Updates: TROOP and TAP

Jan Jansen, MBBS PhD
Professor of Surgery
Director, Center for Injury Science
Director of Research, Division of Trauma & Acute Care Surgery
Associate Vice Chair for Clinical Trials, Department of Surgery
University of Alabama at Birmingham

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Grants: NIH, DoD, MTEC, NIHR
Industry funding: CSL Behring, Infrascan, RevMedX
Consulting: CSL Behring, Infrascan, Cellphire, Octapharma

No results, I’m afraid!

TROOP

Trauma Resuscitation with Group O Whole Blood or Products

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Background

Large, NHLBI-funded, randomized clinical trial of whole blood vs. component therapy

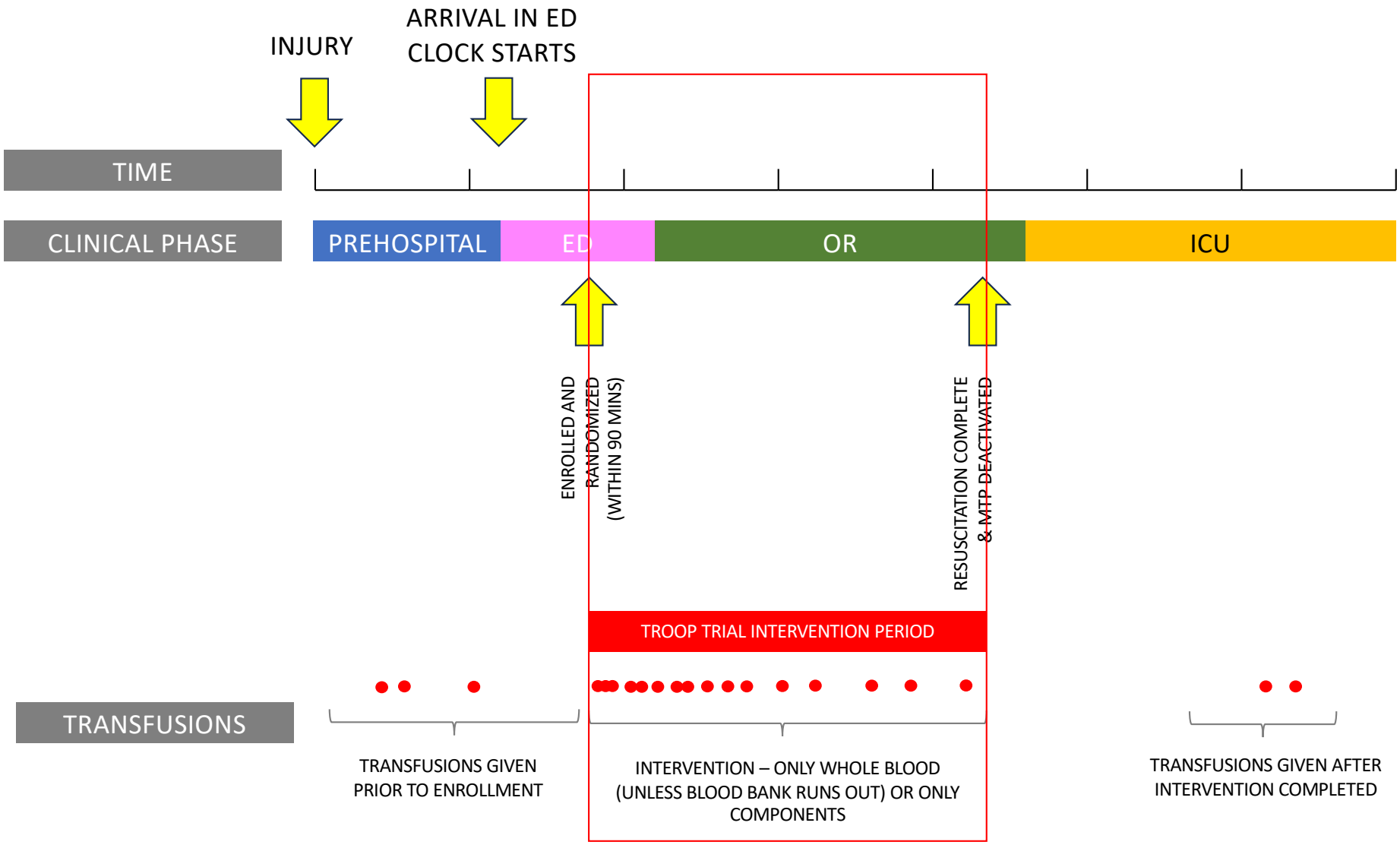
Aims to provide definitive answer of whether whole blood is (1) as good; or (2) better than component therapy

Pragmatic, Bayesian, multicenter, combined non-inferiority/superiority, phase 3 randomized clinical trial

