Showcasing Innovative Operational and Recruitment Approaches in the ADAPTABLE Trial

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ADAPTABLE Co-Principal Investigator
Duke Clinical Research Institute

pcornet
Adaptable
The Aspirin Study

Follow us on Twitter @ADAPTABLEstudy
ClinicalTrials.gov: NCT02697916
**ADAPTABLE Study Design**

Patients with known ASCVD + ≥ 1 “enrichment factor”

- Identified through EHR (computable phenotype) by CDRNs (PPRN patients that are already a part of a CDRN are eligible to participate.)

- Patients contacted with trial information and link to e-consent;† Treatment assignment will be provided directly to patient

- ASA 81 mg QD
- ASA 325 mg QD

- Electronic follow-up: Every 3 or 6 months Supplemented with EHR/CDM/claims data

- **Duration:** Enrollment over 24 months; maximum follow-up of 30 months

**Primary endpoint:**
Composite of all-cause mortality, hospitalization for MI, or hospitalization for stroke

**Primary safety endpoint:**
Hospitalization for major bleeding

† Participants without internet access will be consented and followed via a parallel system.
Efficiencies in ADAPTABLE

Employs system-wide screening of EHRs using key indicators to identify patients to approach

Eliminates data entry redundancies by obtaining information directly from EHRs via the Common Data Model (CDM)
- Medical History
- Endpoints (re-hospitalizations) and safety data
- Labs and Medications

Collects longitudinal patient-reported outcomes directly from participants via the Adaptable patient web portal

Eliminates costly monitoring to verify data accuracy
This map depicts the coverage of health systems within Clinical Data Research Networks (CDRN) participating in ADAPTABLE.
## Approach and Enrollment Update

