

New CAPPs Studies: Investigators to self-test study nutritional "meds"

Almost weekly conference calls have been held among the members of the subcommittee since August to resolve some of the issues and difficulties in the Network's newest studies: *Combined Antioxidants and Preeclampsia Prediction Studies (CAPPs)*. Since the desire is to get the studies going quickly and the Canadian medical group had not yet received approval and funding for their participation in the study, it was decided to drop the high-risk component of the trial until further agreement could be reached with the Canadian group.

Two protocols are being written, one that addresses the randomized trial and the other for the prediction study. However, one manual of operations will be written since patients need to be enrolled in the trial before being eligible for the prediction study. Out of the 10,000 women randomized to the trial, the goal is to enroll 4,000 in the prediction study.

The investigational nutrients for the trial will be 1000 mg of vitamin C and 400 IU of vitamin E. A couple of delivery vehicles for administering the nutrients are being considered. One company offers the two vitamins combined in one capsule; however, there is no data on the bioavailability of this combination in humans. PI Jim Roberts, Coordinator Peg Cotroneo and several research nurses at Magee-Womens Hospital have volunteered to take part in their own research project to test the bioavailability. After the Magee IRB approves their study protocol, blood will be drawn from each participant before they start the daily intake. After about 10 days,



Susan Pagliaro, Paul Thadikonda, Peg Cotroneo and Elizabeth Thom in Eminent Service's new laboratory

blood again will be drawn and tested for evidence of the vitamins.

Meanwhile, Eminent Services, the study drug distributor for many of the other Network studies, has proposed to make a special vitamin C tablet that is coated to mask the contents and match a placebo. This tablet and a gel capsule containing vitamin E would be packaged together in a blister pack.

Magee-Womens Coordinator, Peg Cotroneo, drove down from Pittsburgh to attend a review and project planning meeting with BCC staff, Network Coordinator Susan Pagliaro, and Paul Thadikonda, President and CEO of Eminent. The meeting, held at Eminent's new headquarters in Frederick, Maryland, discussed the new study and Eminent's proposal. The visit also included discussions about the status of other study drugs for existing Network trials. After the meeting, the group was given a tour of the impressive new facility.

Once Magee's study is completed, a decision will be made about which vitamins to use and the type of labeling and packaging.

Steering Committee Approves Next Trial

The MFMU Steering Committee voted in August by email to approve a new study: *Reducing Racial Disparity in Preterm Birth: A Randomized Trial of Omega-3 Fatty Acid Supplementation to Prevent Preterm Birth in Pregnancies at High Risk*. The project was developed by Drs. Paul Meis and Margaret Harper on behalf of the Network in response to a NICHD L01 entitled: *Health Disparity in Preterm Birth: Clinical Trials to Prevent Preterm Birth and Adverse Neonatal Outcomes Associated with Infectious/Inflammatory Disease Process*. Thus, this project will be funded by a supplemental grant to the Network.

The aim of the study is to reduce racial disparity in the rate of preterm birth. Non-Hispanic black women in the United States have an overall rate of preterm birth twice that of non-Hispanic white women. Moreover, African American women have a higher rate of vaginal infection/inflammation which, studies have shown, seem to be associated with preterm birth. Preliminary studies have shown that polyunsaturated fatty acids (omega-3), found in fish oil, suppress the production of inflammatory cytokines, suggested to be involved in the causes of preterm labor and preterm rupture of membranes.

The study asks the question: when compared with placebo treatment, does an omega-3 fatty acid treatment initiated before 21 weeks gestation reduce the risk of preterm

(cont'd on page 3)

Capitation System Revised



Beginning with the GDM trial, capitation will take into account delivery and outcome data as a separate item for funding. Several procedures, essential for determining the outcome of this trial including a blood draw, need to be done at the time of delivery. Since the majority of patients will not be in contact with the clinic after enrollment into the GDM study, there is concern that they will forget they are participating in a

research study and study staff will not be contacted in time to do the procedures.

The new system seeks to ensure that patients who are enrolled are intent on participating in the GDM trial by delivering at the Network hospital so outcome data can be collected. Study staff also needs to make sure methods are in place that will notify them when the patient arrives for delivery.

