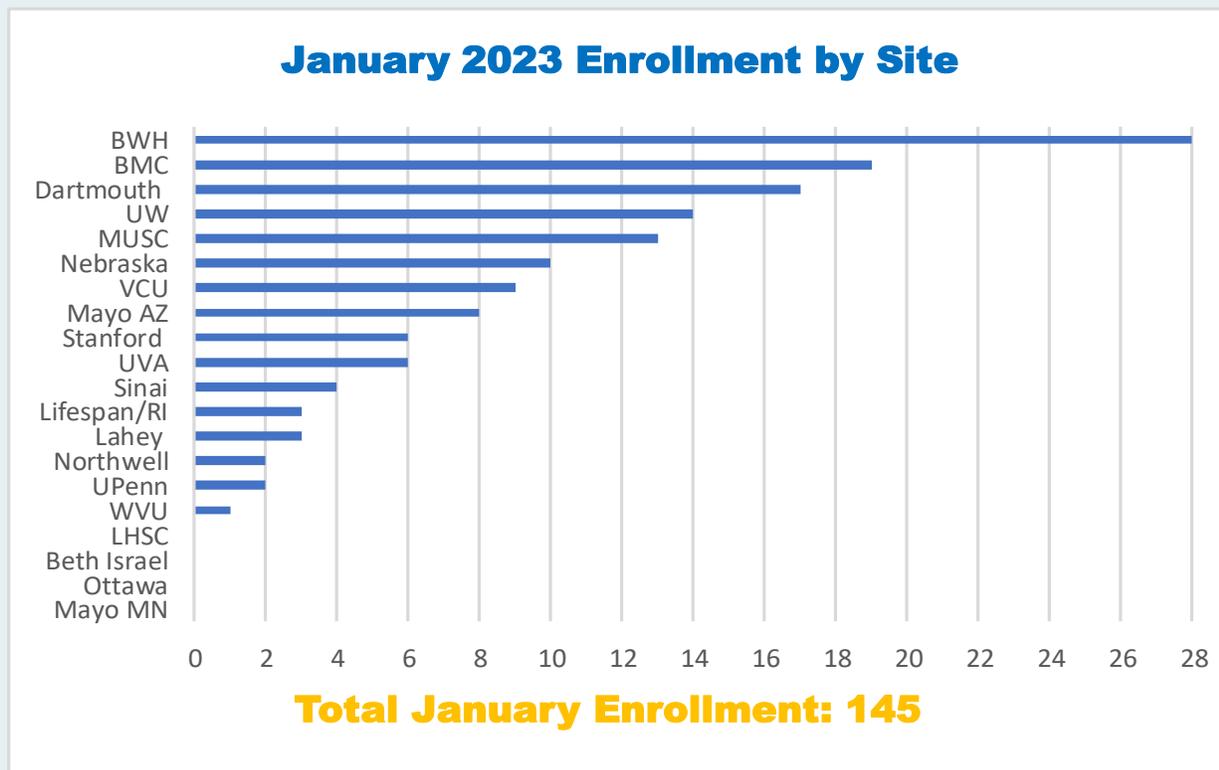


In this issue:

- Recruitment
- Chronic Anticoagulation
- Reminders
- LTFU
- PEPPER Puzzlers
- Coordinator Profile

Recruitment

A decent start to the New Year – let’s keep it going!



Eric Jordan, Brian Gibbs and Peter Depalo lead the charge this month at BWH, BMC and Dartmouth, while an honorable mention goes out to **Ann Chancellor** at UW