<table>
<thead>
<tr>
<th>CDRN</th>
<th>Site</th>
<th>Total Number Eligible</th>
<th>Total Number Approached</th>
<th>% of Eligible Approached</th>
<th>Total Golden Tickets Entered</th>
<th>% Golden Tickets entered per Approached</th>
<th>Total Enrolled</th>
<th># Non-internet Enrolled</th>
<th>% Enrolled Per Approached</th>
<th>% Enrolled Per Golden Ticket Entered</th>
<th>Enrolled last week</th>
</tr>
</thead>
<tbody>
<tr>
<td>MidSouth</td>
<td>Vanderbilt</td>
<td>6,135</td>
<td>5,596</td>
<td>91%</td>
<td>738</td>
<td>13%</td>
<td>375</td>
<td>3</td>
<td>7%</td>
<td>51%</td>
<td>7</td>
</tr>
<tr>
<td>REACHnet</td>
<td>Ochsner</td>
<td>4,939</td>
<td>4,407</td>
<td>89%</td>
<td>428</td>
<td>10%</td>
<td>165</td>
<td>28</td>
<td>4%</td>
<td>39%</td>
<td>8</td>
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<tr>
<td>PaTH</td>
<td>UPMC</td>
<td>13,879</td>
<td>2,889</td>
<td>21%</td>
<td>395</td>
<td>14%</td>
<td>128</td>
<td>0</td>
<td>4%</td>
<td>32%</td>
<td>3</td>
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<tr>
<td>OneFlorida</td>
<td>U of Florida</td>
<td>12,684</td>
<td>3,754</td>
<td>30%</td>
<td>126</td>
<td>3%</td>
<td>116</td>
<td>17</td>
<td>3%</td>
<td>92%</td>
<td>4</td>
</tr>
<tr>
<td>Mid-South</td>
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<td>28,239</td>
<td>270</td>
<td>1%</td>
<td>162</td>
<td>60%</td>
<td>105</td>
<td>14</td>
<td>39%</td>
<td>65%</td>
<td>16</td>
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<tr>
<td>GPC</td>
<td>Iowa</td>
<td>5,271</td>
<td>1,272</td>
<td>24%</td>
<td>209</td>
<td>16%</td>
<td>96</td>
<td>5</td>
<td>8%</td>
<td>46%</td>
<td>10</td>
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<tr>
<td>PaTH</td>
<td>Penn St</td>
<td>2,674</td>
<td>1,760</td>
<td>66%</td>
<td>188</td>
<td>11%</td>
<td>68</td>
<td>0</td>
<td>4%</td>
<td>36%</td>
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<tr>
<td>PaTH</td>
<td>Utah</td>
<td>3,557</td>
<td>3,333</td>
<td>94%</td>
<td>165</td>
<td>5%</td>
<td>65</td>
<td>5</td>
<td>2%</td>
<td>39%</td>
<td>3</td>
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<tr>
<td>NYC-CDRN</td>
<td>Montefiore</td>
<td>1,800</td>
<td>735</td>
<td>41%</td>
<td>73</td>
<td>10%</td>
<td>63</td>
<td>31</td>
<td>9%</td>
<td>86%</td>
<td>6</td>
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<tr>
<td>GPC</td>
<td>KUMC</td>
<td>4,300</td>
<td>1,621</td>
<td>38%</td>
<td>110</td>
<td>7%</td>
<td>52</td>
<td>0</td>
<td>3%</td>
<td>47%</td>
<td>1</td>
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<tr>
<td>pScanner</td>
<td>UCLA</td>
<td>11,881</td>
<td>4,568</td>
<td>38%</td>
<td>101</td>
<td>2%</td>
<td>50</td>
<td>1</td>
<td>1%</td>
<td>50%</td>
<td>1</td>
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<tr>
<td>Capricorn</td>
<td>Northwestern</td>
<td>6,340</td>
<td>1,538</td>
<td>24%</td>
<td>56</td>
<td>4%</td>
<td>31</td>
<td>1</td>
<td>2%</td>
<td>55%</td>
<td>1</td>
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<tr>
<td>GPC</td>
<td>MCW</td>
<td>1,950</td>
<td>163</td>
<td>8%</td>
<td>76</td>
<td>47%</td>
<td>25</td>
<td>0</td>
<td>15%</td>
<td>33%</td>
<td>22</td>
</tr>
<tr>
<td>REACHnet</td>
<td>BSW</td>
<td>1,004</td>
<td>925</td>
<td>92%</td>
<td>40</td>
<td>4%</td>
<td>20</td>
<td>2</td>
<td>2%</td>
<td>50%</td>
<td>0</td>
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<td>PaTH</td>
<td>Temple</td>
<td>1,640</td>
<td>889</td>
<td>54%</td>
<td>32</td>
<td>4%</td>
<td>10</td>
<td>3</td>
<td>1%</td>
<td>31%</td>
<td>0</td>
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<tr>
<td>NYC-CDRN</td>
<td>NYU</td>
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<td>359</td>
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<td>43</td>
<td>12%</td>
<td>9</td>
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<td>3%</td>
<td>21%</td>
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<td>CAPriCORN</td>
<td>Rush</td>
<td>3,244</td>
<td>271</td>
<td>8%</td>
<td>10</td>
<td>4%</td>
<td>5</td>
<td>0</td>
<td>2%</td>
<td>50%</td>
<td>2</td>
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<tr>
<td>Capricorn</td>
<td>U of Chicago</td>
<td>2,500</td>
<td>5</td>
<td>0%</td>
<td>4</td>
<td>80%</td>
<td>4</td>
<td>1</td>
<td>80%</td>
<td>100%</td>
<td>4</td>
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<tr>
<td>GPC</td>
<td>Marshfield Clinic</td>
<td>13,747</td>
<td>216</td>
<td>2%</td>
<td>9</td>
<td>4%</td>
<td>4</td>
<td>0</td>
<td>2%</td>
<td>44%</td>
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<tr>
<td>REACHnet</td>
<td>Tulane</td>
<td>2,768</td>
<td>17</td>
<td>1%</td>
<td>5</td>
<td>29%</td>
<td>3</td>
<td>2</td>
<td>18%</td>
<td>60%</td>
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<td>NYC-CDRN</td>
<td>Mt Sinai</td>
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<td>11</td>
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<td>2</td>
<td>18%</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0%</td>
<td>0</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>144,086</strong></td>
<td><strong>34,599</strong></td>
<td><strong>24%</strong></td>
<td><strong>2,972</strong></td>
<td><strong>9%</strong></td>
<td><strong>1394</strong></td>
<td><strong>113</strong></td>
<td><strong>4%</strong></td>
<td><strong>47%</strong></td>
<td><strong>95</strong></td>
</tr>
</tbody>
</table>
# Site Monthly Enrollment Averages

