Introduction to CHAT

The Children’s Hospital-Acquired Thrombosis (CHAT) study aims to create the first large scale, multi-institutional registry including pertinent medical data from children with confirmed HA-VTE and frequency matched controls. Data from this registry will be used to define the risk factors for HA-VTE in pediatric patients and to create (Phase I) and validate (Phase II) a risk prediction model and stratified scoring system.

Phase I Update

We are excited to report our 8 centers (3 primary and 5 collaborating centers) entered a combined total of over 680 HA-VTE and 480 control cases in our registry, which is phenomenal for a pediatric study! We are striving to complete entry of all VTE patients and controls by February 2018, to determine the most significant risk factors leading children to be diagnosed with a hospital acquired VTE.

Up Next—Phase II!

Once top risk factors are determined, we will create a clinically significant VTE risk prediction model for all children admitted to the hospital. Depending on the results, we may create models for more specific and high-risk populations, such as those admitted to an ICU or those with central venous catheters. A second group of hospitals will validate the risk prediction model(s), which will be Phase II. Contact us if you are interested in joining Phase II!

2017 ASH Poster—Check it out on Monday, December 11th!

Central Venous Catheters, a Major Culprit for Pediatric Venous Thrombosis: A Report from the Children’s Hospital Acquired Thrombosis (CHAT) Project. Session 331. Pathophysiology of Thrombosis: Poster III. Publication Number 3706, Submission ID: 108338
Frequently Asked Questions

What is required to join CHAT?
The first thing needed to join CHAT is to sign a data use agreement (DUA). The DUA outlines the terms of collaboration, data sharing, and publishing data out of the CHAT Registry. With a fully executed DUA, obtain IRB Approval of the CHAT Registry Protocol. When IRB approved, the CHAT lead study coordinators conduct site training for subject identification, chart review, data extraction, and data entry into REDCap.

Do I have to obtain informed consent from research subjects going into REDCap?
That depends on the determination of your IRB but most participating institutions have received a waiver of informed consent from their IRBs.

Why is Phase 1 taking longer than expected?
Through the help of biostatisticians and physician scientists at the American Society of Hematology Clinical Research Training Institute (ASH CRTI) in 2016, Dr. Jaffray learned the 600 matched control subjects were chosen incorrectly to create the risk prediction model. We therefore spent months with the CHLA stats team and the CRTI mentoring team to create a new plan. We also used this time to work with the statisticians to reconfigure our database to improve data extraction.

CHAT PIs and Lead Support

<table>
<thead>
<tr>
<th>CHAT Participating Site</th>
<th>Date Joined</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Mercy Kansas City</td>
<td>December 2015</td>
</tr>
<tr>
<td>Boston Children’s Hospital</td>
<td>January 2016</td>
</tr>
<tr>
<td>Indiana Hemophilia Treatment Center</td>
<td>May 2016</td>
</tr>
<tr>
<td>Children’s Hospital of Pittsburgh</td>
<td>November 2016</td>
</tr>
<tr>
<td>Akron Children’s Hospital</td>
<td>August 2017</td>
</tr>
</tbody>
</table>

2017 Publications