MAGELLAN Study: Reducing the Risk of VTE in Acutely Ill Medical Patients

Rivaroxaban, one of a new class of anticoagulants, is not only effective in the treatment of deep vein thrombosis (DVT) but has also been associated with a reduced risk of venous thromboembolism (VTE) in patients with acute medical illness. However, questions remain regarding increased bleeding risks with rivaroxaban and the optimal duration of treatment.

In his presentation on Monday, Alexander T. Cohen, MBBS, MSc, MD, King's College Hospital, London, UK, discussed results from the multicenter, randomized, double-blind MAGELLAN study conducted to evaluate oral treatment with rivaroxaban compared with a standard 10-day treatment with subcutaneous enoxaparin.

The study randomized 8,101 patients from 52 countries aged 40 years or older and hospitalized for an acute medical illness. Patients had a diverse range of medical conditions, with one-third diagnosed with acute heart failure, just under-third diagnosed with acute infectious disease, and just under one-quarter diagnosed with acute respiratory failure. The two arms of the trial involved patients receiving either 10 mg once daily of oral rivaroxaban for 35 days or 40 mg once daily of enoxaparin by subcutaneous injection for 10 days.

Double-blinding involved patients taking either 35 days of an oral placebo or 10 days of a placebo injection accompanying the treatment assignment. The study’s primary efficacy end point was the time to first occurrence of a composite endpoint of VTE or major bleeding.

The study achieved its primary efficacy end point, as rivaroxaban treatment was non-inferior to enoxaparin. Rivaroxaban was non-inferior with respect to the primary efficacy end point compared with enoxaparin treatment at 35 days (0.937, 95% CI: 0.779–1.138) and 10 days (0.927, 95% CI: 0.776–1.100).

The improved efficacy and the greater convenience associated with taking a single oral dose of rivaroxaban every 24 hours are important advantages for patients who experience acute medical illnesses.

The ISTH 2011 Daily Congress news will also appear on the ISTH website at www.isth.org.
The introduction to the main Congress and provided an excellent overview of each Scientific Subcommittees by the Chairmen and Co-Chairmen meeting were elegantly constructed. The scientific programs of each session presented at the 57th annual meeting were elegantly constructed by the Chairmen and Co-Chairmen of each Scientific Subcommittees and provided an excellent introduction to the main Congress of ISTH. These programs reflected the SSC spirit of international continuous collaboration and the strong scientific involvement and skill of all members to creating relevant projects aimed to respond to laboratory and clinical needs in the field of thrombosis and haemostasis. The results of several of these projects have been or will be published as Official SSC Communications in the JTH. As started in 2009 in Boston, the 2011 scientific program of the SSC subcommittees began with an Educational Session, followed by the update of the ongoing scientific activities and the proposal of new ones. The Educational sessions gave an overview and information on the recent advances in the wide spectrum of bleeding and thrombotic disorders, ranging from pathogenesis, diagnostic tools, animal models, basic research, to finally prophylaxis and treatment. The main goals were to highlight the most recent finding, but also provide indications useful to improve the capability to diagnose precociously and treat accurately the various disorders of hemostasis, which is of particular value to the younger colleagues that face these topics for the first time. This year’s program was very exciting, and indeed all chairs and co-chairs of the SSC masterfully assembled their their part of the program.

The growth in the SSC meetings in recent years owes much to the inclusion of educational sessions. The multiple activities of the SSC subcommittees demonstrate that the SSC is the ideal environment to promote the cooperation between leading international scientists and direct their energies to projects generating reliable and standardised clinical and basic tools. It is desirable that more and more young investigators with an interest in thrombosis and hemostasis will be joining the ISTH-SSC ongoing projects and become leaders of the future ones.

SSC Reports and Recommendations 2010-2011

**Animals Models**

**Biochemistry**

**Control of Anticoagulation**


**Disseminated Intravascular Coagulation (DIC)**
Kim, HK, Hong, KH, Toh, CH and on behalf of the Scientific and Standardization Committee on DIC of the International Society on Thrombosis and Haemostasis (2010), Application of the international normalized ratio in the scoring system for disseminated intravascular coagulation. J Thromb Haemost, 8 (5): 1116–1118.