<table>
<thead>
<tr>
<th>CDRN</th>
<th>Site</th>
<th>Site Activated</th>
<th>Started Enrollment</th>
<th>Total Enrolled</th>
<th>Enrollment Rate/Month</th>
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</thead>
<tbody>
<tr>
<td>OneFlorida</td>
<td>U of Florida</td>
<td>11/1/2016</td>
<td>November</td>
<td>116</td>
<td>38.7</td>
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<tr>
<td>MidSouth</td>
<td>Vanderbilt</td>
<td>4/18/2016</td>
<td>April</td>
<td>375</td>
<td>37.5</td>
</tr>
<tr>
<td>Mid-South</td>
<td>Duke</td>
<td>11/9/2016</td>
<td>November</td>
<td>105</td>
<td>35.0</td>
</tr>
<tr>
<td>GPC</td>
<td>MCW</td>
<td>11/9/2016</td>
<td>January</td>
<td>25</td>
<td>25.0</td>
</tr>
<tr>
<td>PaTH</td>
<td>UPMC</td>
<td>7/18/2016</td>
<td>August</td>
<td>128</td>
<td>21.3</td>
</tr>
<tr>
<td>NYC_CDRN</td>
<td>Montefiore</td>
<td>11/9/2016</td>
<td>November</td>
<td>63</td>
<td>21.0</td>
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<tr>
<td>GPC</td>
<td>KUMC</td>
<td>11/1/2016</td>
<td>November</td>
<td>52</td>
<td>17.3</td>
</tr>
<tr>
<td>PaTH</td>
<td>Penn State</td>
<td>9/23/2016</td>
<td>October</td>
<td>68</td>
<td>17.0</td>
</tr>
<tr>
<td>pScanner</td>
<td>UCLA</td>
<td>11/7/2016</td>
<td>November</td>
<td>50</td>
<td>16.7</td>
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<tr>
<td>REACHnet</td>
<td>Ochsner</td>
<td>4/18/2016</td>
<td>April</td>
<td>165</td>
<td>16.5</td>
</tr>
<tr>
<td>PaTH</td>
<td>Utah</td>
<td>9/23/2016</td>
<td>October</td>
<td>65</td>
<td>16.3</td>
</tr>
<tr>
<td>GPC</td>
<td>Iowa</td>
<td>7/18/2016</td>
<td>August</td>
<td>96</td>
<td>16.0</td>
</tr>
<tr>
<td>Capricorn</td>
<td>Northwestern</td>
<td>8/30/2016</td>
<td>September</td>
<td>31</td>
<td>6.2</td>
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<tr>
<td>REACHnet</td>
<td>BSW</td>
<td>9/19/2016</td>
<td>October</td>
<td>20</td>
<td>5.0</td>
</tr>
<tr>
<td>CAPriCORN</td>
<td>Rush</td>
<td>9/19/2016</td>
<td>February</td>
<td>5</td>
<td>5.0</td>
</tr>
<tr>
<td>Capricorn</td>
<td>U of Chicago</td>
<td>2/16/2017</td>
<td>February</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td>GPC</td>
<td>Marshfield Clinic</td>
<td>11/1/2016</td>
<td>January</td>
<td>4</td>
<td>4.0</td>
</tr>
<tr>
<td>NYC_CDRN</td>
<td>NYU</td>
<td>11/1/2016</td>
<td>November</td>
<td>9</td>
<td>3.0</td>
</tr>
<tr>
<td>PaTH</td>
<td>Temple</td>
<td>9/23/2016</td>
<td>October</td>
<td>10</td>
<td>2.5</td>
</tr>
<tr>
<td>REACHnet</td>
<td>Tulane</td>
<td>8/30/2016</td>
<td>October</td>
<td>3</td>
<td>0.8</td>
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# Enrollment Metrics Compared with Traditional Trials