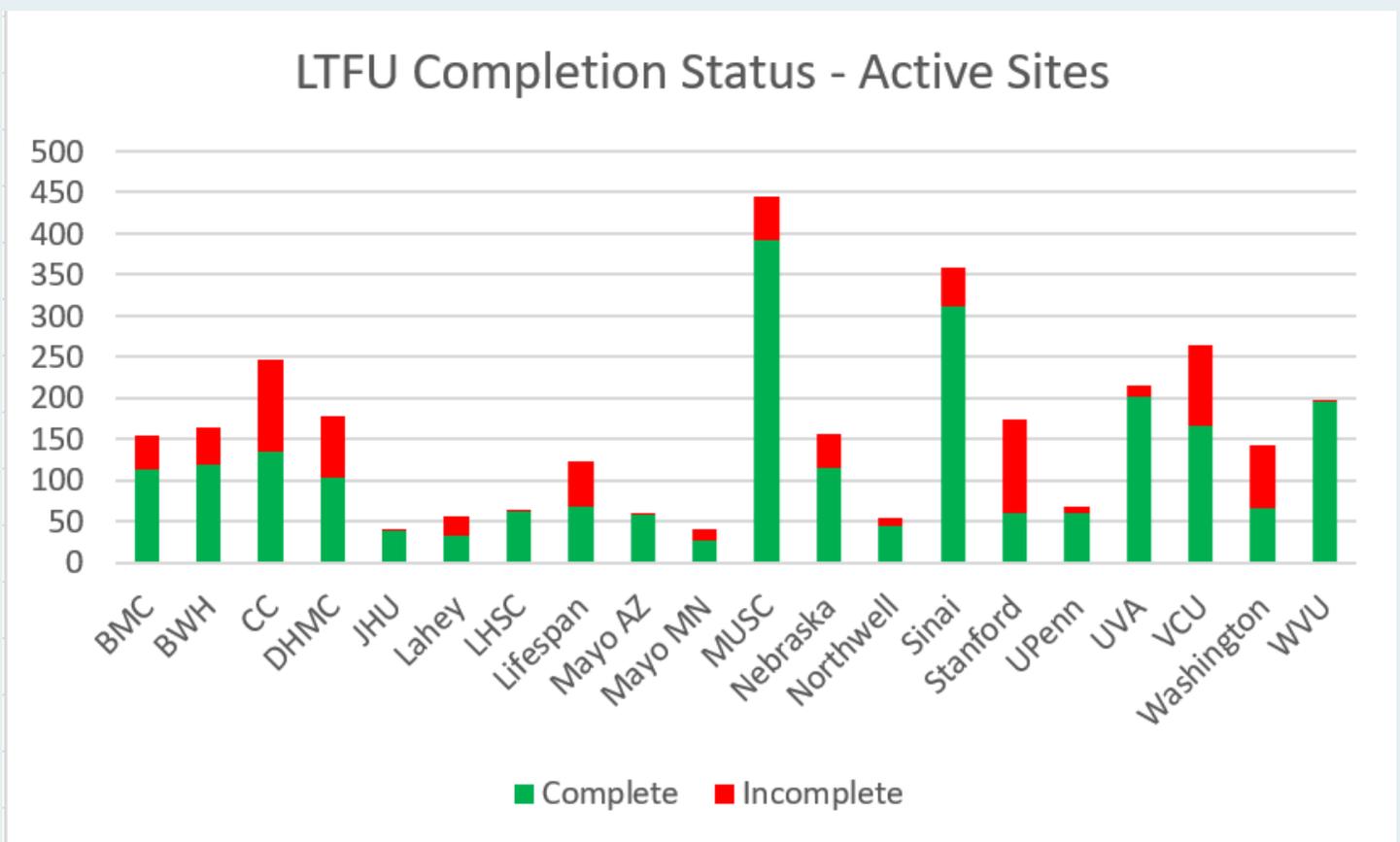
Several sites had a great November with **Angela Bye** (Stanford) and **Faviola Aguilar** (WVU) posting their highest enrollment for 2022 in that month

Lost to Follow Up

This is still a special focus for us over the next few months as we approach our next interim analysis. [Please pay attention to this important task!](#)

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

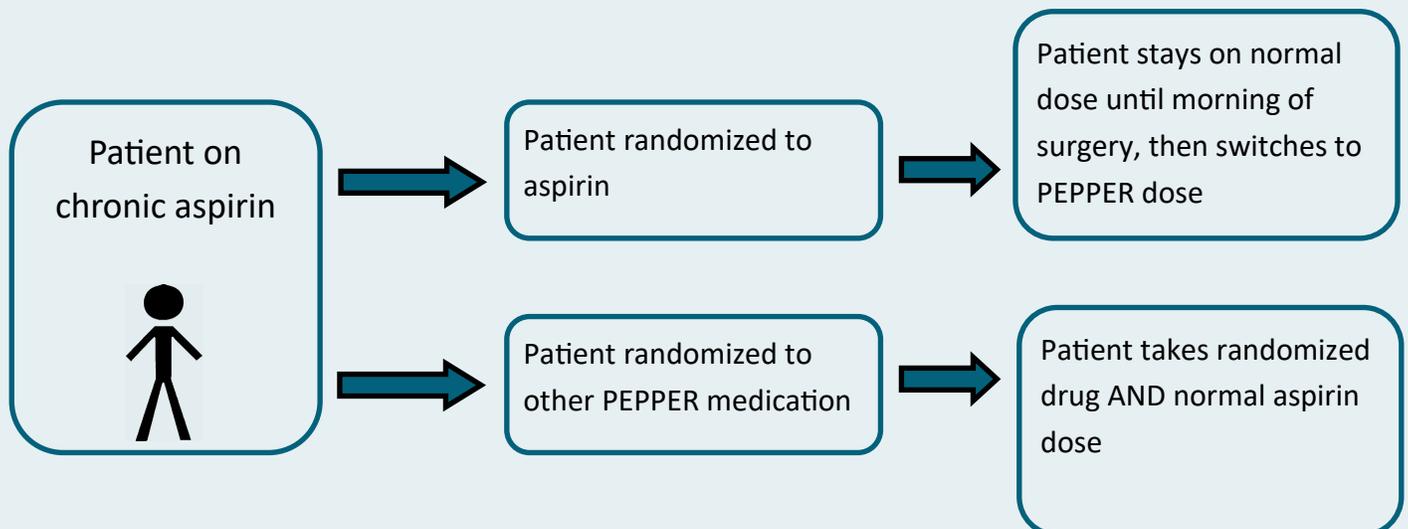
Patients on Chronic Anticoagulation

Who's Eligible?