Investigative creativity also will be rewarded. For example, when other methods failed to get a delivery date for a patient in the Progesterone study, Peg Cotroneo found the birth announcement in the local newspaper.

It is hoped that this new system will maintain the Network's over-all exceptionally low lost-to-follow-up rate, even with a difficult study like GDM.

Study Updates

BEAM: Recruitment has noticeably picked up, with July hitting a two-year monthly high of 39 patients. Follow-up rates also remain good with a 91.4% return for the 24-month visit. One patient who delivered in Miami, then moved to Chicago and is now moving to New York City has been passed on to each of the Network centers in those cities successfully. Dr. Deborah Hirtz, pediatric neurologist and project officer at the co-funding agency, NINDS, even did a one-year follow-up exam on the infant of a patient who moved from Brown U. in Rhode Island to northern Virginia. She met and examined the infant in Dr. Cathy Spong's clinic in Virginia. Every effort is being made to obtain follow-up data on infants in the study so the outcome of cerebral palsy and other morbidities can be accurately determined.

Most of the ultrasounds that have been reviewed over the past few years have now been returned to the centers. And finally, a way to easily block out patient identifiers has been found which uses a black Sharpie permanent marker on both sides of the film. All centers are requested to use this method. Another central review of head ultrasounds has been scheduled for November 7 and 8 at Children's Hospital in Washington, DC.

All new pediatric examiners working on the BEAM trial, with perhaps a few of the old examiners, will attend a training session at the Kennedy Krieger Institute at Johns Hopkins University in January. All tapes submitted by the follow-up examiners have been reviewed by Dr. Bruce Shapiro who has given everyone feedback.

BEARS: Follow-up study of infants two years after birth is now in place with the manual and forms distributed. The software is still being tested at the BCC. Two training conference calls were held late this summer to discuss study procedures with the pediatric examiners. Examiners are reminded to videotape themselves doing a Bayley examination and submit it to Dr. Terri Leach. Head ultrasounds will be reviewed at a central reading session November 7 and 8, in Washington, DC.

August was the highest recruitment month ever, with 29 patients randomized! As of mid-September, the number is ominously lower with only 6 patients, all of whom have been recruited at the new centers, Case Western and Columbia. Study investigators hope the small number is only a matter of delayed data entry.

GDM: All supplies, manuals, data forms, certification materials and software have been distributed to the centers. Three conference calls were held with research nurses, dietitians and diabetic counselors from all the centers who will be working with patients in Group I. Centers can begin the study as soon as they are certified.

The C-Peptide pilot study conducted by Ohio State and Brown Universities has been completed and the results from 200 cord blood samples have been analyzed to determine the 95th percentile of c-peptide for hyperinsulinemia. A revised protocol will be issued listing the result that will be used in determining outcome.

Fox Study: Thirteen of the fourteen centers are now fully certified and recruiting patients. As of mid-September, about 215 patients have been enrolled, with almost half of those coming from UAB and UTSW, which also have been recruiting the longest. Setting up the trial at each center has been a unique experience for all involved. For most, it has not been a simple matter of just plugging in the equipment and searching the ward for eligible patients.

Problems have ranged from biotech staff not approving the APS battery back-up (requiring the purchase of a heavier grade of battery and special cables) to reconfiguring the triage area so the central monitoring system could handle portable fetal heart rate monitors rather than the stationary ones. This change also required retraining of all staff. Technical problems with the N400 Nellcor units continue to plague some centers. So far, few centers have staffing to allow using the two units simultaneously. The BCC has a loaner unit that can be sent to a center if necessary.

Omega 3 cont'd from page 1

birth (<37 weeks) in women who have previously experienced an early spontaneous preterm delivery? A sample size of 850 women will be randomized to receive either placebo or omega-3 supplement. Blood will be drawn at the beginning of enrollment, again at 26 weeks, and from the umbilical cord at delivery for cytokine assays. In addition, cervical swabs will be obtained for analysis of cytokines, fetal fibronectin and bacterial vaginosis.

