Randomized comparison of the clinical

Outcome of single versus

Multiple

Arterial grafts

ROMA

Weill Cornell Medicine

September 2018

Thank you all for all your hard work and dedication to this study. We look forward to the work ahead and our collaboration on this exciting trial!

We have a few exciting items to announce!

- The **pilot phase of the trial is officially complete** as of September 5, 2018 and we are now enrolling to the main phase of the trial! Please see page 4 for a summary of the pilot phase.

- We successfully submitted our Canadian Institutes of Health Research (CIHR) Grant earlier this month.

- **The ROMA Investigators Meeting will be held during the EACTS Meeting in Milan (Italy):**

  Date: Thursday October 18th, 2018

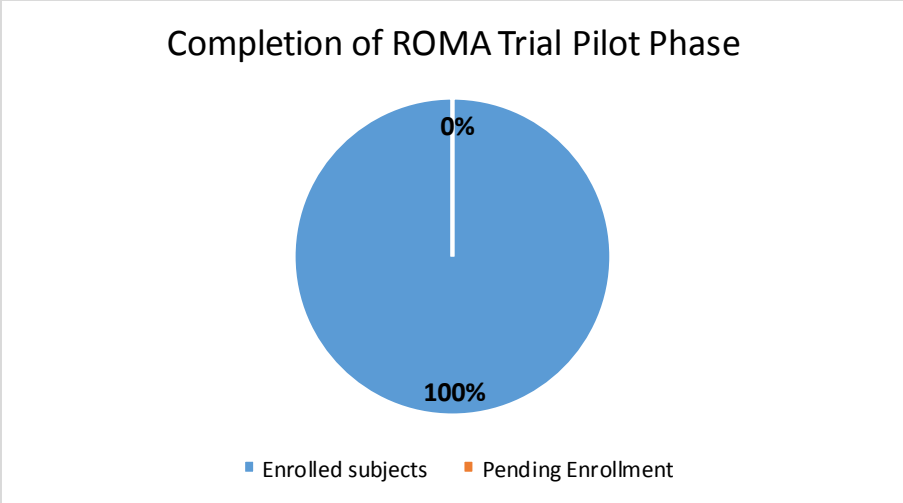
  Time: 10am - 12pm

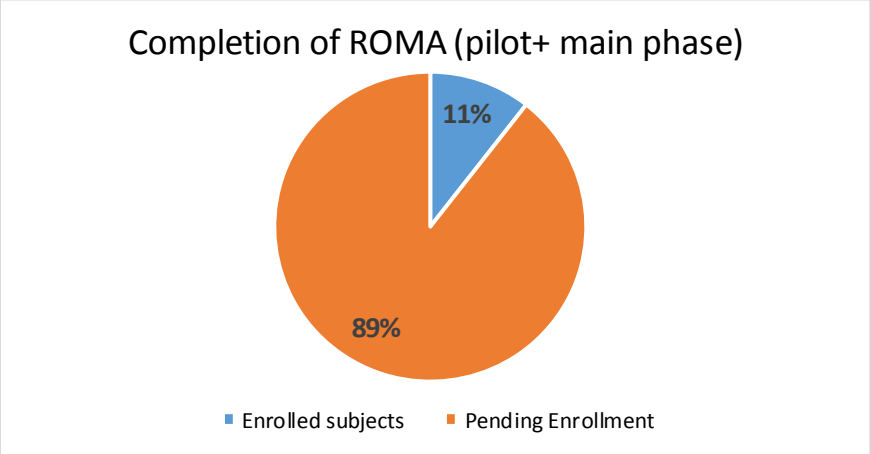
Please keep reading for more updates to subject enrollment and our highlighted center of the month,
University Hospital Giessen and Marburg GmbH

Thank you!

