

BEST-CLI – Cheers from BEST in the New Year!

From the Desktop of Our Sponsors at NHLBI, NIH:

The National Heart, Lung and Blood Institute (NHLBI) is very excited to be sponsoring the BEST-CLI trial.

Importance of the Trial

The public health impact of peripheral artery disease (PAD), and particularly critical limb ischemia (CLI), is enormous. The disability, increased mortality, and financial burden placed on our health care system from CLI are staggering. Yet, in-depth knowledge of optimal management for CLI is lacking. Recent progress in the Trial re-affirms its importance and the unique position of the investigators and coordinators to address the important clinical questions posed.

We are pleased that the Trial's leadership and you as investigators have stepped forward to study CLI and begin answering fundamental questions about its management. The pragmatic trial design and focus on intra- and cross-disciplinary collaboration of investigators, both strongly supported by the NHLBI, encourage optimal patient care from experienced physicians and will lend credibility to the Trial's findings.

Your important role as a site investigator and contributor to BEST-CLI

As stewards of public funds that support BEST-CLI, the NHLBI monitors study progress and, in particular, overall trial enrollment on a quarterly basis. Progress through January 31, 2016 and future accrual goals are mapped on the attached graph (see page 5). As you can see, enrollment is progressing, but we all have a steep climb ahead.

Active and timely enrollment by all sites will ensure that the target goal of 2,100 subjects is achieved by August 31, 2017. This is important not just to complete the Trial, but also to ensure that the average follow-up period of subjects is long enough to: a) assess durability of the intervention, and b) obtain meaningful outcome data to maintain projected statistical power and confidence in our study conclusions. Failure to achieve timely enrollment will raise questions about feasibility and advisability of completing the Trial.

The Trial leadership has stated that **the goal for each site is to enroll a minimum of one patient, per month**. We at NHLBI understand that enrollment may vary from month to month due to many factors, such as weather, holidays, physician availability, etc. Nonetheless, the expectation is that the average enrollment should be greater than one subject per month, per site. These projections rely on your reinvigorated efforts. All sites are strongly encouraged to optimize recruitment efforts as much as possible.

Currently, BEST-CLI has 120 active sites; with projected total of 140 maximum. Several new sites are under consideration. This means that **trial leadership may ultimately close under-performing sites in order accommodate newer, more promising ones**. The NHLBI Program Office fully supports this approach.

Report cards with screening and enrollment metrics were sent to sites in November. They are intended to help sites understand their own performance, and use the information to develop strategies to enhance screening and participation. We intend to provide any assistance we can to boost enrollment. Examples might include:

- A site visit by the CCC Principal Investigators.
- A CCC Principal Investigator joining your CLI team meeting by conference call to field questions.
- Diagrams of PAD anatomy and schematics of both trial interventions (open and endo) to complement the patient brochure in discussions with patients.

In acknowledgement of the significant efforts made in recruitment efforts, NHLBI approved an additional site payment of \$500 for each patient randomized.

In summary, the BEST-CLI trial will provide unprecedented data on the clinical course and outcome of patients with CLI. These data will help physicians and patients make more informed treatment decisions in the future. The success of the trial will depend upon your active engagement and participation as investigators.

On behalf of the National Heart, Lung, and Blood Institute we would like to commend you and your team on your extraordinary work and continued commitment to this landmark trial.

Sincerely,
Diane Reid, 301-402-3824 and George Sopko, 301-435-0578

Indiana University



Row 1: Janet Klein, RN; Maryanne Bowyer-Cherry, RN; Row 2: Anjan Talukdar, Fellow; Richard Denney, Fellow; George Akingba, MD; Row 3: Raghu Motaganahalli, MD; Andres Fajardo, MD; Row 4: Michael Dalsing, MD; Michael Murphy, MD; Alan Sawchuk, MD; Not pictured: Gary Lemmon, MD; Alok Gupta, MD

The BEST - CLI Vascular Surgery Team at Indiana University is led by Dr. Raghu Motaganahalli and includes seven Vascular Surgeons, two Research Nurses, two Nurse Practitioners, Fellows, Surgical Residents and Office Staff. Subjects are enrolled at the Roudebush VA Medical Center and IU Health Methodist Hospital Level 1 Trauma and Vascular Center. Communication is fluid between all members of the IU BEST CLI-Team in an effort to find appropriate patients on the inpatient service and from the outpatient clinic population who present with CLI. Everyone on the IU Team understands the importance of the BEST Trial and all share responsibility to recruit, screen, enroll and follow these patients. We support this national effort to answer questions regarding the most appropriate initial method to treat critical limb ischemia; open surgery or percutaneous intervention.

