Dear Investigators, Study Coordinators, Research Associates,

We expect to release CHAT newsletters on a quarterly basis to keep all of our collaborators and potential collaborators up to speed on the great progress CHAT is making. If you have any questions, suggestions, or ideas for newsletter content, please do not hesitate to reach out to me. On behalf of the CHAT Principal Investigators Brian Branchford, Julie Jaffray, Arash Mahajerin, as well as mentors Guy Young and Neil Goldenberg, thank you for all of your hard work and we hope you enjoy the newsletter!

– Amy Stillings, CCRP, Lead Coordinator

Introduction to CHAT

The incidence of venous thromboembolism (VTE), a serious and potentially life-threatening condition where a blood clot forms in the venous system or pulmonary arterial tree, has increased in hospitalized pediatric patients by over 70% in the last decade. This has led to increased morbidity, mortality and healthcare costs, and is thought to be largely due to improved care of children with serious and life-threatening disorders.

Unfortunately, VTE prevention strategies have not been established in children. Previous work in this field is limited to retrospective studies from single institutions. Thus, there is a paucity of case-control research to delineate the risk factors for hospital acquired VTE (HA-VTE) in the pediatric population and establish the best prevention strategies.

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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 matched controls. Data from this registry will be used to define the risk factors for HA-VTE in pediatric patients and to create (Phase 1) and validate (Phase 2) a risk assessment model and stratified scoring system.
We are very excited to have such a great and enthusiastic start to this project. As of today, we have 3 primary centers and 2 new centers who have joined (and 2 actively on the way!). We have over 450 children with VTE in our registry and 550 matched controls, which is phenomenal for a pediatric study! Our goal is for all 7 centers to have entered their VTE patients and matched controls by this fall, in order to determine the most significant risk factors that lead to children being diagnosed with a hospital acquired VTE.

Where We Are Now

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Where We Are Now

Over 1000 HA-VTE subjects and matched controls from five children’s hospitals have been entered into the registry thus far with more children’s hospitals joining the registry soon. Results from this study will be the basis for subsequent randomized clinical trials to evaluate the safety and efficacy of pediatric HA-VTE prevention strategies in order to reduce pediatric HA-VTE.

Who We Are

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Amy Stillings, BS, CCRP
Clinical Research Coordinator III Children’s Center for Cancer and Blood Diseases, CHLA

Where We Are Going

Once we establish these top risk factors, we will create an amazing, statistically significant VTE risk assessment for all children admitted to the hospital. Depending on the strength of this risk assessment, we may create one for a more specific and high-risk population, such as those admitted to an intensive care unit. We will then use a second group of hospitals to validate this risk assessment, which will be phase 2. Julie will be attending the ASH CRTI course this July to help finalize the protocol for phase 2.
Frequently Asked Questions

A subject already in the CHAT Registry had a second VTE at a separate hospitalization – should I enter this in the CHAT Registry and how?

Yes, you should enter the VTE in the CHAT Registry as long as it meets the eligibility criteria. Simply use the existing subject ID of the original VTE but change the “v1” to “v2.” For example, chla-0001-v1 (first VTE instance) becomes chla-0001-v2 (second instance). Control subjects for the second VTE would be named chla-0001-a2 and chla-0001b2.

Do you have any tips for quicker data extraction and input into REDCap?

Yes! If you have access to summer students, interns or volunteers, they can be a valuable resource to help you extract data and enter in REDCap. REDCap also has a data import tool. This tool provides a template in Excel with all CRF fields. Simply insert any data you may already have e.g. data of birth, hospital admission/discharge, into the Excel template and upload to REDCap. If you’d like more information on how to do this, contact Amy Stillings, Brian Vasquez, or Emily Krava for assistance.

I have a REDCap account at another institution. Do I need to create a second login just for this project?

REDCap is a research platform that has been implemented at dozens of institutions worldwide. Unfortunately, instances of this platform are “sandboxed”, and are thus unable to share information with one another. For this reason, you must use the CTSI page to create an account specifically for this study.

When creating an account the only working option requires you to login with a social media provider. Is this really a good idea?

In short, yes. Google and Facebook have some of the most secure authentication protocols in the world. Logging in with Facebook or Google does not give them access to your private information stored in those accounts, it only permits the exchange of a “token”, verifying it is actually you logging in. At the present time the other login option, “Protect Network”, is not operable. If you are uncomfortable using the login for your actual social media account, feel free to create a fake account under a different name.
Accepted Publications

American Society of Hematology Annual Meeting, 2016 - Poster

International Society on Haemostasis and Thrombosis Annual Meeting, 2016—Poster

American Society of Pediatric Hematology/Oncology Annual meeting, 2016 - Oral and Poster

Thrombosis and Hemostasis Societies of North America Annual Meeting, 2016 - Poster
Other Awards

1. Oral Presentation ASPHO 2016
2. Oral Presentation and Young Investigators Travel Award HTRS Meeting 2015
3. HTRS Mentored Research Award 2015
4. CHLA Research Career Development Award 2016
5. ASH Clinical Research Training Institute 2016