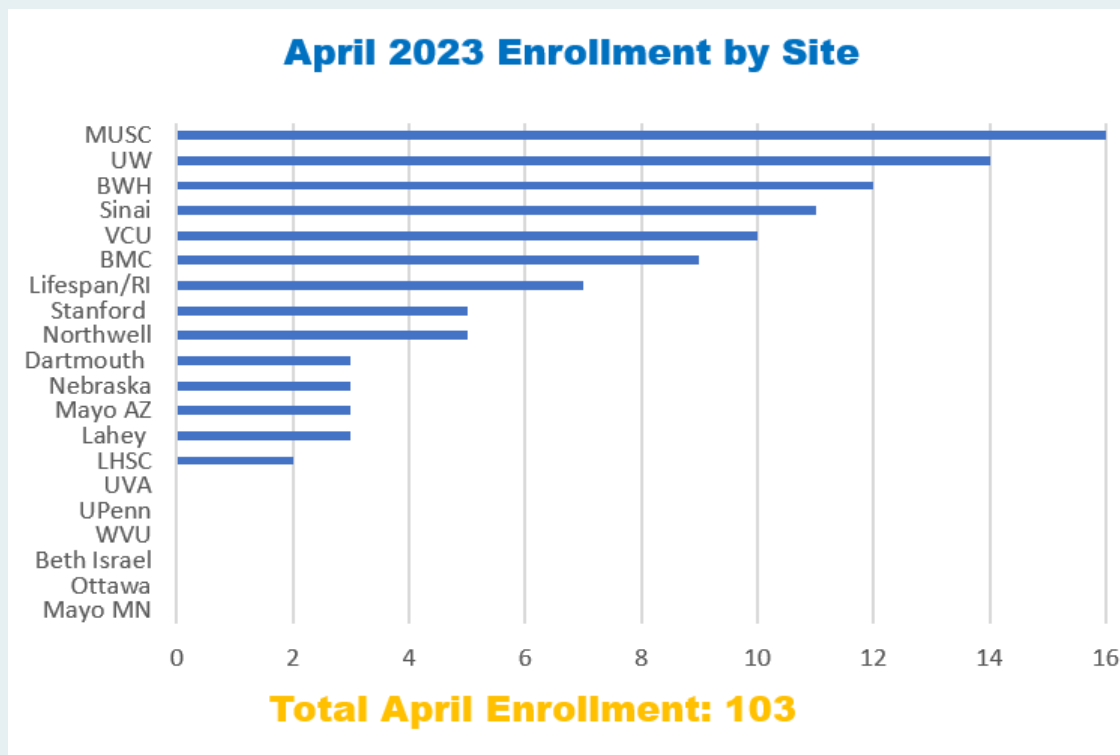


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Recruitment

We need to keep pushing to get our enrollment up!



Emma McLeod, Anne Chancellor and Eric Jordan lead the charge this month at MUSC, UW and BWH, while an honorable mention goes out to **Raj Shrestha** at Sinai

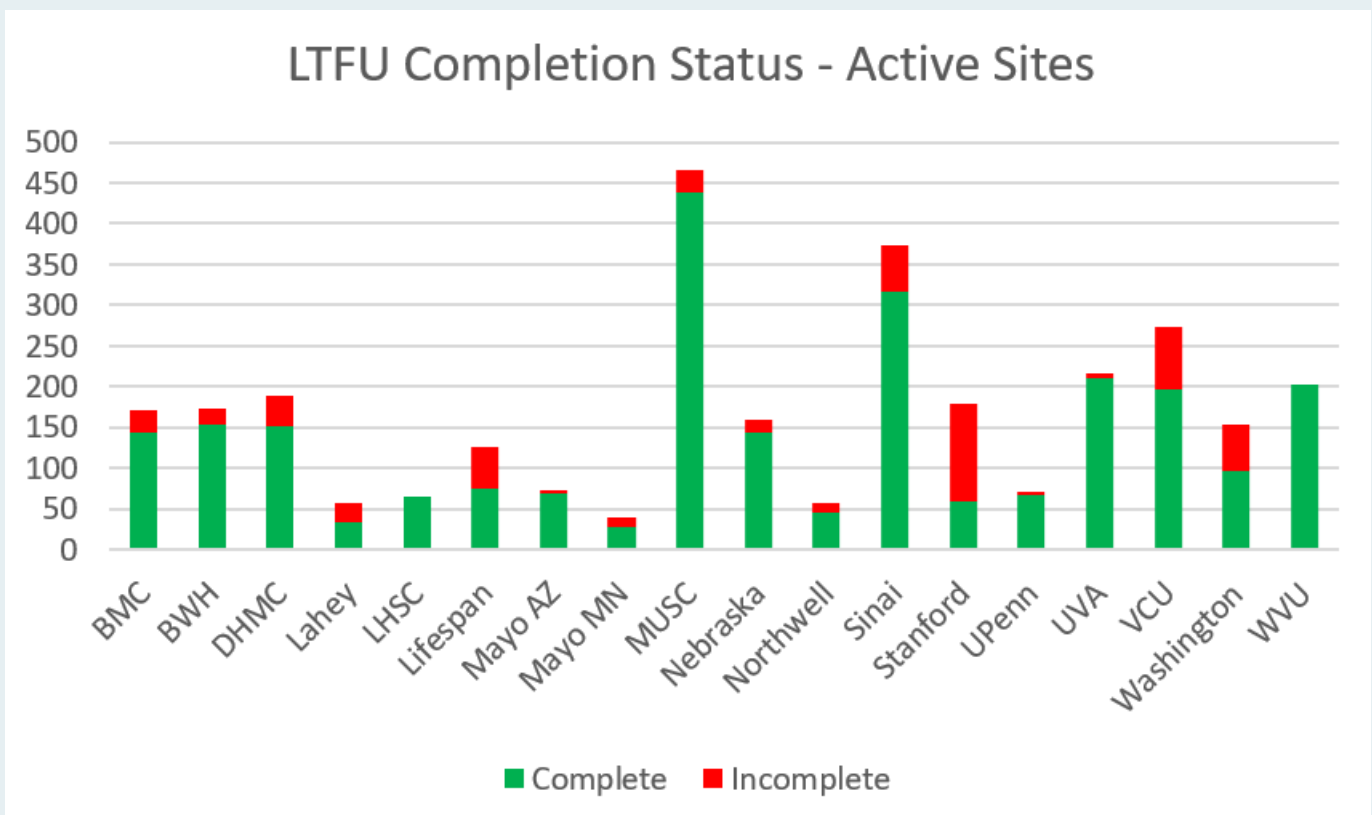
Denise White at Mayo AZ, **Melanie Morgan** at VCU and **Anthony Lancellotti** at Lifespan posted their highest month of 2023 in March.