Intervention: LTOWB (until it runs out*), plasma/cryo/platelets as needed

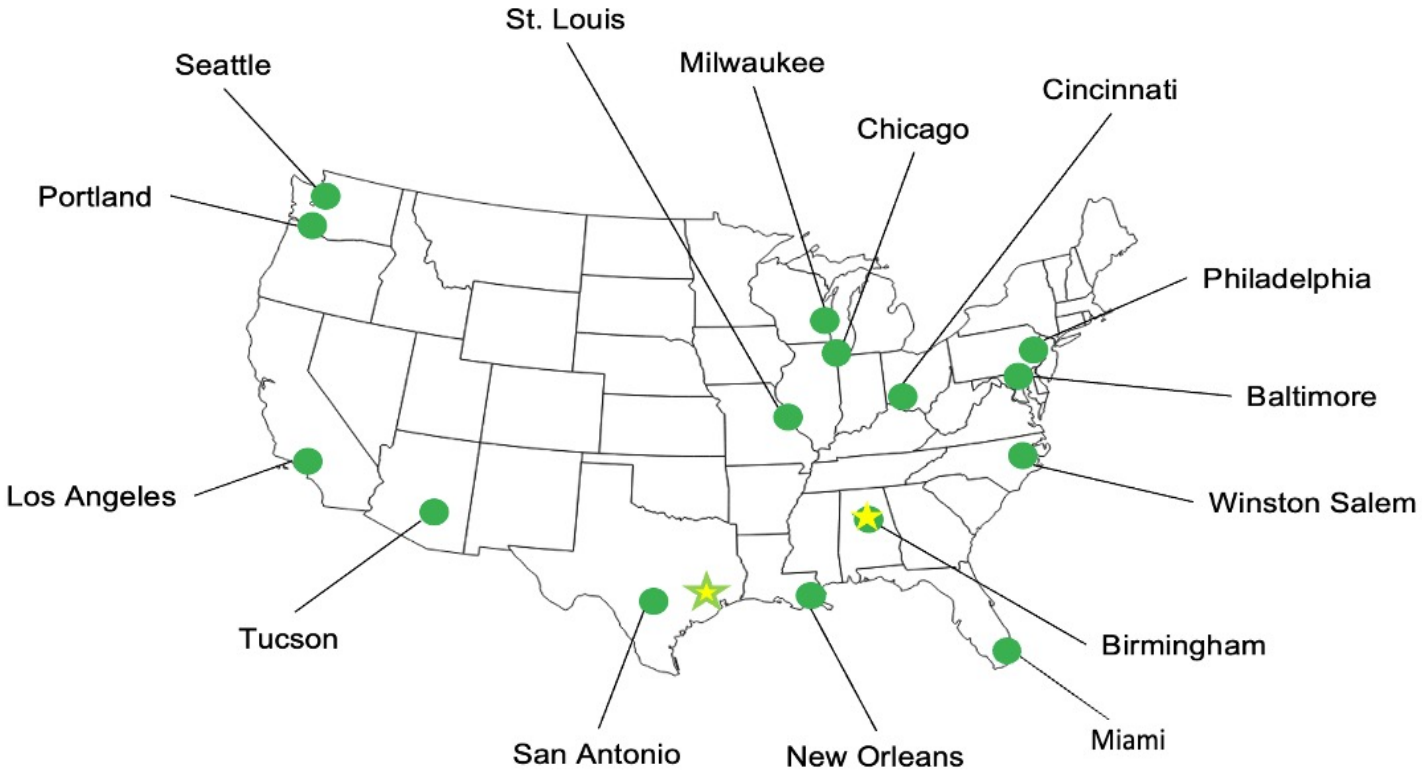
Control: Component therapy, no LTOWB

*must have at least 8 units of LTOWB in blood bank to enroll patients


INJURY
ARRIVAL IN ED
CLOCK STARTS
TIME
CLINICAL PHASE
PREHOSPITAL
ED
OR
ICU
ENROLLED AND RANDOMIZED (WITHIN 90 MINS)
RESUSCITATION COMPLETE & MTP DEACTIVATED
TROOP TRIAL INTERVENTION PERIOD
TRANSFUSIONS
TRANSFUSIONS GIVEN PRIOR TO ENROLLMENT
INTERVENTION – ONLY WHOLE BLOOD (UNLESS BLOOD BANK RUNS OUT) OR ONLY COMPONENTS
TRANSFUSIONS GIVEN AFTER INTERVENTION COMPLETED

Primary Outcome: 6h Mortality

1,100 patients



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University of Alabama at Birmingham (UAB)
(Hurst & Lima)

University of Washington (Harborview)
(Robinson & Hess)

Barnes-Jewish Hospital (Wash U)
(Bochicchio & Thibodeaux)