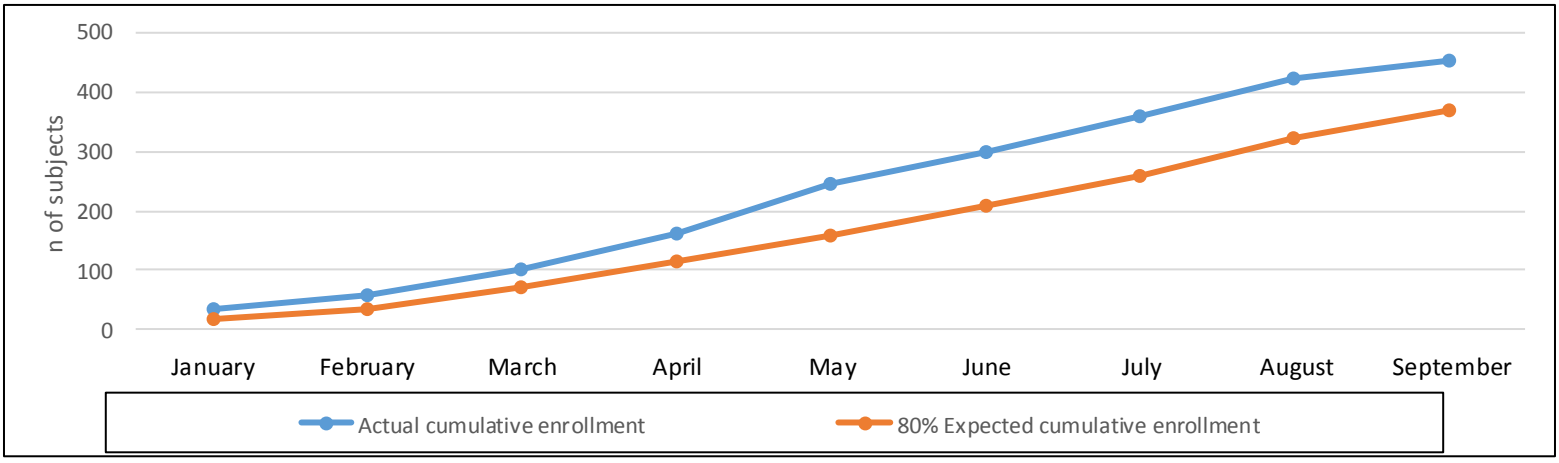
The ROMA Trial study team

Subject Enrollment Updates (as of September 13)