**Fibrinolysis**

**Perinatal/Pediatric Hemostasis**

**Vascular Biology**

**Von Willebrand Factor**

**Working Group on Coagulation Standards**

**Working Group on Gene Nomenclature**
Welcome to the Otuka’s booth

We are looking forward to seeing you

**Exhibition Hall 1**  
**Booth No. 26**

**Experience and Discovery**
Exhibition Opening Hours
- July 25: 10:30-18:00
- July 26: 10:30-18:00
- July 27: 9:30-14:00
- July 28: 9:30-16:00

**and then Memory**
Taking a picture
- July 25: 11:00-12:00  14:00-15:00  16:00-17:00 (three times)
- July 26: 11:00-12:00  14:00-15:00  16:00-17:00 (three times)
- July 27: 11:00-12:00 (once)
- July 28: 11:00-12:00  14:00-15:00 (two times)

Date of preparation: June, 2011

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The ISTH XXIII General Membership Assembly

The ISTH XXIII General Membership Assembly will take place on Wednesday, July 27, in the Main Hall from 11:00 to 11:15. Members will receive reports from the Society’s leaders:

- Congress President Dr. Yasuo Ikeda on the organization of the XXIII Congress.
- ISTH Council Chairman Dr. Henri Bounameaux reporting to the membership on actions of Council taken at this year’s business meeting.
- ISTH Executive Director Thomas Reiser summarizing the state of the Society.

The ISTH is an individual membership organization and exists for and by the will of all members as an international nongovernmental organization.

Update on ISTH Nursing Forum 2011

The Nursing Program provides a forum for nurses internationally to share practice related (translational) knowledge pertaining to disorders of haemostasis and thrombosis in both pediatric and adult populations. The goal is to promote evidenced based findings and practice through knowledge translation, standardization and systematic evaluation in clinical practice settings. The primary aim reflects the ISTH Nursing Workgroup’s commitment to advancing the promotion of both original research conducted by nurses and the uptake of evidence into practice within the nursing profession. To support this aim, the committee proposes a distinct session devoted to “Nursing Research”. Secondary aims include knowledge translation as applied to clinical patient challenges, optimizing health and health advocacy with a focus on optimizing adherence of patients with disorders of thrombosis or haemostasis, consistent with the World Health Organization recommendations.

Opportunities ripe for systematic study are literally too numerous to count and priorities must be set. To meet goals set forth for this congress, the Nursing Program encompassed four distinctive sessions, including discussions on the following: Research, exploring the mechanisms by which nurses engage in education, patient management or supportive care interventions to employ a collaborative research framework in order to better promote the significance and generalisability of their initiatives; Education, examining the development of university accredited degree module in UK for anticoagulation and VTE prevention; Optimizing Health, reviewing available data regarding the impact of general aging issues in the hemophilia population and examining harm reduction techniques using evidence-based research on risks/benefits to sport participation through education tools; and Knowledge Translation, putting evidence into practice through case study presentations, care pathways, and protocols.

In summary, the Nursing Workgroup provided an ambitious program to support nurses in translational research focusing on a framework of clinical challenges, adherence and knowledge translation to the patient/family, locally within their institution and to the medical community as a whole. The Nursing workgroup provides a collaborative environment where knowledge and practice patterns are shared and systematic evaluation of each are supported to promote the utility and applications of initiatives. A future direction being explored during the 2011 ISTH Congress is the feasibility of the nursing discipline to generate novel evidence and clinical recommendations through development of a collaborative research agenda.

For more information as well as to become involved in the ISTH Nursing Workgroup, please contact Maura Dumas at: maura.a.dumas@hitchcock.org

“Visit the Exhibition” announcement

ISTH delegates can get their first look on Monday at the ISTH Exhibition. Participants can visit booths to find out more about the latest technology, health care advances and opportunities. Commercial displays of international organizations, sponsor pharmaceutical companies, media publishers and scientific societies will be located in Event Hall and Exhibition Hall 1 & 2.

