

Emergency Care Research Networks

Hypothetical

Cardiac Biomarker/Intervention

Expert Panel Discussion

Objectives

- Discuss optimal
 - Structure
 - Function
 - Evaluation

Of a hypothetical network to be used to:

Test the feasibility and utility of a
Novel biomarker in acute cardiac care

Panel Membership

Charles B. Cairns MD

Dept. of Emergency Medicine
University of North Carolina

Glen N. Gaulton, Ph.D.

Vice Dean for Research and
Research Training
University of Pennsylvania,
Philadelphia PA

Nathan Kuppermann, MD, MPH

Chair, PECARN Steering
Committee
Chair Emergency Medicine
UC Davis, Sacramento CA

Craig D. Newgard MD

Co-investigator Resuscitation
Outcomes Consortium (ROC)
Dept. of Emergency Medicine
Oregon Health Sciences
University

D. Mark Courtney MD

Pulmonary Embolism Research
Consortium
Dept. of Emergency Medicine
Northwestern University

Assumptions: Biomarker

- Biomarker X is:
 - Rapidly available (bedside testing)
 - Promising in single site pilot testing
 - Identifies a subset of patients with Acute Coronary Syndrome who derive particular benefit from Intervention Y

Assumptions: Intervention Y

- Intervention Y is:
 - Given at or near balloon opening time in MI
 - Implementation requires multidisciplinary team
 - Decreases reperfusion injury
 - Must be available 24 hours a day
 - Outcome includes:
 - Major adverse cardiac events 30d and 6 months
 - Imaging: echo and functional MR

Assumptions: Secondary Outcomes

- Blood draw and storage for:
 - Gene expression and inflammation mediator levels
 - Possible subgroup analysis
 - Hypothesis generation/pilot data for future grants

Study design

- Patients with positive Biomarker X
- Within 2 hours of onset of pain
- Have intervention Y
- Strict inclusion criteria
- Elevated adverse events if not meeting Inclusion Criteria
- Randomized Controlled Trial: blinded

Discussion Stimulus Questions

- **Function:** what should this Network be able to do well?
 - Enrollment standardized
 - Randomization
 - Generalizable
 - Outcome determination: accurate/standardized

Discussion Stimulus Questions

- **Functions:** What are the general and specific needs that must be accounted for in study design?
 - Central Randomization
 - DSMB
 - Monitoring
 - Electronic CRF
 - EMS involvement
 - Multi-center

Discussion Stimulus Questions

- **Structure:** given the above functional needs that may impact structural design, what are the considerations about optimal structure?
 - CTSA vs. Disease Network
 - Difficulty in establishing network de novo
 - Not all sites may have CTSA
 - Which may optimize different functional goals (ie centralized image interpretation, outcome determination etc.)

Discussion Stimulus Questions

- **Evaluation:** How should this Network be Evaluated?
 - Time to all sites with IRB approval
 - Time to all sites enrolling
 - Time to 50% enrollment done
 - % of sites meeting enrollment goals
 - # of patients with all data complete per time
 - % of patients enrolled per all screened
 - Manuscripts
 - Subsequent grants
 - Junior investigator development
 - Does the intervention have a positive c effect?