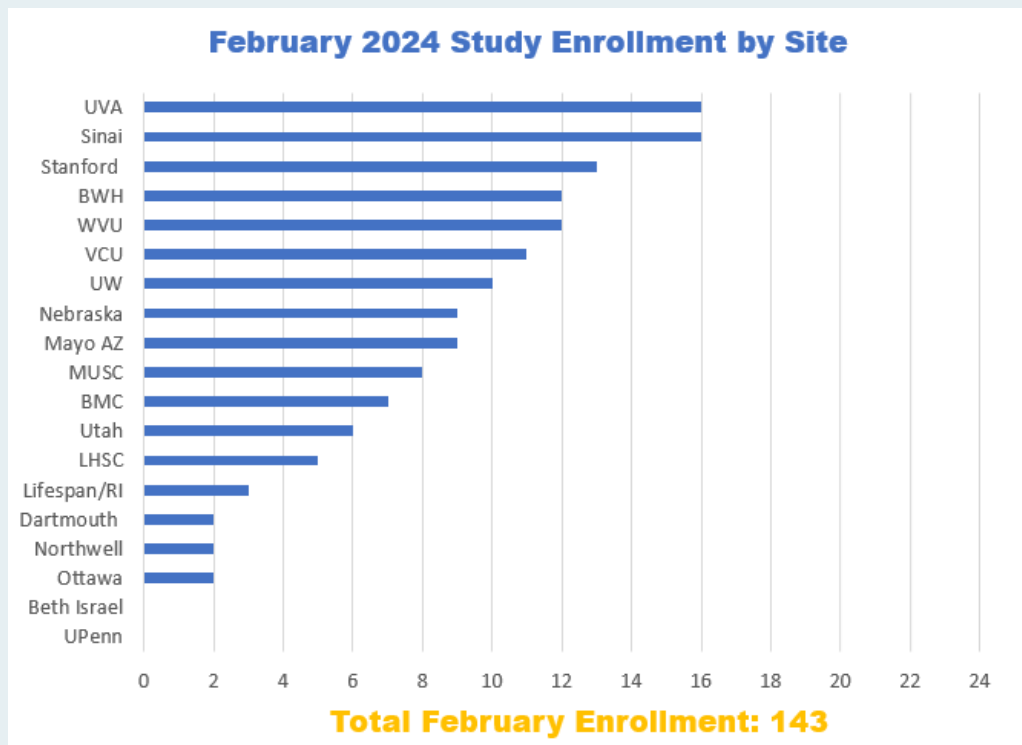


In this issue:

- Recruitment
- **LTU – New Protocol**
- Global Call
- PEPPER Puzzler
- Reminders
- Coordinator Profile

Recruitment

Welcome to 2024 and our **last year of recruitment!** We still **need your hard work** on enrollment in order to meet **our goal of 18,829** patients. So far, it's going well and we **thank you!**



Lots of ties in February! **Edson de Guzman** (UVA) and **Tanya Khatri** (Sinai) enrolled the most patients followed by **Angela Bye** (Stanford). Next was another tie with **Eric Jordan** (BWH) and **Savannah Connelly** (WVU)

We also have **Shanna Loughmiller** and **Claire Kapron** joining us from University of Utah and **Sophie Henke Tarnow** and **Sanjula Costa** at Ottawa have posted some numbers after a hiatus. Welcome to new and old!

Lost to Follow Up

New Protocol – Fewer Calls!

As you know, we have been looking for ways to **streamline this task for you**. We're pleased to introduce a **new protocol** that will **reduce the number of calls** you need to make before moving on to a medical record review.

You are **no longer required to call the alternate contact**. If you have made **three unsuccessful attempts to reach the patient** in order to obtain a 6 month survey, you can **move on to the medical record review**. When doing the review, you will notice a **new proof of life question** that asks you to check for **any interaction with the medical system after they have passed through the 6 month window** that indicates they are alive.

