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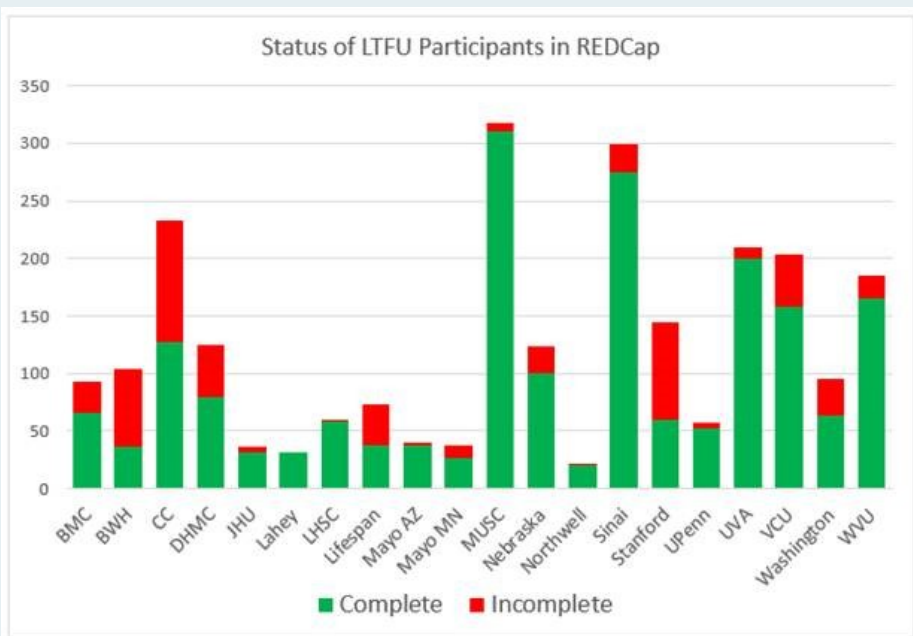
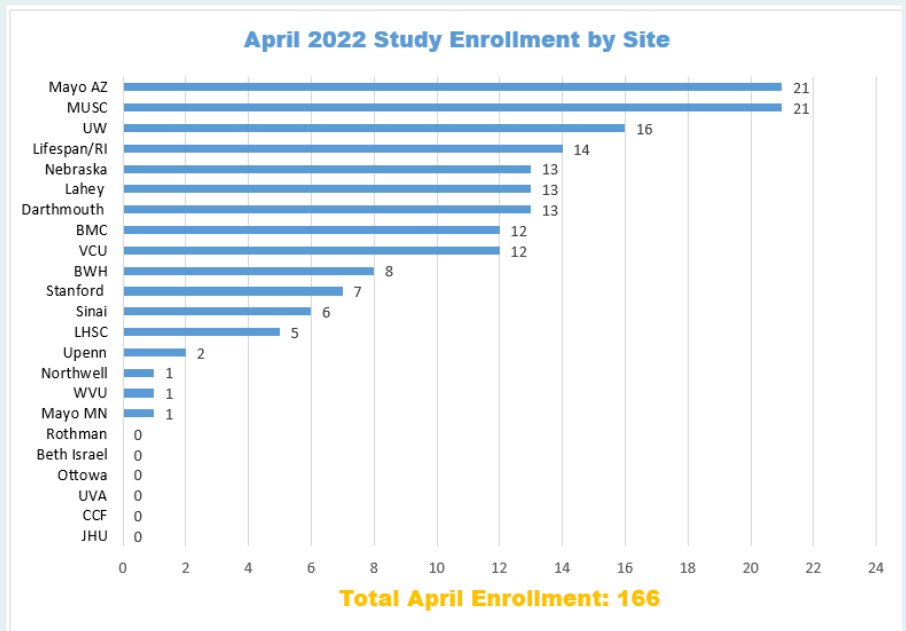
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### Recruitment is recovering!

After a tough winter with the Omicron surge, we are seeing some recovery of recruitment numbers with sites returning to fall numbers.