University of Cincinnati Medical Center
(Goodman & Oh)

Penn Presbyterian Medical Center
(Cannon & Moran)

LAC/USC Medical Center
(Inaba, Siletz)

Ryder Trauma Center, University of Miami
(Meizoso, Wu)

University of Chicago
(Rowell, Benjamin, & Wool)

University Medical Center New Orleans
(Taghavi & Lawicki)

Wake Forest Baptist Medical Center
(Hoth & Fadeyi)

Oregon Health and Sciences University Hospital
(Sally & VanSandt)

University of Maryland Shock Trauma Center
(Stein & Fontaine)

Froedtert Memorial Lutheran Hospital
(DeMoya & Treml)

University of Texas Health San Antonio
(Nicholson & Bynum)

University Arizona - Tucson
(Joseph & Addams)

Leadership

Dr. Jan Jansen, MBBS PhD
Professor of Surgery
Director, Center for Injury Science
University of Alabama at Birmingham
Principal Investigator (CCC)

Dr. John Holcomb, MD
Professor of Surgery
Senior Scientist, Center for Injury Science
University of Alabama at Birmingham
Principal Investigator (CCC)

Dr. Henry Wang, MD
Professor of Emergency Medicine
Ohio State University
Adjunct Scientist, Center for Injury Science
Principal Investigator (CCC)

Dr. Stacia DeSantis, PhD
Professor of Statistics
University of Texas (Houston)

Principal Investigator (DCC)

Dr. Kiran Mansoor, MBBS
Clinical Trial Program Manager
University of Texas (Houston)

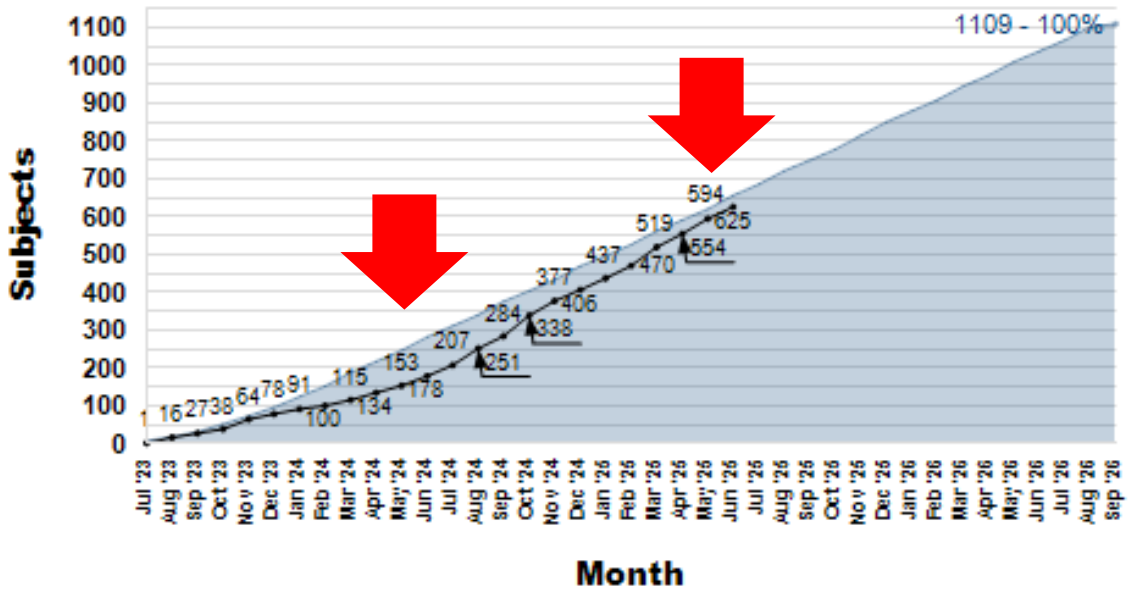
Program Manager (DCC)

Mr. Shannon Stephens
Executive Director, Center for Injury Science
University of Alabama at Birmingham

