

# Thrombosis Prevention Trial

<b>Submission date</b> 07/09/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 08/09/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 29/05/2007	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Prof Tom Meade

### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

## Study information

## **Scientific Title**

## **Acronym**

TPT

## **Study objectives**

That primary prevention treatment in men at high risk with low intensity oral anticoagulation with warfarin and/or 75 mg aspirin daily (i.e. factorial design) reduces coronary heart disease events by 30%.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Not provided at time of registration

## **Study design**

Randomised controlled trial.

## **Primary study design**

Interventional

## **Secondary study design**

Randomised controlled trial

## **Study setting(s)**

Not specified

## **Study type(s)**

Prevention

## **Participant information sheet**

## **Health condition(s) or problem(s) studied**

Thrombosis

## **Interventions**

Oral anticoagulation with warfarin to International Normalised Ratio of 1.5 and/or 75 mg aspirin daily compared with double placebo treatment, i.e. four treatment groups:

1. Active warfarin and active aspirin
2. Active warfarin and placebo aspirin
3. Placebo warfarin and active aspirin
4. Placebo warfarin and placebo aspirin

## **Intervention Type**

Drug

## **Phase**

Not Specified

**Drug/device/biological/vaccine name(s)**

Warfarin and aspirin

**Primary outcome measure**

All coronary heart disease events; fatal and non-fatal coronary events separately.

**Secondary outcome measures**

Not provided at time of registration

**Overall study start date**

01/09/1988

**Completion date**

01/09/1997

## Eligibility

**Key inclusion criteria**

In top 20% of risk score distribution based on smoking history, family history, systolic blood pressure, body mass index, blood cholesterol, factor VII activity, plasma fibrinogen. 5499 men aged 45-69 recruited in 108 practices in the Medical Research Council's General Practice Research Framework.

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Male

**Target number of participants**

4500 (5499 actually recruited).

**Key exclusion criteria**

Already on antithrombotic treatment; high risk of bleeding; liver or renal disease; serious concomitant disease; at discretion of general practitioner

**Date of first enrolment**

01/09/1988

**Date of final enrolment**

01/09/1997

## Locations

**Countries of recruitment**

England

United Kingdom

**Study participating centre**  
**Non-communicable Disease Epidemiology Unit**  
London  
United Kingdom  
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## Sponsor information

### Organisation

Sponsor not defined - Record provided by the Medical Research Council (UK)

### Sponsor details

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### Sponsor type

Not defined

## Funder(s)

### Funder type

Research council

### Funder Name

Medical Research Council (UK)

### Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

# Results and Publications

Publication and dissemination plan  
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary  
Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	Results:	24/01/1998		Yes	No