

## Editorial

### Editorial

Cristina Duboscq<sup>1,2</sup> and Joan C. Reverter-Calatayud<sup>3,4\*</sup> 

<sup>1</sup>Grupo Cooperativo Latinoamericano de Hemostasia y Trombosis (CLAHT), Montevideo, Uruguay; <sup>2</sup>Hospital Británico de Buenos Aires, Buenos Aires, Argentina; <sup>3</sup>Sociedad Española de Trombosis y Hemostasia (SETH), Madrid, España; <sup>4</sup>Hospital Clínic, Barcelona, España

The study of hemostasis and thrombosis is currently in a phase where, as in all of medicine and life sciences, therapeutic and technological innovation is accelerating. The scientific journal *Haemostasis and Thrombosis – Ibero-American Journal of Thrombosis and Haemostasis* aims to contribute to creating its own space for updated dissemination of this new knowledge, also filling gaps, such as linguistic ones, that other journals do not cover, while striving to be accessible to all interested professionals through its Open Access nature and no publication costs. With this approach, the journal aspires to be a platform for sharing experiences, both in major referral centers and in peripheral hospitals. This concept has guided the preparation of the present fourth issue of 2025.

Hemophilia remains central to much of the current therapeutic innovation in hemostasis. In this issue, the review article on efanesoctocog alfa raises the question of whether we are facing a new standard in hemophilia A prophylaxis. Efanesoctocog alfa, an ultra-long half-life recombinant factor VIII concentrate, breaks through the ceiling historically imposed on the half-life of these FVIII factor drugs. The review introduces the idea of returning to “physiological” prophylaxis based on factor VIII with a radically lower treatment burden than before, and presents it within the context of the development of non-replacement therapies. Meanwhile, the case report of the first patient with severe hemophilia B treated with hemodialysis in Uruguay highlights

the evolution of care needed by patients with coagulopathies, who, as they improve their life expectancy, begin to accumulate “common” comorbidities of aging, including chronic kidney disease. The study demonstrates that hemodialysis can be performed safely in these patients if it is well-planned.

Regarding clinical practice in the field of thrombosis, the article on cardiovascular risk assessment in patients with primary immune thrombocytopenia reminds us that “thrombocytopenia” is not synonymous with “low thrombotic risk.” In a cohort of 55 elderly patients, with the use of thrombopoietin receptor agonists and a significant burden of cardiovascular risk factors such as hypertension or dyslipidemia, the article underscores the need for a comprehensive approach that is not limited to achieving “safe” platelet counts, but also incorporates a systematic evaluation of cardiovascular risk factors. A relevant aspect of this study is the declared use of generative artificial intelligence (AI) to support the design and execution of the statistical analysis. This demonstrates how AI is beginning to enter scientific work, which opens opportunities but also requires extreme methodological transparency to establish appropriate boundaries. The challenge is not so much using AI as using it well: with transparency, external validation, and never relinquishing clinical judgment.

Regarding the hemostasis laboratory, this issue includes a review on a global coagulation assay: the thrombin generation assay. Global assays provide a

#### \*Correspondence:

Joan C. Reverter  
E-mail: reverter@clinic.cat

Date of reception: 20-10-2025

Date of acceptance: 25-11-2025

DOI: 10.24875/RHT.M25000085

Available online: 12-01-2026

*Hemost Trombos* (Eng). 2025;2(4):119-120

[www.revistahemostasiaytrombosis.com](http://www.revistahemostasiaytrombosis.com)

much closer view of the real behavior of the hemostatic system than classical tests. Their progressive standardization and automation bring them closer to routine laboratory practice, and thanks to this, the thrombin generation assay is consolidating as the most promising global assay for integrating the balance between procoagulant and anticoagulant factors. The review, conducted by the working group of the Spanish Society of Thrombosis and Hemostasis dedicated to this test, comprehensively examines the technical evolution and current state of its automation. Standardization, the use of reference plasmas, automation, and the International Society on Thrombosis and Haemostasis (ISTH) recommendations for controlling preanalytical and analytical factors now allow for the incorporation of this test into the daily work of clinical coagulation laboratories.

Finally, we want to especially highlight the letter from the Cooperative Latin American Group on Hemostasis and Thrombosis (CLAHT) celebrating its first 50 years. From the first cooperative conferences in Havana in 1973 to the present, with experts from 16 countries and around 400 members, CLAHT has demonstrated that only through cooperation can robust registries, clinical guidelines adapted to the reality of each healthcare system, and training programs that reach beyond large referral centers be developed. New treatments and technologies are being incorporated unevenly, depending on the country and hospital, mainly for economic reasons. In this environment of unequal access, the voice of scientific cooperation networks such as CLAHT is important in the pursuit of equity in medicine.