CHANGE AFib:

A Pragmatic Randomized Clinical Trial
of Early Dronedarone versus Usual Care to Change and Improve Outcomes in Persons with First-Detected Atrial Fibrillation

Fireside Chat – August 15, 2022

CHANGE AFib is a collaboration between the American Heart Association and the Duke Clinical Research Institute, with support from Sanofi US Services Inc.

Meeting Reminders

Please Note:

- All participants will be muted upon entry.
- Meeting is being recorded and will be archived on our trial website: www.changeafib.org

Questions?

- Please hold questions until our Q&A session at the end of the call.
- Feel free to submit questions in the chat throughout the call, knowing they will be addressed during the Q&A session.

If you are having issue with computer audio, please call in using the appropriate number below.

Dial by your location:

+1 (301) 715-8592	(Washington DC)
+1 (312) 626-6799	(Chicago)
+1 (646) 876-9923	(New York)
+1 (253) 215-8782	(Tacoma)
+1 (346) 248-7799	(Houston)
+1 (669) 900-6833	(San Jose)

Meeting ID: 827 9398 6785
Passcode: 1251409514

Agenda:

- Welcome & Introductions – 5 mins
- Trial Progress Update – 5 mins
- Site Activation Reminders – 5 mins
- Enrollment Review & Consent Conversation – 20 mins
- Screening & Consent Reminders – 5 mins
- Q & A – 10 mins
- Trial Reminders & Closing – 5 mins

Trial Progress Update

Trial Progress – as of August 15, 2022

Site Status	Current Status	Trial GOAL!
Subject Enrollments	**7**	**3000**
Activated Sites	16	**200**
Sites in Onboarding	42	**-**
Sites Assessing Feasibility	62	**-**

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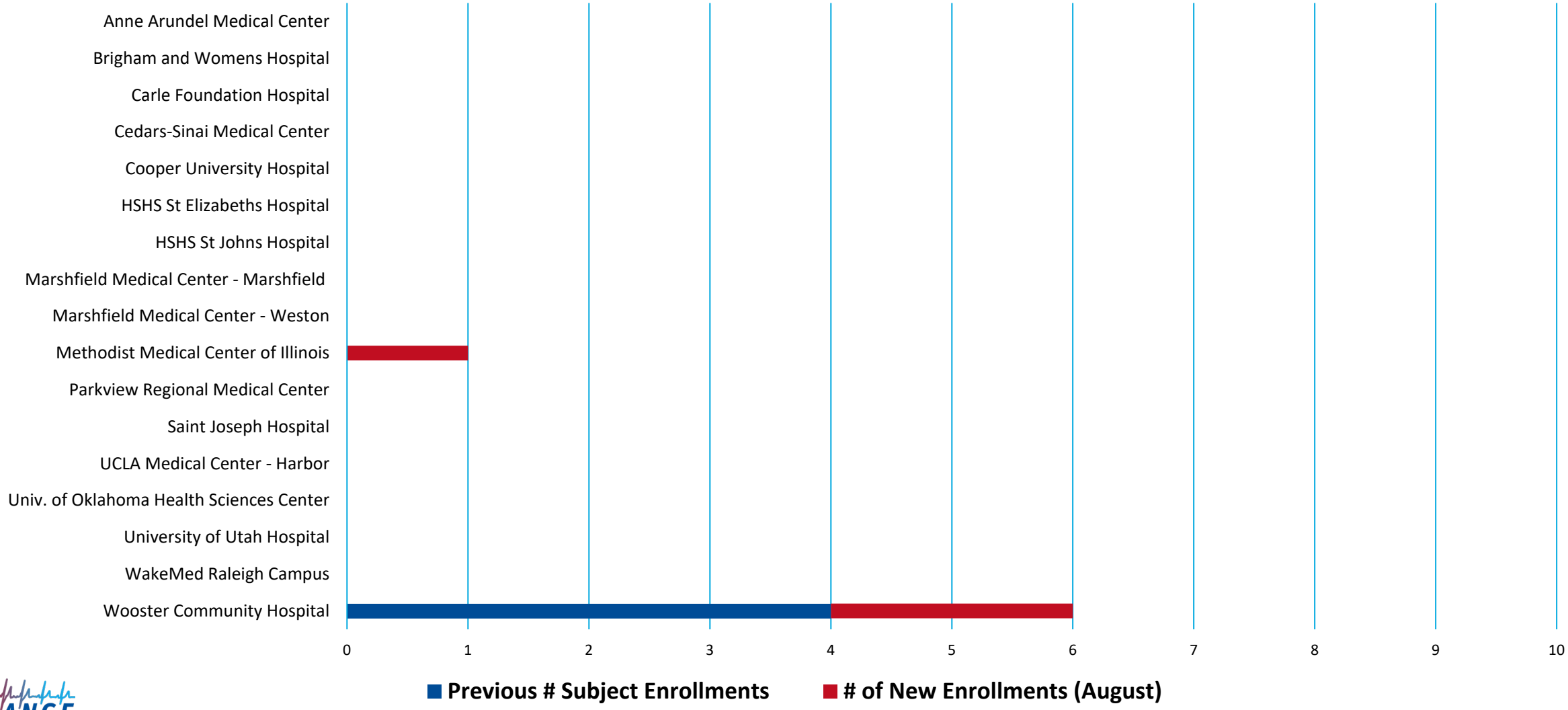
Subject Enrollments by Site