<table>
<thead>
<tr>
<th>Traditional Trials</th>
<th>ACS 1</th>
<th>ACS 2</th>
<th>Lipid Lowering</th>
<th>Atrial Fibrillation</th>
<th>Diabetes</th>
<th>ACS 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Pts/Site/Month</td>
<td>0.2</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
<td>0.6</td>
<td>0.6</td>
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<tr>
<td>(Q1,Q3)</td>
<td>(0.1,0.3)</td>
<td>(0.2,0.7)</td>
<td>(0.1, 0.5)</td>
<td>(0.2,0.5)</td>
<td>(0.3,1.0)</td>
<td>(0.3,1.0)</td>
</tr>
<tr>
<td>Adaptable CDRNs</td>
<td>Univ of FL</td>
<td>Vanderbilt</td>
<td>Duke</td>
<td>MCW</td>
<td>UPMC</td>
<td>KUMC</td>
</tr>
<tr>
<td>Monthly Average</td>
<td>38.7</td>
<td>37.5</td>
<td>35</td>
<td>25</td>
<td>21.3</td>
<td>17.3</td>
</tr>
</tbody>
</table>
ADAPTABLE Working Groups

Formed based upon discussions at kick-off meeting in October, 2016

Key topics and areas of interest prioritized by local CDRN teams and ADAPTOR patient representatives with facilitation by DCRI coordinating center team members

Four key areas chosen for Working Groups

- Recruitment optimization
- Patient engagement
- Patient retention
- IRB challenges

Working groups led by CDRN investigators and operational team leaders as well as ADAPTOR patient representatives
ADAPTABLE Working Groups Objectives
ADAPTABLE Working Groups Objectives

Recruitment Optimization - *Address challenges with implementing the Computable phenotype, best practice for organizing local tracking of eligible participants, and optimizing multi-touch approach*
ADAPTABLE Working Groups Objectives

- **Recruitment Optimization** - Address challenges with implementing the Computable phenotype, best practice for organizing local tracking of eligible participants, and optimizing multi-touch approach.

- **Patient Engagement** - Address patient engagement and outreach through channels such as social media and optimizing the role of the Adaptors as part of local CDRN team.
ADAPTABLE Working Groups Objectives

**Recruitment Optimization** - Address challenges with implementing the Computable phenotype, best practice for organizing local tracking of eligible participants, and optimizing multi-touch approach.

**Patient Engagement** - Address patient engagement and outreach through channels such as social media and optimizing the role of the Adaptors as part of local CDRN team.

**Patient Retention** - Address perceived challenges with retention, delineate the role of local clinical team in supporting retention, and optimize communications and content to engage participants throughout the duration of the study.
ADAPTABLE Working Groups Objectives

- **Recruitment Optimization** - Address challenges with implementing the Computable phenotype, best practice for organizing local tracking of eligible participants, and optimizing multi-touch approach.

- **Patient Engagement** - Address patient engagement and outreach through channels such as social media and optimizing the role of the Adaptors as part of local CDRN team.

- **Patient Retention** - Address perceived challenges with retention, delineate the role of local clinical team in supporting retention, and optimize communications and content to engage participants throughout the duration of the study.

- **IRB Challenges** - Address IRB challenges for pragmatic studies including approval of broad/novel patient approach methods, patient partner involvement, and use of social media channels to raise awareness.
Social Media: ADAPTABLE Case Study  
Facebook Live Event at AHA Scientific Session

- Partnership with AHA & REACHnet
- An AHA First! First Facebook Live event broadcasting about a study during AHA Scientific Sessions
- 20-minute, moderated live Q&A featuring ADAPTABLE leadership and patient partner

<table>
<thead>
<tr>
<th>Metric</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Reach- people who saw the post</td>
<td>30,606</td>
</tr>
<tr>
<td>Views</td>
<td>6.3K</td>
</tr>
<tr>
<td>People who viewed the video from a share</td>
<td>30,515 (99% of all viewers)</td>
</tr>
</tbody>
</table>
Social Media: ADAPTABLE Case Study

Facebook Live Event celebrating Heart Month

- Partnership with DCRI, Duke Heart Center & Mid-South CDRN
- Promotion through the ADAPTABLE Community, PCORnet, PCORI, DCRI, and AHA
- Featured ADAPTABLE participant

<table>
<thead>
<tr>
<th>Metric</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Reach- people who saw the post</td>
<td>20,943</td>
</tr>
<tr>
<td>Views</td>
<td>4.5K</td>
</tr>
<tr>
<td>People who viewed the video from a share</td>
<td>57%</td>
</tr>
</tbody>
</table>

ClinicalTrials.gov: NCT02697916
Social Media: ADAPTABLE Case Study
Patients engaging Patients

- ADAPTOR Patient Partner representing each participating CDRN
- Featured on ADAPTABLE Study website
- Driving outreach content to be patient focused
- Active in promoting ADAPTABLE through blogs, social media, and local events

Meet the ADAPTORS Team

In ADAPTABLE, the role of the patient has shifted from that of a participant to partner. The Adaptors team is comprised of patient representatives who will work in concert with the study team to help design the consent form, study portal, study materials, and results dissemination plan.

