

The Christopher Study: effective management of pulmonary embolism by clinical decision rule (CDR), D-dimer test and helical computed tomography (CT)

Submission date 04/04/2006	Recruitment status No longer recruiting	☐ Prospectively registered
		☐ Protocol
Registration date 04/04/2006	Overall study status Completed	☐ Statistical analysis plan
		☒ Results
Last Edited 05/11/2008	Condition category Circulatory System	☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

NTR581

Study information

Scientific Title

Acronym

Christopher Study

Study objectives

It is safe to withhold anticoagulant treatment in patients with clinically suspected pulmonary embolism (PE) who have either a combination of clinical decision rule (CDR) indicating PE unlikely and normal D-dimer test or CDR indicating PE likely or abnormal D-dimer test and normal helical computed tomography (CT).

Ethics approval required

Old ethics approval format

Ethics approval(s)

The institutional review boards of all participating hospitals approved the study protocol.

Study design

Prospective cohort study

Primary study design

Observational

Study type(s)

Screening

Health condition(s) or problem(s) studied

Pulmonary embolism (PE)

Interventions

Diagnosis of PE by CDR, D-dimer and helical CT.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Thromboembolic disease during three months follow-up in all patients.

Key secondary outcome(s)

No secondary outcome measures

Completion date

01/12/2004

Eligibility

Key inclusion criteria

Adult patients more than 18 years old with clinically suspected pulmonary embolism.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Pregnancy
2. Allergy to contrast media
3. No geographic possibility of return for follow-up
4. Treatment with therapeutic heparin for more than 24 hours
5. Indication for thrombolytic therapy

Date of first enrolment

01/11/2002

Date of final enrolment

01/12/2004

Locations**Countries of recruitment**

Netherlands

Study participating centre

Leiden University Medical Centre (LUMC)

Leiden

Netherlands

2300 RC

Sponsor information**Organisation**

Academic Medical Centre (AMC) (The Netherlands)

ROR

<https://ror.org/03t4gr691>

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Amphia Hospital Breda (The Netherlands)

Funder Name

Hospital Hilversum (The Netherlands)

Funder Name

University Hospital Maastricht (AZM) (The Netherlands)

Funder Name

Academic Medical Centre (AMC) (The Netherlands)

Funder Name

Erasmus Medical Centre (The Netherlands)

Funder Name

University Medical Centre St Radboud (The Netherlands)

Funder Name

Meander Medical Centre (The Netherlands)

Funder Name

Spaarne Hospital (The Netherlands)

Funder Name

Diakonessenhuis Meppel (The Netherlands)

Funder Name

Medical Centre Rijnmond, location Zuider Hospital Rijnstate Hospital (The Netherlands)

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	11/01/2006		Yes	No