

REVIVED

News

August is usually one of the quieter times of year but with 11 patients, it has been another great month for REVIVED.

There was a trial first on 24th August when 4 patients were recruited in one day. Well done to the teams at the Kettering, Newcastle, King's and St Thomas' who all contributed to this excellent achievement.

More congratulations go to the Freeman Hospital in Newcastle who recruited three patients in August and are our star recruiters. Well done to Alla Narytnyk, Richard Edwards and the rest of their team.

Finally, great news from Belfast Victoria Hospital who recruited their first patient this month. Congratulations to Patricia Glover, Mark Spence, Lana Dixon and the rest of the team.

LUCKY NUMBER

Congratulations to Ava Williams and the team at King's who were the lucky winners of August's lucky number.

This month's lucky number is 133

Site Progress Summary

121 patients recruited

Sites currently screening (27) arranged in order of site initiation:



REVIVED 2 years recruiting

It has now been two years since REVIVED recruited its first patient and the trial has come a long way.



There has been a real upturn in recruitment over the past few months and thanks to all the hard work everyone has put in. Although not all of you will have been involved from the start, you have all played an important role in the trial so far. There is still a way to go so keep up the good work. The CTU will support you as much as possible through the rest of the recruitment period.

Invoicing

Many sites have been enquiring about invoicing and until now, there have been delays while the system has been set up and negotiations take place. Apologies for these delays.

Sites can now invoice for all activity from the start of the trial up to now and individuals will be contacted regarding how much their site can invoice for. Any outstanding invoices will now be paid.

If you have any questions about invoicing, please contact rebecca.matthews@lshtm.ac.uk

REVIVED at Bournemouth

This piece was written by Kristel Longman, Peter O’Kane and the research team describing their experiences with REVIVED so far at the Royal Bournemouth Hospital:

We have had an interesting, challenging but enjoyable learning curve with our experience of patient recruitment and follow up within the REVIVED study at Royal Bournemouth Hospital. Our screening log contains approximately 60 patients, who have been intensively screened with 9 randomised and 8 currently under follow up. Not all recruitment strategies are effective. For example, we have previously screened echo lists where LVEF < 35% had been identified but this time consuming practice did not reward us with many patients and we have instead focused on alternative sources.

The enrolled patients have originated from a number of pathways. This has included acute revascularisation for STEMI and subsequent discovery of LV impairment with viable myocardium and suitable PCI targets, in-patient admissions for heart failure with fluid overload in the absence of angina but presence of severe coronary disease and elective referrals from the diagnostic angiography lab from operators who have been constantly reminded of the trial. We are currently performing several interventions to increase our patient and public involvement at our site, including participating in the NIHR “OK to Ask” campaign. As knowledge of the REVIVED study has spread within our Department we are experiencing increasing numbers of patients being discussed at our weekly Heart MDT meeting to assess for their suitability for trial entry. Colleagues will remember to refer if they are frequently alerted to the inclusion criteria and the importance of the hypothesis under examination.

One of the barriers to recruitment that we have encountered and are working hard to overcome is the issue of disparate information regarding the current evidence and indications for revascularisation in heart failure. Junior doctors and other team members have unfortunately held the misconception that revascularisation in heart failure is already indicated and as a result patients have been misled to believe that PCI will definitely benefit them. This has been a useful learning experience for us as it has affected patient’s potential willingness to participate (once PCI has even mentioned) and highlights the importance of education of all staff involved in our patient pathway for the REVIVED study. We have lost at least three potential cases due to this occurrence. One method of preventing immediate follow on PCI in Angiography? Proceed patients with LV dysfunction is to ensure that they are only on single anti-platelet agent when they go to the catheter lab which effectively forces an MDT discussion and potential entry to the study. Good luck - see you at the finish post!

Eligibility criteria—angina

There have been a few queries about whether patients with angina are eligible for the trial so some advice has been put together to help clarify the issue.

Angina is not an exclusion criteria for the REVIVED trial.

Previously, patients with CCS class 3 or 4 angina were specifically excluded which is where the confusion may have come from. CCS classes 3 and 4 are characterised respectively by marked limitation on ordinary physical activity and the inability to carry on any physical activity. Patients with these symptoms would meet the conditions required for revascularisation and would therefore not be eligible for the trial.

Patients with angina are therefore eligible for the trial if the PI would be happy for them to be randomised with the potential of getting OMT alone.

Contact information

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

Tel: +44 (0)20 7927 2723

Fax: +44 (0)20 7927 2189

Email: revived@LSHTM.ac.uk / rebecca.matthews@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).


**National Institute for
Health Research**

ISRCTN45979711 / NCT 01920048