

nevena.garcevic@focus-belgrade.com



essary to repeat a lipid panel until the next scheduled 6-month visit.

INTERNATIONAL STUDY OF COMPARATIVE HEALTH EFFECTIVENESS WITH MEDICAL AND INVASIVE APPROACHES				
NYU Cardiovascular Clinical Re		November 2015		
	Site	Name and Study Staff	Enrolled	Randomized
	Institute of Cardiovascular Diseases, Sremska Kamenica Dr. Nada Cemerlic Adjic, Dr. Lazar Velicki, Dr. Ljiljana Pupic		16	8
TRIAL UPDATEAs of November 19th, 2015Total Enrolled: 4058Serbia: 64Total Randomized : 2404Serbia: 24ISCHEMIA-CKD Trial UpdateEnrollments: 158Randomizations: 153Website: www.ischemiackd.orgOur thanks to Dr. Beleslin & teamat Clinical Center of Serbia for randomizing 4 in ISCHEMIA-CKD!	Cardiology Clinic at Clinical Center of Serbia Dr. Branko Beleslin, Dr. Vojislav Giga		11	6
	University Clinical Hospita Dr. Milica Dekleva, Dr. Mirosla	I Zvezdara v Martinovic, Dr. Gordana Stevanovic	7	5
	University Hospital Center Bezanijska Kosa Dr. Sasa Hinic, Dr. Gordana Antic, Dr. Marija Zdravkovic		16	3
	Clinical Center of Serbia Dr. Petar Seferovic, Dr. Milan Dobric		3	1
	Clinical Center Nis Dr. Svetlana Apostolovic, Dr. Dragana Stanojevic, Dr. Sonja Salinger-Martinovic		4	1
	Cardiovascular Institute D Dr. Ljiljana Jovovic. Dr. Draga		7	0
Reminders Participants randomised to the INV strategy must have the diagnostic films, PCI films (if applicable), post procedure ECG, and a copy of the anonymized PCI or CABG report uploaded via BioClinica. Other required data, such as cardiac markers, must be entered directly into InForm. Non-protocol assigned diagnostic and/or PCI films should only be transmitted upon the request of the CCC, Angio Core Lab or Clinical Events Committee (CEC). The CEC may also request other documents including discharge summary, ECG, and/or cardiac enzymes. OMT reports will soon be sent each month. Please review the report to ensure your participants are meeting their goals. OMT reports will soon be sent each month. Please review the report		 Strategies to Improve Enrollment Screen stress labs (NUC, ECHO, CMR, ETT) everyday for positive tests Ask imaging physicians to notify the study team when there is an eligible patient; provide imaging physicians with study criteria for their reference Host local meetings with imaging physicians, interventionalists, and primary care physicians to publicize the study (CCC can provide slides) Engage local thought leaders to raise awareness of the study Meet with colleagues who are able to refer patients to ensure they understand the protocol and address any questions or concerns Send letters to referring physicians (CCC can provide templates) 		
to ensure your participants are meeting their goals. We are excited to announce the launch of the <u>ISCHE-MIA, ISCHEMIA-CKD, and CIAO-ISCHEMIA Facebook</u> page! It will feature trial milestones, updates, study teams, exciting new findings in the research community, and much more! Share in our excitement by visiting us at <u>https://www.facebook.com/ISCHEMIA.Trial</u> and sharing the page with your colleagues. We hope you "like" it, and welcome your sug- gestions for topics to feature on the page.		At which visit? Some data items are easily missed! Below is a list of commonly missed data items and when they should be collected. Blood Pressure- Every Visit Heart Rate-Every Visit Weight-Every Visit Weight-Every Visit Medications- Assess at every visit Hospitalizations- Assess at every visit Lipid Panel/HbA1c*- Every visit except 1.5M and CCTA visits Creatinine-Every 12 months after RAND visit (For CKD ONLY)		
The ISCHEMIA Clinical Coordinating Center Telephone: 001-212-263-4225 Fax: 001-646-754-9621 Mailbox: ischemia@nyumc.org Website: www.ischemiatrial.org Serbia Clinical Helpline: 800-190-047 FOCUS Clinical Research Center ISCHEMIA Managing Director: Nevena Garcevic		You may also contact the participants' GP or check other sources that may have this information. For a full breakdown of required study related activities, be sure to check the <i>Schedule of Assessments</i> (available on page 42 in Version 2.0 of the protocol)! *Include lipid panel (preferably fasting), HbA1c (diabetic patients only), and liver transaminases (if indicated). Full blood count and chemistry panel (at rand only unless indicated). If LDL cholesterol was at goal on the most recent lipid panel, and no change in statin or other lipid therapy has occurred, it is not nec-		