CHANGE AFib Subject Enrollments



Above data current as of EOD on 12Aug2022

Quick Recap - Overall Trial Design

Design: Pragmatic Randomized Trial

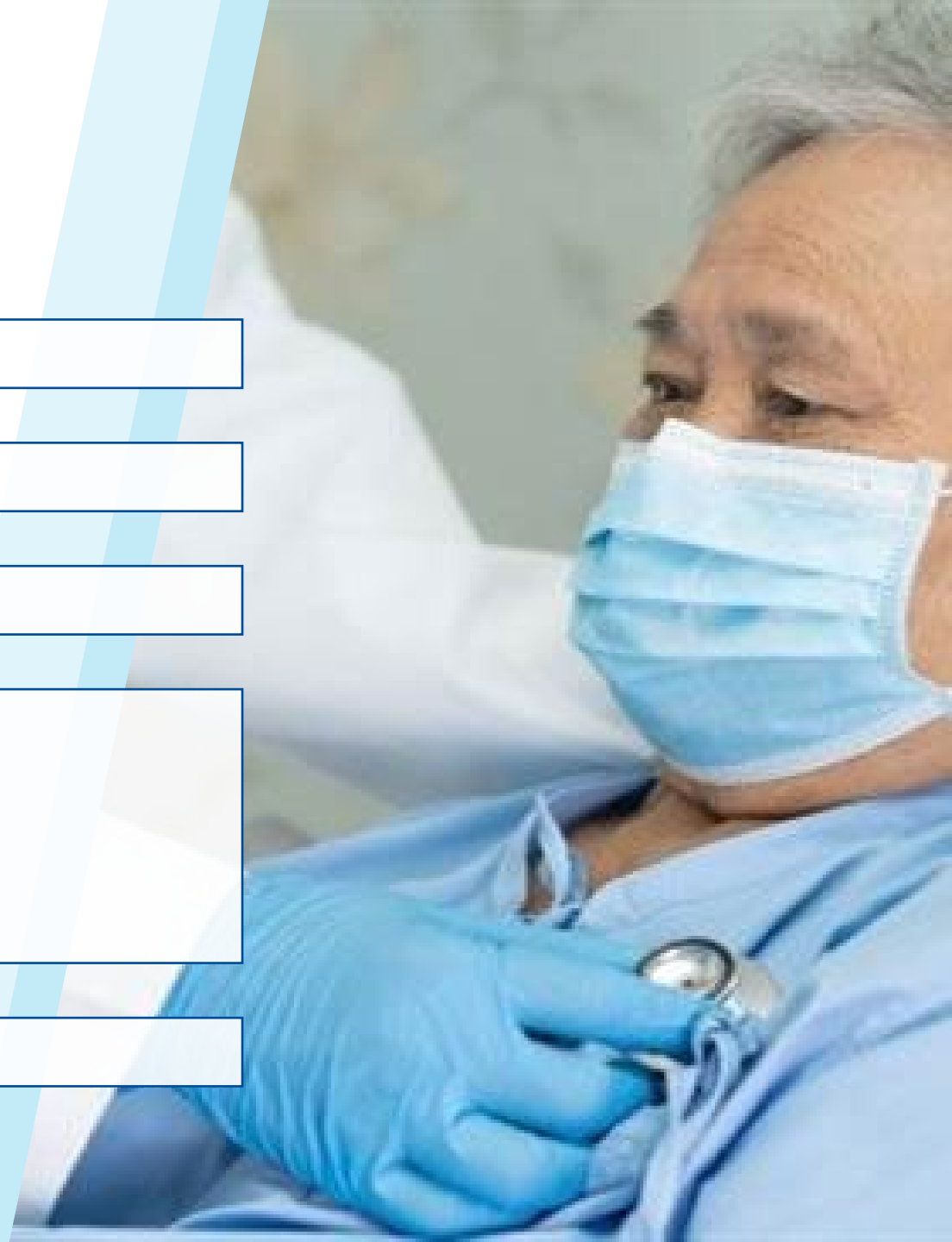
Sample Size: Approximately 3,000 patients

