



Contents lists available at ScienceDirect

# Thrombosis Research

journal homepage: [www.elsevier.com/locate/thromres](http://www.elsevier.com/locate/thromres)

## Understudied Areas



“Rare, or sort of rare conditions, often get short shrift in clinical research. In this issue of the journal we see a few examples illustrating work that seeks to “move the bar” in understudied areas. Covut et al describe a large administrative database study exploring the use of DOACs in cerebral vein thrombosis [1]. Dager et al report a single center retrospective cohort study exploring the use of low dose FEIBA to reverse DOACs in patients with major bleed [2].

Clinicians, patients and policymakers are often left to borrow evidence from more “evidence rich” cousins (i.e. more common conditions). For example, we might use evidence that new anticoagulants are effective/safe in leg vein DVT or PE to reassure us that they are safe in venous thrombosis in other areas like cerebral vein thrombosis. Should we be doing this? Should we just admit that we don’t know? Should we use evidence from small often highly selected, often retrospective, cohort studies? We believe you should do all of the above (choose « all of the above » in multiple choice questions-it’s often correct!). While we patiently wait for definitive RCTs (yes multiple RCTs in different settings are even better), we should review the totality of lesser quality evidence to guide us. If analogous data, small retrospective or even better prospective cohorts (best if actually consecutive patients (and you can prove it)) are all pointing in right directions (i.e. effective/safe) then let’s proceed cautiously (for now) and be honest with patients

about the limitations of evidence. It’s ok to say “not sure but looks good so far”. In this issue, Patel report on the need for patient centered shared decision making where we have no high quality RCT evidence. Patel et al review women’s views on use of postnatal thromboprophylaxis (an area with a dearth of RCTs) [3].”

ABOVE ALL contribute to support developing higher quality evidence so we aren’t telling the same story in 20 years. It’s our professional obligations. On way to contribute is to participate in the international network of venous thrombosis networks studies ([www.invent-vte.com](http://www.invent-vte.com)).

## References

- [1] Fahrettin Covut, Tariq Kewan, Oscar Perez, Monica Flores, Abdo Haddad, Hamed Daw, Apixaban and rivaroxaban in patients with cerebral venous thrombosis, *Thromb Res.* (2018) In this issue.
- [2] W.E. Dager, A.J. Roberts, D.K. Nishijima, Effect of low and moderate dose FEIBA to reverse major bleeding in patients on direct oral anticoagulants, *Thromb Res.* (2018) In this issue.
- [3] Joanna Y. Huang, Vera Ignjatovic, Bennett J. Sheridan, Jacob Mathew, Yves D’Udekem, Johann Brink, Rebecca Barton, Gabrielle Callea, Dominique Morsman, Susan Donath, Stephen Opat, Paul Monagle, Bleeding and thrombotic events occur early in children on durable ventricular assist devices, *Thromb Res.* (2018) In this issue.

<https://doi.org/10.1016/j.thromres.2018.12.017>