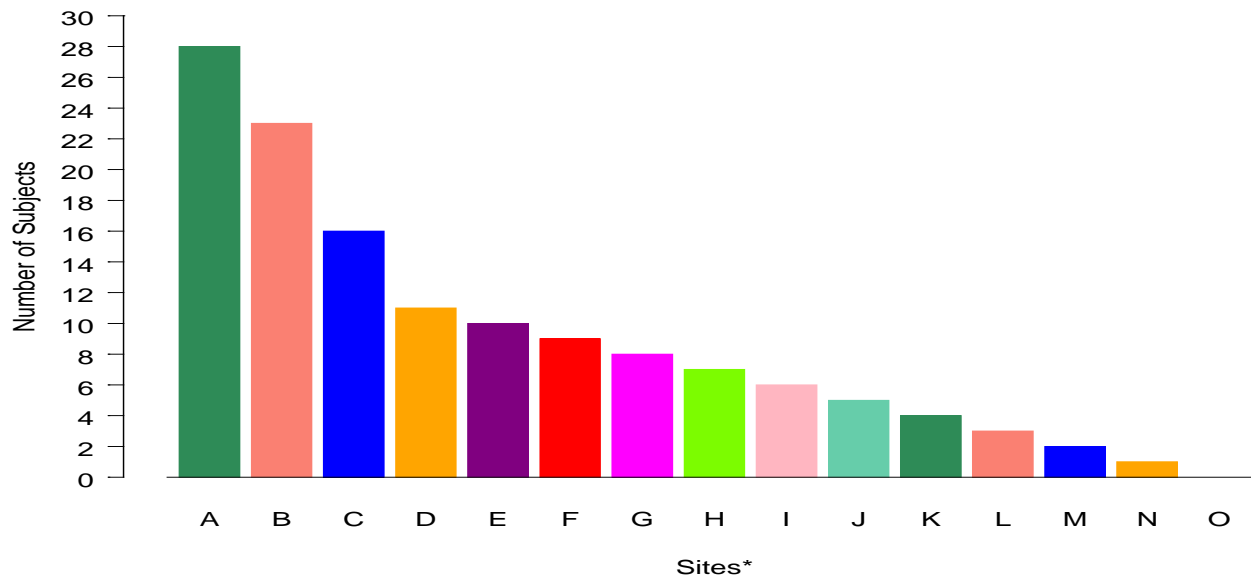
University of Oklahoma Health Sciences Center



From left to right: Dr. Talla Rousan, Dr. Beau Hawkins, Amy Keng, Melissa Cole, Dr. Abu-Fadel, and not pictured Dr. Gierman

One of the cornerstones of our OUHSC Cardiovascular Research team is relationship building. We have the pleasure of building relationships with patients, families, staff, other departments, and sponsors. Our BEST patient relationship starts the moment our investigators identify a CLI patient in their clinics. At this time, our physicians give an explanation of the trial within the treatment options for CLI. Early introduction of the trial has allowed us to be a part of these patient's care from the start. We continue to update and follow our patients throughout the screening process, and this has led to excellent enrollment and retention in the BEST-CLI trial. At OUHSC, it is a great privilege to be firsthand witnesses to the evolution of clinical practice. However, it is an even greater privilege to build the relationships to include and help others. Dr. Beau Hawkins and Dr. Joshua Gierman spearhead the BEST-CLI trial as co-PIs at the University of Oklahoma Health Sciences Center. Our team is further comprised of 4 sub-investigators, Dr. Mazen Abu-Fadel, Dr. Emilio Exaire, Dr. Faisal Latif, and Dr. Donald Stowell, and 2 research coordinators, Amy Keng and Melissa Cole. We meet weekly to keep everyone engaged and updated on the BEST-CLI trial. Despite our small size, our emphasis on communication, teamwork, relationship building, and group promotion has allowed us to be very successful.