Targeted Number of Participating Sites: 200

Patient Eligibility

- Age ≥ 60 years
- First-detected Atrial Fibrillation
- Estimated life expectancy of at least 1-year
- Capable of giving signed informed consent

Duration of Follow Up: 12 months



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Study Medication Samples & Copay Cards Reminders

Site Activation Reminders

Site Activation Reminders:

Trial Contracting – 2 Required Agreements

CHANGE AFib Trial Contract

- Different versions exist depending on your site's structure (e.g. RO involvement). AHA Site Manager will work your team on identifying which version to utilize.
- **Site Incentives available for submission of a signed agreement within 4-wks of initial receipt of contract.**

Get With The Guidelines®- AFIB Contract

- GWTG-AFIB, historically, is an inpatient-based QI program that is now serving as the CHANGE AFib trial EDC.
  - **Trial sites must contract in GWTG-AFIB for the trial, however they can utilize GWTG-AFIB solely for the entry of CHANGE AFib subject data.**

Direct all contracting questions to:

CHANGEAFibContracting@heart.org

Site Activation Reminders:

IRB Submission & Approvals

Central IRB - *Advarra*

- **We STRONGLY encourage all sites to utilize our Central IRB, *Advarra*.**
- Approval times <7 days from submission & IRB fees are covered by the sponsor for sites utilizing Advarra.
- ***Incentives available to sites who submit within 2-wks of receipt of IRB packet/ submission materials.***

Local (Institutional) IRB

- If an institution/hospital requires use of their Local IRB, we request all edited study materials (e.g. ICF) be sent for prior AHA sponsor approval prior to submission.
- Upon local IRB approval, please immediately send a copy to the AHA Trial Team so we have this on file.
- ***Incentives available to sites who submit to local IRB within 4-wks of receipt of IRB packet/ submission materials.***

Site Activation Reminders:

Trainings & Regulatory Requirements

CHANGE AFib Trial Trainings

- Four short videos are required (range from 7-15mins)

Regulatory Personnel Documents

- CITI Training Certifications: Human Subjects Research & Good Clinical Practice
- Medical Licenses: required for all clinically licensed trial team members
- Signed & Dated CVs: required for all trial team members

Trial EDC System Trainings

- REDCap: DCRI will reach out directly for scheduling
- GWTG-AFIB: AHA Site Manager will conduct and schedule

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Site Activation Process

Pre-Activation

- Considered when contract is nearing finalization and IRB is submitted.
- Site call conducted with AHA Site Manager & Primary Coordinator. Additional team members encouraged to join but not required.
- Review of outstanding site activation requirements (trainings, regulatory files, account accesses, contract & IRB status etc.)

Site Activation

- Formal Site Activation notification via email: START TO ENROLL!
- REDCap & GWTG-AFib platforms turned on.
- Site information added to clinicaltrials.gov

Post-Activation

- Site call conducted within one-week following site activation.
- PI & Primary CRC attendance required; additional team members encouraged.
- Discussion on site's screening/enrollment process, review of trial specifics and FAQ
- Sites should immediately start screening/enrollment upon receipt of Site Activation Notification.

