

Final year of recruitment

We are coming up to a huge milestone on 1 May 2019, we will be into the final year of recruitment.

It has been a long, and sometimes challenging, journey to get where we are now. However, what an incredible achievement it has been for the cardiology community in the UK, with 528 participants recruited across 38 sites to date. Your outstanding dedication has made this possible.

Worldwide, REVIVED is already the largest contemporary randomised trial of PCI in heart failure. We are well on the way to the required target to establish the impact of PCI in these patients.

The target is to recruit 700 patients by 30 April 2020.

We are asking for all sites to recommit to REVIVED for this final push. Now is the time to review your screening processes, get your colleagues on board, try new ideas and approaches and contribute to what should be a triumphant final year of recruitment. The challenge we would like to set you all is to recruit at least **one more patient** in 2019 than you did in 2018.

Recruitment update: Quarter 1, 2019



Oliver, Bhavik, Dan, Mervyn, Roshan

Barts Heart Centre

3 participants



Peter, Sarah K, Sarah O

Royal Bournemouth Hospital

2 participants

Kalpa, Ibrahim, Julian

Bristol Heart Institute

7 participants



Patricia, Lana, Mark

Royal Victoria Hospital

2 participants



Jo, Manju, Iain

Glenfield Hospital

1 participant



James, Rupert, Vennessa, Bryn

St George's Hospital

2 participants

Marion, Marie, Mark, Betty

Golden Jubilee National Hospital

4 participants



Sophie, Divaka, Matt

St Thomas' Hospital

4 participants



Laura, Steve, Amanda

Great Western Hospital

1 participant



Raquel, Nick, Sally

Worthing Hospital

1 participant

Michelle, John, Jon, Kathryn

Leeds General Infirmary

1 participant



Sophie, Tigani

Wythenshawe Hospital

1 participant



REVIVED at Bournemouth and Newcastle

Thank you to everyone who attended and spoke at our recent meetings in Bournemouth and Newcastle. It was lovely to see you all!



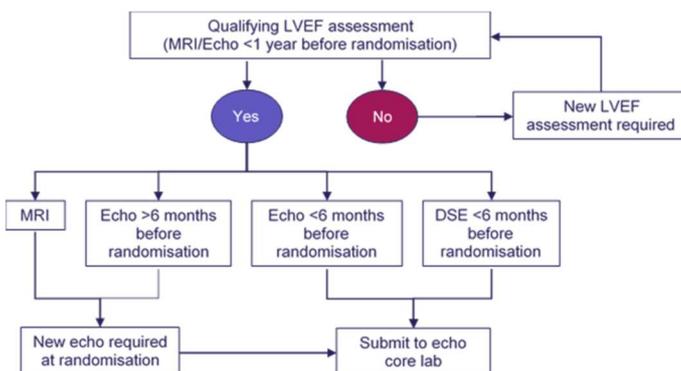
Qualifying echo times

In REVIVED, patients need to have a documented LVEF of less than or equal to 35% to be eligible for the study. LVEF can be calculated from the following tests:

- Transthoracic echocardiogram (TTE) (Simpson’s biplane on 2D or 3D echocardiogram)
- The resting stage of a stress echocardiogram (DSE)
- Cardiac MRI

These tests must have taken place within 1 year of randomisation.

In addition, if the patient has had an MI, then the qualifying LVEF must come from a test taken at least 4 weeks after the MI.



Start your engines...

It's competition time!

Starting from 1 May 2019, when your site recruits 5, 10, 15 or 20 participants, we will send a prize to your team to say thank you. The giveaway will last until the last date of recruitment on 30 April 2020.

We will be sending monthly updates, so you can track your progress. We are also happy to create personalised individual updates, just let us know.



Essentials of Clinical Trials short course

The Medical Statistics Department at LSHTM will be running a short course in clinical trials.

This course provides attendees with a clear understanding of the fundamental principles of randomised clinical trials (RCTs). Lectures and practical sessions cover the key issues to be considered in design, conduct, analysis and reporting, with a focus on major clinical trials that directly influence clinical practice. Topics are addressed with perspectives from both public sector research and the pharmaceutical industry.

The course is relevant to those who are keen to gain an understanding of the rigorous evaluation of interventions in health care, including clinical research professionals, research managers, and other scientists with an interest in clinical trials. The course has been approved by the Federation of the Royal Colleges of Physicians of the United Kingdom for 30 category 1 (external) Continuing Professional Development (CPD) credit(s).

The course runs for 5 days from 24 to 28 June 2019. Places on the course are limited.

For further information and an application form, please visit:

<http://www.lshtm.ac.uk/study/cpd/sct.html>

Screening top tips

Oliver Mitchelmore, from Barts Heart Centre, and Michelle Anderson, from Leeds General Infirmary, have shared their top tips for screening and recruiting to REVIVED:

1 Know where to screen, and how often, to make it productive and time effective

2 Maintaining a detailed record of your screening will make the process more efficient and save time in the long run. Refer to it often to ensure continued momentum of the patient throughout their REVIVED journey.

3 Set an achievable target
As a guide, look at your previous recruitment rate and be honest with yourself. You can also choose a stretch target that challenges and drives you.

4 When discussing the trial with patients, keep it simple, keep it short and keep smiling
“If you believe in the need for the trial, they will too”

5 Find out how your colleagues best respond, e.g. emails, telephone calls, face-to-face conversations
Be clear with what you need from your colleagues. Repetition is not always a bad thing.

Create a positive research-aware environment

Regular trial progress updates to the team.

Present at local audit and research meetings.

Circulate the REVIVED newsletter to your department, with a general reminder about the study and the inclusion criteria.

Posters Everywhere!

6 Create your own “REVIVED MDT”
Set a time every week (or as often as feasible) to meet with PIs and sub-PIs, and discuss the current potentials list.

Try a new method of screening

e.g. Heart failure clinic

Pre-assessment

MRI lists/reports/referrals

Acute heart failure admissions

Doctors’ clinics

General cardiology wards

Joint cardiothoracic MDT

PCI MDT

Daily cath lab lists

7 If at first you don’t succeed, try something else!

Contact the REVIVED Clinical Trials Unit



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