

# August 2022

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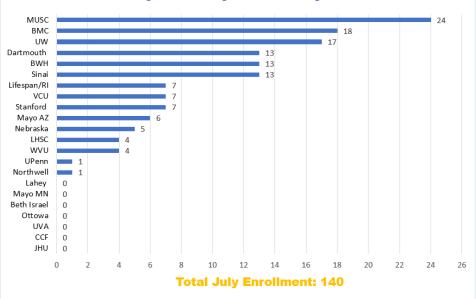
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Global Call

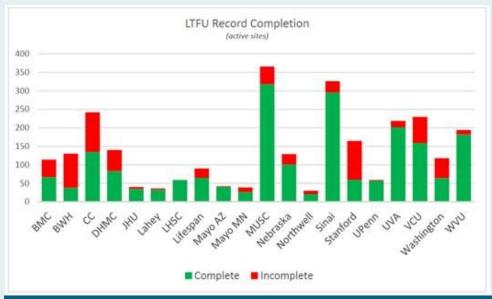
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# Recruitment – we need to keep the heat on!

While our recruitment numbers have improved somewhat from the winter Omicron surge, we still have a ways to go to reach our enrollment goal. We need you now more than ever to keep working to enroll more patients.



### Special thanks to UW, BMC and MUSC for leading the charge in July!



#### Why is Lost to Follow Up Important?

Without 6 month follow up data on patients we can't assess important outcomes such as adverse events. That's why every month we ask you to contact patients who have not filled out their six month survey. Please don't neglect this important task!

#### July 2022 Study Enrollment by Site

# Global Call

We had **18 coordinators** attend our Global Calls this July focusing on **Tips and Tricks for Recruitment.** Special thanks to **Ebony Panaccione** for putting together a stellar presentation!

### Here are just some of the great tips you shared!

If you **know your protocol fully**, any rejection that's presented to you...**you're able to combat that.** 

-Ebony Panaccione, MUSC

I tell patients that **Coumadin** is the only one of the three medications where **the dosing is actually customized to them.** 

-Anne Chancellor, UW

A barrier I find with many patients is that **they don't even know that they are going to be on a** 

**blood thinner** after surgery. I ask them if anyone has **talked to them about the risk of developing blood clots** after surgery.

Eric Jordan, BWH

I always mention to the patient - your doctor talked to you 1st, and sent you to me after, **he** or she would not send you to me for this study if they didn't think you were an appropriate candidate. That's usually a huge factor in them deciding to be a part of the study.

-Anthony Lancellotti, Lifespan

### What other topics would you like to focus on?

These calls are for you! What would you find helpful? Shoot us an email and let us know!

Would you like to be a presenter on one of our Global Calls?

We would love to feature your expertise! You don't have to know everything, just showing examples of your process may help others think through theirs.

Stay tuned for our next Global Call coming to you in

# **September!**



# **PEPPER Puzzlers**

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

A patient was randomized to rivaroxaban. After surgery but before their first dose they realized they would have trouble with the co-pay, so were switched to aspirin. This means they missed their pre-surgical dose of aspirin. What do you need to do here? Is this a protocol deviation?

What's the right thing to do here:

- A. This is not a protocol deviation, the patient can continue on aspirin.
- B. Fill out a protocol deviation since they missed their first dose of aspirin.
- C. Tell them to go back to the pharmacy and fill the prescription for rivaroxaban.
- D. Withdraw the patient.

#### See the bottom of page 4 for the answer!





## **Reminders!**

Remember to enter a patient's **complete address**, including **apartment number**, on the contact form. This ensures that their mailed follow up survey reaches them without delay.

Remember to submit the surgical **adherence form within 48 hours** of the patient surgery. The 1m survey is triggered by the surgery date so **Statix needs to have this information in a timely manner**.

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.** 

## Meet: Dana Schwartz

Site: Nebraska

### What is your background? (Professional degrees, experience etc.)

I have a variety of Associate, Bachelor and Master degrees. My first career was education and I taught daily life skills to the mentally challenged. My second career was College Student Personnel Services. My current (and final) career has been 25 years of nursing in critical care/trauma, anticoagulation services, liver transplant and currently research in orthopaedic surgery. (Yes, I am old).

### What do you enjoy most about working on PEPPER?



I feel I am helping to make a contribution. I started the first point-of-care "Coumadin" clinic at our university years ago, when warfarin was essentially the only anticoagulation option, so this study really excited me now that there are other med options and it is essential to find out which treatment works better for which patients. I love the people interaction. My eyes have been opened to the influence and power that advertisements have on people and the many different opinions that patients have. At the beginning of this study, many did not want to chance Xarelto because of the class action lawsuits on TV commercials and now many do not enroll as they want only Xarelto because of commercials that emphasize warfarin requires lab monitoring and has diet restrictions.

#### Favorite movie, music or food?

During this Pandemic I discovered Door Dash and Grub Hub while picking up Netflix, Hulu, Peacock, HBO Max and a few pounds. I love Mexican food and am addicted to Stranger Things, Yellowstone and Handmaids Tale.

### Fun fact or hobby:

Pre-covid I enjoyed frequent travels with my 3 grandchildren to various beaches for swimming, snorkeling, boating and deep-sea fishing. My favs are Puerto Rico and Key West. Looking forward to starting that up again soon.

### Anything else you'd like to share about yourself?

My two grandsons and I have a large vegetable garden in the summer for the sole purpose of canning salsa which we've been told it is the best anyone has tasted, "sweet with heat".

### PEPPER Puzzler – Answer

The answer is A. This is a puzzler for sure! Normally a missed pre-surgical dose would be a protocol deviation but in this case since the patient crossed over to aspirin for **infrastructure reasons** (cost) **prior to what would have been their first dose of medication** (since first dose of rivaroxaban is given after surgery), there is **no protocol deviation**. However, **if they had crossed over prior to surgery** (and missed their first aspirin dose), this **would** be a protocol deviation.