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 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 very excited to report that we have a total of 7 centers (3 primary and 4 collaborating centers) with a combined total of over 625 HA-VTE cases in our registry, which is phenomenal for a pediatric study! Our goal is for all 7 centers to complete entry of their VTE patients and matched controls by Spring 2017, in order to determine the most significant risk factors that lead to children being diagnosed with a hospital-acquired VTE.

Up Next—Phase II!

Once we establish these top risk factors, 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. We will then use a second group of hospitals to validate the risk prediction model(s), which will be Phase II. We are beginning to recruit Phase II sites now, so please let us know if you are interested!

2016 CHAT Funding & Awards

Arash Mahajerin: Mentored Research Award from HTRS, supported by Baxalta US Inc. and Pediatric

Julie Jaffray: Research Development Award, Saban Research Institute of Children’s Hospital Los Angeles and Clinical Research Training Institute Award, American Society of Hematology.

2016 ASH Poster—Check it out on Sunday, December 4th!

**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.

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


**CHAT PIs and Lead Support**

- Brian Branchford, MD
  Assistant Professor, Pediatrics-Hem/Onc and Bone Marrow Transplantation, CHCO
- Julie Jaffray, MD
  Assistant Professor of Clinical Pediatrics—Hematology, Oncology and Blood and Marrow Transplantation, CHLA
- Arash Mahajerin, MD, MSCr
  Assistant Clinical Professor - UCI CHOC Children’s Specialists - Hematology
- Emily Krava, MPH, CPH
  Clinical Research Coordinator I
  Children’s Center for Cancer and Blood Diseases, CHLA
- Amy Stillings, BS, CCRP
  Clinical Research Coordinator III, Children’s Center for Cancer and Blood Diseases, CHLA