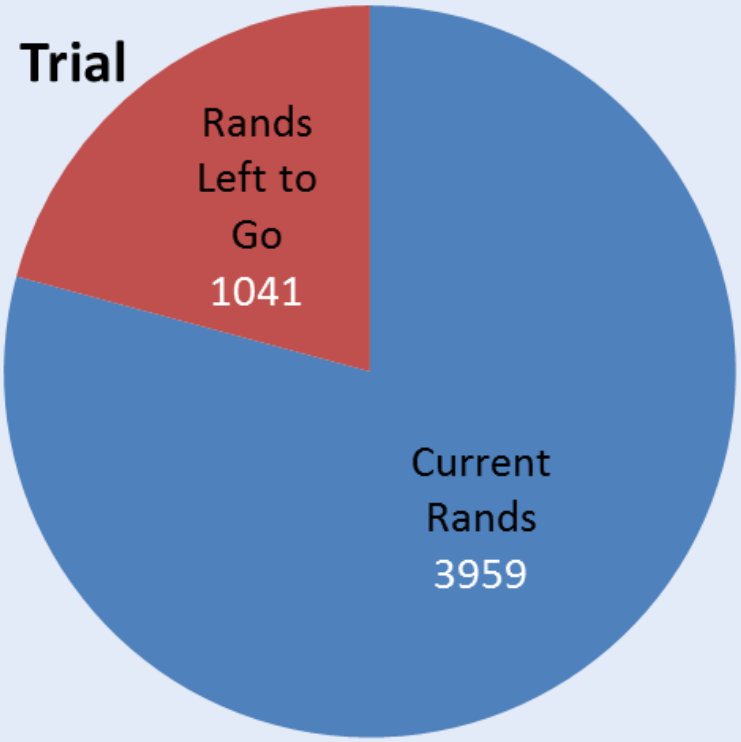
REGIONAL NEWSLETTER
MIDDLE EAST

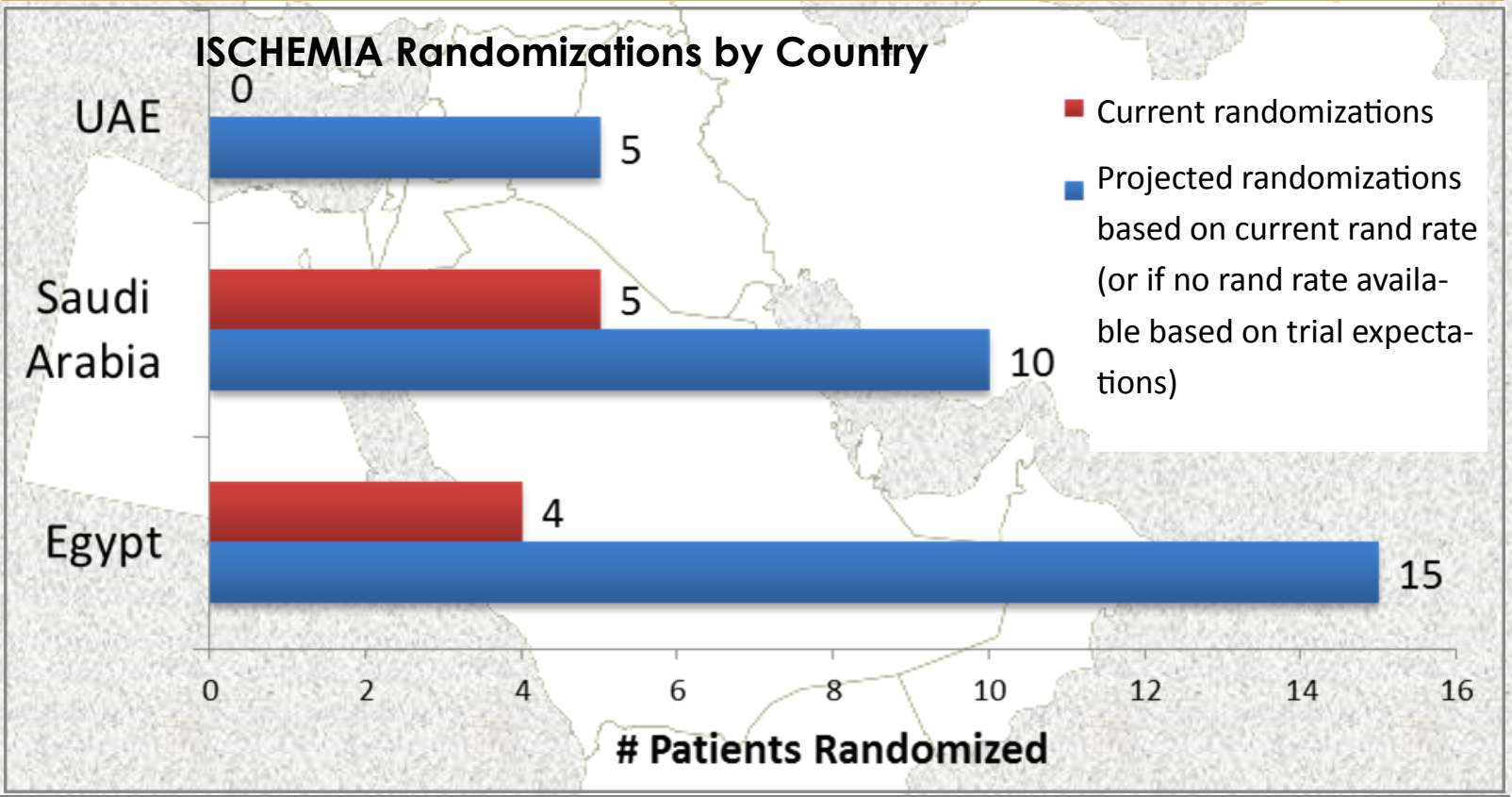
International Study of Comparative Health Effectiveness with Medical and Invasive Approaches

