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Haemorrhage ALleviation with Tranexamic acid IntesTinal system

Submission date	Recruitment status	[X] Prospectively registered
26/06/2012	No longer recruiting	[X] Protocol
Registration date	**Overall study status**	[X] Statistical analysis plan
03/07/2012	Completed	[X] Results
Last Edited	**Condition category**	[_] Individual participant data
25/09/2020	Haematological Disorders	

Plain English summary of protocol

Background and study aims
Severe bleeding in the digestive system is a common symptom of many diseases. Each year, about 50,000 people end up in British hospitals because of this problem and about 5,000 of them die. The most common cause of this bleeding is stomach ulcers. In sub-Saharan Africa, schistosomiasis (parasitic worms) is responsible for about 130,000 deaths from stomach bleeding each year. From previous research in other bleeding conditions such as surgery and trauma, we know that a drug called tranexamic acid can reduce bleeding and save lives. We now want to do the HALT-IT trial to see if giving tranexamic acid can save lives and if there are any complications in people with severe bleeding from the digestive system.

Who can participate?
Adults with significant bleeding from any part of their digestive tract can take part in the HALT-IT trial. We plan to study 12,000 patients worldwide.

What does the study involve?
Adults (16 years or older) with significant bleeding from any part of their digestive tract can be part of the trial. Many patients will be admitted as an emergency with this bleeding problem and others might develop it in hospital. Because this bleeding is an emergency situation, doctors will need to decide very quickly whether a patient is suitable for the trial or not (usually as soon as possible after the problem is identified). Brief information will be collected on an entry form to see if a patient is suitable. In this emergency situation it is difficult for patients to give written informed consent to take part. We will therefore ask the ethics committee for permission to put patients into the trial without written consent but where possible will get agreement from patients and relatives first, and we will explain to patients later what happened to them and how the information from the trial will be used. We have asked the opinions of members of the public about this and they agree that this is the only way we can do good research on life-threatening emergency problems.
Everyone will get all the treatments that doctors usually give for this condition. In addition, they will get the trial treatment by an intravenous infusion (drip) for about 24 hours. Half of the patients will receive tranexamic acid and the other half a dummy medicine called a placebo. To make sure that the two groups are the same apart from tranexamic acid, we will decide who gets tranexamic acid and who gets placebo using a computer programme, a modern equivalent of the

toss of a coin (this is called randomisation).
We will collect some information on the progress of patients and whether they have any side effects in the trial up to 28 days. In some countries where health data is routinely stored on national databases, we will check the database to see whether patients had any illnesses recorded for up to one year. To allow us to do this, we will collect patients' personal information where we have been given approval to do so.

What are the possible benefits and risks of participating?
We hope that tranexamic acid will help reduce blood loss and reduce the number of patients who die from this condition. The knowledge that we gain from this study will help other people with gastrointestinal bleeding in the future.
Tranexamic acid is not a new drug. It has been used for years to reduce bleeding after operations and heavy menstruation and more recently to treat other types of serious injury. It works by stopping the breakdown of the blood clots which are needed to control bleeding. Studies have shown that it does not cause unwanted clotting and there are no serious side effects with short term use. However, patients will be monitored closely and will report to the study organisers if there are any unexpected problems.

Where is the study run from?
The HALT-it trial is organised by the London School of Hygiene and Tropical Medicine, UK and will involve hundreds of doctors and nurses worldwide.

When is study starting and how long is it expected to run for?
We plan to enter patients into the trial from January 2013 until May 2019.

Who is funding the study?
This study is funded by Health Technology Assessment programme which is part of the National Institute for Health Research (NIHR), UK.

Who is the main contact?
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Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

ClinicalTrials.gov (NCT)
NCT01658124

Clinical Trials Information System (CTIS)
2012-003192-19

Protocol serial number
Version 3.0 29/01/2019

Study information

Scientific Title
Tranexamic acid for the treatment of gastrointestinal haemorrhage: an international randomised, double blind placebo controlled trial

Acronym
HALT-IT

Study objectives
The HALT-IT trial will determine the effect of tranexamic acid (TXA) on mortality, morbidity (re-bleeding, non-fatal vascular events), blood transfusion, surgical intervention and health status in patients with acute gastrointestinal haemorrhage.