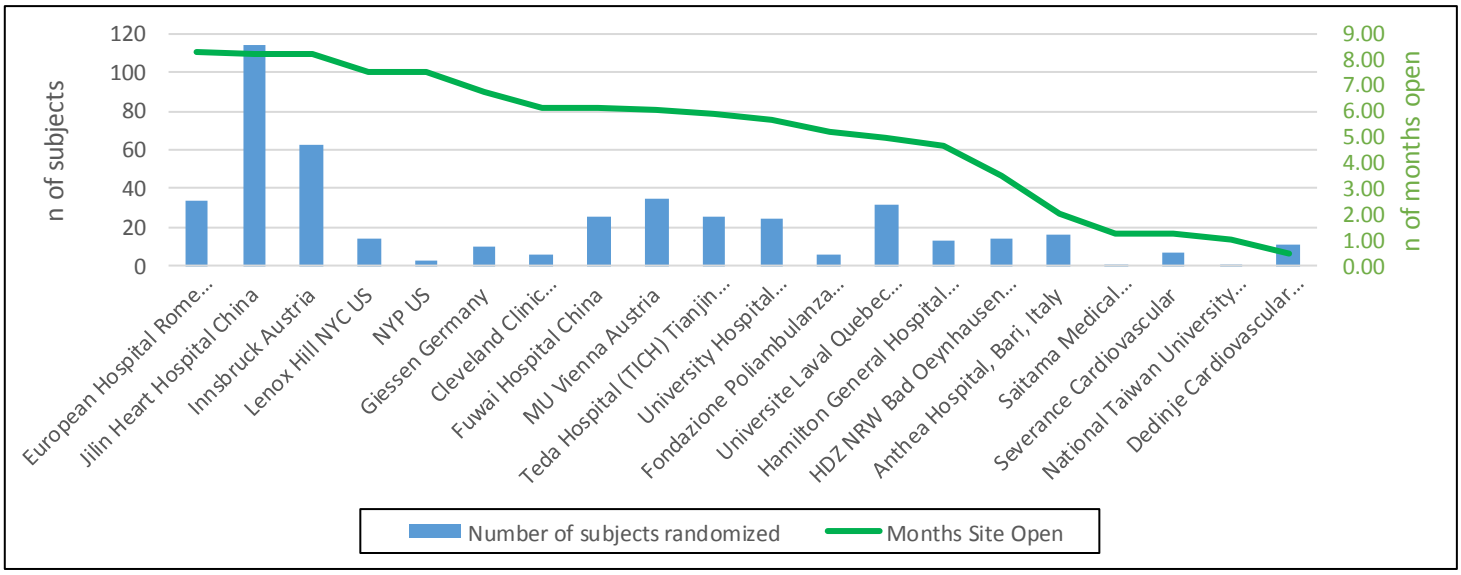


Expected / Actual Enrollment

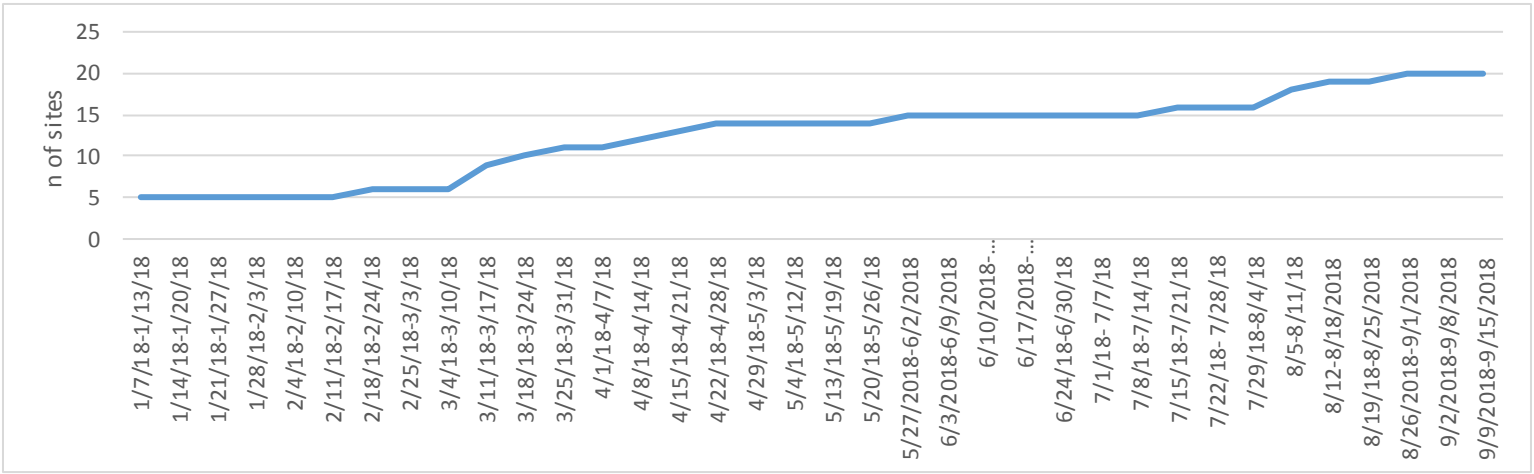


Subject Enrollment Updates (as of September 13, 2018)

Subject Enrollment Status	Number of subjects
Total Randomized	454
SAG	223
MAG	231



Cumulative Number of Open Sites



On **September 5, 2018,** all of the **430** planned pilot patients have been randomized and the pilot phase of ROMA has been **completed**.

Our enrollment rate has been approximately 54 patients/month **over 8 months** – an average of 40 patients/month for the first 4 months and 65 patients/month for the second 4 months of the pilot study.

We have exceeded the target planned recruitment rate (3-4 patients/center/month).

Crossovers have occurred in 11/430, 2.6%. Screen failures and other major protocol violations have occurred in 4/430, 0.9%. In total, there have been 17 patients with any deviation from the protocol, and 1 patient who withdrew consent, for a rate of 4.2% (18/430). There have been no lost to follow-up.

Operative data have been reviewed in the first 395 patients. The RITA is the most commonly used second arterial conduit in the MAG group (107/193 patients, 55%). The average number of distal anastomosis is 3.5/patient.

Off-pump operations were performed in approximately 40% of patients. Three patients had mechanical circulatory support instituted in the operating room (IABP).

There have been no deaths to date in any of the enrolled patients, 3 MIs, 1 Redo CABG for graft failure, 1 PCI and 1 stroke. Three patients have had sternal infections.

There has been event review by the CEC at Cornell and data and safety monitoring also at Cornell. There has been ongoing database management and quality control.

The original intent was to retain the pilot patients in the main trial, unless major changes to the protocol were required. As there have not been any major protocol changes to date, the pilot patients will be retained.

The Steering Committee at the most recent teleconference **recommended to continue study enrollment**, based on the success of the trial to date, the demonstrated patient safety, and the perceived risks to the overall success of the trial should the study be paused at this time.

For the definitive phase, it will be important to maintain the **enrollment log** for all participating sites. The log is important for journals, to provide context regarding how the studied population compares to the overall population. The log will be added to ClinvestiGator in the next few weeks.

