
Article:
Horner, D., Goodacre, S. orcid.org/0000-0003-0803-8444, Davis, S. orcid.org/0000-0002-6609-4287 et al. (2 more authors) (2021) Which is the best model to assess risk for venous thromboembolism in hospitalised patients? BMJ: British Medical Journal, 373. n1106. ISSN 1759-2151

https://doi.org/10.1136/bmj.n1106

Table 3: Ongoing studies of VTE Risk Assessment Methods (RAMs) for general medical and surgical patients requiring emergency hospitalisation

Study, setting, sample size, design	Intervention and comparator	Outcome measures	Strengths and limitations
Randomised controlled trials			
NCT04267718[1] Hospitalised medical patients in 35 Italian centres N=2880 Open label RCT	Cluster randomisation to systematic evaluation using the Padua VTE risk score and the IMPROVE bleeding score, compared to clinical judgement only	A composite outcome of major complications, to include death, VTE and major bleeding by 90 days follow up	Large, multicentre RCT which allows assessment of clinical and cost effectiveness. VTE and bleeding outcomes. Open label design and easily available scores confer a risk of contamination
NCT04768036[2] Hospitalised medical patients in 4 North American centres N=11000 Open label cluster randomised RCT	Cluster randomisation to embedded risk assessment using the IMPROVE RAM within an electronic health record, compared to usual medical care	Primary pilot outcome of proportion of whether high risk patients are prescribed 'appropriate' thromboprophylaxis. Secondary outcomes include VTE within 90 days of hospital admission by diagnostic coding	Large sample size, cluster randomisation will ensure pragmatic assessment of RAM. Potential contamination across sites. Single country therefore potential issues with generalisability. Primary outcome not a clinical one. Use of coding data for outcome ascertainment introduces risk of bias through inaccuracy.
Observational Studies			
NIHR127454[3]	No intervention. Aim is to determine efficient methods	Decision analysis modelling aims to estimate the	Cost effectiveness work incorporates patient related

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Hospitalised medical and Surgical patients in 4 UK Centres N=3000 Observational feasibility study with decision analysis modelling and cost effectiveness analysis	for a future implementation study of risk assessment models.	prognostic accuracy of current RAMs and determine the risk threshold which optimises effectiveness and cost effectiveness	outcome measures, including bleeding and downstream health costs. Feasibility study clinical outcomes likely to be confounded by widespread use of thromboprophylaxis in an NHS setting
NCT04439383[4] Hospitalised medical patients in 4 Swiss centres N=1350 Prospective observational cohort study	No intervention. Aim is to examine VTE risk factors and evaluate existing risk assessment models.	Primary outcome of symptomatic, objectively confirmed hospital-acquired VTE.	Multicentre, broad inclusion criteria. Likely to be confounded by clinical use of thromboprophylaxis

References:

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