REVIVED-BCIS2
Newsletter
Issue no.7
May 2014

REVIVED

News

The focus in April has been on helping the current sites to optimise their screening processes and to give advice on potential sources for eligible patients. Teleconferences have been held at Royal Bournemouth, Birmingham, Glenfield Hospital in Leicester, King's College Hospital, Lister Hospital in Stevenage and Edinburgh Royal Infirmary. The positive responses suggest is that is it very useful to talk through screening as some potential sources of patients may not have been considered. The information gathered will be compiled and fed back to all sites as there are many common issues.

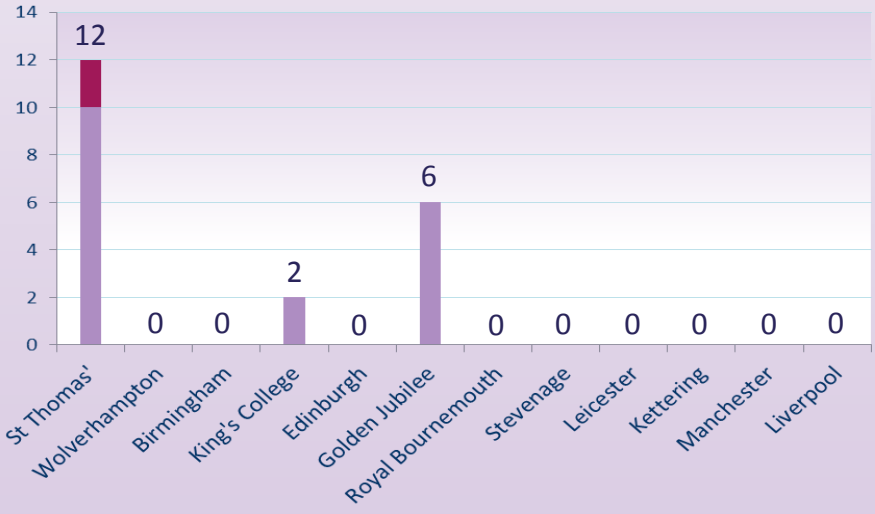
Attention should be drawn to Golden Jubilee, who have had a very successful start to recruitment with 6 patients already enrolled. Richard and Rebecca spoke to the PI, Mark Petrie, about some of the reasons for that success and some of the challenges they have faced. See page two for this interview.

Finally a quick reminder for open sites to send in your screening spreadsheets for April. All patients screened during April as well as any patients still being followed up from earlier months should be documented using the new screening log distributed at the end of March.

20 patients recruited

Site Progress Summary

Sites currently screening and recruiting (12) arranged in order of site initiation:



Screening but awaiting R&D approval (1):

Northern General Hospital in Sheffield

Awaiting site initiation (2):

Freeman Hospital in Newcastle, James Cook Hospital in Middlesbrough

Reviewing documentation (16):

Southampton General Hospital

Trent Cardiac Centre in Nottingham

Queen Alexandra Hospital in Portsmouth

Royal Free Hospital in London

Papworth Hospital in Cambridge

Pinderfields Hospital in Yorkshire

Royal Belfast Victoria Hospital

Royal Brompton Hospital in London

Derriford Hospital in Plymouth

Sunderland Royal Hospital

Harefield Hospital in Middlesex

London Chest Hospital

Hammersmith Hospital in London

St George's Hospital in London

Wythenshawe Hospital in Manchester

Victoria Hospital in Blackpool

Focus on Golden Jubilee

At Golden Jubilee, we take a team approach, not only to REVIVED but to all trials. Research is important throughout the hospital and the commonly accepted view is that if a treatment is not evidence based then the patient should go into a trial.

Everyone here knows about REVIVED which is a great help and it is talked about on a daily basis, so its profile is already high among an established network of people all conducting various trials. In our team there are 6 nurses, all are thinking about putting patients into clinical trials and the lead research nurse Joanne Kelly is very enthusiastic.

Around 2,500 patients come through the cath lab every year and there are around 5 or 6 heart failure clinics every week. We actively screen through these avenues and these are where our patients have come from so far. Heart failure databases can be used if necessary but are being held as a backup screening option in case recruitment does not continue as it has.

Generally patients are identified from their angiograms first, the jeopardy score is worked out at that stage and then they will have a stress echo to check viability. If eligible, the patient is then told their treatment options. It is highlighted to them that only evidence based therapy is offered, which for these patients is medical therapy. However if they choose to participate in REVIVED there is a 50% chance of them having an angioplasty.

One potential issue is distinguishing patients that have had a heart attack from those suffering heart failure as there are some similarities in the angiograms for both groups. It is important to make sure the right type of patients are screened as there is potential for those recovering from MI to be included in the trial in error. It is also important to remember that patients can be included that have heart failure that mimics heart attack symptoms.

A lot of patients we have screened are in the 30-35% LVEF range, and although the reasons for excluding these patients are understood, it seems a shame to exclude them as they too could potentially benefit from revascularisation.

The trial is very much a team effort and the core team of myself (Mark Petrie), Stuart Watkins and Joanne Kelly are focussed on making REVIVED a success. A lot of credit should also go to the interventional and heart failure team who all refer possibly suitable patients for REVIVED and to the extended team of research nurses, and of course the patients, at Golden Jubilee Hospital.

Contact information

Website: http://revived.LSHTM.ac.uk

Tel: +44 (0)20 7927 2665 Fax: +44 (0)20 7927 2189

Email: revived@LSHTM.ac.uk / richard.evans@LSHTM.ac.uk

This project was funded by the National Institute for Health Research Health Technology Assessment (NIHR HTA) Programme (project number 10/57/67).

NHS National Institute for Health Research

ISRCTN45979711 / NCT 01920048