



News

Welcome back to the full newsletter this month following a relatively quiet August, which is to be expected. Hopefully everyone had a lovely summer.

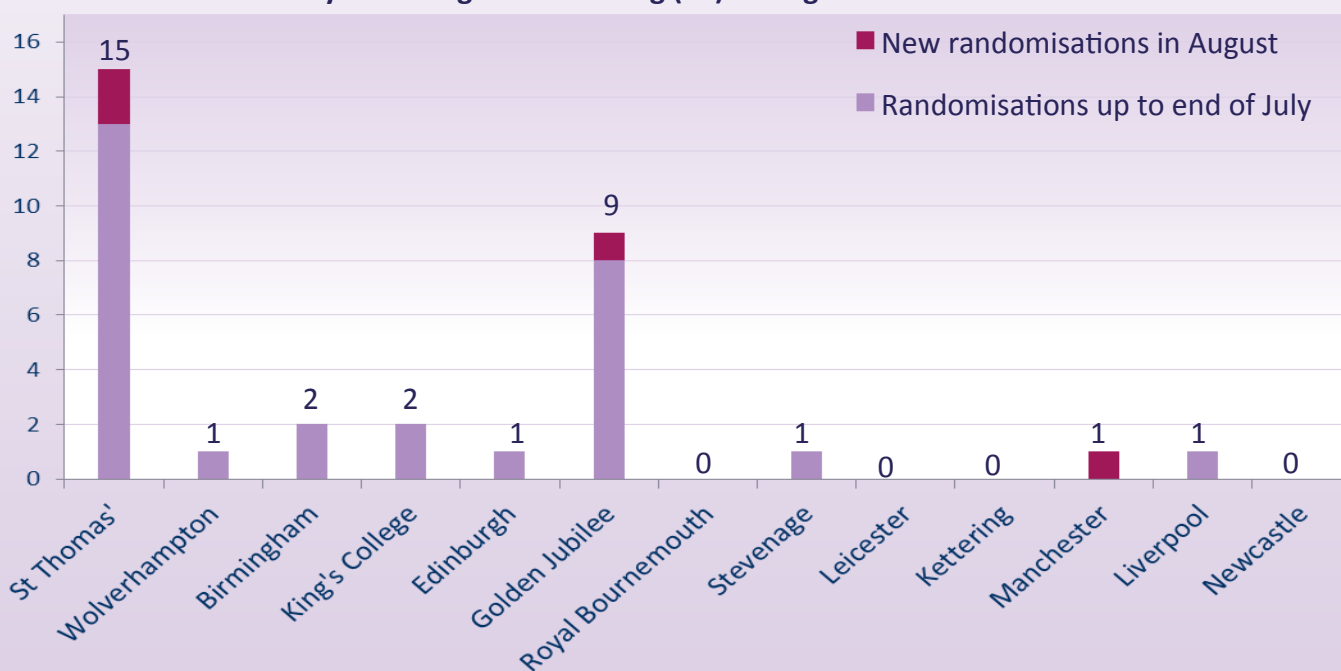
During August a full review of the CRF was undertaken as feedback has been received from those of you who have now recruited some patients. Full details of the changes are on page 2 which has taken into account the comments and suggestions.

We now have 9 recruiting sites. Congratulations to Sarah Evans, Elly Owen-Jones, Mamas Mamas, Doug Fraser and the rest of the team at Manchester Royal Infirmary who recruited their first patient in August. There is also a site initiation visit planned for 19th September at the Royal Free Hospital, London.

Site Progress Summary

33 patients recruited

Sites currently screening and recruiting (13) arranged in order of site initiation:



Recently initiated (1):

Leeds General Infirmary

Set-up on hold (1):

Northern General Hospital, Sheffield

Awaiting site initiation (3):

James Cook Hospital,
 Middlesbrough

Royal Free Hospital, London

Pinderfields Hospital, Yorkshire

Reviewing documentation (14):

Southampton General Hospital

Trent Cardiac Centre, Nottingham

Queen Alexandra Hospital,
 Portsmouth

Papworth Hospital, Cambridge

Royal Belfast Victoria Hospital

Royal Brompton Hospital, London

Derriford Hospital, Plymouth

Sunderland Royal Hospital

Harefield Hospital, Middlesex

London Chest Hospital

St George's Hospital, London

Wythenshawe Hospital, Manchester

Victoria Hospital, Blackpool

Worcestershire Acute Hospitals

CRF changes—Version 3 ready for use

While updating the CRF after amendment 5, a review of the data collection was also conducted and the CRF has subsequently been cut down to just the most essential information. The aim has been to retain the information needed for the main academic aims of the trial while reducing the burden on research nurses as the trial progresses. Screening for REVIVED is an intensive process and with a shorter CRF, hopefully less time will need to be spent gathering information with more time for identifying patients. Some of the main changes are summarised below:

- The extended information requested for viability has been removed. For those sites that choose to participate in the core labs, viability assessments will be analysed further and this extra information will be collected.
- Information required on the trial treatment (PCI procedure) has been reduced from five pages to three.
- The requirement for a syntax score has been removed. This was felt to be too time consuming in addition to the jeopardy score.
- Blood tests at the one year follow up have been reduced.



Although the main changes have been listed above, there are too many to list here. Please take a few minutes to go through version 3 to see what has changed. This will help to avoid you having to do extra work for information that is no longer needed.

All accounts for the eCRF have been temporarily suspended and notification will be provided of the new eCRF being available for use. In the mean time, all new data should be recorded on paper forms using the new CRF (Version 3, 12th August 2014). Printed copies are available on request. If you have any questions about the new CRF, please contact Steven Robertson (Senior Data Manager):

steven.robertson@lshtm.ac.uk

New main contact—Rebecca Matthews



I'm Rebecca and I'll be taking over responsibility of REVIVED from Richard. I will have had contact with most of you already in the site set up process. Richard will still be around overseeing everything but I will now be your first point of contact. Feel free to contact me with queries, or anything else you might want to know about REVIVED.

I look forward to meeting those of you I haven't already met at site initiations and investigators meetings to come. My contact details can be found below.

Contact information

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