NHS
Blood and Transplant

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To: Consultant Haematologist (with responsibility for transfusion)

5th June 2014

Dear Colleague,

Re: 'HALT-IT' trial

I am following up on my letter last year about the 'HALT-IT' trial, an NIHR funded randomised controlled trial to determine the effect of tranexamic acid (TXA) on mortality and morbidity (e.g. re-bleeding and vascular events) in patients with significant gastrointestinal bleeding.

The trial is recruiting very well and ahead of target in UK. It is a truly multi-disciplinary effort, involving emergency physicians, gastroenterologists, surgeons and haematologists.

We do continue to receive enquiries about the trial protocol for HALT-IT, and specifically whether TXA should be given to many patient groups with bleeding, as part of 'massive haemorrhage/transfusion protocols'. However, the results of the CRASH-2 trial applied only to patients with trauma. Patients with gastrointestinal bleeding are usually older than trauma patients, with different co-morbidities, and it is uncertain whether the results of CRASH-2 should be extrapolated from trauma to GI bleeding. It is possible that harms from the use of TXA might be greater in patients presenting with gastrointestinal bleeding compared to trauma patients.

Until we have reliable evidence one way or the other, we hope that patients with gastrointestinal bleeding who are enrolled in the trial should not be considered for, or given TXA, as part of 'massive haemorrhage protocols'. As an example, we are aware of how some hospitals have modified their massive haemorrhage protocols to indicate that for patients with gastrointestinal bleeding, TXA should be considered as part of HALT-IT.

I remain very grateful for the support of the haematology and transfusion community for all your help with this trial. We hope that TXA will reduce bleeding in patients with gastrointestinal haemorrhage, without increasing the risk of vascular occlusive events, but as yet the effect of TXA on vascular/thrombotic occlusive events is not known.

Please do discuss and circulate this letter to other colleagues in haematology/transfusion who are involved in this trial. As before, I (simon.stanworth@nhsbt.nhs.uk) or the research team at the London School of Tropical Medicine and Hygiene Clinical Trials Unit (Haltit@lshtm.ac.uk) are available to provide advice.

Yours sincerely

Dr Simon Stanworth
Consultant Haematologist