Exhibition hours:
- Monday 10:30-18:00
- Tuesday 10:30-18:00
- Wednesday 09:30-14:00
- Thursday 09:30-16:00

Webcasts from the ISTH 2011 XXIII Congress are coming soon! The Congress Plenary Lectures, State of the Art Lectures, and the Presidential Symposium will be webcast for the post-meeting use of registered delegates and all ISTH members. The session will be available as a downloadable podcast to computers. You will be able to access the sessions via the “Members Only” section of the ISTH website. Instructions will be directly emailed to all ISTH members and registered delegates in the weeks following the Congress.
Advances
in Oral
Anticoagulation

Tuesday 26 July 2011, 18:15–19:45
Annex Hall 1

Programme

Co-Chairs: Ken Okumura & Gregory Lip

18:15 Co-Chair’s welcome and introduction
Ken Okumura, Japan

18:20 Breakthroughs in the prevention and treatment of VTE
Sam Schulman, Canada

18:35 Current challenges in stroke prevention in patients with atrial fibrillation
Jeffrey Weitz, Canada

18:50 New insights from the landmark Phase III RE-LY® trial – oral anticoagulation is evolving
Gregory Lip, UK

19:10 Introducing a novel oral anticoagulant – clinical practice implications
Michael Ezekowitz, USA

19:30 Panel discussion with questions from the floor
Moderated by Gregory Lip

19:40 Conclusions and closing remarks
Ken Okumura, Japan
Preview of Plenary Lectures

TODAY at 9:15 am - 10:30 am: Main Hall
Challenge to Novel Bioactive Peptides

Dr. Kenji Kangawa will present the Oscar Ratnoff Memorial Lecture on the subject of bioactive peptides. Human atrial natriuretic peptides (ANP) were first identified worldwide by Dr. Kangawa and his coworkers in 1984. He is an expert on searching for orphan GPCR ligands as well as the biochemical and physiological analysis of brain and cardiovascular peptides, having discovered more than 40 novel bioactive peptides using his original methods. In the course of these studies he has shed some light on the molecular basis of cardiovascular pathogenesis and pathophysiology. He will also discuss “Ghrelin,” a growth hormone-releasing peptide in rats that is also involved in the stimulation of feeding and regulation of cardiovascular and energy metabolism, and “Neuromedin S (NMS)” from rat brain, which is implicated in the regulation of circadian rhythm, both peptides that Dr. Kangawa has discovered.

Dr. Kangawa, who holds a Ph.D from Osaka University School of Science, is presently the Director General of the National Cerebral and Cardiovascular Center in Osaka, as well as Professor at the Graduate School of Medicine of Kyoto University. He has received various awards and honors for his outstanding achievements, internationally, amongst others, the Asia and Oceania Medal of the Society for Endocrinology (UK), as well as in Japan, the most recent of which include the Japan Academy Prize in 2008 and the Keio Medical Science Prize in 2009.

Oscar Ratnoff (1926-2008) was a distinguished physician-scientist who made seminal contributions to our understanding of blood coagulation mechanisms and bleeding disorders. Over a 60-year career at Johns Hopkins and Case Western Reserve Universities, he conducted original studies that revolutionized and advanced the field. His achievements included the proposal of the waterfall sequence of blood coagulation with Earl Davie, the discovery of Factor XII (Hageman factor) and high molecular weight kininogen (Fitzgerald factor), the development of an immunoassay to differentiate Factor VIII deficiency and von Willebrand disease and early recognition of potential danger of contamination with a putative AIDs agent in Factor VIII concentrates. Ratnoff was an outstanding teacher and clinician who trained many fellows who went on to establish their own distinguished careers. The Ratnoff Lectureship was established following his death in 2008. The initial lecture was given at the XXI Congress in Boston, 2009, by Philip Hogg.

