

REVIVED



News

Welcome back after Easter and we hope you all had a nice break. Following on from the last newsletter, this edition features ideas of how to change the way REVIVED is perceived at your site.

There are two regional meetings currently being organised for May 2016. The first meeting will be hosted by Peter O’Kane at Royal Bournemouth on 4th May and the second will be hosted by Roshan Weerackody at Barts Heart Centre on 12th May. The meetings will feature a live MDT with example cases; example interactions with patients and how to deal with preconceptions; and advice and experiences from sites that have successfully recruited. Invites have been sent to sites local to those areas, but if you would like to attend one of the meetings and have not been invited, please get in touch. A further meeting in the North of England will be planned in the near future and if you would like to host, please get in touch.

Top tips for recruiting to REVIVED

The top four recruiting sites have provided some top tips for recruiting to REVIVED:

“My top tip for recruiting would be maintaining the possibles log- i.e. ensuring all 'possibles' are added and patients maintain momentum on their pathways by going through it regularly“

Sophie Jones, research nurse, St Thomas’ Hospital

“Communication between multidisciplinary team and especially good communication between PI and research nurses“

Sarah Kennard, research nurse, Royal Bournemouth Hospital

“Look and screen every single day. There maybe day after day that amounts to nothing but the key to successful recruitment is determination and perseverance perseverance, perseverance“

Michelle Anderson, research nurse, Leeds General Infirmary

“Make sure no patient with severe LVSD receives PCI without consideration of REVIVED“

Mark Petrie, PI, Golden Jubilee National Hospital

Tackling preconceptions about REVIVED

“Because other sites are finding it difficult, maybe the patients I have found are not actually suitable.”

As long as you have followed the eligibility criteria, the patient is likely to be eligible but if you are unsure, check with the CTU.

“I’ve seen patients like this improve with PCI, I can’t take the risk of them being in the trial”

There is currently no evidence to support PCI in these patients and without REVIVED, patients could end up missing out on treatment.

“REVIVED is a complicated trial”

REVIVED is not as complicated as you might think. The “Essentials to REVIVED recruitment” enclosed with this newsletter is an easy to follow guide for what a patient needs to be randomised.

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