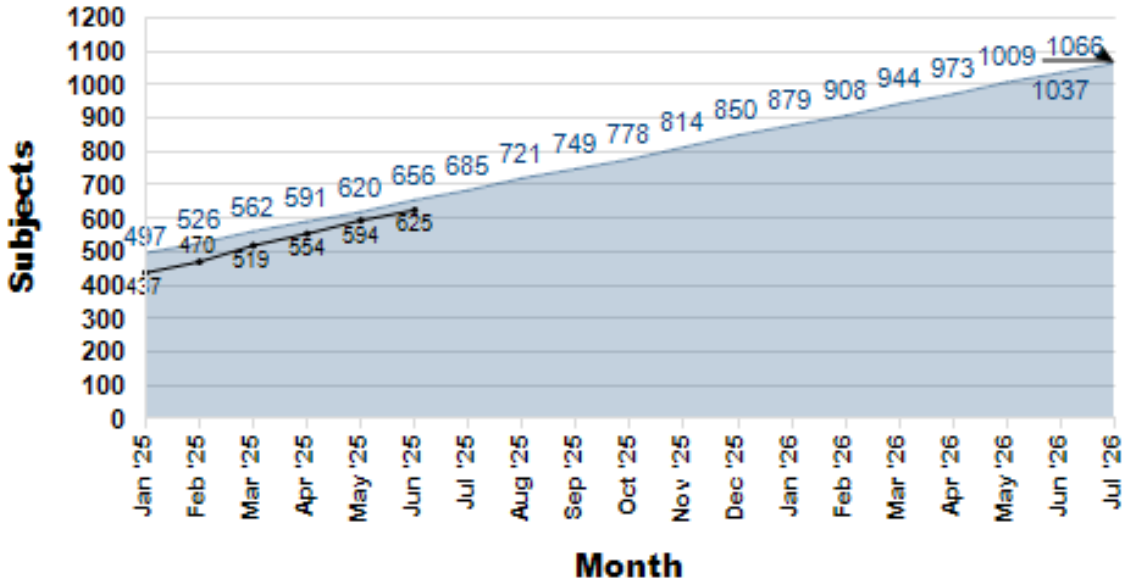
Program Manager (CCC)

Progress

Enrollment since Study Start



Enrollment – this Year



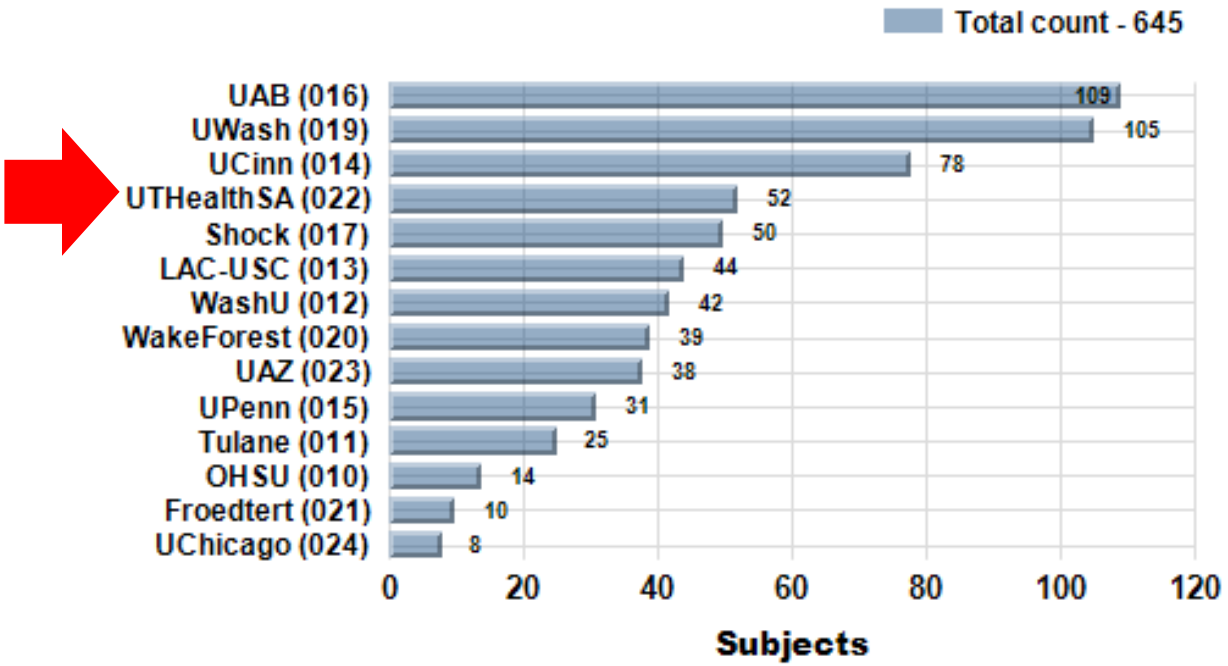
As at end of June:

625 patients enrolled (57% of total)

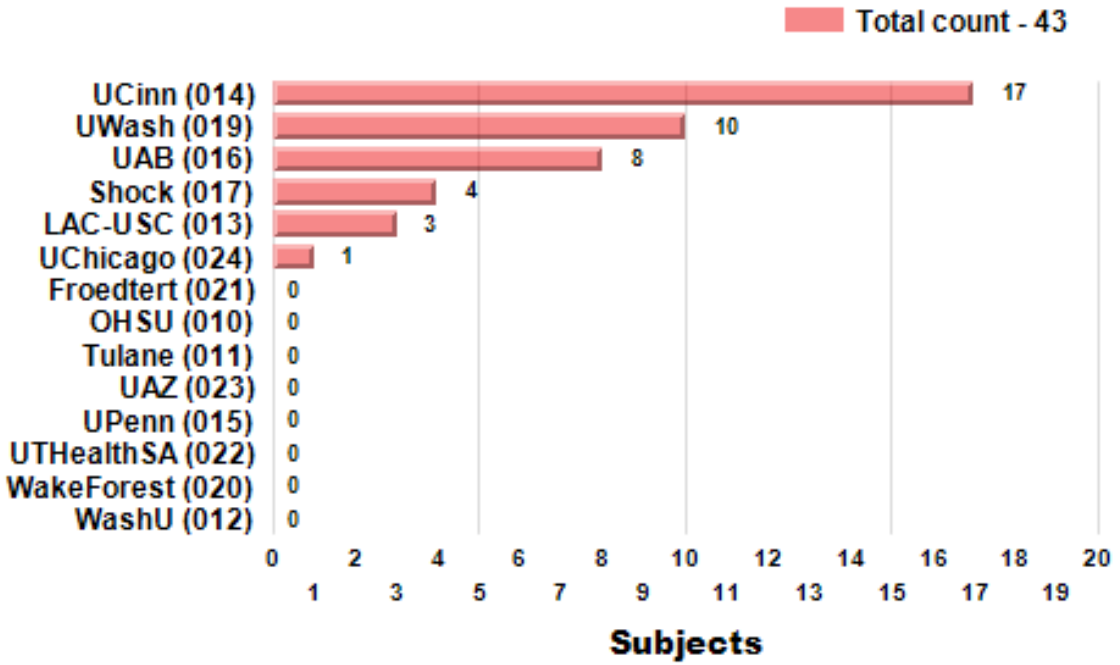
95% of target

Enrollment rate: ~1/day

Enrollment – by Site



Patients not Enrolled due to Lack of Whole Blood



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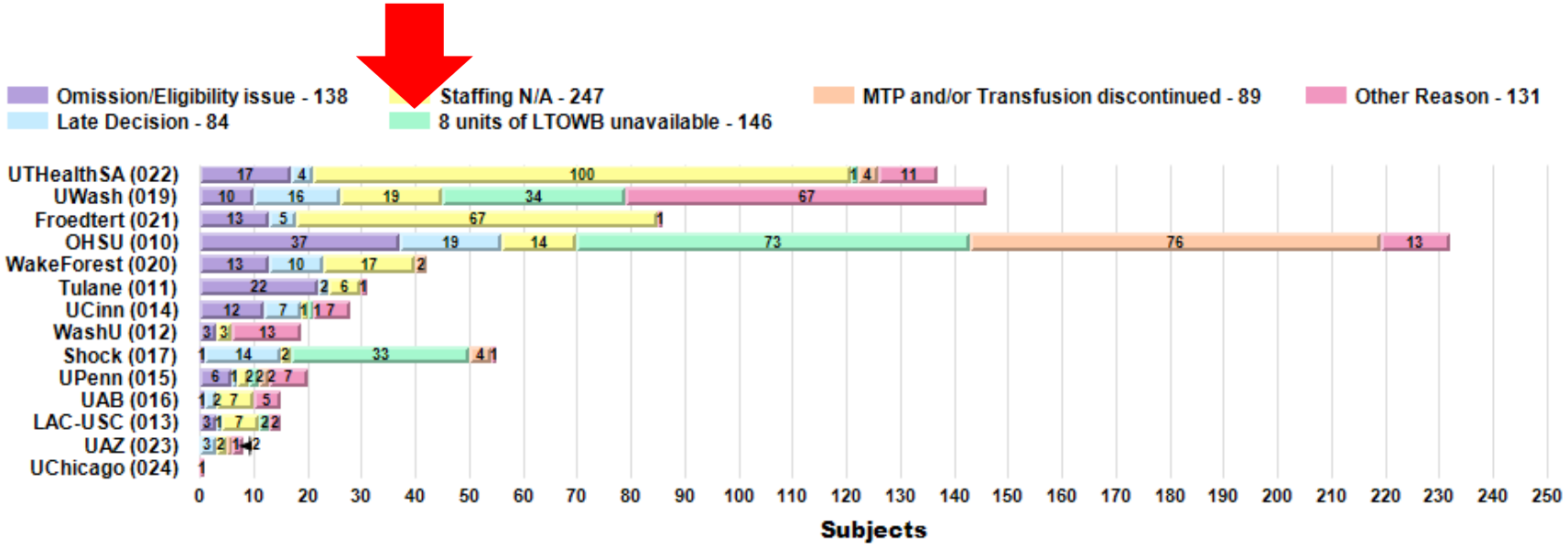
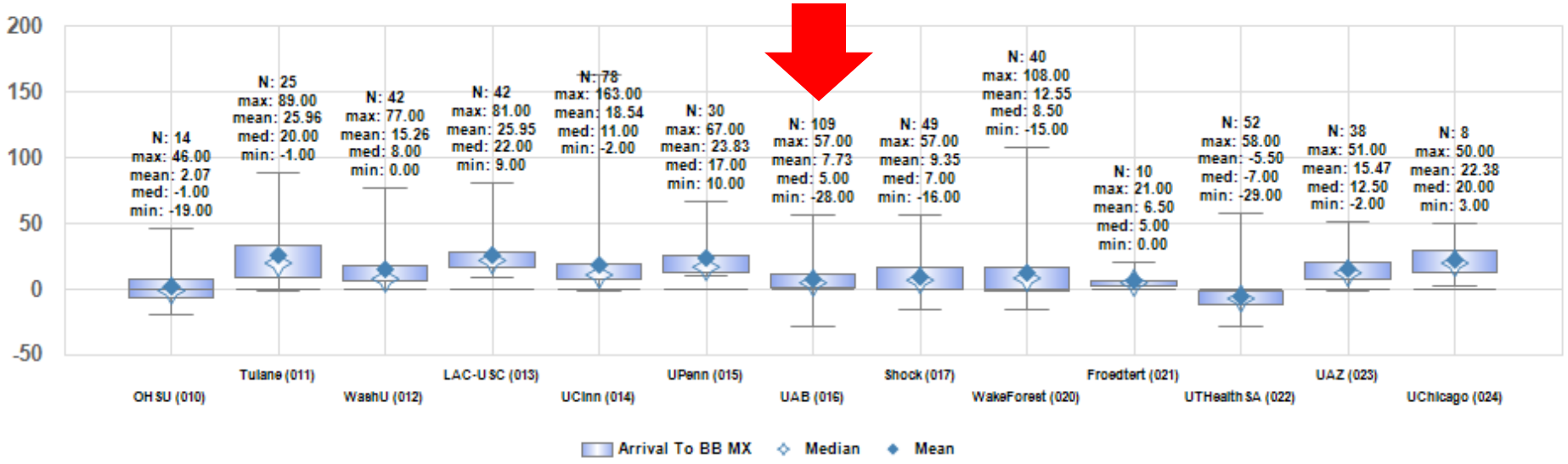