### Welcome, new sites!

Give a big welcome to our new sites: **Ottawa, Beth Israel and Rothman!**



How's your .....

### Lost to Follow Up?

Each month the Coordinating Team sends out the LTFU report. We need your help collecting this important data! In order to assist you with this, **we have added participant contact information into REDCap.**

# Coordinator Survey

Results are in (!) and show that **the most popular choice for frequent communication from the Coordinating Team is a newsletter**. We hope you enjoy this one. **Global site calls** were also a popular choice, so stay tuned – our next one will be **coming soon!**

Eleven of you responded that you would be willing to **share tips and tricks** with other Coordinators. Thank you to our experts in the field! (That's you!)

Popular items to receive more information and tools on include **recruiting and consenting participants** and **developing an efficient and functional workflow**.

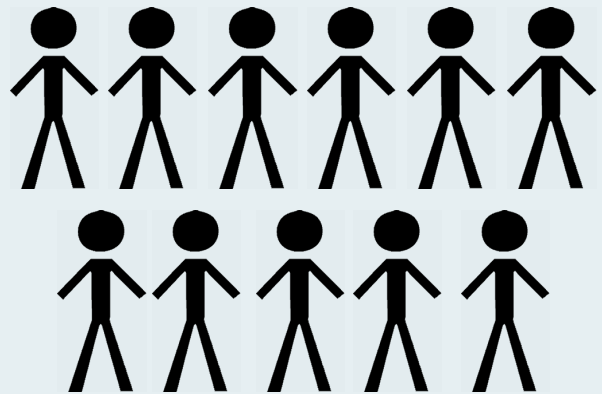
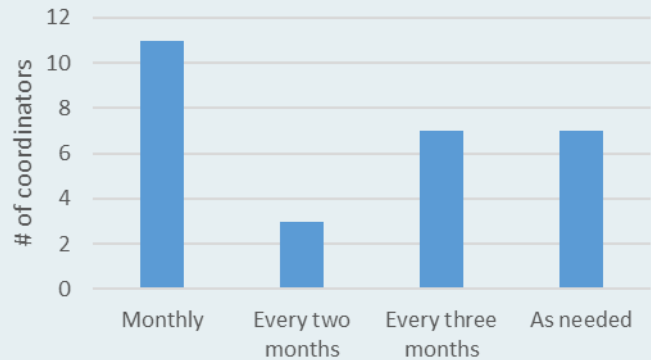
## Onboarding

Eighty-two percent of you responded that your onboarding went **well or very well**. And while there were no responses for poor or very poor we are always **looking for ways to improve**. We appreciate the details you provided on **what you specifically liked** and **what could be improved**.

### Here's what you said

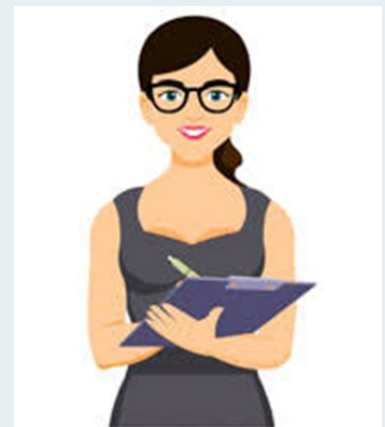
- **Group trainings** for new coordinators
- More about **withdrawals vs. no contact**
- Discussions about **difficulties in enrollment**
- **Role playing** and acting out scenarios
- **Availability of the team** for questions is great, especially regarding **protocol**.

Newsletter (n=28)



*"I think that it would be nice to have some sort of formal welcome sent to coordinators from the entire coordinating team with short bios and what each of their roles are on the project. I think this would have a big impact on making new coordinators feel welcomed to the project and like a part of the national team."*

We'd also love to feature **YOU**. In fact see page 4 of this newsletter for our first **Coordinator profile!**



## PEPPER Puzzlers

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

The surgeon calls you to tell you that a patient wishes to consent to be a participant in PEPPER. You do an e-consent with the patient and randomize them. **After** randomizing you find out that this patient **already had surgery** and was actually **in recovery when you spoke to them!** To top it off even though they were randomized to Rivaroxaban, they received ASA before surgery.