NYU Cardiovascular Clinical Research Center Winter 2017

ISCHEMIA Randomization Update

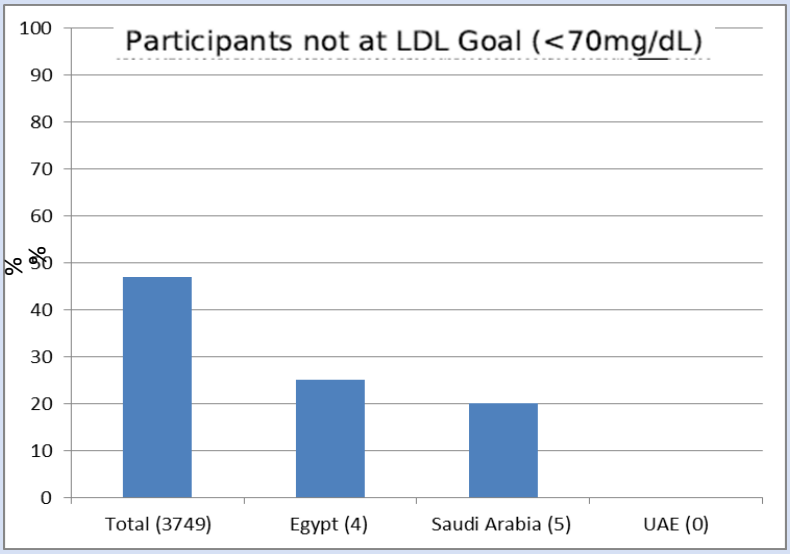
We need your help to reach our target of **5000** randomizations by the end of 2017!