The Adaptors will also participate on the Steering Committee where they will monitor study conduct and progress. There are two Adaptors Co-Chairs who will serve as the patient representatives on the Executive Committee to provide study oversight, promote cross-pollination of ideas and sharing of information between the Executive Committee, Steering Committee and the Adaptors Team. Also, two cardiology patient advocates will serve on the Data Monitoring and Safety Board (DMSB) to participate in review of study data sets and adverse event monitoring and reporting. The Health eHeart Alliance PPRN supports and facilitates the Adaptors Team via bi-weekly and check-in calls.

We you invite you to learn more about patient ambassadors.
Collaboration with AHA and ACC

- February: Joint campaign with AHA for Heart Month

- March: Panel Presentation at ACC Scientific Session
ADAPTABLE Original Inclusion Criteria – Computable Phenotype

History of ASCVD
- Prior MI
- Prior angiogram showing significant CAD
- Prior revascularization (PCI/CABG)

At least one enrichment factor:
- Age >65 years
- Creatinine >1.5 mg/dL
- Diabetes mellitus
- Known 3-vessel coronary artery disease
- Current cerebrovascular disease and/or peripheral artery disease
- Known ejection fraction <50%
- Current smoker

Electronic patient outreach

ClinicalTrials.gov: NCT02697916
Optimizing the Computable Phenotype for EHR Searches

_confirmation of coronary artery disease is nuanced
- Previous events (MI) or procedures (PCI/CABG) in other health systems or before the “look back” time period for EHR data searches could not be accessed
- Angiographic data hard to access in CDM
- Chronic CAD diagnosis codes key for confirmation

.Difficulties in confirming some enrichment factors
- Current smoking, known 3 vessel CAD, LVEF < 50%

.Additional enrichment factors more suitable for EHR data searches were added
- Chronic heart failure, elevated systolic BP, elevated LDL

.Informatics experts from REACH Net and Mid-South CDRNs were crucial collaborators in this process
ADAPTABLE Inclusion Criteria – Computable Phenotype with Protocol Amendment

Known ASCVD
- Prior MI
  OR
- Prior revascularization (PCI or CABG)
  OR
- Prior angiogram showing significant CAD
  OR
- History of chronic ischemic heart disease, CAD, or ASCVD

≥ 1 enrichment factor:
- Age ≥ 65 years
- Creatinine ≥ 1.5 mg/dL
- Diabetes mellitus
- Known 3-vessel CAD
- Cerebrovascular disease
- Peripheral arterial disease
- Current smoker
- Known LVEF < 50%
- Chronic systolic or diastolic heart failure
- SBP ≥ 140 (within past 12 mos)
- LDL ≥ 130 (within past 12 mos)

Electronic patient outreach

ClinicalTrials.gov: NCT02697916
Electronic-Facilitated Patient Recruitment Approach in ADAPTABLE

Electronic, computable phenotype used to query EHR data to facilitate widespread screening of large numbers of potentially eligible patients.

Patient Outreach and Recruitment Approaches

- Direct Mail and Email (messages locally customized with input from patient representatives)
- Via health system patient portals such as “MyChart”
- “In-Clinic” Recruitment (EHR Alerts to clinic providers, Tablet-based recruitment during clinic encounters, promotion of trial during clinic)

Potential patients given Golden Ticket numbers and directed to the Adaptable web portal for confirmatory screening and electronic informed consent.