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You're Site is Activated!
...Now What?

Weekly Site Calls:

- Review of weekly submitted Subject Screening Logs
- Screening/Enrollment Best Practices, enrollment barriers discussion and problem-solving, trial re-education, if needed
- Review of potential site needs (additional recruitment materials mailed, circulation of pitch decks for grand rounds mtgs, etc.)
- Site Staff Regulatory Review – Continuous conversation regarding the addition of site staff to increase trial visibility throughout your site & colleagues

Subject Screening & Enrollment Logs:

- Weekly submission (on Mondays) of subject screening & enrollment logs for the week prior.

Monthly Fireside Chats:

- Attendance is required for all Principal Investigators and Primary Study Coordinators. We strongly encourage the attendance of all Sub-Investigators, and any additional research staff at your sites.

Enrollment Review & Consent Conversation Best Practices

Enrollment Review & Consent Conversations Best Practices

Wooster Community Hospital in Wooster, OH

CHANGE AFib Subject Cases

1. IP; 60yr F, PMH HTN and thyroid CA. To ED with palpitations.
2. IP; 72yr M, PMH CAD, HTN, and HLD. Sent to ED by PCP for tachycardia in office.
3. IP; 62yr M, no PMH. To ED with CP.
4. OP; 75yr M, no PMH. To ED after a syncopal episode. Found to have small hemorrhagic stroke, ineligible for anticoagulation. Discussed trial while hospitalized, pt interested to sign up outpatient. F/U in office after cleared for anticoagulation.
5. OP; 85yr M, PMH SVT, cardiomyopathy, HTN. To ED with SOB/fatigue. Enrolled as outpatient when f/u with cardiology.

Eligibility & Enrollment Workflow

Inpatient Enrollments:

1. Daily screening with team discussion to check eligibility & timeframe (inpatient vs outpatient)
2. Initial approach by Phyllis or Erica
3. Team approach to obtain consent & randomize

Outpatient Enrollments:

1. Screening of new onset AF patients by office staff or follow up on referral from screening
2. Funnel eligible office patients to Dr. Ofori
3. Communication between hospital staff and office staff

Consent Conversation Site Standards & Best Practices

Inpatients:

1. Team discusses and agrees patient is a candidate
2. Initial study overview and introduction by Erica or Phyllis to gauge interest – provide Change AFib study brochure
3. Dr. Ofori sees patient with Erica or Phyllis to formally explain trial and obtain consent.
4. Consent conversation focuses on building trust
   - Dr. Ofori sits down in the patient room and goes through informed consent document in the room with patient
   - Stress to patient medication is not new, Dr. Ofori has used medication with patients previously.
   - Explain the purpose of the trial to patient.

Outpatients:

1. If patient was seen only in ED or was admitted and discharged over the weekend, discussion occurs to ensure patient meets trial criteria. If so, Phyllis and Dr. Ofori see patient when presenting for office visit.
2. Consent discussion conducted in the same manner as for inpatients.

Suggestions for Other Trial Sites

1. Keep at forefront: looking for these patients everyday.
2. Continuous, open communication between team members about potential patients.
3. Team approach: discuss patients together, look at eligibility requirements, hold consent conversations together.
4. Screening of daily census report of all patients with atrial fibrillation.
5. Trial education to units that may see patients with new onset atrial fibrillation to obtain recommendations for patients from staff.