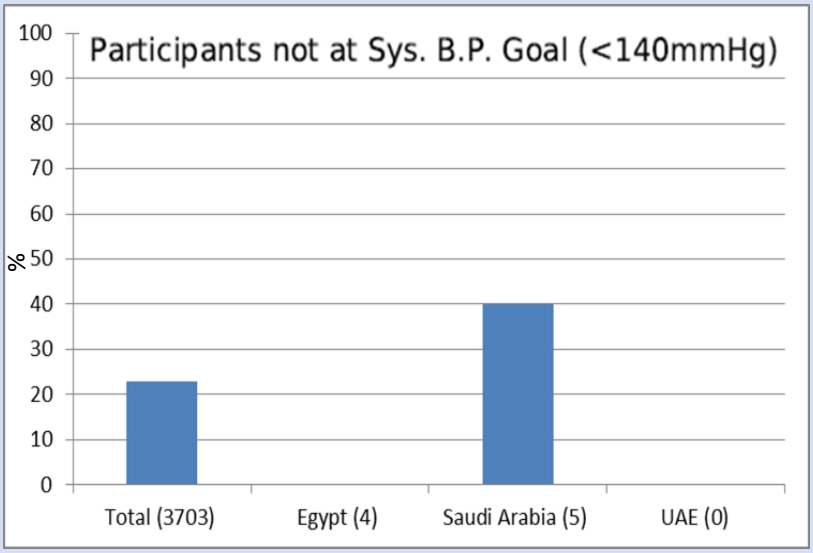


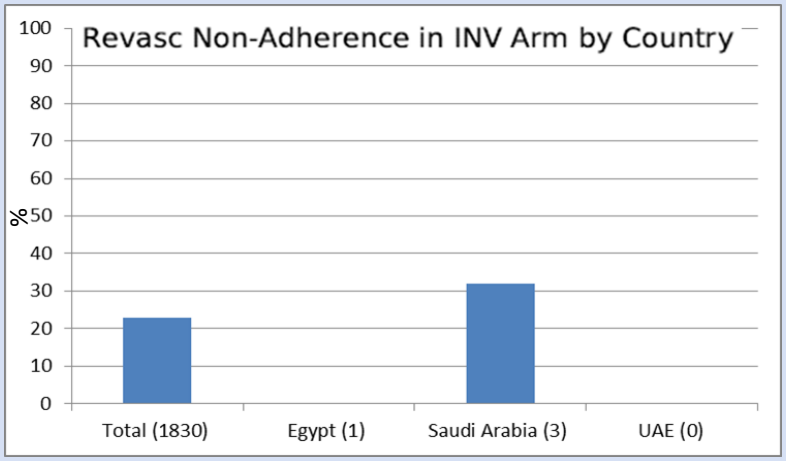


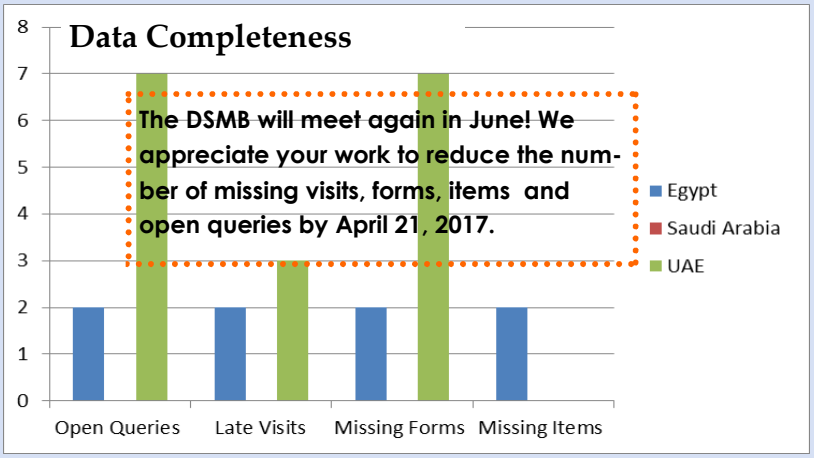
ISCHEMIA Clinical Coordinating Center **Phone:** 212-263-4225| **Fax:** 646-754-9621
Email: ischemia@nyumc.org **Websites:** www.ischemiatrial.org www.ischemiackd.org

Protocol Adherence and Site Performance in the Middle East







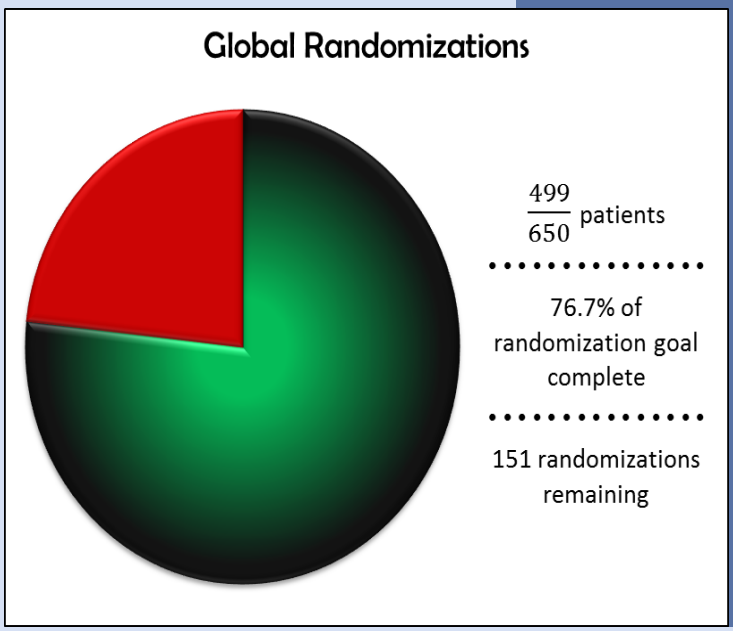


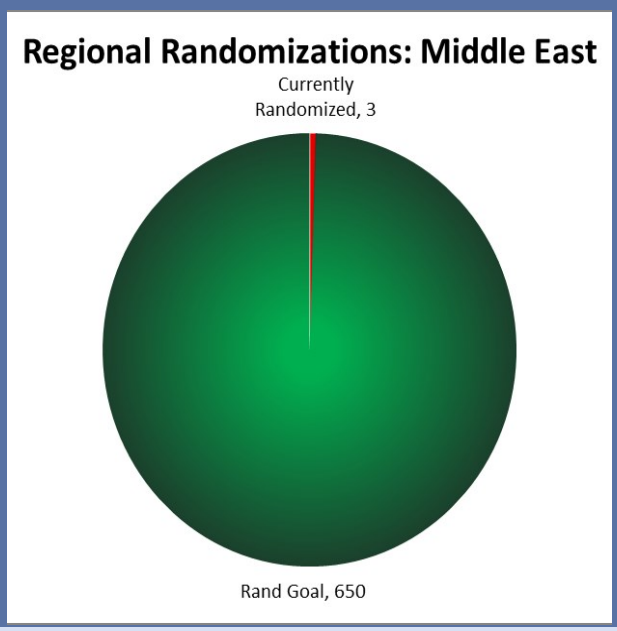
ISCHEMIA CKD

Don't forget…

Use an **Anginal Equivalents Questionnaire** clinically to identify patients with atypical symptoms but at risk for CAD

Schedule catheterization ASAP after randomization to INV to help with protocol adherence, if there is non-obstructive disease seen use FFR to confirm suitability for revascularization





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 ≥ 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 post-randomization

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 40 mg or atorvastatin 80 mg)

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