ClinicalTrials.gov: NCT02697916
Going Big at Vanderbilt – Planning for Sustained Outreach

- Ongoing implementation of a hybrid, remote recruitment approach using a multi-touch outreach

- Contacting patients initially via email
  - ~3,500 of newly identified patients will have email address
  - Each patient contacted by email receives on average 3 email contacts and 2 phone calls
  - Operationalization requires sequential outreach to manageable blocks of patients (~400 per month) in order to:
    - Permit successful completion of timely phone follow-up
    - Account for staff labor split between phones and clinic
Vanderbilt Multi-Touch Recruitment Approach

Eligible by CP:
Email as Primary Contact

1\textsuperscript{st} Approach - Email
2\textsuperscript{nd} Approach - Phone and Email
3\textsuperscript{rd} Approach - Email
4\textsuperscript{th} Approach - Phone

Enrolled!

First Contact
1 week after 1\textsuperscript{st} contact
3 weeks after 1\textsuperscript{st} contact
3+ weeks after 1\textsuperscript{st} contact

Eligible by CP:
Phone as Primary Contact

1\textsuperscript{st} Approach - Phone
2\textsuperscript{nd} Approach - Phone
3\textsuperscript{rd} Approach - Phone

Enrolled!

First Contact
1 week after 1\textsuperscript{st} contact
3 weeks after 1\textsuperscript{st} contact
UPMC Initial Recruitment Approach

- Presentation and individual discussions with cardiology group re: recruitment prior to site activation
- EHR identified 13,879 eligible patients (original criteria)
- Targeted list pulls of those scheduled for an upcoming cardiology clinic appointment within 6 months
- Cardiologists initially provided with lists of patients for approval to approach but this is no longer necessary
- Electronic recruitment through email and paper mail with resources being focused for telephone follow up and recruitment directly in clinic
UPMC Outreach Metrics

**Contacts made:**
- 6/24/2016: 758
- 10/7/2016: 893
- 12/2/2016: 353
- 1/13/2017: 893

**Total approached:** 2897 (~21% of original population)
- Email: 1918
- Letters: 958
- BPA: 21

**Total enrolled:** 128 (4.4% of those approached)

Automated 3 follow up emails and follow-up phone calls as much as possible

EPIC Best Practice Alert turned on December 2016 so that patients identified/approached with provider in clinic
This patient may qualify for an Aspirin dosing study randomizing to 81mg vs. 325mg in patients with coronary artery disease. If the patient agrees to be contacted by phone, place the order below. Otherwise, indicate that the patient has declined participation in the study.
Duke Recruitment Approach

- Started with widespread clinician engagement in Cardiology
  - Grand rounds presentation with 1:1 meetings with all clinic providers including Advance Practice Providers and cardiology fellows
- Initial mail outreach sent to 500 patients with regular mail waves planned
  - Telephone follow up at defined time points after letters are sent
- “In-Clinic” facilitated recruitment with CRC’s engaging with providers
  - CRCs pre-screen clinic lists and email providers with eligible patients
  - Providers identify additional potential patients and introduce the trial to patients during the scheduled clinic encounter
  - ADAPTABLE i-pads used to enroll interested patients during clinic encounters (total time for enrollment ~ 15 minutes)
  - Some interested patients opt to leave with a GT # to self-enroll at home
- Multiple contacts needed for patients not enrolled during clinic encounter
Lessons Learned for Recruitment

- Eligible patients want to know their clinician endorses the study
  - Local patient engagement should be customized to the environment
- Remote recruitment rarely successful without multiple follow-up telephone contacts
  - Staffing resources are needed to support this model are uncertain
- Deep collaborations between informatics experts and clinicians are necessary to optimize implementation of the computable phenotype
  - Local common data models have unique features
Lessons Learned for Recruitment

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- Deep collaborations between informatics experts and clinicians are necessary to optimize implementation of the computable phenotype
  - Local common data models have unique features
- Sustained clinician engagement is critical for success
  - Recruitment doesn’t happen without champions!
Widespread screening of EHRs requires flexibility and creative implementation to successfully recruit patients:

- Optimal methods for patient outreach locally customized
- Key factors for successful randomization after initial outreach and contact of eligible patients remain uncertain
- Large numbers of patients need to be approached to achieve enrollment goals

Novel operational approaches are being leveraged to conduct ADAPTABLE and promote collaborations.

Utilization of social media channels to raise trial awareness and unique collaborations with professional societies should have sustained, positive impacts on trial execution.