BEST-CLI - Make this the BEST Holiday Season

Help us make this the BEST holiday season by continuing to randomize subjects! We are asking all active sites to enroll at least one subject before December 25th. If your site isn't active yet *help push your site to get the regulatory steps done*.

Clinical Equipoise in the Management of Critical Limb Ischemia
From the desk of Alik Farber, MD

There is a high degree of *clinical equipoise* associated with the treatment of CLI patients in North America. *Clinical equipoise* is defined as a state of honest, professional disagreement amongst the community of experts about the preferred treatment of a given condition. It is often separated into *individual* and *community equipoise*. *Individual equipoise* is a personal declaration that equipoise exists—i.e. an individual physician believing that many patients with CLI can be appropriately treated by either open surgery or endovascular therapy. *Community equipoise* is the offsetting discordance in the choice of competing therapies ---essentially it is the reality that one group of physicians might typically recommend open surgery to their CLI patients while an equal number of different physicians might be inclined to recommend endovascular therapy to those same patients.

Although most physicians treating CLI agree that there is clinical equipoise, we are all quite comfortable in deciding how to treat CLI patients that we see in consultation. This is because each of us has become used to treatment algorithms that make sense to us. For example, when I see a CLI patient who has small arteries and long stenoses or occlusions I automatically become biased toward offering the given patient a surgical bypass. The problem is that my "sense" of what the right treatment is for this type of patient is not based on good scientific data. The same patient seen by one of my vascular surgery or interventional cardiology colleagues might automatically be considered for endovascular therapy.

This community equipoise in the management of CLI is a key reason why the National Institutes of Health has chosen to fund the BEST-CLI trial.

Why am I bringing this issue up? The answer is that "investigator" **bias stands to be an important obstacle to recruitment** into the BEST-CLI trial. *We, as trial investigators need to suspend our tightly held personal algorithms and biases when we evaluate our CLI patients.* Every patient with CLI should be considered for enrollment into the trial, with the possible exception of patients who are are poor candidates for bypass because they are non-ambulatory or have severe comorbid disease.

Some patients with extensive occlusive disease may seem to be a "no go" for enrollment due to the belief, on the part of the investigator, that endovascular intervention would be difficult or impossible. Before judging such a patient to be a non-candidate we ask that you consult with a colleague on your CLI team who may have a more aggressive posture toward endovascular intervention. If that colleague feels comfortable with an endovascular approach then such a patient should be considered for randomization. At my institution, I have referred a number of enrolled patients with difficult endovascular anatomy who were randomized to endovascular therapy to the "endovascular enthusiasts" on my CLI team.

To summarize:

- *Don't wait for the "perfect patient"*
- *Consider every patient with CLI for enrollment into BEST-CLI*
- *Suspend your bias* in the management of these patients.—we all have biases!
- *Refer patients who may stretch your comfort* to those on your team who are more comfortable. Scrubbing in with one's colleagues is a way to broaden one's horizons and skill set.

Funded by: NIH National Heart, Lung, and Blood Institute

Site Spotlights

Harbor UCLA Medical Center

From left to right are: George Kopchok (BioMed Engineer), Dr. Irwin Walot, Kim Bradley (Vascular NP), Dr. Chris de Virgilio, Abeline Lobue (Clinical RN/Coordinator), Dr. Matthew Koopmann, Rowena Buwalda (Clinical RN/Coordinator), Dr. Carlos Donayre, Dr. Rod White, Sharon Perry (Clinical RN/Coordinator), Marguerite Tan-Gana, Admin Assistant.

Harbor-UCLA Medical Center resides on the combined LA County/ academic campus with the Los Angeles BioMedical Research Institute (LABioMed) and serves a large metropolitan area in Southern California. The patient demographic has diffuse, multi-ethnic backgrounds with a significant number of patients with CLI. The research team consists of a group of highly-trained vascular and endovascular surgeons and interventional radiologists, research coordinators, and a biomedical engineer with more than 20 years experience in conducting national trials.

Dallas VA Medical Center

From left: David Timaran, MD; Carlos Timaran, MD; and Tarik Ali, MD

The Dallas VA Medical Center research team is made up of Dr. Carlos Timaran, Dr. Tarik Ali and Dr. David Timaran. We work at several hospitals including UT Southwestern and the Dallas VA Medical Center. We are working on several clinical trials and are very involved with publishing papers and training videos. At the Dallas VA Medical Center we are working hard on a variety of projects including the BEST – CLI trial. We are seeing and screening patients on a daily basis and are happy to report that our first patient was randomized and underwent their procedure last week. We are delighted to be a part of this ground breaking clinical trial and are looking forward to being a leading site for patient enrollment for the BEST–CLI trial.

