



News

After an excellent few months, recruitment had dropped off in September and October. Given the lag between first identifying a patient and randomisation, this is probably partly due to the "summer effect" but also, may have reflected the change in SpRs at the beginning of October (please do check that the new fellows are familiar with REVIVED and will be actively looking for patients). Recruitment has picked up again in November, so hopefully we will get back on track soon. Our star recruiter this month is Golden Jubilee who recruited 2 patients. Well done to Mark Petrie, Marion McAdam and the rest of the team in Glasgow. Site initiation was held at York Hospital on 26th November bringing the number of open sites to 31. Thank you to everyone who has already submitted their screening logs. If you have not already done so, please submit your screening log from November as soon as possible.



Christmas closure

The Clinical Trials Unit at LSHTM will be closed from Wednesday 23rd December and will reopen on Monday 4th January. Please refer to the website for FAQs over this time. If you have any urgent clinical queries regarding the trial during this time, please contact Divaka Perera at divaka.perera@kcl.ac.uk

The REVIVED team would like to take this opportunity to wish you a Merry Christmas, a Happy New Year and all the best for 2016.

LUCKY NUMBER

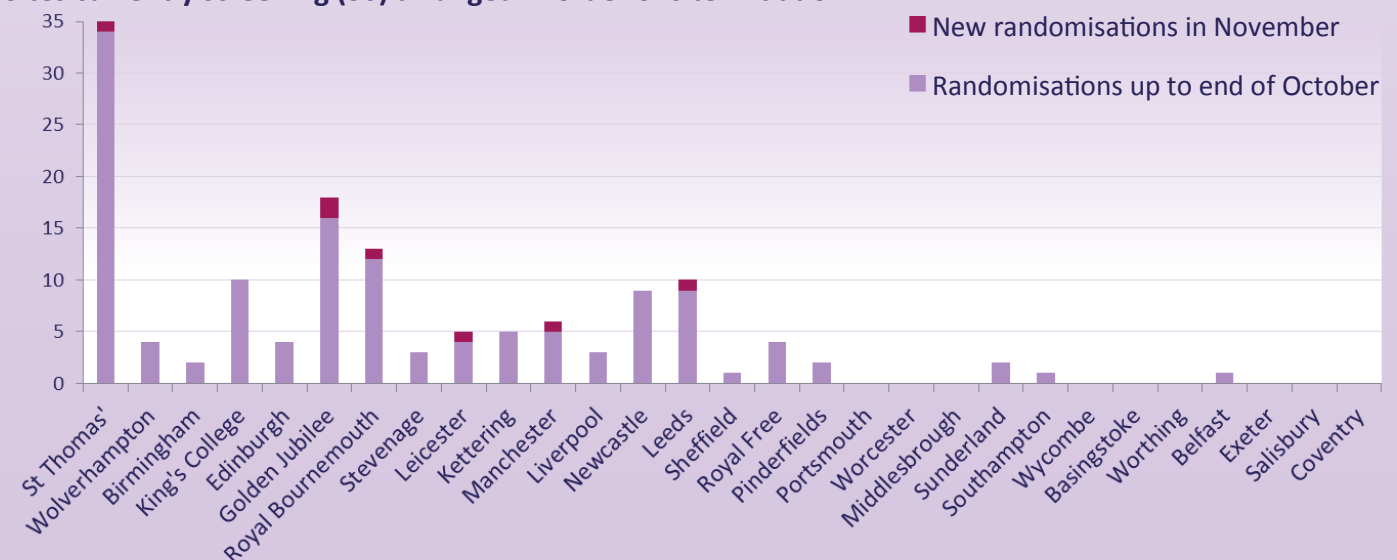
Unfortunately there was no winner of the lucky number in November.

This month's lucky number is 142

Site Progress Summary

138 patients recruited

Sites currently screening (30) arranged in order of site initiation:



Message from the Chief Investigator

Dear REVIVED team,

Thank you for your great work on REVIVED throughout the year. 2015 has been a good year for REVIVED - 31 centres have now been activated with 19 of those having started recruiting patients.

However, 2016 is an important year for us - we need to DOUBLE recruitment in order to stay on target. While this will be challenging, I have no doubt that, collectively, we have the resources to deliver this. We will need your full support to do this.

By the way, the moustache is real but you'll be glad to know, will not survive beyond Movember.

Divaka



CRF Version 5

This is a quick reminder that the current CRF is version 5. There have been a few changes made since version 4, most notably the simplification of the viability information.

You should have received a copy of version 5 of the CRF by email but if not, please let us know. Printed copies of the CRF are available on request.

FAQ

Q. *If a patient has a valid EF assessment within 1 year showing $EF \leq 35\%$ but has subsequently had an MI or ACS, is another echo required before randomisation?*

A. If eligibility and EF can be confirmed on the initial echo, the patient can be randomised. If a quantified EF is not available on the report but the images are still available, the assessment can be reviewed to determine EF percentage and eligibility for the trial.

Echo core lab

Thank you to everyone who has started sending in echos to the core lab. It has been identified that there are a number of issues that might affect the collection of these echos including:

- difficulty of retrospective anonymisation
- price of anonymisation
- local issues regarding posting of echos

If you have not already started collecting echos, it is important that you begin as soon as possible. If you have not yet recruited any patients, we recommend that you contact your echo technicians early to let them know about the echo core lab and the requirements.

The recommended method of submitting echos is on anonymised discs in the post. However if there are local regulations surrounding this, please follow your local guidelines in the first instance.

If you are experiencing any issues, please let us know as soon as possible. It is useful for us to know and we are always keen to work with you to find solutions.

Contact information

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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