Medical Definitions from the Outback

Cesarean Section – A neighborhood in Rome

Dilate – To live long

Labor Pain – Getting hurt at work

Medical Staff – A doctor's cane

Outpatient – A person who has fainted

Pap Smear – A paternity test

Tablet – A small table

Tumor – More than one

Urine – Opposite of you're out

**People in the News****Chair Change**

Dr. Brian Mercer has been named to succeed **Dr. Paul Meis** as Chair of the Publications Standing Committee. **Dr. Margaret Harper** will fill the vacancy on the committee created by Paul's departure.

Staff Additions & Changes

The BCC welcomes two new statisticians to its MFMU staff. **Pam Burrows** and **Rebecca Gersnoviez** have worked at the GWU Biostatistics Center on the Medical Therapy of Prostatic Symptoms trial - Pam since 1992 and Rebecca since 1997. Prior to 1992, Pam worked on the NICHD-funded trial of Routine Antenatal Diagnosis Imaging in Ultrasound (RADIUS). Pam and Rebecca both have a MS in statistics from GWU and Rebecca is beginning her doctorate study there. Rebecca tries to find time from studying for cross-training and just completed in a triathlon in Delaware where she bettered her time by six minutes over two years ago. Pam is a busy mother of two small children. Both claim they prefer maternal studies over the prostate study, though they are still adjusting to referring to patients as she instead of he!

Julia McCampbell recently took on new responsibilities in the Department of Ob/GYN at UTSW and **Melinda Cody** was named the Network coordinator there. Melinda has been an RN for over 20 years and a Women's Health Nurse Practitioner (WHNP) for 8 years. She is passionate about health promotion/wellness and has extensive experience in clinical practice and teaching, on both professional and community levels. The thesis for her MS in Nursing was on "Exercise in Pregnancy and Effect on Infant Birth Weight". As a WHNP, she has been involved in a variety of research studies, especially contraceptives. She is active in community activities, particularly on the volunteer speaker's bureau for the American Heart Association, on the Perinatal Advisory Committee for the March of Dimes, and her church. In addition to exercising and loving to participate in any outdoor activity, Melinda's family plays a big role in her life.

This summer, **Michelle DiVito** accepted new position at MCP Hahnemann and **Mary Talucci** has taken over as Network coordinator. Mary has many years of staff and charge nursing in surgical and NIC units. With a BSN and a MSN in perinatal nursing, research and education has been her primary focus over the past 7 years. Some of her projects include the Philadelphia Infant Mortality Review Project (how she first met Dr. Wapner), the AIDS Clinical Trials Group trials focusing on perinatal transmission, and Education coordinator for AWHONN NJ 1999-2001. Her two sons are in college, and she spends her "free time" watching her daughter, the family jock in 8th grade, play sports. Mary's favorite activities have to do with anything beach or water related - boating, jet skiing, crabbing or just breathing the salt air.

Tina TurnerBatton, the research nurse on the BEARS trial at UTSW was recently married and has just announced her departure from the center. We wish her luck and many years of happiness. **DeSheila Young** will be taking over the duties of the lead nurse for the Steroid study.

Personals

Katie Farrell, site coordinator at Thomas Jefferson University, delivered her first child, a beautiful baby girl (according to her workmates!), on her due date, September 21. Weighing in at 7 pounds, 15oz, she is named Willa Joan. Katie plans to be back to work in mid-December.

On the Light Side

(Courtesy of the Washington Post)



Sign discovered at a harbor in Stonington, Maine

"Don't we wish there was a two-hour birthing limit!"



Sign discovered at the Tower of London, England

"Who knew English loos could be so dangerous?"

MFMU Calendar

Network Steering Committee Meetings

November 18-19, 2002
February 20-21, 2003
May 5-6, 2003
July 14-15, 2003
October 23-24, 2003

SMFM

Annual Meeting: San Francisco, CA
February 3-8, 2003

SIG

Abstracts due:
October 24, 2002
Annual Meeting: Washington, DC
March 27-30, 2003

ACOG

Annual Meeting: New Orleans, LA
April 28-30, 2003