TODAY at 5:15 pm - 6:00 pm: Main Hall
Recent Progress in Anticoagulant Therapy: Oral Direct Inhibitors of Thrombin and Factor Xa

Dr. Kenneth A. Bauer will discuss in the Sol Sherry memorial lecture new oral anticoagulants selectively inhibiting thrombin or factor Xa that have recently been approved in various countries worldwide. The advantages of these new drugs include their oral route of administration, a rapid onset of action, a wide therapeutic range, and the absence of the need for regular laboratory monitoring. However, compliance with dosing will be extremely important to achieve good outcomes in practice due to their short half-lives and no need for regular laboratory monitoring. Furthermore without validated methods to assess and interpret blood levels and the absence of a specific antidote, the management of patients who develop recurrent thrombosis or major bleeding will present challenges.

Dr. Bauer is Professor of Medicine at Harvard Medical School, Chief of Hematology at VA Boston Healthcare System, and Director of Thrombosis Clinical Research at Beth Israel Deaconess Medical Center in Boston. He trained in Medical Oncology and the Division of Thrombosis and Hemostasis at Dana Farber Cancer Institute, as well as in Hematology-Oncology at Beth Israel Deaconess Medical Center. He has also taken a leadership role in the International Society on Thrombosis and Haemostasis (ISTH) and is a member of the American Society of Hematology. His interests include the elucidation of mechanisms leading to a prethrombotic state and the evaluation of new antithrombotic drugs. He has published over 200 original reports, reviews and book chapters.

Sol Sherry (1916-1993) made immense contributions to the field of thrombosis and thrombolysis. In particular, he introduced streptokinase into clinical practice for the treatment of thrombotic disorders, such as deep vein thrombosis, pulmonary embolism and acute myocardial infarction, which has saved many lives and improved the quality of life for patients at risk for thrombotic disorders. His scientific career spanned more than 50 years, and his contributions to scientific research on thrombosis and thrombolysis and subsequent clinical application has earned him the title of “Father of Thrombolytic Therapy.” He was a founder of the International Society on Thrombosis and Haemostasis and a leader of the Society as its first chairman. He received the Society’s highest honor, the Robert Grant Medal, in 1977 for his accomplishments and service. The lecture in Dr. Sherry’s name was established after his death in 1999. Previous Sherry lecturers include Charles Esmon, Victor Marder, Meyer Samama, Jos Vermylen, Jürgen van de Loo, Salim Yusuf, Marie-Germaine Bousser, Frits Rosendaal, Harry Büller, Jay Degen, and William Geerts.
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- Complimentary print subscription for regular members and online subscription for all membership categories to ISTH’s *Journal of Thrombosis and Haemostasis*
- Access to the ISTH members-only online resources, including educational materials, e-learning and membership directory
- Exclusive access and/or reduced fees for other educational activities, programs and publications
- The quarterly ISTH Newsletter and regular e-updates
- The right to nominate, elect and serve on ISTH committees

[www.isth.org](http://www.isth.org)

The International Society on Thrombosis and Haemostasis is the leading worldwide organization dedicated to the advancement of the understanding, prevention, diagnosis and treatment of thrombotic and bleeding disorders.

ISTH provides a forum for discussion, encourages research and fosters the dissemination and exchange of ideas through scientific meetings and publications, education initiatives, research activities, expert committees and standardization of nomenclature and methods.
LEO Pharma is an independent, research-based specialty pharmaceutical company with 70 years’ experience in helping healthcare professionals meet their daily clinical challenges in thrombosis.

LEO Pharma is fully owned by the LEO Foundation and is totally independent of outside capital. Headquartered in Denmark, we have employees in 58 countries and our products are sold in more than 100 countries.

innohep® (tinzaparin sodium) is a low molecular weight heparin (LMWH) offering convenient once daily treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE).

Currently, the CATCH study is evaluating the efficacy and safety of innohep® in preventing the recurrence of VTE in patients with active cancer who have had an acute VTE episode. More information can be found at clinicaltrials.gov (NCT0113002).
What to do and see in Kyoto

The official travel agency of ISTH2011, JTB, is organizing the following excursions during the conference period. Wednesday 27 will be set aside for optional excursions and no lectures will be scheduled on this afternoon. The following tours are operated by JTB. For application, please come to the following JTB TOUR DESK.