Lost to Follow Up

The interim analysis is rapidly approaching, but **you still have time to make an impact before then!**

Remember:

1. We ask you to attempt to contact a patient three times
2. Then attempt to contact their alternate (if they provided one) three times
3. If you are unable to retrieve a six month survey: **Do a medical record review**



Tips! From your fellow Coordinators

Check their preferred contact times – found on the contact form in Statix

Call it an exit interview – it is the **LAST** thing they will have to do for PEPPER!

Use your calendar to set reminders to call patients

Global Call

Protocol

Thank you to all who attended our last global call focused on the **PEPPER** protocol. We had 16 coordinators from 15 sites!

We had **six superstars** answer every scenario correctly. Congratulations to:

Abby Allen – LHSC

Jenn Eicher – WVU

Eric Jordan – BWH

Kristina Brackpool – BI

Melanie Morgan – VCU

Brian Gibbs – BMC



A Couple Reminders

According to protocol patients need to be randomized **at least one day before surgery**. While we allow for same day randomization *with a protocol deviation* at times, this must still occur **before surgery** with all forms and communication to patient complete.

Sometimes when a patient asks to withdraw it is an opportunity to start a conversation. While **we must always comply with a patient's wishes**, they may be under the impression they are no longer eligible due to a medication change or event. Or perhaps they don't wish to fill out surveys. In either case, **PEPPER protocol allows for retention of these patients**. So always ask if there is a question or concern they have. You did the work of enrolling them, **keep them!**

Remember!

If you have a question about protocol— just ask! We are here for you!



PEPPER Puzzlers

These are **real life situations** that happened to Coordinators. What would you do?
What should you do according to protocol?

A patient is randomized to Warfarin. Post surgery the patient is switched to Rivaroxaban because they cannot get transportation to the lab. However, when they go to pick up their prescription, the pharmacy is out of Rivaroxaban. An on-call doctor advises them to take ASA 81 mg until Rivaroxaban comes in. Several days later when the prescription can be filled, the patient is told Rivaroxaban will cost \$600, more than this patient can afford. Understandably, the surgeon decides to keep the patient on ASA.

**How should you fill out the SA and SD forms for this patient?
Do you need to fill out any other forms?**

- Indicate Warfarin on the SA form and Rivaroxaban on the SD form but fill out a PD since they never took the Riva
- Indicate Warfarin on the SA form and ASA on the SD. No other forms are needed
- Oof – what a headache, just email us and ask
- Both a and c



Protocol Update

I am sure you are all waiting for more information on the upcoming switch to a 2 drug trial! We are in the process of submitting the update to the IRB and will let you know when we are ready to make the switch. In the meantime....

Unless you are already a restricted randomization site, please continue to consent patients under the 3 drug trial just as you have been.

We promise – You'll be the first to know!

Meet: Abby Allen

Site: London Health Sciences Centre

What is your background?

My background is a medical degree from Royal College of Surgeons in Dublin, Ireland and most recently I graduated from a masters program in Cosmetic Sciences from The University of Cincinnati.

What do you enjoy most about working on PEPPER?

What I like most about working on the PEPPER study is the constant support given by the Clinical Coordinating Team. They make having questions or needing help so easy even though we are a Canadian site. Even if we have to do things a bit differently we never feel stuck or unsure of how to proceed due to their incredible support.

Favorite movie, music or food?

Favorite movie – probably the original Overboard movie with Goldie Hawn and Kurt Russell

Favorite music- a bit of everything

Favorite food – sushi or dim sum

Fun fact or hobby:

I have a French bulldog named Violet and a Maine coon cat named Wednesday and so with my Master's being done I'm trying to spend more time with them and just relax a bit.



PEPPER Puzzler – Answer

The answer is b. Since the patient was given Warfarin pre-surgery that should be indicated on the SA form as the first drug given. Because the patient never took Rivaroxaban post surgery, ASA should be indicated on the SD form. No PD is needed because the patient switched medications due to structural barriers (transportation and cost). But you could also answer c - contact us and ask!