Enrollment Leaderboard*



Sites*

- A: 1160 - Keck MC of USC
- B: 1258 - Boston MC
- C: 1238 - Univ. of Massachusetts Medical School
- D: 1282 - Carondelet Heart & Vascular Institute
- E: 1009 - Dartmouth Hitchcock MC
- F: 1030 - Montefiore MC; 1260 - Greenville Memorial Hosp.; 1272 - St. Boniface General Hosp.; 1274 - Univ. of Oklahoma Health Sciences Ctr.; 1288 - Kaiser Foundation Hosp.
- G: 1005 - BWH; 1101 - Albany MC; 1104 - VA Palo Alto; 1261 - Indiana Univ. Medical School
- H: 1013 - Harbor-UCLA MC; 1105 - Medical College of Wisconsin; 1273 - Univ. of Florida (Gainesville); 1318 - Univ. of North Carolina Hosp.
- I: 1041 - San Francisco Veterans Affairs MC; 1055 - Mount Sinai MC; 1095 - Johns Hopkins Hosp.; 1108 - Michigan Heart Hosp.; 1217 - Univ. of California Davis MC; 1281 - VA Western NY Healthcare System; 1308 - The Ohio State Univ.; 1309 - Mercy Hosp. MC; 1310 - Harborview MC; 1311 - Dallas VA MC; 1314 - VA Boston Healthcare System; 1332 - Denver VA MC
- J: 1113 - Oregon Health and Science Univ.; 1169 - Case Western Reserve; 1264 - Minneapolis Heart Hosp; 1275 - Medical Univ. of South Carolina; 1284 - Chu de Quebec; 1290 - Loma Linda Univ. MC; 1316 - Holy Name MC; 1346 - Gunderson Health System
- K: 1010 - Emory Univ.; 1023 - Massachusetts General Hosp.; 1029 - Michael E. DeBakey VA MC ; 1054 - Univ. of Colorado Hosp.; 1066 - Arizona Heart Hosp.; 1173 - SUNY Upstate; 1182 - Providence Heart and Vascular Institute; 1234 - Univ. of Toledo MC; 1256 - Beth Israel Deaconess MC; 1259 - Rhode Island Hosp.; 1276 - Memorial Hermann Hosp. TMC; 1277 - The Univ. of Utah; 1304 - CAMC Clinical Trials Center; 1306 - McGill; 1340 - Wake Forest Baptist Hosp.; 1342 - Regina Qu'Appelle; 1344 - Michigan Vascular Center
- L: 1003 - Alleghany General Hosp.; 1046 - Steward St. Elizabeth's MC; 1061 - Baptist Hosp. of Miami; 1072 - Univ. of Wisconsin - Madison; 1125 - Univ. of California San Francisco MC; 1137 - The Univ. of Vermont MC, LLC; 1188 - Toronto General Hosp.; 1269 - Ohio Health Research Institute; 1271 - Southern Illinois Univ. SOM; 1305 - Univ. of Virginia; 1323 - Univ. of Nebraska MC; 1326 - The Miriam Hosp.-Brown Medical School; 1347 - Maine MC

Enrollment Leaderboard Continued*

M: 1007 – Cleveland Clinic Foundation; 1026 - Medstar Washington Hosp. Center; 1076 - Northwestern Memorial Hosp.; 1134 - Univ. of Michigan Health System; 1135 - Univ. of Pittsburgh MC; 1257 - Univ. of Arkansas for Medical Services; 1270 - Scott and White – Temple; 1285 – Duke Univ.; 1287 - Providence Sacred Heart MC; 1293 - Univ. Health System: LSU Health Sciences; 1300 - Tampa General Hosp.; 1331 - Pinnacle Health System; 1345 – Los Angeles MC, Kaiser Permanente

N: ***

O: ***

*Data frozen on 2/10/2016.

**Site names abbreviated to accommodate space.

***Full list of sites can be found on NERI Connect

Bring Out Your Financial Disclosure Forms!

It's that time of the year for site staff (contact PI, specialty PIs, co-Investigators, CRC, etc.) to review their financial disclosure forms and provide NERI with any updates in financial disclosure. Email NERi with your forms today at BEST@neriscience.com.

Data Management FAQ Corner

Q: What if I can't provide an answer to a question in eCOS?

A: If you cannot and will not be able to answer a question, the field should be left blank, and the reason should be provided in the query response. Please do not enter dummy values such as 000 or 999 as these will likely result in additional queries. If you cannot answer a question, but expect to receive the data at a later time the query can be left open or a query response can be added noting that the data will be entered at a later time. These queries will remain at the answered status until the data is provided, or may be reopened, if no further updates are made within 30days.

BEST January Highlights

of Sites Activated under Protocol Amendment: 113

Top Enrollers: 1160/Keck MC of U. Southern California and 1273/U. Florida, Gainesville

of First Time Enrollers: 7

460 Subjects Randomized as of 2/10/2016!

Site #1344, Stanford University randomized our 460th Subject!



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Accrual Graph referenced in Cover Article

