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Response: Patient and caregiver engagement in venous thromboembolism research

We thank Dr. Højen and colleagues for their interest in our article on venous thromboembolism (VTE) research priorities.¹ We strongly agree that patient and caregiver engagement in the research process strengthens the investigative process, and regrettably did not review this in the American Heart Association/International Society on Thrombosis and Haemostasis report. We include a few examples here following the framework of our article and agree that many more (and likely more impactful) ideas will be generated when patients, families, and other stakeholders are engaged in the investigative process.

For fundamental research (T0), patient and stakeholder engagement may help to identify previously unrecognized connections that hypothesize potential molecular mechanisms connecting pathology with clinical presentation. For human-level research (T1), patient and stakeholder engagement may influence the selection of new anticoagulant targets based on the impact of drug delivery methods. For patient-level research (T2), identifying patient-centered outcomes for measuring efficacy of treatments may change the design of clinical trials and interpretation of results. For practice-level research (T3), the patient, family, and stakeholder voices are critical for understanding and overcoming barriers to implementing evidence into practice. And for community- and population-level research (T4), patients and stakeholders must be equal or leading partners in addressing public awareness and policy prioritization of VTE and VTE preventative measures.

We thank Dr. Højen and colleagues for raising this important topic. We fully support the engagement of patients, families, and other stakeholders in all levels and steps of the VTE research process.

RELATIONSHIP DISCLOSURE

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