BEST
Oct/Nov Highlights

Number of New Sites Activated: 27

Top Enroller: 1258 / Boston Medical Center

Sites Enrolling 1st Subject: 6

Not activated yet? Here are the easy steps to get there:

- Submit your IRB approval to the DCC
- Execute the Clinical Trial Agreement
- Attend BEST-CLI training webinar
- Submit the required regulatory documents

Contact your CRA for more information and to find out how you can be activated for enrollment soon.

Funded by: NIH National Heart, Lung, and Blood Institute

BEST Enrollment and Site Status – Active Sites

Site # / Name	Date Open for Enrollment	Screen Failures	Number Randomized
1258 / Boston Medical Center	8/28/2014	2	6
1095 / Johns Hopkins Hospital	9/12/2014	8	0
1108 / Michigan Heart/St Joseph Mercy Ann Arbor Hospital	9/22/2014	12	3
1005 / Brigham and Women's Hospital	9/23/2014	7	2
1331 / Pinnacle Health System	9/23/2014	3	1
1294 / North Central Heart Institute	9/26/2014	8	
1046 / Steward St. Elizabeth's Medical Center	10/1/2014	0	
1281 / VA Western NY Healthcare System	10/2/2014	3	
1256 / Beth Israel Deaconess Medical Center	10/8/2014	9	
1034 / Ochsner Medical Center/Clinic Foundation	10/10/2014	0	
1076 / Northwestern Memorial Hospital	10/14/2014	0	
1279 / North Carolina Heart and Vascular Research	10/14/2014	0	
1318 / University of North Carolina Hospitals (Chapel Hill)	10/16/2014	3	
1260 / Greenville Memorial Hospital	10/20/2014	4	3
1030 / Montefiore Medical Center	10/21/2014	0	
1289 / Lenox Hill Hospital	10/21/2014	0	
1075 / Swedish Medical Center	10/24/2014	1	
1271 / Southern Illinois University School of Medicine	10/24/2014	0	
1323 / University of Nebraska Medical Center	10/24/2014	4	
1257 / University of Arkansas for Medical Services	10/27/2014	1	
1009 / Dartmouth Hitchcock Medical Center	10/29/2014	9	
1269 / Ohio Health Research Institute	10/29/2014	0	
1309 / Mercy Hospital Medical Center	10/31/2014	9	
1137 / The University of Vermont Medical Center, Inc.	11/3/2014	7	
1304 / CAMC Clinical Trials Center	11/5/2014	7	
1311 / Dallas VA Medical Center	11/5/2014	6	1
1013 / Harbor-UCLA Medical Center	11/6/2014	2	1
1261 / Indiana University Medical School	11/6/2014	0	
1297 / St. Joseph Hospital	11/6/2014	0	
1290 / Loma Linda University Medical Center	11/10/2014	6	
1274 / University of Oklahoma Health Sciences Ctr.	11/14/2014	0	
1160 / Keck Medical Center of USC	11/20/2014	0	
1229 / Penn State Milton S. Hershey Medical Center	11/20/2014	0	
1308 / Ross Heart Hospital	11/20/2014	0	
1325 / Deborah Heart and Lung Center	11/20/2014	0	
1282 / Carondelet Heart & Vascular Institute	11/21/2014	0	
1059 / The University of Alabama at Birmingham	11/24/2014	0	
1134 / University of Michigan Health System	11/24/2014	0	
1316 / Holy Name Medical Center	11/24/2014	0	
1003 / Allegheny General Hospital	11/25/2014	0	
1105 / Medical College of Wisconsin	11/25/2014	0	
1277 / The University of Utah	11/26/2014	0	
1169 / University Hospitals of Cleveland	12/1/2014	0	
1055 / Mount Sinai Medical Center	12/2/2014	0	
1123 / Thomas Jefferson University	12/2/2014	0	
1270 / Scott and White - Temple	12/3/2014	0	
1287 / Providence Sacred Heart Medical Center	12/3/2014	0	
1125 / UCSF Medical Center - Parnassus	12/4/2014	0	
1319 / Hunterdon Medical Center	12/4/2014	0	
Total		**111**	**18**

BEST Enrollment Expectation:
At least 1 subject per site per month
2100 subjects by August 31, 2016

Submit screening logs on the 1st and 3rd Friday of every month