<table>
<thead>
<tr>
<th>Name of tour</th>
<th>Time</th>
<th>Fare</th>
<th>Visit</th>
</tr>
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<tbody>
<tr>
<td>EX-3</td>
<td>13:00-16:00</td>
<td>JPY 7,000</td>
<td>Golden Pavilion, Daisen-in Temple</td>
</tr>
<tr>
<td>EX-4</td>
<td>13:00-17:00</td>
<td>JPY 7,000</td>
<td>Shoren-in, Byodoin Temple</td>
</tr>
<tr>
<td>EX-5</td>
<td>9:00-13:00</td>
<td>JPY 6,500</td>
<td>Ryoanji Temple, Arashiyama, Tenryuji Temple</td>
</tr>
<tr>
<td>EX-7</td>
<td>13:00-17:00</td>
<td>JPY 7,500</td>
<td>Fushimi Inari, Geikeikan Sake Brewery with Box lunch</td>
</tr>
<tr>
<td>EX-10</td>
<td>9:00-17:00</td>
<td>JPY 17,000</td>
<td>Enryakuji Temple, Lake Biwa, Sanzen-in Temple with lunch</td>
</tr>
</tbody>
</table>

EX-3 Golden Pavilion: A UNESCO World Heritage Site. Kinkakuji was built in 1397 by Shogun Ashikaga Yoshimitsu as his retirement villa. The gardens are designated as a special national historic and scenic site. The "Sekka-tei" tea house, located in the garden, is famous for its staggered shelves made of bush clover wood, and its Nanten alcove pillar.

Daisen-in: Founded in 1319 by Abbot Daito. Later, Abbot Ikkyu reconstructed it as one of the chief temples of the rinzai sect. Having been supported by tea masters, warriors and rich merchants, there are many subordinate temples in the precincts of this temple and almost all of them possess numerous priceless paintings and landscaped gardens dating from the 15th to the 17th centuries. The garden of Daisen-in is perhaps most remarkable. Its karesansui dry landscape is known for its special scenic beauty.

EX-4 Shoren-in Temple: This elegant temple, also known as the Awata palace, once served as a place of refuge for the emperor after a giant fire destroyed much of Kyoto in 1788. It houses many cultural properties including a drawing of the Fudomyoo-nidoji, which is a National Treasure.

Byodoin Temple: A UNESCO World Heritage Site, this temple was once the villa of Fujiwara Michinaga, the model for the hero in the Japanese classic "The Tale of Genji". It was turned into a temple by Fujiwara's son in 1052 and now includes numerous national treasures. The main hall -called Ho-oh-doh or "Phoenix Hall" - was built in 1053 and is a national treasure. The hall enshrines a large statue of Amida Buddha sculpted by famous artist Jocho that is also a national treasure. The temple's elegant bell is considered one of the finest such bells in Japan and is another national treasure.

EX-5 Ryoanji Temple: A UNESCO World Heritage Site, this Zen temple was established in 1450 by Hosokawa Katsumoto. Its dry landscape garden, consisting of 15 large and small rocks on a bed of white sand spread out over an eastwest rectangular plot, is the most famous of its kind in the world.

Tenryuji Temple: A UNESCO World Heritage Site, was established by Shogun Ashikaga Takauji in 1339 as a Zen temple. The garden, designated as Japan's first special national historic site, blends the elegance of an imperial court garden with that of classic Zen garden design, and borrows the Kameyama garden with that of classic Zen garden design, and borrows the Kameyama

EX-7 Fushimi Inari: The head shrine of more than 40,000 Inari shrines throughout Japan, Fushimi Inari Shrine is one of the oldest in Kyoto. Enshrining the god of good harvests and good business, the shrine is crowded with people during the New Year and on the first day of each month.

Geikeikan Sake Brewery: Sake is a traditional Japanese rice wine, produced strictly from moldy rice, steamed rice and water; it has an alcoholic content of 15 to 17 percent. It is inseparable from the daily life of the Japanese, to say nothing of all ceremonial occasions. Geikeikan has the honour of being appointed as purveyor to Imperial Household. Sake tasting will take place at the end of the tour.