ROMA Participating Site Highlight:

University Hospital Giessen and Marburg GmbH

University Hospital Giessen and Marburg GmbH is the only privately owned university hospital in Germany, closely cooperating with Justus-Liebig-University (JLU) which belongs to the feral state of Hessen. Part of the university hospital as well as academic chair of the JLU is the department of cardiovascular surgery uniting cardiac, vascular, and pediatric cardiac surgery. Altogether, nearly 2000 cardiac and vascular procedures per year are done in Giessen, approximately 900 with use of the extracorporeal circulation. We are part of the University Heart Center and of the Hessian Aortic Center requiring close cooperation with cardiologists, pediatricians, angiologists and radiologists.

Birds-eye view of the clinic

The study team (not all members present)

Last row: Left Prof. Böning, Director of the clinic

Last row: Right: Dr. Nimann, Senior surgeon

Middle: Ms. Schröder, Study Nurse

First row from left to right: Ms. Nitsche, Study Nurse; Mr. West, Study Nurse); Ms. Oswald, Research Coordinator; Ms. Bulat-Genc, Study Nurse

Prof. Böning

As a study center, we are very active in recruiting patients for studies especially in cardiac surgery, where 3 in 4 patients are included in a study or a registry. This is only possible when we screen patients before they come to surgery and inform them about studies during the admission process in our hospital. Moreover, study data entry into different databases live from exactness, timeliness and completeness. To achieve this, we have an active study center consisting of a team of dedicated specialists.

Our study center has experience in conducting studies for medical product and pharmaceutical companies, investigator-initiated trials and registries with their different, mostly internet-based CRFs. Due to a good cooperation with the Ethics committee of our medical faculty as well as with the contract department of our university, we can start with new studies within a reasonable time frame of 2-2 months, which is short for German conditions. Our study nurses and our doctors have study experience for several years in conformity with the requirements of the German laws.

ROMA

Important Study Updates and Reminders

- ***Please note*:** the study team distributed a **new set of study documents**, including an **updated protocol in June.** Please contact us if your site has not received this email: **roma@med.cornell.edu**
- Please make all efforts to the **send the pre-screening log on the 1st and 15th of each month.** This information is critical to the success of the trial.
- In an attempt to capture all critical study information, the WCM study team is requesting that participating sites continue to email us directly when the following events occur in addition to entering into the database:
  - Protocol non-adherence to the randomized arm (crossover event)
  - Adverse events

    You MUST complete an SAE CRF in the database once an event occurs. This triggers the notification to the study team. If you only fill out event forms, we will NOT be notified.

    For non-English speaking countries providing source documents in a different language, please provide a synopsis of the Adverse Event in addition to the source documents

    Emails can be sent directly to Dr. Gaudino, Dr. Fremes, and the WCM study team at ROMA@med.cornell.edu.

- Informed consent should be obtained from subjects prior to any study-related procedures occurring, including randomization into the database
- Please send your center's Protocol Deviation Log on the 1st and 15th of each month to ROMA@med.cornell.edu

ClinvestiGator

https://ccim.med.cornell.edu

DATABASE REMINDERS

⇒ Please enter ***subject initials*** only in the database when randomizing subjects.

⇒ Please upload a copy of a de-identified (subject full name crossed out, just leaving initial and date) ***informed consent form*** for each entered subject.

⇒ On the "Medication" form in the database, please mark "YES" or "NO" for each option (blank responses are considered incomplete).

CONTACT US

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ClinvestiGator

The result of over 30 years of experience in clinical research and medical informatics !

ClinvestiGator has been developed based upon over 30 years of experience in clinical research and medical informatics. The ClinvestiGator team of informatics system experts, includes computer scientists, programmers, methodological, statistical and research experts and exceptional user support. Unlike other off-the-shelf packages, ClinvestiGator provides the ability to customize the system to individual researcher needs, and the team develops and adapts the ClinvestiGator data management system as required to meet the objectives for a specific study or registry. Because we have performed our own research over the last three decades, the ClinvestiGator team understands what is required to automate the research process to improve study workflow and to analyze study data.

ClinvestiGator is a Web-Based System for Data Collection

- The researcher defines what data, fields and forms need to be included
- The ClinvestiGator team creates the web-based version of these forms as part of the database
- Data can be entered by diverse users including research staff and patients
- Data from other sources can be imported into *ClinvestiGator*

ClinvestiGator Facilitates Study Coordination

- Investigators can easily manage flow of study protocol
- Patients can be followed over time
- Patient status at any point in time can be easily determined
- Time sensitive "To Do" list maintained by system
- Information easily communicated among members of study team
- Staff work load and productivity can easily be tracked

ClinvestiGator is a Powerful Tool for Real-Time Reporting and Analysis

- Reports can identify populations or outcomes of interest
- Reports can be run in real time to analyze variables of interest
- Reports can be run to determine overall study status
- Reports can be run to export data