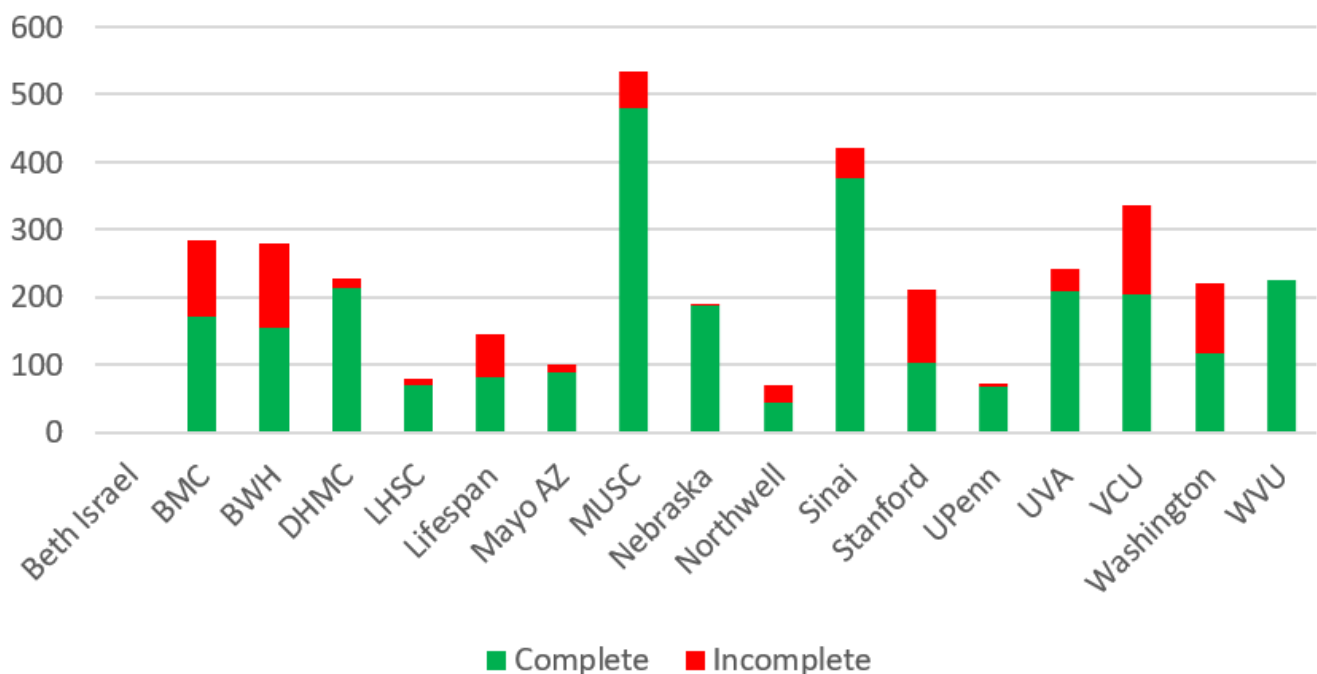
New protocol:

1. We ask you to attempt to contact a patient three times
2. If you are unable to retrieve a six month survey:
Complete a medical record review
3. **During the review – look for proof of life**

Coming Soon!

We will soon be providing you with a new **LTFU Management Tool** to assist you with your workload. The tool will take into account your recent progress completing LTFU while predicting your future workload in order help you stay on top of it. Look for it soon in your inbox!

LTFU Completion Status - Active Sites



Global Call

Lost to Follow-Up

Thank you to all who attended our latest global calls focused on **Lost to Follow-Up**. We had **13 coordinators** from **13 sites!** Thanks again to **Melanie Morgan** for presenting

Here are just a few takeaways from Melanie's presentation:

Getting in touch with patients

Check if the patient has a **preferred contact time** and whether their **contact information has changed**

Use the **contact log in REDCap** to **keep track of calls** and keep a **notepad handy** for any other notes

If you are **making calls from home** ask your IT department if they can **recommend software used by your institution**, rather than having your cellphone number displayed. Cisco Jabber, Doximetry, Avaya Workplace and WebEx are examples

Use the **record status dashboard** to **check the completion status of patients** – a red bubble means the patient needs to be contacted

When calling the patient **reference the date of their surgery, surgeon, laterality, and joint replaced** in case they have had multiple surgeries

Remind them you just need to know about the **six months after surgery** and that this is for research they signed up for

Some patients may not remember they enrolled in **PEPPER** or remember the name. Let them know you are **following up about the surgeon's research**

Sometimes patients have done the 1 and/or 3 month survey and think they are done. Let them know **you just need the final survey**