More details can be found at: http://www.nets.nihr.ac.uk/projects/hta/110104
Protocol can be found at: http://www.nets.nihr.ac.uk/__data/assets/pdf_file/0018/81144/PRO-11-01-04.pdf

Ethics approval required
Old ethics approval format

Ethics approval(s)
LSHTM ethics committee, 19/12/2012, ref:6328

Study design
Pragmatic randomised double blind placebo-controlled trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Upper and lower gastrointestinal bleeding

Interventions
Tranexamic acid versus placebo

Patients will be randomised to either tranexamic acid (loading dose 1 g over 10 min then infusion of 3 g over 24 h) or matching placebo (given by intravenous infusion).

Intervention Type
Drug

Phase
Phase III

Drug/device/biological/vaccine name(s)
Tranexamic acid

Primary outcome(s)
Current primary outcome measure as of 30/04/2019:
Death from haemorrhage within 5 days of randomisation (all-cause and cause-specific mortality within 28 days will also be recorded: haemorrhage, myocardial infarction, stroke, pulmonary embolism, pneumonia, malignancy, other)

Previous primary outcome measure:
Death in hospital within 28 days of randomisation (cause-specific mortality will also be recorded: haemorrhage, myocardial infarction, stroke, pulmonary embolism, pneumonia, malignancy, other) (Criteria added 01/12/2017)

Key secondary outcome(s))
Current secondary outcome measures as of 30/04/2019:
1. Death from haemorrhage within 28 days
2. Re-bleeding
3. Endoscopic, radiological or surgical intervention
4. Blood transfusion blood or blood component units transfused
5. Thromboembolic events (myocardial infarction, stroke, pulmonary embolism, deep vein thrombosis)
6. Complications (including renal failure, significant cardiac event, respiratory failure, hepatic failure, sepsis, pneumonia, seizure)
7. Functional status measured using the Katz Index of Independence in Activities of Daily Living
8. Time spent at an intensive care or high dependency unit
9. Length of stay in hospital
10. Patient status (death, hospital readmission) at 12 months will be ascertained if appropriate databases are available in the recruiting country
11. Adverse events

Previous secondary outcome measures:
1. Death from haemorrhage (added 01/12/2017)
2. Re-bleeding
3. Need for salvage surgery or radiological intervention
4. Blood transfusion blood or blood component units transfused
5. Thromboembolic events (myocardial infarction, stroke, pulmonary embolism, deep vein thrombosis)
6. Other adverse medical events (including renal failure, significant cardiac event, respiratory failure, hepatic failure, sepsis, pneumonia, seizure)
7. Functional status measured using the Katz Index of Independence in Activities of Daily Living
8. Time spent at an intensive care unit

9. Length of stay in hospital
10. Patient status (death, hospital readmission) at 12 months will be ascertained if appropriate databases are available in the recruiting country

Completion date
19/07/2019

Eligibility

Key inclusion criteria
1. All adult patients with acute significant upper or lower gastrointestinal bleeding
2. Where the responsible clinician is substantially uncertain as to the appropriateness of antifibrinolytic agents in the patient

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
12009

Key exclusion criteria
The fundamental eligibility criterion is the responsible clinician's 'uncertainty' as to whether or not to use an antifibrinolytic agent in a particular patient with upper or lower gastrointestinal bleeding.

Date of first enrolment
02/01/2013

Date of final enrolment
21/06/2019

Locations

Countries of recruitment
United Kingdom

England

Australia

Egypt

Georgia

Ireland

Malaysia

Nepal

Pakistan

Papua New Guinea

Romania

Spain

Study participating centre
Clinical Trials Unit
London
United Kingdom
WC1E 7HT

Sponsor information

Organisation
London School of Hygiene and Tropical Medicine (UK)

ROR
https://ror.org/00a0jsq62

Funder(s)

Funder type
Government

Funder Name
NIHR Health Technology Assessment Programme - HTA (UK) 11/01/04

Results and Publications

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?
Results article	results	01/06/2020	23/07/2020	Yes	No
Protocol article	protocol	19/11/2014		Yes	No
Statistical Analysis Plan	statistical analysis plan	30/07/2019	01/08/2019	No	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes