

Annual Meeting 2016				
Friday 19. February				
01	CHARITE	Germany	Marc	Dewey
01	CHARITE	Germany	Sarah	Feger
01	CHARITE	Germany	Christoph	Katzer
01	CHARITE	Germany	Jacqueline	Müller-Nordhorn
01	CHARITE	Germany	Adriane	Napp
01	CHARITE	Germany	Nina	Rieckmann
02	MUI	Austria	Gudrun	Feuchtnr
02	MUI	Austria	Fabian	Plank
03	UZA	Belgium	not part of the consortium anymore	
04	FN Motol	Czech Republic	Miloslav	Špaček
04	FN Motol	Czech Republic	Vojtěch	Suchánek
05	REGIONH	Denmark	Klaus	Kofoed
06	ALB	Germany	absent	
07	ULEI	Germany	Borek	Foldyna
08	SE	Hungary	Pal	Maurovich-Horvat
08	SE	Hungary	Andrea	Bartykowszki
08	SE	Hungary	Mihály	Károlyi
09	SET	United Kingdom	Clare	Orr
09	SET	United Kingdom	Susan	Thompson
10	NUID UCD	Ireland	Jonathan	Dodd
10	NUID UCD	Ireland	Siobhan	Quinlan
11	UNICA	Italy	Alberto	Boi
11	UNICA	Italy	Michele	Porcu
12	UNIROMA	Italy	Gianluca	De Rubeis
12	UNIROMA	Italy	Marco	Francone
13	PSKUS	Latvia	Iveta	Mintale
13	PSKUS	Latvia	Ligita	Zvaigzne
14	LSMU	Lithuania	Antanas	Jankauskas
14	LSMU	Lithuania	Gintare	Šakalytė
15	WSS	Poland	Katarzyna	Romanowska
15	WSS	Poland	Magdalena	Szeczówka-Wilgat
16	CVHNG/E	Portugal	Rita	Faria
17	CAM	Romania	Theodora	Benedek
17	CAM	Romania	Sebastian	Condrea
17	CAM	Romania	Nora	Rat
17	CAM	Romania	Beata	Jako
18	IKVBV	Serbia	Nada	Čemerlić Adjić
18	IKVBV	Serbia	Robert	Adjić
19	ICS-HUVH	Spain	José	Rodriguez-Palomares

19	ICS-HUVH	Spain	Filipa	Valente
20	OSTERGOTLANDS	Sweden	not part of the consortium anymore	
21	Kantonspital St. Gallen	Switzerland	not part of the consortium anymore	
22	Glasgow	United Kingdom	Katriona	Brooksbank
23	AUHT	United Kingdom	Nicky	Lawler
23	AUHT	United Kingdom	Kate	Smart
24	INSERM	Germany / France	exchanged with ECRIN	
25	LUMC	Netherlands	absent	
26	Osteba-BIOEF	Spain	Gaizka	Benguria-Arrate
26	Osteba-BIOEF	Spain	Iñaki	Gutiérrez-Ibarluzea
27	CVUT	Czech Republic	not part of the consortium anymore	
28	UKJ	Germany	Peter	Schlattmann
29	TURKU	Finland	Antti	Saraste
30	IKARD	Poland	Mariusz	Kruk
31	UMFTGM	Targu-Mures	see partner No. 17	
32	MFUB	Serbia	Radosav	Vidakovic
33	OSI Bilbao-Basurto	Spain	Iñigo	Lecumberri
33	OSI Bilbao-Basurto	Spain	Ignacio	Díez
34	ECRIN	France	Christine	Kubiak
34	ECRIN	Germany	Anke	Strenge-Hesse
35	UCPH	Denmark	Kristian	Schultz-Hansen
-	EAB	United States of America	Harold	Sox

Nr.	Issues	Outcomes	
1.	Status of DISCHARGE and CAD-Man Study Results, Marc Dewey		
	1. Brief overview of the study background and design	<ul style="list-style-type: none"> • Adherence to 10 steps guide and scanner specific protocols is essential to ensure sufficient image quality • Adherence to Patient Management after examination ensures best available treatment for patients with coronary, non-coronary, unclear or non-diagnostic findings in different extends • All guides are to be found on the trial website (link is given below) 	
	2. Progress of the Main DISCHARGE Study:	<ul style="list-style-type: none"> • 254 patients enrolled until January 26th 2016 • Active enrollers: <ul style="list-style-type: none"> ○ Budapest (93 patients), ○ Tirgu-Mures (64 patients), ○ Copenhagen (24 patients), ○ Kaunas (23 patients), ○ Dublin (15 patients), ○ Prague (13 patients), ○ Barcelona (13 patients), ○ Cagliari (7 patients), ○ Charité (5 patients) 	
	3. The official website of the DISCHARGE Study	Prof. Dewey highlighted the importance of the DISCHARGE Study website, where all answers for uprising questions can be found	
	4. CRF development:	Some stress tests and local languages for QoL are still missing	
	5. Overview of the 10-Steps Guide	Prof. Dewey stated the importance of adherence to the 10-steps guide and gave detailed information about: <ul style="list-style-type: none"> • the use of scanner-specific guides • administration of beta-blockade, nitro glycerin and contrast agent • conduction of a calcium scan • specifications for reconstructions 	

	6. Overview of Patient management protocols	<p>He also described the patient management with respect to</p> <ul style="list-style-type: none"> • cardiac findings, differentiated by extend of disease • noncardiac findings, • nondiagnostic images and • treatment according to the ESC/EATS guidelines • was presented as well. 	
2	Major Issues in DISCHARGE (Marc Dewey)		
	1. To ensure high quality of the data is very important to follow the approved study protocol and guidelines	<ul style="list-style-type: none"> • Appropriate patient preparation is crucial to obtain optimal heart rate • Sedative medication can reduce patient compliance (necessary for breath hold commands), therefore administration is indicated only in case of severe anxiety • Prof. Dewey emphasized the importance of heart rate control to reduce motion and misalignment artifacts, as well as in order to reduce the radiation exposure 	
	2. Performance of the CT scan according to 10-steps Guide and scanner specific protocols		

	<p>3. Specific plan to increase recruitment and follow-up completeness</p>	<p>Since recruitment rate need to be increased, all sites had to fill a plan, to be provided to Charité, how they plan to improve recruitment. A respective sheet (Pxx_Site List for Our Plan.xlsx) was sent to all sites after the meeting. Charité will check the following aspects:</p> <ul style="list-style-type: none"> • whether the plan was filled out and sent back • outreach activities planned by sites • realization of outreach activities <p>The plan contains the following topics:</p> <ul style="list-style-type: none"> • Maximal public and societal outreach (TV, social media) <ul style="list-style-type: none"> ○ Involve GPs, extender cardiologists, internists ○ Vacation plan at all sites (phone no and email address) • Plan for follow-up <ul style="list-style-type: none"> ○ Collect all available contact persons (provide phone no, email, local address of patients, relatives, referring physicians) ○ Store all contact details within the provided XLS file ○ Try to avoid unhappy patients (eg. neg. CT/ICA results), send birthday and Christmas cards ○ Do not forget the 48h phone calls for procedural complications 	
3	<p>Payments, Deliverables and Periodic Report (Adriane Napp)</p>		

	<p>1. Patient recruitment has to be completed until June 2017</p>	<p>To keep up with the schedule:</p> <ul style="list-style-type: none"> • Patient shifts <ul style="list-style-type: none"> ○ to clinical sites that almost reached their planned number of patients ○ from low recruiting sites ○ from reserved patients • Early recruitment <ul style="list-style-type: none"> ○ start of 'Heavy Recruitment' program ○ for all patients recruited until 1 July 2016 ○ 25% higher payment in final follow-up will be provided 	
	<p>2. Periodic report - financial report submission deadline: 23 September 2016</p>		
	<p>3. IPADs or laptops for electronic data collection may be requested by all sites</p>		
	<p>Image Quality and Protocol Adherence in the DISCHARGE Pilot Study, Gianluca De Rubeis (Gianluca De Rubeis)</p>		
	<p>1. Dr. De Rubeis briefly summarized the DISCHARGE Pilot Study data focusing on image quality</p>		
	<p>2. Major improvement occurred in terms of generation and rows</p>		
	<p>3. 10-steps guide and scanner specific protocols must be followed for optimal CT image quality in the future</p>		
	<p>Adherence to Management Recommendations and 10-Steps Guide in the DISCHARGE Main Study (Sarah Feger)</p>		
	<p>1. Dr. Feger summarized the statistical data regarding the adherence to the protocols and management recommendations</p>		

	2. In terms of premedication Dr. Feger demonstrated using representative examples why all recruiting site should strictly follow the DISCHARGE guidelines	Importance of proper training for physicians and assistants has been pronounced. Therefore, different versions of the 10-steps guide for physicians and technicians/nurses are available.	
	3. In case of non-diagnostic segments or significant stenosis on coronary CTA, the patient needs to be sent for stress testing (if no high risk anatomy) and for initial ICA (in case of high risk anatomy)		
	WP10 Health Related Quality of Life (Nina Rieckmann & Jaqueline Müller-Nordhorn)		
	1. Health Related Quality of Life and socioeconomic status are an important outcome of the DISCHARGE trial	Questionnaires need to be filled by the patients <u>before</u> randomization	
	2. Errors to avoid	<ul style="list-style-type: none"> • Baseline QoL questionnaire package completed after randomisation • Family member or friend completes questionnaires for participant • Questionnaires (paper form) distributed without ID or wrong version 	
	WP9 cost-effectiveness, Pilot Study Results (Christoph Katzer)		
	For WP 9: Cost-effectiveness, clinical as well as cost data is to be collected	All sites need to provide financial data by 08.04.2016. Therefore, a questionnaire was provided and it has to be filled in cooperation with the controlling department	
	Where is the next Meeting? (Marc Dewey)		
	The next meeting will be at the site that best fits the following criteria:	<ul style="list-style-type: none"> • At least 128 patients randomised • The least protocol-deviating cross-over and withdrawal before procedures • Best adherence to 10 - steps guide and CT – based management eCRF completeness 	
	All presentations and documents are to be found on: https://www.dischargetrial.eu/members-area/		