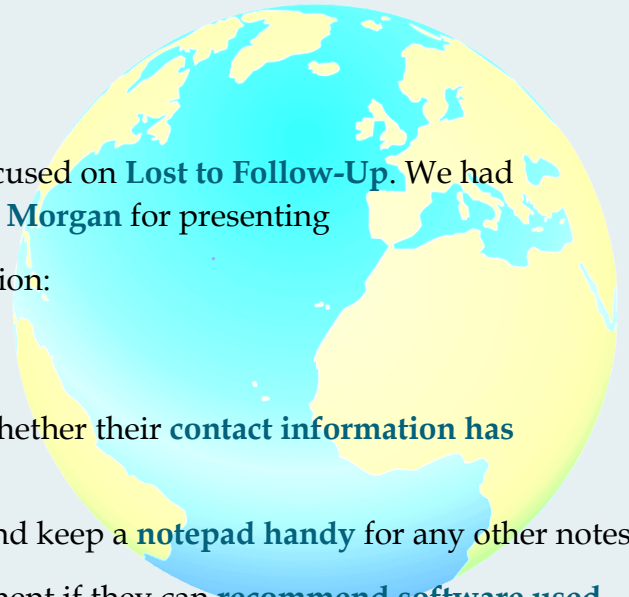
Thank the patient for their time!

Medical record review and workflow

For the medical record review go to the patient record and look at visits to see if there are **any events that need to be noted and submitted as an AE**

If you don't see **any visits later than 6 months after surgery** perform a google search to **look for an obituary**. If you find one, paste the url into REDCap

Experiment with workflows to see what works for you. For example, making most of your calls **1-2 days/week** or you can try doing **1-2 each day**



PEPPER Puzzlers

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

Due to a resident unfamiliar with **PEPPER** filling in, the patient receives a non-**PEPPER** medication prior to surgery

Does this patient need to be withdrawn? What should you do?

- a. Withdraw this patient, we don't allow a patient to stay within the study if they received a non-**PEPPER** medication
- b. Withdraw the patient AND fill out a protocol deviation
- c. This patient can stay in the study. Have them continue on their **PEPPER** medication, but fill out a protocol deviation
- d. Keep the patient in the study but indicate on the surgical adherence form that they received a non-**PEPPER** medication as their first dose
- e. Both C and D are correct



See the bottom of page 5 for the answer!

Reminders!

Before **screen passing** a patient make sure you have a **signed consent form** and that you have **gone over the eligibility requirements with the patient** as some information may not be in their medical record.

Patients on **chronic antiplatelet medications** (including aspirin) are eligible for **PEPPER!** See the **PEPPER Onboarding and Operational Guide** for more information or contact us if you have questions!

Meet: Savannah Connelly

Site: West Virginia University

What is your background?

I earned my B.S. in Biology from WVU and I hold a CNA license. I have always worked with people from all walks of life in various roles ranging from fast food to project scheduler for a project management company. I first dipped my foot into the research pool while raising, training, teaching, and placing service dogs and handler teams. In addition to fine-tuning my organizational skills, I further honed my compassion and communication skills, while reinforcing my passion for helping people through teaching and client interaction. When I started in my current role, my job was very different from what I do now. I was able to combine my past experiences and new knowledge to earn the privilege of being able to recruit patients for studies. Research is my way to continue to develop and exercise my passion for helping others. Without research, I may help hundreds or thousands of patients in my lifetime; with research, I can help an indefinite number of people far beyond my expiration.



What do you enjoy most about working on PEPPER?

I enjoy making the connection with the patients and seeing them light up when I tell them that their participation could be helping to inform future medical decisions.

Favorite movie, music or food?

This is tough! I am always up for anything Harry Potter. I have an eclectic music style but lean substantially more towards country music. I am a sucker for comfort food and sweets.

Fun fact or hobby:

I am a Certified Professional Dog Trainer, a member of the Association of Pet Dog Trainers, an AKC Canine Good Citizen evaluator, and have been raising, training, placing service dogs to assist with Psychiatric and Mobility impairments for over 10 years.



Anything else you'd like to share?

I enjoy doing puzzles and/or crafts.

PEPPER Puzzler – Answer

The answer is both c and d. The PEPPER protocol does allow for a patient to remain in the study when a non-**PEPPER** medication is administered, providing the patient then resumes their **PEPPER** medication. In this case you would note the medication given on the surgical adherence form and the reason why (i.e. resident error). Since this dose was administered in hospital, you would also file a protocol deviation. Forms can be found on www.PEPPERstudy.org