Some patients receiving hip and knee replacements may be on a chronic (longer than six months) anticoagulant for health reasons. PEPPER eligibility allows for enrollment for these patients **if their medication is an antiplatelet**. See the table below to double check patient eligibility based on their medication.

Class of Medication	Medication Examples	Eligible for PEPPER
Classic Anticoagulant	Rivaroxaban (Xarelto) Warfarin (Coumadin) Heparin Apixaban (Eliquis) Enoxaparin (Lovenox)	No
Antiplatelet Activity	Aspirin Clopidogrel (Plavix) Dipyridamole (Persantine) Vorapaxar (Zontivity) Abciximab (ReoPro)	Yes

How enrolling in PEPPER affects patients taking aspirin



All other antiplatelet medications

Surgeon will decide whether they stay on their normal medication while taking PEPPER medication

PEPPER Puzzlers

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

You discover that a participant has unfortunately died several weeks after having surgery. You also find out while in the medical record that the pre-op dose of warfarin was not ordered and instead they were given ASA 81 mg POD 1 as their first dose of medication.

Which forms should you fill out?

- Fill out a PD since they did not receive their pre-op dose of warfarin
- Fill out an AE to report patient death
- Fill out a withdrawal since the patient will no longer be participating
- a & b
- a, b & c



See the bottom of page 5 for the answer!

Reminders – entering data into Statix

Accurate data entry up front means less work on the back end

When entering dates into Statix, be sure to **enter the whole year** or it will default to 2000 (e.g. 1965 will become 2065)

We need a **consent date for every patient** – be sure to enter it on the surgeon sign off form

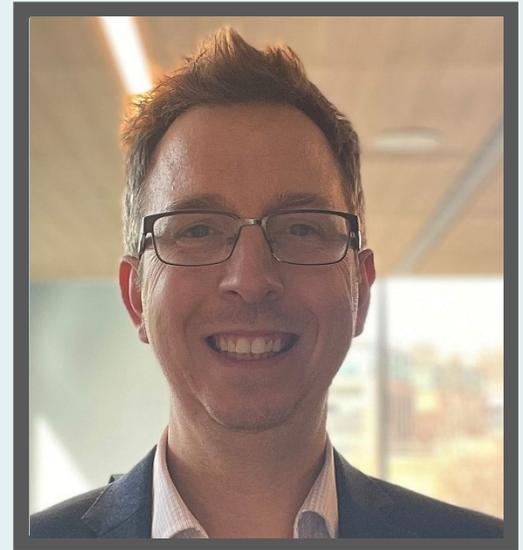
If you indicated there was an **in hospital event** on the surgery data form, **provide a description** of the event in the text box. Every in hospital event should be coded, use **other** if it doesn't fit predetermined codes

Meet: Eric McVey

Site: University of Virginia

What is your background?

I have a BA and M.Ed in Athletic Training. I worked as the Clinical Manager at Richey Lab before joining the University of Virginia's Department of Orthopedic Surgery as a clinical research coordinator in February 2016. Since that time I have had the opportunity to work on studies in multiple divisions of Orthopedics and now I have the privilege of helping lead our clinical trials team.



What do you enjoy most about working on PEPPER?

The PEPPER study was the reason I got back into clinical research; I was (and still am) excited to work on a clinical trial that is designed to be a game changer in Orthopedic surgery. I truly enjoy working with the Surgeon's, PA's, NP's, RN's, and Pharmacists that help make this study a success; they truly are a great team! I enjoy interacting with our patients and have been amazed over the years at their willingness to participate in a study that is really based upon their own altruism and desire to help.

Favorite movie, music or food?

Hot take- the music from the late 1980s to mid-90's is the best music available. Boring take - I listen to almost everything but country. My favorite food has got to be a good steak dinner that I don't have to cook or clean up after... or Chicago deep dish pizza in Chicago.

Fun fact or hobby:

I enjoy playing the drums and hanging out with my amazing wife and 4 daughters. As far as fun facts, I once got to play tennis on the Stadium Court at the US Olympic complex in Atlanta.

Anything else you'd like to share about yourself?

One of my favorite quotes - "Complexity is your enemy. Any fool can make something complicated. It is hard to keep things simple."

PEPPER Puzzler – Answer

The answer is d. You will need to fill out a PD because the patient did not receive their pre-operative dose of warfarin according to protocol. You will also need to fill out an AE because the patient died during their six-month follow up period.
