

The ERIC-PPCI Newsletter

News

Welcome to the September Newsletter. 124 patients were recruited in August from 21 sites, considering that it is the summer which is typically quiet for recruitment this is a remarkable achievement.

This months top recruiting sites are Queen Alexandra Hospital with 21 patients, Leeds General with 20, John Radcliffe with 12, Royal Stoke with 11 patients and Brighton with 10 patients recruited.

It is the first time there have been five sites recruiting more than 10 patients in ERIC-PPCI in a single month.

A site initiation visit was held at Kettering General Hospital on the 9th August and within 3 days the team had recruited their first patient. Congratulations to Dr Hogrefe, Charmaine, Molly and the rest of the team. That is one of the quickest first patients we have ever witnessed!

A Trial Steering Committee meeting will be held on the 5th September and we will be discussing recruitment, event validation, sites, substudies and the protocol update among others. We look forward to seeing all attendees there.

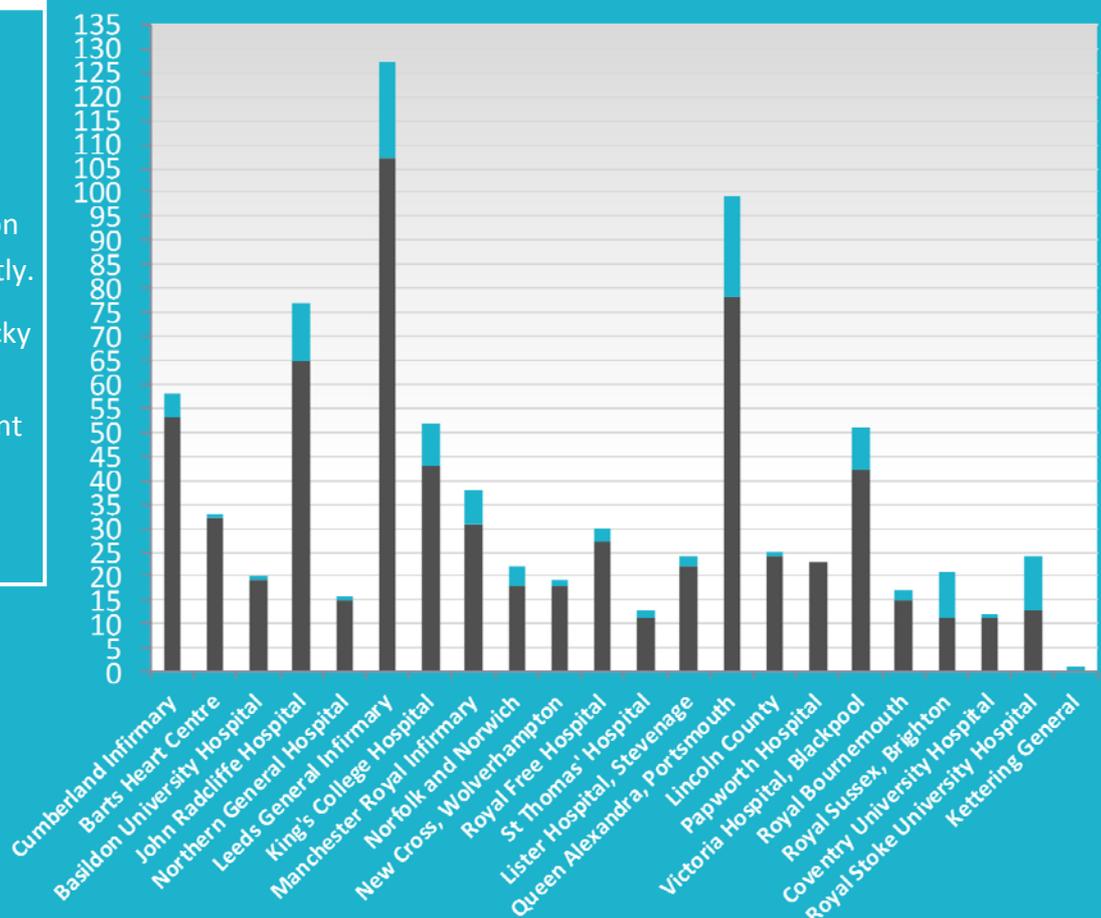
Thank you all for helping make this trial such a success. Recruitment is now nearly nine months ahead of schedule which is fantastic.

Recruitment Update

LUCKY DRAW

The winner of August's lucky draw was King's College Hospital. Congratulations! Something nice will be on its way to you very shortly. We will be drawing a lucky dip winner from all the sites that recruit a patient in September. Good luck!

806 Patients Recruited



Key:

- Recruitment in August
- Previous recruitment

Screening patients in ERIC-PPCI

As you are aware each month we ask you all to complete a screening log of all patients considered for ERIC-PPCI but not randomised.

Thank you all for taking the time to provide this information to us, although it is time consuming to gather it is incredibly valuable. The data is used both to monitor recruitment issues as part of the day to day management of the trial and also to build a picture of the patient population that is being considered for ERIC-PPCI. This data will be used in the publication as a consort diagram.

The data presented is for 1238 patients considered for ERIC-PPCI. As you can see the majority of patients enter the trial which is fantastic news. The only minor concern is that some patients are lost due to insufficient staffing levels, either to perform the trial treatment or to consent, but it is something that will be discussed with those sites most affected.

REMINDER: Do not forget to send us your Screening Logs at the start of each month!

Entered into the trial	53%
Screened but not entered	47%
Eligible but not entered	27%
<i>Unconscious or intubated (unable to assent)</i>	6%
<i>Refused</i>	2%
<i>Language issues or capacity issues</i>	3%
<i>Staffing issues</i>	10%
<i>Patients entered into other trials</i>	3%
<i>Other reasons</i>	3%
Ineligible	20%
<i>Ineligible for angiography/PCI</i>	7%
<i>Life expectancy less than 1year</i>	5%
<i>LBBB</i>	3%
<i>Symptomatic for more than 12 hours</i>	3%
<i>Other reasons</i>	2%

Personal Consultees

Recently one particular query has been raised a number of times, regarding consent and use of personal consultees. This is something that does not come up very regularly at each site so it is important to prepare in advance.

The majority of patients will be able to give informed consent fairly soon after their PPCI. These patients should use the standard patient information sheet and consent form. The current version is V5, 5th April 2016.

The procedure is different for those patients that lack capacity to consent after their PPCI, for example patients that are intubated. In these cases a friend or relative may give consent on the patient's behalf which will allow data to be gathered, this is called a Personal Consultee. Personal Consultees should be given the following documents:

- Consultee Information Sheet (currently version 6, 5th April 2016)
- Consultee declaration form (Currently version 6, 5th April 2016)

If the patient recovers capacity then consent should be gathered, even if a personal consultee has been involved. In this case there is a modified version of the patient information sheet and consent form marked "PerCon".

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