





## CHIP-BCIS3 Investigators' Meeting on the 4th July

Dr Matt Ryan started the meeting with a trial update. He noted that recruitment is on track, with a boost around the BCIS ACI conference at the start of the year. This has allowed us to extend the sample size to 300 participants. Matt highlighted that although there was an increase to research funding there was no anticipated change to the overall duration of the trial. This presents a challenge as we will need to complete recruitment by the end of November, but it is an achievable one.





Professor Jacob Møller was next to speak, presenting a compelling talk on the challenges of delivering DanGer Shock and the reason why they started the study – to provide more randomised evidence on the use of pLVADs in clinical practice. The DanGer Shock trial started preliminary as DanShock in 2013, recruiting patients with cardiogenic shock and STEMI only from Denmark.

Jacob reflected on the unexpected challenges of recruiting sufficient numbers into the trial, underestimating the scarcity of eligible patients during DanShock. He noted that after the preliminary study was conducted, they discovered that the vast majority of patients in fact didn't have cardiogenic shock, and only 3% of the population were LV predominant. After filtering out the remaining exclusion criteria, only 1.5% of the population would be eligible. Even with a very high enrolment rate, the investigators' required >25,000 STEMIs to randomise 360 patients! These surmountable challenges in recruitment meant that the trial expanded to other countries such as Germany (and one site in UK) with support from Abiomed, thereby forming DanGer Shock in 2019, and finally completing recruitment in 2023. He noted it takes a champion at each of these sites to actively seek and enrol these patients.

Looking into the data, women showed smaller reduction in mortality compared to men, citing that the underlying reasons may have been the difference in ages (female participants were almost 10 years older than male on average), and time from first onset of symptoms to PCI was twice as long. He noted this is a common issue in a lot of STEMI trials, indicating an urgent need to improve treatment options for women. Use of pLVAD was also one of the three independent predictors of an increase in BARC 3-5 type bleeding compared to SOC.

The study did not show routine use in AMI-CS reduced mortality, but there was an effect in a highly selected STEMI population without comatose OHCA and NSTEMI. Jacob concluded that it was important not to extrapolate the results of DanGer Shock to other populations.

We extend our thanks to everyone who joined us online and to Professor Møller for giving an inspiring and insightful talk to delivering a challenging and highly impactful trial.

## **CONTACT US**



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