The FINISH-3 trial: A phase 3, international, randomized, single-blind, controlled trial of topical fibrocaps in intraoperative surgical hemostasis.

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Abstract:

Background This Phase 3, international, randomized, single-blind, controlled trial (FINISH-3)

compared the efficacy and safety of Fibrocaps, a ready-to-use, dry-powder fibrin sealant containing

human plasma-derived thrombin and fibrinogen, vs gelatin sponge alone for use as a hemostat for

surgical bleeding in 4 indications (ie, spinal, hepatic, vascular, soft tissue dissection).

Study Design Adults with mild to moderate surgical bleeding (randomized 2:1; Fibrocaps vs gelating

sponge) were treated at a single bleeding site (day 1). Time to hemostasis (TTH) during 5 minutes

was compared (log-rank statistic) within each indication. Safety follow-up continued to day 29.

Results Patients were treated (Fibrocaps, n = 480; gelatin sponge, n = 239) when undergoing spinal

(n = 183), vascular (n = 175), hepatic (n = 180), or soft-tissue (n = 181) procedures. Fibrocaps was

applied by spray device in 53% of all procedures (94% of hepatic and soft-tissue procedures).

Fibrocaps significantly reduced TTH compared with gelatin sponge; estimated hazard ratios were

3.3, 2.1, 2.3, and 3.4 for the 4 surgical indications, respectively (each p < 0.001; primary end point).

Fibrocaps significantly reduced median TTH for each indication (p < 0.001) and was superior for

secondary efficacy end points of restricted mean TTH (p < 0.001) and probability of hemostasis at 3

(p < 0.001) and 5 (p <= 0.002) minutes. Adverse event incidences were generally similar between

treatment arms. Non-neutralizing, anti-thrombin antibodies developed in 2% of Fibrocaps-treated

and 3% of gelatin sponge-treated patients.

Conclusions Fibrocaps was well tolerated and significantly reduced TTH relative to gelatin sponge alone in all 4 surgical indications. These findings demonstrate the broad utility of Fibrocaps as a hemostatic agent for mild to moderate surgical bleeding.