EX-10 Enryakuji Temple: Located atop Mt. Hiei in a thick grove of Japanese cypress-trees. It was established in 788 by Priest Saicho, better known as Dengyo-Daishi, founder of the Tendai sect by order of Emperor Kammu. The object of its foundation was to protect the new capital from evil spirits which were supposed to come from the northeast direction.

Lake Biwa: The largest fresh-water lake in Japan, with a circumference of 188 kilometers and an area of 674 square kilometers. Enjoy a delightful cruise on Lake Biwa aboard a large sightseeing vessel called the "Michigan".

Sanzen-in Temple: This temple belongs to Tendai sect of Buddhism. It was built in 1118. The temple’s main statue of an Amida Nyorai (made of wood) and its statues of the Ryowaki samurai are designated important national cultural properties. The garden, covered with moss and surrounded by old cedar trees, is very beautiful. In the rainy season, about 3,000 hydrangea bushes add a magnificent explosion of color at the back of the temple gardens. Jakkoin Temple is a convent built on a perfectly secluded site. It is famous as the place where the Empress Kenreimon-in, mother of the infant Emperor Antoku, became a nun in 1185. She spent the rest of her life here after her imperial son perished along with the rest of the Taira clan at Dan-no-ura. Her tomb lies on a hill behind the temple. The convent’s garden is regarded as one of the finest places for maple-viewing in Kyoto.

Also you can enjoy following tours on Thursday 28.

<table>
<thead>
<tr>
<th>Name of tour</th>
<th>Time</th>
<th>Fare</th>
<th>Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>EX-2</td>
<td>9:00-13:00</td>
<td>JPY6,800</td>
<td>Nishi Honganji Temple, Kiyomizu Temple</td>
</tr>
<tr>
<td>EX-9</td>
<td>8:30-18:00</td>
<td>JPY13,000</td>
<td>Kasuga Shrine, Todaiji Temple, Horyuji Temple with lunch</td>
</tr>
</tbody>
</table>

TOUR TICKETS are available at JTB TOUR DESK from 8:00 to 19:00 (8:00 to 13:00 on July 27).
Managing haemophilia for life: Treatment trends in haemophilia B

Wednesday
July 27, 2011
14:15 – 15:45
Sakura Room

Chairman:
Dr Man-Chiu Poon
(Canada)

Agenda

14:15    Chairman’s welcome and introduction
         Dr Man-Chiu Poon (Canada)

14:20    The global haemophilia B landscape
         Dr Man-Chiu Poon

14:35    Current trends in Asia
         Professor Renchi Yang (China)

14:55    Global perspectives on haemophilia B treatment
         Dr Paul Monahan (USA)

15:30    Panel discussion
         Moderated by Dr Man-Chiu Poon

15:40    Chairman’s summary
         Dr Man-Chiu Poon

15:45    Close

Please also plan to visit the Pfizer Exhibit Booth #36.
Opening Ceremony

Understanding the processes behind blood clotting can have far reaching consequences, from preventing heart attacks and treating haemophilia to saving the lives of trauma patients. The ISTH Academy’s content is open and relevant to all those looking for a working knowledge of thrombosis, from clinicians working with thrombosis patients and those training in internal medicine, haematology or vascular biology to (bio)medical students and researchers.

An understanding of thrombosis is important across many medical fields (e.g. orthopedics, neurology, neurosurgery) because a venous thrombosis can arise as a complication of many other conditions. Improved knowledge of thrombosis, its diagnosis and management, may improve detection and reduce associated morbidity and mortality.

The ISTH Academy’s modules take you through many aspects of thrombosis, including its basis in the coagulation system, etiology and prognosis, diagnosis and management. As well as educational, the modules are interactive and multimedia, featuring a number of fascinating key lectures from some of the leading experts in the field, contemporary conceptual animations and classic “paper-based” learning.

Visit us at stand 67-70 or go online to www.isthacademy.org, try our test modules and provide your feedback!

MAGELLAN Study

(continued from page 1)

outcome was a composite of asymptomatic proximal deep vein thrombosis (DVT), symptomatic DVT, symptomatic non-fatal pulmonary embolism and VTE-related death.

