



Supporting Individuals through
Research, Education, and Mentorship

1.) Sawin, V. I., & Robinson, K. A. (2016). Biased and inadequate citation of prior research in reports of cardiovascular trials is a continuing source of waste in research. Journal of clinical epidemiology, 69, 174-178.

To assess citation of prior research over time and the association of citation with the agreement of results between the trial being reported and the prior trial. Authors noted: selective under-citation of prior research continues; three quarters of existing evidence is ignored. This source of waste may result in unnecessary, unethical, and unscientific studies.

2.) Michaud, K., Berglind, N., Franzén, S., Frisell, T., Garwood, C., Greenberg, J. D., ... & Nyberg, F. (2016). Can rheumatoid arthritis (RA) registries provide contextual safety data for modern RA clinical trials? The case for mortality and cardiovascular disease. Annals of the Rheumatic Diseases, annrheumdis-2015.

We implemented a novel method for providing contextual adverse event rates for a randomised controlled trial (RCT) programme through coordinated analyses of five RA registries, focusing here on cardiovascular disease (CVD) and mortality.

This coordinated approach to contextualising RA RCT safety data demonstrated reasonable differences and consistency in rates for mortality and CVD across registries, and comparable RCT rates, and may serve as a model method to supplement clinical trial analyses for drug development programmes.

3.) Abdul-Rahim, A. H., Lyden, P. D., & Bluhmki, E. (2016). Online Tool to Improve Stratification of Adverse Events in Stroke Clinical Trials. Stroke, 47, 00-00.

Knowing characteristic adverse events (AEs) and their incidence among patients participating in acute stroke trials may assist interpretation of future studies. We aimed to develop an online tool to inform stroke trial safety. The IschAEmic Stroke Calculator is an open access resource to support safety interpretation within acute stroke trials. Prediction of AEs with higher likelihood of occurrence may direct preventive clinical measures.

4.) Fiuzat, M., Oldenberg, O., Whellan, D. J., Woehrle, H., Punjabi, N. M., Anstrom, K. J., ... & O'Connor, C. M. (2016). Lessons learned from a clinical trial: Design, rationale, and insights from The Cardiovascular Improvements with Minute Ventilation-targeted Adaptive Servo-Ventilation (ASV) Therapy in Heart Failure (CAT-HF) Study. Contemporary Clinical Trials.

The CAT-HF Study was designed to evaluate the safety and efficacy of minute ventilation-targeted adaptive servo-ventilation (MV-ASV) during sleep in addition to optimized medical therapy (active therapy) versus optimized medical therapy alone (usual care) at 6 months, initiated in patients after hospitalization for acute decompensated heart failure (ADHF). This paper outlines the rationale, design and information learned at the time of study discontinuation.