Contact Information

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Principal Investigator

Erica Stahl, MSD, RN, APRN-AGCNS-BC

Primary Study Coordinator

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#: (330)263-8359

Screening & Consent Conversation Reminders

JULY FIRESIDE CHAT - POLL REVIEW

- **Case Study #1:** YES, ELIGIBLE – **80% Correct Responses**
  - 74-yr-old male with diabetes and hypertension presented to the ER with new-onset AF. He was discharged home on metoprolol and apixaban 50 days ago.
- **Case Study #2:** NO, NOT Eligible – **44% Correct Responses**
  - 68-yr-old female with HFpEF was admitted with TIA like symptoms 2 weeks ago. She then underwent ILR implant. 4 weeks after initial presentation she was found to have new-onset AF detected on her ILR.
- **Case Study #3:** YES, ELIGIBLE – **83% Correct Responses**
  - 68-yr-old male with CHA2DS-2VASc > 2 who presented to the ER with a new diagnosis of AF complicated by RVR. He was treated with 150 mg of amiodarone in the ED and was admitted. He was discharged on diltiazem and rivaroxaban.
- **Case Study #4:** YES, ELIGIBLE – **55% Correct Responses**
  - 81-yr-old female with a CHA2DS-2VASc score of 5 and sinus node dysfunction s/p dual chamber pacemaker 12 months ago was admitted with new-onset AF and chest pain. An ischemia evaluated was negative.
- **Case Study #5:** NO, No longer eligible – **61% Correct Responses**
  - 70-yr-old female with HFpEF presented to the ER with TIA like symptoms 2 weeks ago and a new-diagnosis of AF. She was discharged on metoprolol and apixaban and was seen in follow-up with cardiology clinic and expressed a desire to participate in CHANGE AFIB. She was scheduled for an enrollment visit the following week (day 45). She presented again to the hospital and was admitted (day 43).
- **Case Study #6:** YES, ELIGIBLE – **70% Correct Responses**
  - 66-yr-old man with hypertension and CAD who was admitted with AF. He continued to have recurrences of AF during the admission that were highly symptomatic despite rate control. He declined antiarrhythmic medication due to concerns for adverse effects. He was scheduled for a catheter ablation in 30 days.
- **Case Study #7:** YES, ELIGIBLE – **73% Correct Responses**
  - 75-yr-old female with diabetes and hypertension presented to the ER with dyspnea and a new diagnosis of AF. She was diagnosed with acute heart failure and her echocardiogram revealed an EF of 45%. She returns to clinic in 5 weeks.

Consent Conversation: A Patient's Perspective

"Why should I join CHANGE AFib?"

Sample Responses	Rationale
• ***'This study may help us develop a treatment strategy for patients like you with first detected AF'***	• There are no randomized clinical trials that address treatment strategy for patients with first-detected AF.
• ***'This is a safe and approved medication already used in other patient populations.'***	• Trial medication, Dronedarone, is a well-tolerated FDA-approved antiarrhythmic medication.
• ***'The earlier we can get your AF in control, the less likely you are to return to the hospital for emergent cardiac treatment.'***	• Prior studies have shown early introduction of rhythm control (within 1 year) is superior to usual care in improving cardiovascular outcomes.
• ***'There is evidence to suggest early initiation of dronedarone in patients like you may reduce hospitalizations and other heart problems, as well as improve quality of life.'***	• The trial hypothesis is that earlier administration of a well-tolerated antiarrhythmic drug proven to reduce hospitalization may result in improved cardiovascular outcomes and quality of life in patients first-detected AF.

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Consent Conversation: A Patient's Perspective

"What's in it for me?"

Sample Responses	Rationale
'Both groups will be receiving "usual care", meaning the current standard of care for patients with AF.'	Usual care will consist of AV nodal blocking agents for rate control and oral anticoagulation for stroke prevention.
'You have a 50/50 chance (like flipping a coin) of being in the dronedarone arm, which again, we think may improve your cardiovascular health.'	The trial uses a 1:1 randomization.
'Visits for the trial can be combined with your usual care visits and can take place either in-person or virtually.'	Follow-up visit windows are generous. The 6-month visit window is anywhere from 3-9 months and the 12-month visit window is ± 30 days. Trial visits can be conducted in-person OR virtually.
'Trial subjects will have a "second pair of eyes" from the research team engaged in their care.'	Considering trial subjects will receive more frequent oversight due to research requirements, trial subjects benefit from multiple care teams involved and committed to the management of a patient's care.

