

REGIONAL NEWSLETTER

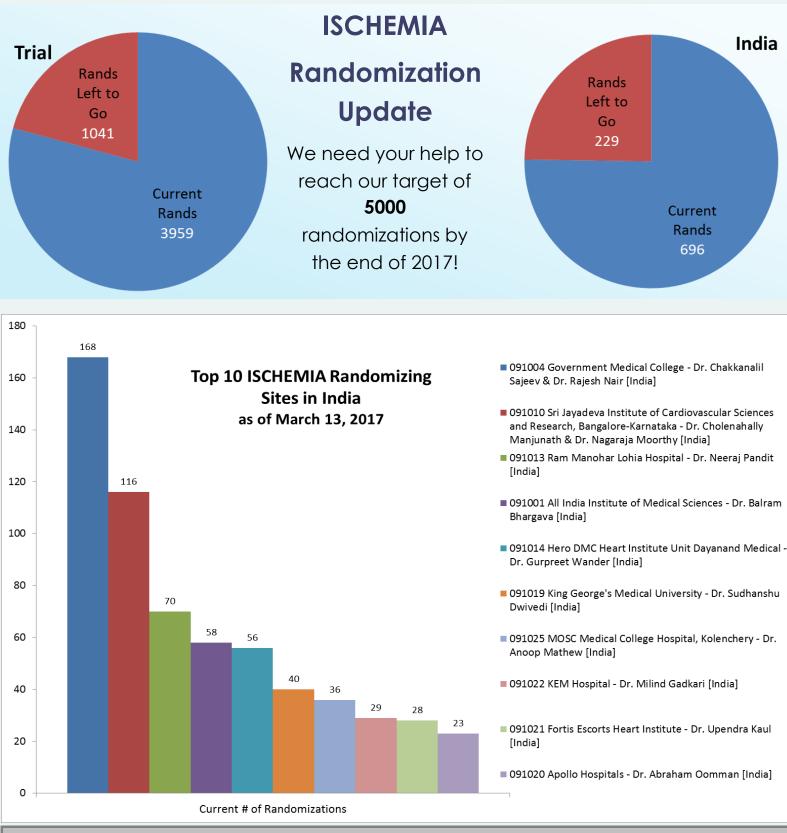
-INDIA-



Winter 2017

International Study of Comparative Health Effectiveness with Medical and Invasive Approaches

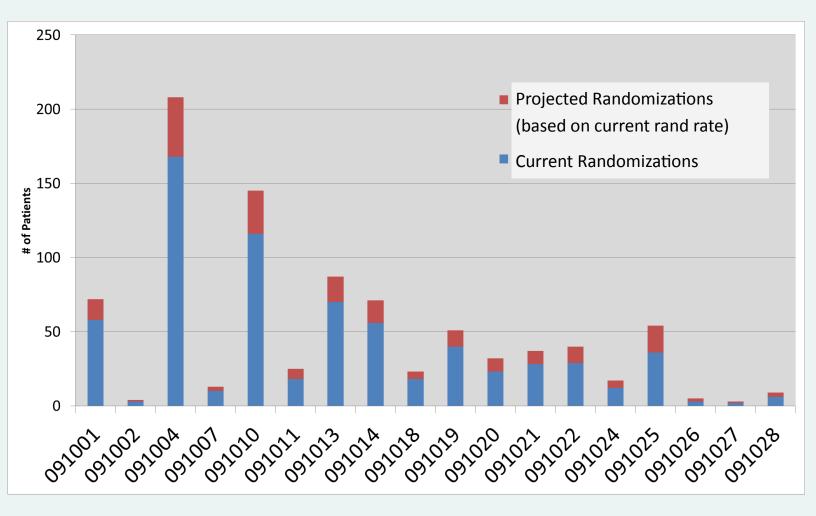
NYU Cardiovascular Clinical Research Center



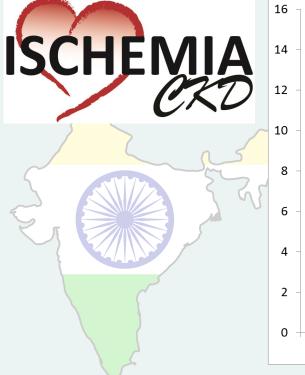
ISCHEMIA Clinical Coordinating Center Phone: 212-263-4225 | Fax: 646-754-9621 Email: ischemia@nyumc.org Websites: www.ischemiatrial.org | www.ischemiackd.org India's ALMAC Clinical Helpline: 0008004420053 (ENG) | 0008004420054 (Hindi) International Study of Comparative Health Effectiveness with Medical and Invasive Approaches

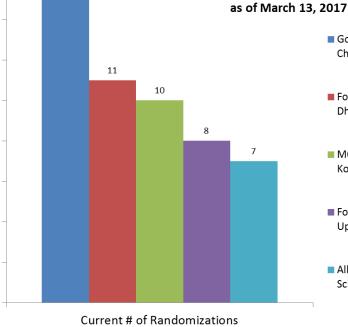
GOALS TO ACHIEVE BY END OF STUDY

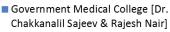
Based on the current country randomization rate, the CCC has projected your site's potential! Can you achieve these goals?



