

#### News

September has been an excellent month for ERIC-PPCI, with the trial launch taking place on the 9th (a write-up and photographs from the meeting can be found on page 2) and the first ERIC-PPCI site initiation held at Cumberland Infirmary in Carlisle on the 23rd. Congratulations to the team in Carlisle for getting ready to start so quickly, and a warm welcome to the trial.

Site set-up is currently progressing very well at 24 further sites and it is possible that recruitment may begin as early as October, which is a few months ahead of schedule. Many thanks to all of you who are facilitating the quick set-up and approval processes and helping get the trial off to such a flying start!

Thanks also to nurses at Stoke, New Cross, Leeds, Bournemouth and Basildon for reviewing the draft CRF. Your input has been really helpful in ensuring that this trial is as simple to run as possible and that the data we ask for is feasible to collect. The paper CRF now completed and will be distributed along with the trial site file at site initiations. If you require this sooner please contact <a href="mailto:matt.dodd@lshtm.ac.uk">matt.dodd@lshtm.ac.uk</a>.

A number of interesting questions have been received from sites, both during and after the trial launch and during the local set-up process. These will be compiled into a list of FAQs, which will be available on the trial website and excerpts included in the newsletter each month.

In other news, our collaborators in Denmark CONDI 2 have now recruited 909 patients, which is incredible. ERIC-PPCI will be aiming to match their success and hopefully do even better!

# Participating Sites — 30 sites confirmed

**30 sites** have now confirmed that they will participate in ERIC-PPCI. An additional site, Frimley Park is first on the waiting list. If your site does not appear in the list below and you would still like to be added to the waiting list please get in touch as soon as possible at <a href="mailto:ericppci@LSHTM.ac.uk">ericppci@LSHTM.ac.uk</a>

10 Barts Heart Centre, London	26 Bristol Royal Infirmary
11 Royal Bournemouth Hospital	27 Papworth Hospital, Cambridge
12 Leeds General Infirmary	28 Basildon University Hospital
13 Lister Hospital, Stevenage	29 Birmingham City Hospital
14 Norfolk and Norwich University Hospital	30 Hammersmith Hospital, London
15 William Harvey Hospital, Ashford	31 Birmingham Heartlands Hospital
16 University Hospital Southampton	32 John Radcliffe Hospital, Oxford
17 University Hospital Coventry	33 Queen Alexandra Hospital, Portsmouth
18 Royal Sussex Hospital, Brighton	34 North Cumbria University Hospital, Carlisle
19 Northern General Hospital, Sheffield	35 Lincoln County Hospital
20 Kettering General Hospital	36 Morriston Hospital, Swansea
22 King's College Hospital, London	37 Blackpool Victoria Hospital
23 New Cross Hospital, Wolverhampton	38 Royal Free Hospital, London
24 Royal Derby Hospital	39 St Thomas' Hospital, London
25 Royal Stoke University Hospital	40 Manchester Heart Centre

### **ERIC-PPCI Trial Launch**

The ERIC-PPCI trial launch took place at the Wellcome Trust, central London on Wednesday 9th September. A big thank you to everyone who helped organised this, the delegates and all of the speakers. A total of 63 people attended representing 27 sites, the trial steering committee, project management group, our Danish collaborators on CONDI 2 and the clinical trials unit.

The morning started with presentations from Professor Raj Kharbanda and Professor Derek Yellon on the current management of STEMI and the background to pre-conditioning.

Richard Evans updated everyone on the current progress of the trial and all of the people who are involved, followed by Tim Clayton who explained why the total number of patients to be included into the trial is so important.

Kristine Møller Liendgaard attended from the Aarhus University clinical trial unit, and gave a presentation on the progress of CONDI 2. Recruitment has already started in Denmark and Spain. The two trials are very similar however recruitment, randomisation and RIC are carried out in the ambulance and there is no sham procedure, whereas ERIC-PPCI recruit and randomise and carry out RIC/Sham on arrival to hospital. The differences are to ensure that the trials can be delivered successfully in each of the respective countries.

The rest of the afternoon was an open forum for clarification of any of the trial procedures or any aspects of the protocol which were unclear.

This also included a demonstration of the Sham intervention by Manish Ramlall and Richard, allowing site staff to get an idea of how the cuff will look and work on the patient.



Many of the queries that were raised at the trial launch will be found on the website at <a href="https://blogs.lshtm.ac.uk/ericppci/FAQs">https://blogs.lshtm.ac.uk/ericppci/FAQs</a>

### **FAQs**

Question: The patient will be awake when the intervention will be applied to the top of the arm, even though they may have had pain killing medication – will they be aware of which treatment they are receiving?

**Answer:** Yes this is possible, however even if the patient feels some discomfort the unblinded person who is aware of the treatment allocation must not tell the patient what treatment they are having. The cuff looks the same for both Sham and RIC and this should be explained to the patient if necessary.

## Travel Expenses from Trial Launch

Please ensure that all travel expenses are either posted on to Rebecca Chu or scanned and emailed to ericppci@LSHTM.ac.uk

## Contact us at the ERIC-PPCI clinical trial unit

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