Dr. Cohen commented, “This was a positive study – the MAGELLAN results showed that rivaroxaban was noninferior to enoxaparin at day 10, and was superior to enoxaparin followed by placebo at day 33.”

The principal safety outcome was clinically relevant bleeding, the composite of treatment-emergent major bleeding and non-major clinically relevant bleeding. “Overall bleeding rates were low, but rates were significantly higher in the rivaroxaban arm across the entire study period,” said Dr. Cohen. “These findings were generally consistent across all subgroups analyzed.”

Extended-duration rivaroxaban was more effective overall in reducing the incidence of VTE compared with enoxaparin across all covariates analyzed. Dr. Cohen showed that the effects were most significant in patients aged 75 years or older and in patients with acute infectious and inflammatory disease. At day 35, compared to enoxaparin with a placebo, rivaroxaban was superior with a roughly 23% risk reduction. Dr. Cohen noted that extended thromboprophylaxis cannot be recommended routinely across the heterogeneous acutely ill patient group studied.

The net clinical benefit data from the MAGELLAN study is being presented at the Congress in the form of a late-breaking clinical trials poster. “The net clinical benefit depends on how you define the term,” explained Dr. Cohen. “According to the study protocol, we used a very broad definition to include clinically relevant non-major bleeding. If you include that, it favors enoxaparin. If you look at the traditional definition of net clinical benefit, which just has major bleeding, it favors rivaroxaban.” Dr. Cohen commented that he is aiming to present further information on the MAGELLAN subgroups analyses, and in particular D-dimer information, later this year.

“We’re still trying to see whether the population that has an elevated D-dimer is the one that, firstly, is at risk of venous thrombosis, and secondly, benefits from prolonged prophylaxis,” said Dr. Cohen. “This is data that’s brand new – it’s never been seen before.”

“What we showed in the MEDENOX study many years ago was that medical patients with normal D-dimers did not develop thrombosis,” he added. “Those who got thromboprophylaxis with enoxaparin had a fall in D-dimers, and also a fall in thrombosis rates. In our study, those with an elevated D-dimer – in other words, equal to or above two times the upper limit of normal – seemed to have the maximum benefit from prolonged thromboprophylaxis.”

Opening Ceremony

season by season, which vividly brought to life Kyoto’s myriad cultural attractions.

In his opening remarks, Dr Ikeda conveyed his deepest sympathy to all those affected by the Great East Japan Earthquake and observed a moment of silence in memory of those who lost their lives. He expressed gratitude to all who have worked so hard behind the scenes to organize the XXIII Congress in unprecedented circumstances.

Dr Henri Bounaumeux, MD, Chairman of the Council, noted that each Congress presents new features and educational programs, and drew attention to this year’s e-learning booths on epidemiology, thrombosis and blood coagulation. He urged all participants to visit the booths and feedback their experiences.

During the presentation of awards, Dr Bounaumeux presented a plaque to Dr. Gilbert C. White II, MD, MS, ISTH Executive Director from 1999-2010, in recognition of his extraordinary commitment to ISTH. Dr. White paid tribute to his mentor, Harold Roberts, as well as past and present Presidents of the ISTH.

The Robert P. Grant Medal, the highest honor bestowed by the ISTH, was awarded to Dr. Désiré Collen, MD, PhD. for his outstanding contributions to fibrinolysis, thrombolysis, and the entire field of hemostasis and atherosclerosis. Dr. Collen thanked his collaborators and Japanese colleagues for their constructive contributions over the years.

The distinctive sounds of shakuhachi (bamboo flute) and koto (13-string harp) filled the evening air as delegates enjoyed an open-air reception in the tranquil surroundings of the Kyoto International Conference Centre’s Japanese-style garden.

Visit the ISTH Booth

Located in the Main Event Hall at Booth #5, the ISTH booth will provide delegates with information about the Society and its programs and activities. Easily renew your membership or sign up as a member. Here you can also speak with editorial staff from the Society’s official journal, Journal of Thrombosis and Haemostasis. Find information at the booth about other ISTH educational resources and benefits. Visit the ISTH Booth today!