What's the right thing to do here:

- A. No problem, just treat them as a crossover and have them stay on aspirin.
- B. Fill out a protocol deviation since they were consented after surgery, but have them stay in.
- C. Make sure they leave the hospital with a prescription for Rivaroxaban.
- D. Withdraw the patient.


See the bottom of page 4 for the answer!



## Surgical Adherence Form

The surgical adherence form has been **updated**. The form now includes the **date of birth at the top**. For knee patients there is a **new question regarding the use of robotics**. Please make sure you are using **version 8** of this form. It has been **uploaded into Statix 2.0** and can also be **found on the website**. [PEPPERstudy.org](http://PEPPERstudy.org)

<b>FOR KNEE PATIENTS ONLY</b> Did the surgery involve robotics?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, which one:	<input type="checkbox"/> Conformis (just PEPPER) <input type="checkbox"/> Corin (Omnibot) <input type="checkbox"/> DePuy (Velvis) <input type="checkbox"/> Smith-Nephew (Cori) <input type="checkbox"/> [unclear] <input type="checkbox"/> Zimmer (Mosa) <input type="checkbox"/> Other, specify:



# Meet: Angela Nava Bye

**Site:** Stanford University

**What is your background?** My undergraduate degree is in Athletic Training. I worked as a Certified Athletic Trainer (ATC) in two NCAA Division I Intercollegiate Athletic Departments (San Diego State University and The University of Arizona, UA), then as an Assistant Athletic Trainer at the United States Olympic Training Center and at a Division II NCAA Intercollegiate Athletic Department (San Francisco State University, SFSU). I also taught Introduction to Athletic Training courses at both SFSU and San Jose State University while working as an ATC at SFSU. My Master's Degree is in Teaching and Teacher Education with a Single Subject Matter in Athletic Training (UA). I started my job as a Clinical Research Coordinator at Stanford after taking five years off of work to be home with my babies.



**What do you enjoy most about working on PEPPER?** Getting to know all of the MUSC and Dartmouth staff working on PEPPER. They all have made this project enjoyable with their willingness to help, friendliness and professionalism.

**Favorite movie, music or food?** As a kid I watched the movie Grease countless times. I mostly like Pop music and Country. My favorite artist is P!NK. I'm a sucker for any salad with a combo of greens, sprinkled with a little fruit, any kind of nut, and gorgonzola. But mostly I'm a sweet tooth and LOVE anything with chocolate.

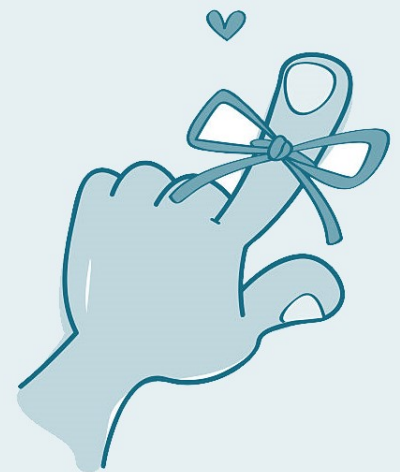
**Fun fact or hobby?** I'm a big sports fan and enjoy watching all different sporting events. I played college softball, and still play softball along with my husband on a co-ed softball team. I was a pitcher through high school and college but now I enjoy playing first base and running down balls in the outfield.

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## Reminders

Looking for an electronic copy of your consent form? Check eIRB! <https://eirb.healthsciencessc.org>

Remember to enter a pre-screen for *every patient* who is scheduled for surgery with a PEPPER surgeon, regardless of participation potential



## PEPPER Puzzler – Answer

The answer is D. Patients need to be **randomized before surgery** according to protocol. Unfortunately, **this patient will need to be withdrawn**.

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