

PATIENTS RECRUITED

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NEWS

9 randomisations in January!

Golden Jubilee National Glasgow recruited their 1st participant

ACI Investigators' Meeting 1st Feb 2024 (page 2)

Well done to these sites that recruited in January!

New Cross Hospital Wolverhampton Golden Jubilee **National** Hospital Glasgow

St Thomas' Hospital

Royal Victoria Hospital **Belfast**

St George's Hospital London

John Radcliffe Hospital Oxford

Essex Cardiothoracic Centre Basildon

Queen Elizabeth Hospital Birmingham

Total randomisations up until end of January

St Thomas's Hospital	34
King's College Hospital	21
Queen Elizabeth Hospital, Birmingham	17
Royal Bournemouth Hospital	13
Barts Heart Centre	9
Manchester Royal Infirmary	9
Freeman Hospital, Newcastle	9
Bristol Heart Institute	8
St George's Hospital	7
New Cross Hospital, Wolverhampton	6

John Radcliffe Hospital, Oxford	6
Essex Cardiothoracic Centre, Basildon	6
Glenfield Hospital, Leicester	5
Royal Victoria Hospital, Belfast	5
Harefield Hospital	4
Morriston Hospital, Swansea	3
Royal Sussex Hospital, Brighton	3
Royal Brompton Hospital	2
Musgrove Park Hospital, Taunton	1
Golden Jubilee, Glasgow	1

CHIP-BCIS3 AT BCIS ADVANCED CARDIOVASCULAR INTERVENTION CONFERENCE 2024

It was fantastic to see many of you at our CHIP-BCIS3 stand, and also at our Investigators' Breakfast Meeting at BCIS ACI this year.

The meeting led by Prof. Divaka Perera, started with key trial updates before transitioning into series of excellent case presentations from Dr. Andrew Ladwiniec (Glenfield Hospital Leicester), Dr. Sohail Khan (Queen Elizabeth Hospital Birmingham) and Dr. Tom Keeble (Essex CTC Basildon). We thank everyone who contributed to this successful Investigators' Meeting. Key updates from the meeting can be found below.

Divaka Perera spoke about some key details of the trial, including the primary outcomes and eligibility criteria, and **highlighted that all 21 recruiting sites are now open.** Divaka also mentioned that the protocol paper has been accepted for publication in Circulation: Cardiovascular Interventions in January 2024. Divaka also raised the importance of the mechanistic sub-studies run by Dr Saad Ezad, in order to determine which patients benefit most from LV unloading.





Sohail Khan highlighted that the main factor contributing to their recruitment success is the unequivocal **engagement from the entire team**. He noted that most eligible patients presented with ACS and that some patients were turned down because they were 'REVIVED type' patients with heart failure indications. Sohail commented that Impella is weaned in the lab for 2.5 hours and commented that the Right Heart Cath substudy has been useful to determine which patients to wean.

Andrew Ladwiniec from Glenfield Hospital Leicester spoke about the experience of running CHIP-BCIS3 at a newly established Impella centre. Andrew reviewed the past 5 cases against the inclusion criteria. Initially only patients with very complex procedures were considered for the trial and since widening their scope for eligibility recruitment has increased. He summarised that if a patient has an EF <35% and is being considered for CABG and turned down; is planned for multi-vessel PCI with some level of complexity, then they are likely suitable for CHIP-BCIS3.





Tom Keeble lastly presented a succession of CHIP-BCIS3 cases, noting their success was attributed to proactive co-Investigators looking out for suitable patients, in addition to a dedicated vascular support team. He flagged that all patients with an EF <35% screened during an MDT meeting need to be considered for the trial.

CONTACT US



If you have any questions please don't hesitate to contact the CTU team - Matt Kwok, Megan Knight, Laura Van Dyck and Richard Evans. Email: CHIP-BCIS3@LSHTM.ac.uk

Tel: +44 (0)20 7927 2723 **Twitter**: @CHIP_BCIS3