Arrival to Blood Bank Notification



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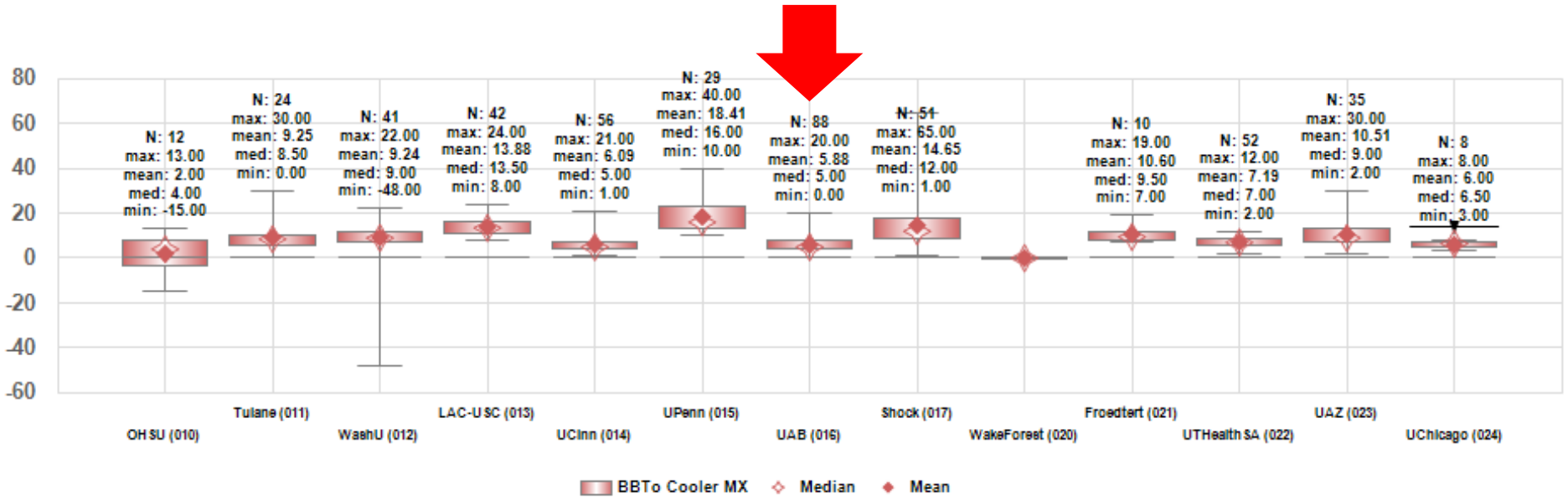
Blood Bank Notification to Cooler Arrival