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Screening Best Practices Recommendations

Inpatient Enrollment Suggestions

- **Identify a trial team member responsible for daily EMR census screening**
  - Review EMR patient lists daily, screen cardiology consult list and attend morning rounds, if possible
  - Ensure review of all areas of the hospital that would admit/treat atrial fibrillation patients (ED, Obs unit, Cardiology and/or Stroke services, consult lists, etc.)
- **Establish an internal potential CHANGE AFib subject referral process**
  - Posting of CHANGE AFib team contact info in high traffic areas
  - Potential utilization of fellows/residents on consult services
  - Involve the ED: Identify ED physician champion who has the contact information for the CHANGE AFib team at the site
  - Include telemetry monitor room/personnel
- **Opportunity for EMR – IT Collaboration**
  - If possible, work with your EMR/IT team to build a daily report based on diagnosis code and admit date, for example.

Outpatient Enrollment Suggestions

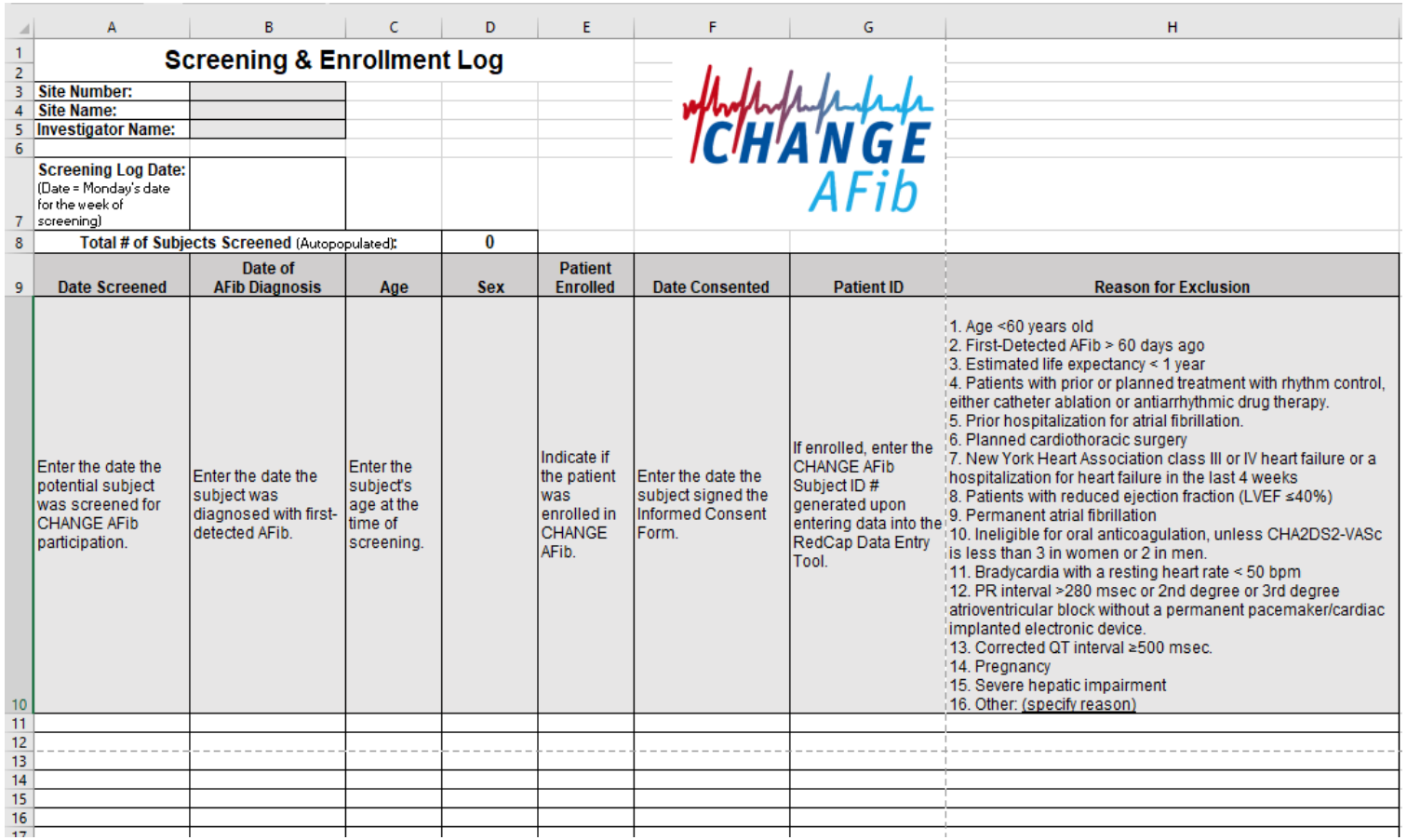
- Addition of OP clinic staff to trial team
- Educate clinic staff about trial to maximize patient referrals
- Screen upcoming clinic appointments for potentially missed hospital pts.
- Introduce trial to potential subject during acute care encounter. This allows the patient ample time to review trial/prep questions in advance of outpatient follow-up visit.
- If missed during acute care encounter, contact patient prior to clinic visit to review plan. Send ICF & patient brochure (educational materials) prior to visit for review.