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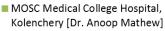






Top 5 ISCHEMIA-CKD Randomizing Sites

Fortis Healthcare Fl.t Lt. Rajan Dhall Hospital [Dr. Upendra Kaul]



 Fortis Escorts Heart Institute [Dr. Upendra Kaul]

 All India Institute of Medical Sciences [Dr. Balram Bhargava]

India has succeeded in defeating all prior tier 1 match ups to date in the ISCHEMIA World Cup. The <u>final</u> tier 1 match up with Canada will be a true challenge as Canada is a strong contender!

The winner of tier 1 will challenge the tier 2 winner in the final ISCHEMIA World Cup Championship.

Remember the scores for each round are based on 3 criteria 1) randomization rate 2) optimal revascularization therapy (ORT) compliance 3) female enrollment rate

ISCHEMIA

WORLD



Things to Look Forward To

Educational Policy

High performing sites (large amount of data entered accurately/ completely with randomization rates higher than rate in 2015 and high participant retention rate) will be eligible to have reimbursement of expenses for one staff member to attend a national cardiology congress!

End of Study Meeting

Sites with a minimum of 25-30 randomized participants and 2017 randomization rate is \geq their 2016 rate.

Writing Group Assignment

Prioritization for writing group assignment for sites with high ranking based on total randomization, randomization rate, percentage of female randomizations, protocol adherence (core lab concordant stress test interpretations, crossovers, OMT, ORT < 30 days post randomization), data completion.

Things Not to Forget!

Have a **thorough consent process** to exclude patients unwilling to adhere to assigned treatment strategy

Perform **cath and revasc in INV group** in target 30 days postrandomization

Cardiac marker collection both pre- and post-randomization and report ALL cardiac markers collected for ALL participants in InForm

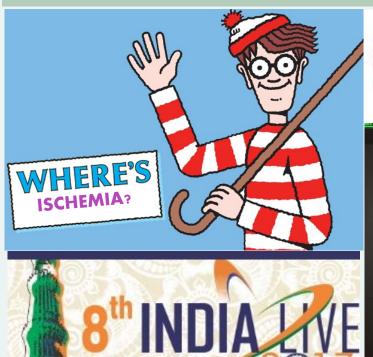
Complete **endpoint event ascertainment** at each participant contact

Prevent participant withdrawals, offer alternatives follow-up methods.

All participants should be treated with **high intensity statin therapy** (rosuvastatin 20mg or atorvastatin 80 mg)

Study coordinator support is essential for timely follow-up and data completion

International Study of Comparative Health Effectiveness with Medical and Invasive Approaches





68th ANNUAL CONFERENCE OF



From left to right, top Mr. M. Saleem (iProcess), Dr. Anoop Mathew (MOSC), Dr. M. Sidhu (CCC), Dr. M. Gadkari (KEM), Dr. N. Moorthy (Sri Jayadeva), Dr. N. Pandit (RML); bottom Dr. C. Raj (AIMS), Ms. R. Bhatt (iProcess), Dr. S. Pandey (iProcess), Dr. T. Pillay (KEM), Dr. N. Chaddha (iProcess)



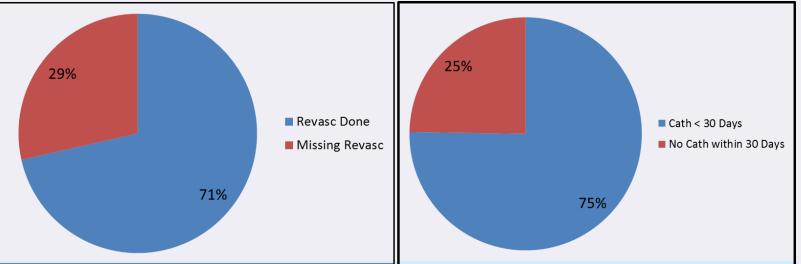
CONGRATULATIONS!

Congratulations to Dr. Chakkanalil
Sajeev (PI) and Dr. Rajesh Nair (Sub-I) at Government Medical College (above)&
Dr. Nagaraja Moorthy at Sri Jayadeva (below) who were presented a special acknowledgment for randomizing over 150 and 100 participants respectively at the India LIVE conference, March 2017.
Presented by Dr. Sripal Bangalore (ISCHEMIA-CKD PI, NYU Faculty)

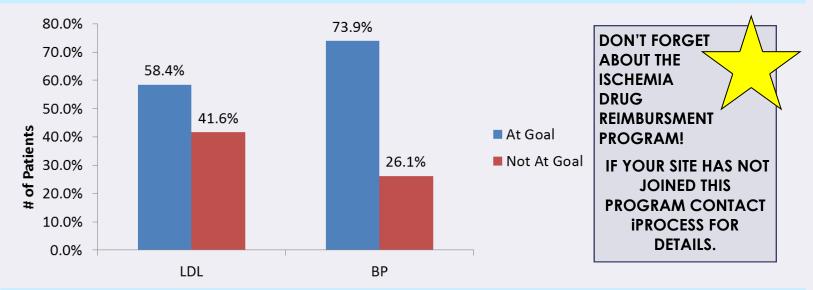
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Protocol Adherence and Site Performance in India

Optimal Revascularization Therapy (ORT) in India



Optimal Medical Therapy (OMT) in India



Data Completeness in India

