Also, additional surveillance imaging may have exposed patients to more procedural sedation, ionizing radiation, and cost and would have required patients to spend extra time undergoing additional testing. However, change in thrombus burden at 3 months will be evaluated in a subsequent exploratory analysis.

Third, Abdelmonem and colleagues inquire as to why the period for adverse event collection in the study was from randomization through 94 days after diagnosis of index venous thromboembolism. Given that the trial was designed to evaluate duration of therapy using currently prescribed anticoagulants rather than investigational drugs, an adverse event collection time frame was selected to optimize relevance to the study intervention; accordingly, this was defined in the trial protocol and the safety plan as the time from randomization to completion of the longer of the 2 randomized durations of anticoagulation. Nevertheless, data on recurrent venous thromboembolism and bleeding events were collected through 2 years.

Fourth, Abdelmonem and colleagues note that the secondary outcome was driven by occurrences of postthrombotic syndrome, which developed in approximately 25% of patients younger than 21 years of age with extremity deep venous thrombosis and is consistent with prior literature in pediatric and adult populations. We agree that further study of prognostic factors for postthrombotic syndrome in patients younger than 21 years of age is warranted.

Through clinical and translational research, including the use of banked plasma from the Kids-DOTT trial, investigators in the field of pediatric venous thromboembolism should continue to investigate this important issue.

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Conflict of Interest Disclosures: Dr Goldenberg reported receiving personal fees from Anthos Therapeutics, Bayer, Boehringer Ingelheim, Bristol Myers Squibb, CPC Clinical Research, Daichi-Sankyo, Janssen, Novartis, and Pfizer; receiving patient recruitment fees from the National Institutes of Health; being a member of the Pedi-ATLAS Group; and being the co-chair of the Antithrombotic Trials Working Group of the International Society for Thrombosis and Hemostasis Pediatric/Neonatal Hemostasis and Thrombosis Subcommittee of the Scientific and Standardization Committee; and being an expert for Connect4Children.

Additional Information: A list of the Kids-DOTT Trial Investigators appears in Supplement 4 of the original article.


CORRECTION

Error in Table: The Review article titled “Diagnosis and Treatment of Acute Coronary Syndromes: A Review,” published in the February 15, 2022, issue of JAMA, included an error in Table 3 in which aldosterone, rather than spironolactone, was listed as a mineralocorticoid receptor antagonist used to manage acute coronary syndromes. Table 3 has been corrected online and now indicates spironolactone as a mineralocorticoid receptor antagonist used to manage acute coronary syndromes. (All other information in the table was correct and is unchanged.)


Context Error: In the Medical News & Perspectives article titled “Medical Groups Defend Patient-Physician Relationship and Access to Adolescent Gender-Affirming Care,” published online March 30, 2022, in JAMA, Dr Turban was incorrectly identified as having served as an expert witness in a Texas case. This article was corrected online.