Trial Visibility

- **Recruitment Materials & Staff Room Flyers**
  - Website Resources for templates & request process for additional supplies mailings
  - Provider pocket cards
  - Staff Room Flyer - *New version coming soon!
  - Grand Round slide decks for clinical team education, available upon request

REMINDER: New Screening Log Template – as of 7/25

- **New Template:** Excel document for easier data entry and review
- Logs should include all patients screened, not just those approached for trial participation.
- Logs should include patients who appropriately fit the trial criteria.
- Patients with chronic history of AFib are not the targeted patient population. These patients should not be included in screening logs, as it is a misrepresentation of the number of potential CHANGE AFib subjects at your site.
- Exclusion #1- Please provide details (example: drug name, 1 time dose vs. long-term therapy)



Screening & Enrollment Log

Site Number:	
Site Name:	
Investigator Name:	
Screening Log Date: (Date = Monday's date for the week of screening)	

Total # of Subjects Screened (Autopopulated): 0

Date Screened	Date of AFib Diagnosis	Age	Sex	Patient Enrolled	Date Consented	Patient ID	Reason for Exclusion
Enter the date the potential subject was screened for CHANGE AFib participation.	Enter the date the subject was diagnosed with first-detected AFib.	Enter the subject's age at the time of screening.		Indicate if the patient was enrolled in CHANGE AFib.	Enter the date the subject signed the Informed Consent Form.	If enrolled, enter the CHANGE AFib Subject ID # generated upon entering data into the RedCap Data Entry Tool.	1. Age <60 years old 2. First-Detected AFib > 60 days ago 3. Estimated life expectancy < 1 year 4. Patients with prior or planned treatment with rhythm control, either catheter ablation or antiarrhythmic drug therapy. 5. Prior hospitalization for atrial fibrillation. 6. Planned cardiothoracic surgery 7. New York Heart Association class III or IV heart failure or a hospitalization for heart failure in the last 4 weeks 8. Patients with reduced ejection fraction (LVEF ≤40%) 9. Permanent atrial fibrillation 10. Ineligible for oral anticoagulation, unless CHA2DS2-VASc is less than 3 in women or 2 in men. 11. Bradycardia with a resting heart rate < 50 bpm 12. PR interval >280 msec or 2nd degree or 3rd degree atrioventricular block without a permanent pacemaker/cardiac implanted electronic device. 13. Corrected QT interval ≥500 msec. 14. Pregnancy 15. Severe hepatic impairment 16. Other: (specify reason)

Change to Log Submission Date!!!

Submit weekly EVERY MONDAY to your AHA Site Manager.

Please copy CHANGEAFib@heart.org

Q&A

Trial Reminders

Mark Your Calendars!

Upcoming Fireside Chats

- **Thursday, September 29th 3-4pm ET**
- **Thursday, October 27th 3-4pm ET**
- **Monday, November 28th 3-4pm ET**
- **Monday, December 19th 3-4pm ET**

CHANGE AFib

Connect With Us!

How to reach the CHANGE AFib Team

AHA Site Managers:

Crystal.Glodek@heart.org
Jack.Goldberg@heart.org
Mariel.Dronson@heart.org

ChangeAFib@heart.org

Resources to Remember

For important trial information and today's meeting recording, go to the **Resources** page at **www.changeafib.org**