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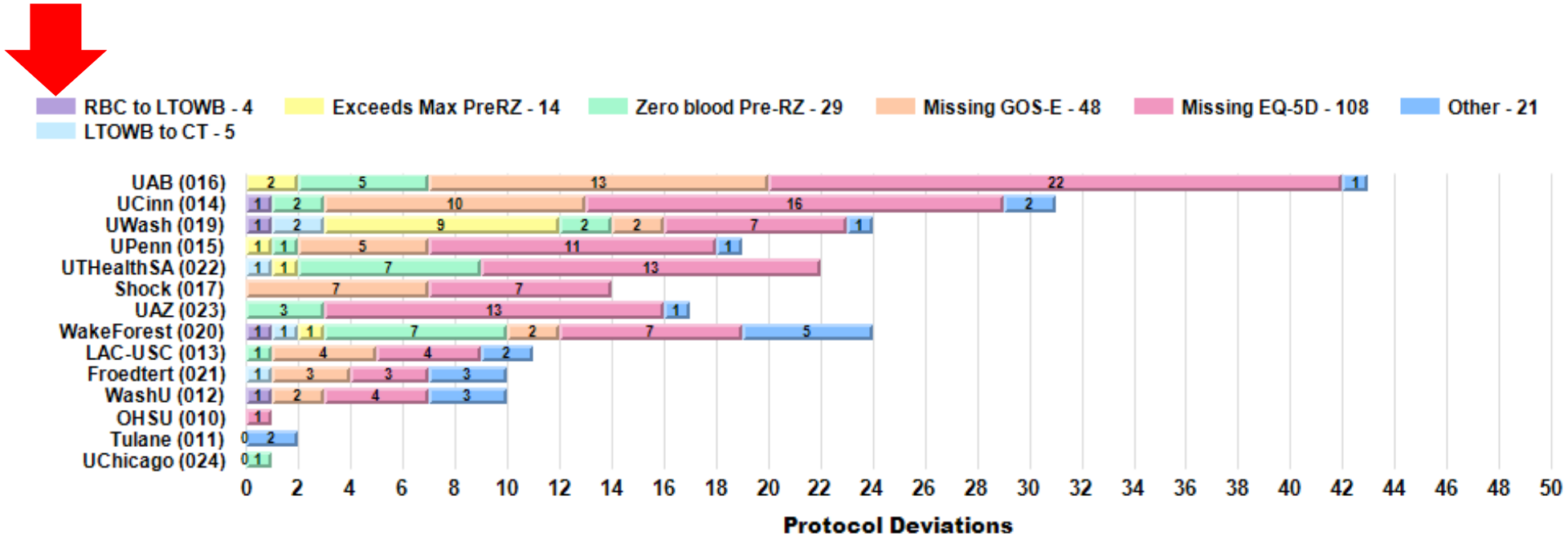
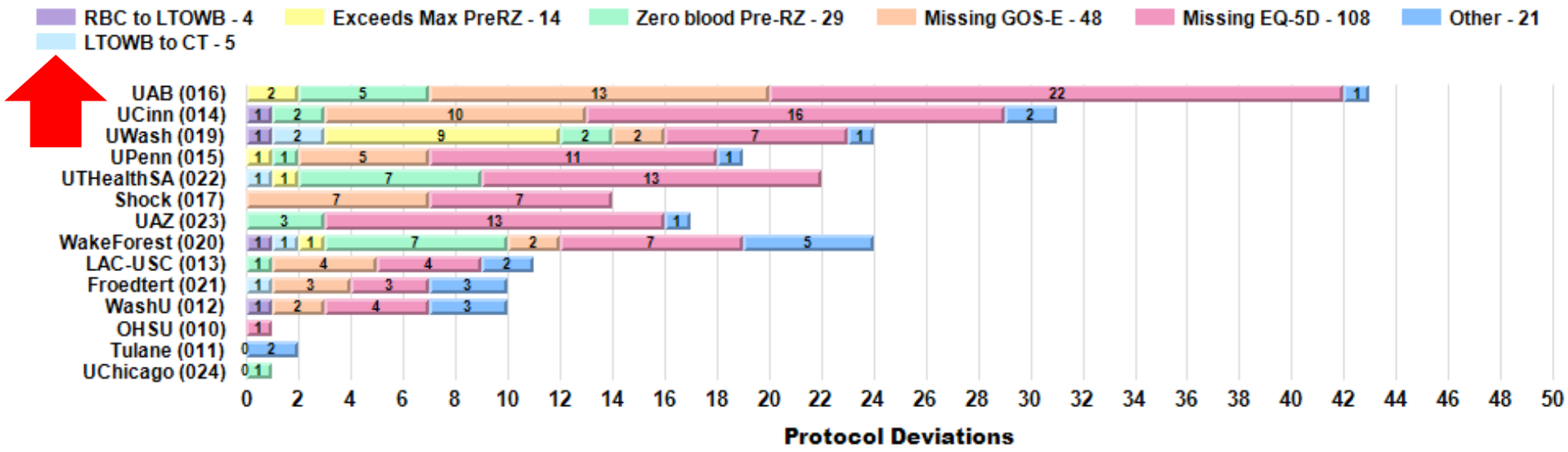
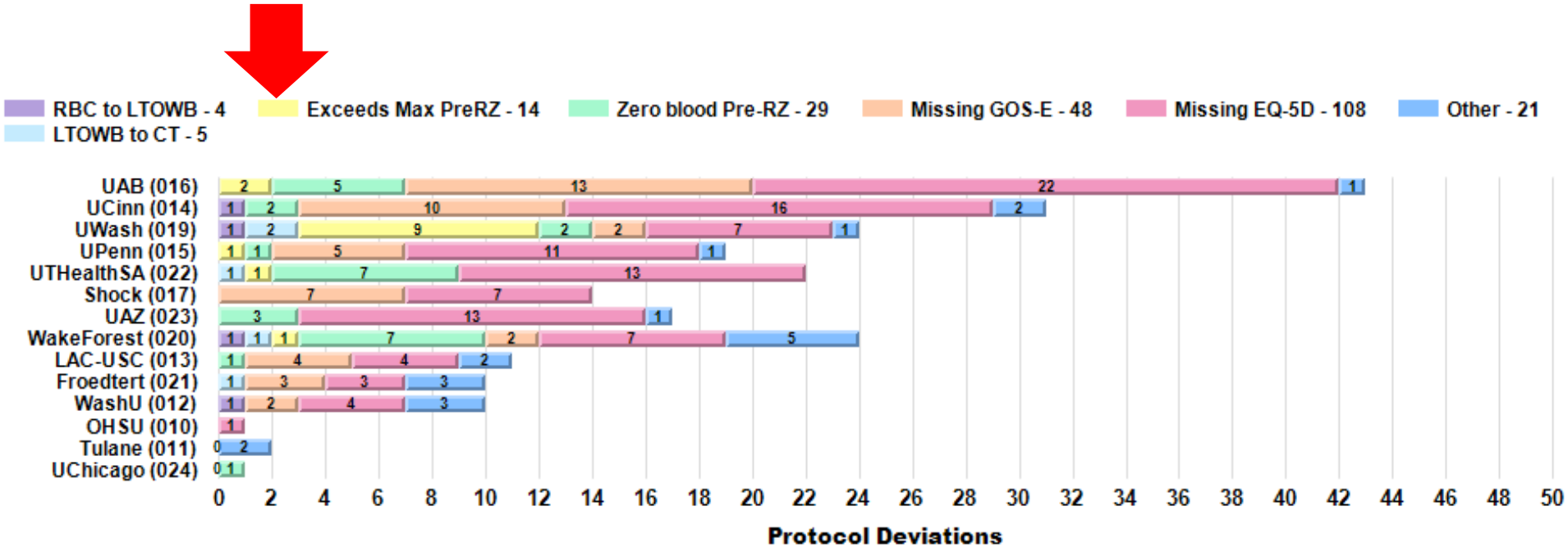
Protocol Deviations



Protocol Deviations



Protocol Deviations



Interim Analysis #1 (n=370) completed
DSMB recommended continuation

Challenges

LTOWB availability – less of an issue than expected

Changing practice with regards to blood availability in bay

Summary

Excellent progress
On track

Big “thank you” to all sites

Enrollment ends September 2026
Results in 2027

Could transform trauma transfusion care

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TRAUMA AND PCC STUDY

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(In brief)

Large, industry-funded, randomized clinical trial of early, empirical PCC vs. placebo

Pragmatic, Bayesian, multicenter, international, phase 3 randomized clinical trial

Intervention: PCC

Control: Placebo

Primary Outcome: 6h Mortality

Trial stopped by sponsor due to lower-than-expected enrollment rates and lower-than-expected mortality

This was a “business decision”
No safety concerns

1,362 patients enrolled

Analysis in progress
Results expected fall 2025

Conclusion

Trauma transfusion care continues to be an area of active research

UAB is not the only player in this area

Next two years will see several major trials concluding and reporting

Results could be practice-changing

More interesting and important work in planning