thrombosis

Outcome measures

Primary outcome

To determine the prevalence of PNH clones within the selected population .

Secondary outcome

Not applicable

Study description

Background summary

Paroxysmal nocturnal hemoglobinuria (PNH) is an acquired genetic disorder of the hematopoietic stem cell. The disorder is characterized by intravascular hemolysis with hemoglobinuria and thrombosis which can be life threatening. Several studies have shown that approximately 1.4 % of patients with venous or arterial thrombosis with unexplained cause have a PNH clone. This PNH clone may have been the cause of a first thrombotic event.

The clinical chemistry laboratory of the Treant Zorggroep location Scheper has the possibility to detect small PNH clones by flow cytometry.

Study objective

The goal is to investigate wether a PNH clone could be the cause of an unexplained thrombosis. In the population of patients with unexplained thrombosis a PNH clone may be the cause.

The goal is to investigate whether the prevalence of PNH clones is described correctly in literature.

Study design

All patients with unknown cause of thrombosis from the patients database of the thrombosis service from Treant zorggroep, hospital location Scheper will be selected.

After obtaining written consent, one extra tube of blood (4 mL) is collected during a regular venapuncture. In this blood sample, the presence or absence of a PNH clone is determined.

Name and address data, date of birth, diagnosis and the outcome of the investigation is stored encrypted for all patients. There is no control group.

The investigation relates to disease(s) from the classes vascular disorders. The planned start date is September 1, 2016. The estimated completion date is June 30, 2016.

Study burden and risks

One extra tube of blood will be withdrawn during regular blood sampling. The burden is therefore nihil. The risk of a venapuncture is negligible.

Contacts

Public Scheper Ziekenhuis

Boermarkeweg 60 Emmen 7824 AA NL **Scientific** Scheper Ziekenhuis

Boermarkeweg 60 Emmen 7824 AA NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

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

Inclusion criteria

Deep Vein Thrombosis Recidive Deep Vein Thrombosis Mesenterial Thrombosis Pulmonary Embolism

Exclusion criteria

< 18 y and > 80 y Incompetent Known Cause of Thrombosis/Embolism

Study design

Design

Study type: Observational invasive	
Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-09-2016
Enrollment:	325
Туре:	Actual

Ethics review

Approved WMO	
Date:	05-07-2016
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

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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** NL56506.042.16