

2015-2016 PIN Quarter 1

Id	Research Ethics Committee Reference Number	Name of Trial	Date of Receipt of Valid Research Application	Date of NHS Permission	First Patient Recruited?
59393	13/EM/0459	POSNOC	21/08/2014	21/08/2014	Yes
59394	13/SC/0111	FOCUS 4	02/12/2014	11/12/2014	Yes
59912	12/LO/1322	Diabetes Prevention using SMS	19/05/2015	20/05/2015	Yes
59913	13/EM/0251	Serelaxin when added to standard therapy in acute heart failure	27/04/2015	30/04/2015	No
59915	13/LO/1096	MID-FRAIL PROJECT	11/05/2015	11/05/2015	Yes
59917	14/SC/1219	AIRWAYS-2	14/04/2015	18/05/2015	No

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Id	Research Ethics Committee Reference Number	Name of Trial	Target number of patients available	Target number of patients	Date Agreed to recruit target number of patients available
58531	13/EE/0338	MEPILEX	Available	10	Available
58532	14/UM/0027	THEMIS	Available	10	Available
58533	13/EE/0449	REPLACE	Available	8	Available

58534	13/LO/1915	Clinical Follow-Up of ASR Patients Post-Recall	Available	50	Available
58535	12/UM/0341	FOURIER	Available	15	Available
58536	09/H0406/110	PARADIGM	Available	6	Available
58537	12/WS/0300	ODYSSEY	Available	10	Available
59210	13/EM/0251	Serelaxin when added to standard therapy in acute heart failure	Available	8	Available
59211	15/NW/0156	SENIOR	Available	3	Available

Date of First Patient Recruited	Duration between VRA and NHS Permission	Duration between NHS Permission and First Patient	Duration between VRA and First Patient	Benchmark Met	Reason why not (if not)
15/10/2014	0	55	55	Yes	
06/03/2015	9	85	94	No	No patients seen
14/07/2015	1	55	56	Yes	
	3			Within 70 Days	
24/06/2015	0	44	44	Yes	
	34			No	Consent follows patient resuscitation

Date Agreed to recruit target number of patients	Trial Status	Target met within the agreed time
10/12/2014	Closed - Follow Up Complete	Y
30/01/2017	Open	N/A
15/05/2015	Open	N/A

30/06/2021	Open	N/A
20/01/2015	Closed - In Follow Up	Y
15/01/2016	Closed - Follow Up Complete	Y
30/03/2018	Open	N/A
31/12/2015	Open	N/A
30/03/2017	Open	N/A

Comments
Difficult to recruit patients meeting inclusion criteria.
Consent follows patient resuscitation. Patient survival is only 20% and therefore likelihood of being able to identify an eligible patient is severely reduced.