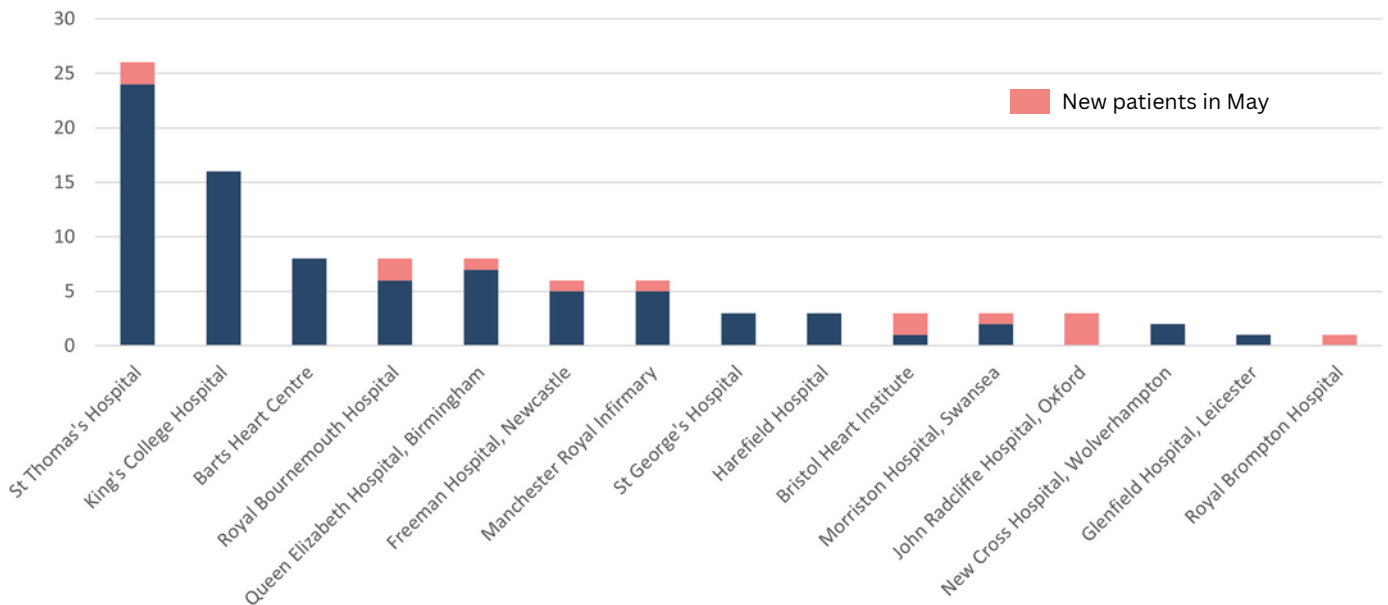




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News


- ★ May was another record breaking month with 14 participants recruited!
- ★ Well done to the teams at St Thomas' Hospital (**2**) Bristol Heart Institute (**2**) Royal Bournemouth Hospital (**2**) Manchester Royal Infirmary (**1**) Freeman Hospital, Newcastle (**1**) John Radcliffe Hospital, Oxford (**3**), Queen Elizabeth Hospital, Birmingham (**1**) Morriston Hospital, Swansea (**1**) and Royal Brompton Hospital (**1**).





Tips for collecting Troponin

Collecting bloods for Troponin T or I levels pre-PCI and post-PCI (**6 hours** and **peak value within 24 hours**) is critical to determine peri-procedural MI as a key component of the primary endpoint.

Please note that pre-PCI and post-PCI troponin levels are needed at **each stage** of the procedure. Here are a few useful tips used by sites to ensure troponin T or I levels are not missed:

 If a patient is staying overnight and is routinely having blood samples taken clinically the morning after the procedure, you could speak with the nurses the night before or retrospectively add troponin to the routine samples.

 The SpR's could put in the patient's angio report that they require a troponin at 6 hours so the nursing staff are aware to take troponin post-PCI.

 If possible, phone the lab and add troponin blood requests to any renal sample that the patient would have had pre-PCI.

Q&A - St Thomas' Hospital

St Thomas' opened to recruitment in July 2021 and have recruited **26 participants** so far which is a fantastic achievement. We wanted to know a bit more about the team and how the trial works at their site:



CI: Professor Divaka Perera

Team: Saad Ezad, Stephanie Hunt, Haseeb Rahman, Kalpa De Silva, Ruth Sanchez-Vidal, Antonis Pavlidis, Olivia Fox, Ozan Demir, Emma Perchard, Holly Morgan, and Aoife Tipping

well done!

Q. What do you think makes CHIP-BCIS3 successful at your site?

A. An engaged and motivated team led by the CI has definitely facilitated the recruitment of patients at St Thomas' (26 patients to date!). The clinical interventional teams' awareness of the CHIP-BCIS3 trial and subsequent engagement in referring patients to the research team is also key to patient recruitment.

Q. Is there anything particularly helpful that you do at your site that you would like to share?

A. Effective communication between both the clinical and research teams ensures potential patients are not missed. The team's availability to screen and consent patients also helps drive recruitment. There is a WhatsApp group, with all the registrars, consultants, research nurses etc. who can inform the group when there is a potential CHIP-BCIS3 patient.

Q. What has been the most challenging aspects about CHIP-BCIS3? How do you address these challenges at your site?

A. From a research nurse perspective, data collection can be a challenge but keeping track of any missing data and timely data input can help make this process easier.

Q. Any other tips or feedback that could help with recruitment in CHIP-BCIS3?

A. Prof Perera recommends considering every patient as a potential CHIP patient until proven otherwise!

We will be sending a special hamper to the site which randomises the



100th
participant!



CONTACT



If you have any questions, please don't hesitate to contact the CTU team - Matt Kwok, Megan Knight, Laura Van Dyck and Richard Evans.

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