

# Whole blood thrombin generation, platelet activation test and platelet-monocyte complex formation to predict hypercoagulability in patients with multiple myeloma

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To estimate the prothrombotic phenotype of patients with MM, on treatment with IMiD, using whole blood thrombin generation (WB-TG), platelet activation assays and PMC formation.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Haematopoietic neoplasms (excl leukaemias and lymphomas)
<b>Study type</b>	Observational invasive

## Summary

### ID

NL-OMON48375

### Source

ToetsingOnline

### Brief title

Whole blood thrombin generation in patients with multiple myeloma

### Condition

- Haematopoietic neoplasms (excl leukaemias and lymphomas)
- Haematopoietic neoplasms (excl leukaemias and lymphomas)

### Synonym

cancer of plasma cells, Plasma cell myeloma

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Synapse Research Institute

**Source(s) of monetary or material Support:** Synapse Research Institute betaalt het onderzoek

## Intervention

**Keyword:** Hypercoagulability, Multiple myeloma, Platelets, Whole blood thrombin generation

## Outcome measures

### Primary outcome

Thrombin generation in whole blood, platelet activation and platelet-monocyte complex formation in patients with MM and in controls.

### Secondary outcome

Not applicable

## Study description

### Background summary

Patients with multiple myeloma (MM) have an increased risk of venous thromboembolism (VTE). During the past decade, the introduction of oral immunomodulatory drugs (IMiDs), like thalidomide and lenalidomide, has improved the clinical outcome of patients diagnosed with MM. However, a high rate of thromboembolic complications has been observed when using these agents, especially in combination with chemotherapy and high-dose corticosteroids, which has led to increased clinical awareness of VTE and research focus on the topic.

Thrombin generation (TG) in platelet poor plasma (PPP) is a research tool in the field of thrombosis and hemostasis. TG is currently the best, in vitro, test to predict the risk of (recurrent) thrombosis. Recently, we developed an assay to measure TG in whole blood which gives global insight in the blood cells mediated coagulation potential. Furthermore, in patients with MM platelets are more activated. When platelets are activated, they form complexes with monocytes. These platelet-monocyte complexes (PMCs) represent an early process in atherothrombosis and inflammation. Inflammation also occurs at the endothelial level, contributing to atherosclerotic plaque formation.

## Study objective

To estimate the prothrombotic phenotype of patients with MM, on treatment with IMiD, using whole blood thrombin generation (WB-TG), platelet activation assays and PMC formation.

## Study design

A case-control study

## Study burden and risks

The burden associated with the participation in this study is a venapuncture in the arm and the subsequent collection of 21 ml of blood. The risks associated with a venapuncture are minimal, bruising at the puncture site may occur.

## Contacts

### Public

Synapse Research Institute

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### Scientific

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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 all participants (patients and controls):

- Subjects of both gender
- Age  $\geq 18$
- Written informed consent from the subject

Patients with Multiple Myeloma:

- Stable condition
- Diagnosis of Multiple Myeloma
- On active treatment with IMiD
- Patient of the Meander Medical Center

## Exclusion criteria

For all participants (patients and controls):

- Age below 18
- Known abnormalities of the coagulation system
- Pregnancy
- The use of anti-coagulant drugs (low molecular weight heparin (LMWH), vitamin K antagonists (VKAs) and direct oral anticoagulants (DOACs))
- Active infection, bleeding or other systemic diseases

For controls (relatives: family or no-family):

- Active malignancy
- Personal history of bleeding or thrombotic events

## Study design

### Design

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

Primary purpose: Diagnostic

## Recruitment

NL  
Recruitment status: Recruitment stopped  
Start date (anticipated): 20-01-2020  
Enrollment: 80  
Type: Actual

## Ethics review

Approved WMO  
Date: 18-09-2019  
Application type: First submission  
Review commission: METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

## 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
CCMO	NL68552.068.19

## Study results

Date completed: 11-03-2020

Actual enrolment: 42

### **Summary results**

Trial ended prematurely