



# BULLETIN

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[www.utoronto.ca/miru/eecv2](http://www.utoronto.ca/miru/eecv2)

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**OVERALL TOTAL: 71**  
TOTAL FOR THIS MONTH: 28

## Welcome to EECV2!

We are pleased to announce that four more centres have now joined our numbers as active centres! We now have 32 centres! A very warm welcome goes out to:

- Prof Joachim Dudenhausen and Dr Ines Schoenborn at the Charite Universitätsklinikum, *Berlin*, GERMANY
- Dr George Carson and Ms Jodi Bigalky at the Regina Health Region, *Regina*, CANADA
- Dr Nestor N Demianczuk and Ms Elizabeth Penttinen at the Royal Alexandra Hospital, *Edmonton*, CANADA
- Dr Mark Wild and Ms Stanette Brown at the University of South Carolina, *Columbia*, USA



We are looking forward to our new centres joining our great recruiting team!

With the addition of our newly recruiting centres, and the continued efforts from our existing centres our recruitment numbers have increased by 75% this month.



**Great work everyone!**

## Recruitment Excellence!

This month we are recognizing centres with their **first** recruit - Congratulations to:

- Dr Janet Andrews and Ms Karen Johnson at the University of Iowa, *Iowa City*, USA
- Dr Hagai Kaneti at the Meir Hospital, *Kfar Saba*, ISRAEL
- Dr Benny Chayen, Dr Linda Harel and Ms Zima Siev at Ma'ayney-Hayeshua, *Bnai Brak*, ISRAEL
- Dr Alec Welsh and Ms Hala Phipps at the Royal Prince Alfred, *Sydney*, AUSTRALIA
- Dr Greg K Davis and Ms Lynne Roberts at the St George Hospital, *Sydney*, AUSTRALIA



### Special recognition to centres who have met their Annual Recruitment Goal:

- Dr Frans JME Roumen and Dr Mijntje Pieters at the Atrium Medical Centre, *Heerlen*, THE NETHERLANDS (They have already passed their annual recruitment goal by two!!)
- Dr Frans Smits at the Academisch Ziekenhuis, *Maastricht*, THE NETHERLANDS

## Recruitment Recognition!

Your recruitment efforts are imperative to the success of the EECV2 Trial. In order to recognise your work in recruiting for the trial we've begun a quarterly draw for a small token of recognition. Every time your centre recruits a woman into the EECV2 Trial, your centre is entered into the draw.

For this quarter we would like to congratulate Dr Frans Smits at Academisch Ziekenhuis, *Maastricht*, THE NETHERLANDS! Watch out for our next winner in the September newsletter!



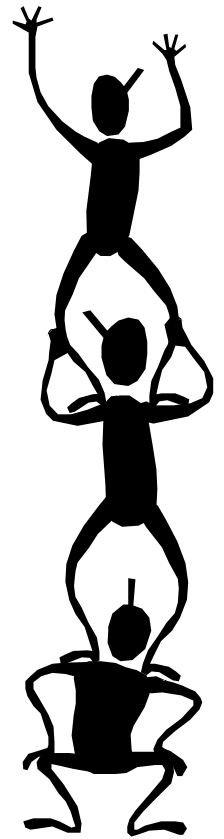
## UK Centres - Mark your calendars!

We are planning to have a meeting in London for our interested sites in the UK Saturday, November 12, 2005. Please mark your calendar! Invitations will be circulated shortly. Contact Ariadna Fernandez at the Clinical Coordinating Centre in Vancouver for more information ([ee cv2@cw.bc.ca](mailto:ee cv2@cw.bc.ca)).



## Getting your first recruit – part two

At the Collaborators' Meeting four centres gave excellent presentations regarding recruitment strategies! We have decided to include some of these ideas here and in up-coming newsletters. We hope that they will be useful to all centres for recruitment. Dr Pieters and Dr Roumen, Atrium Medical Centre, *Heerlen*, THE NETHERLANDS, shared the following tips for getting your first recruit:



- Have a lot of informative meetings with nurses, midwives and obstetricians
- Have a laminated list of trials in out-patient clinics as a reminder
- Remind everyone regularly about the study (at morning and afternoon meetings)
- Have several trial promotional items such as patient brochures available in every room
- Have the woman's obstetrical care provider speak to her about the trial and provide her with the patient brochure that the woman may share with her family
- Make a separate appointment for the woman to meet with the trial investigators for specific information, informed consent and randomisation
- Reassure care providers that they will continue to provide obstetric care during the course of the trial



## Questions from our centres:

*1. Will repeating ECV after an initial failure in early group contaminate the results to the extent that the final findings may not be interpretable?*

Attempted repeat ECV has been shown in the literature to increase the likelihood of success. Sometimes it becomes apparent that things have changed, and a clinician may feel that a repeat ECV is justified. It would not be ethical in these situations to prohibit ECV for women randomised to the early group. If repeat ECV for women enrolled in the early group only works because it is done in the delayed time frame (ie: after 37 weeks), then there should be an equal number of women with successful ECV in both groups. The study is designed to look at a policy of beginning early vs. delaying beginning ECV until after 37 weeks in terms of the rate of CS. Findings would only be implemented if beginning ECV early resulted in a LOWER rate of CS.

*2. If no ECV is done do we still need to collect all of the data?*

In the Early ECV2 Trial, we anticipate that some women will have their babies turn spontaneously prior to having an ECV. In the delayed group we expect that about 25% of women enrolled will have this happen. In the early group, we expect that as many as 10% of women may have this happen. The sample size has been adjusted to deal with this.

It is important that we collect complete data on all women who are randomised into the trial. That is, you must complete all of the data forms for each enrolled woman, regardless of whether she has a procedure or not.

# Recruitment

as of June 30, 2005  
(planned enrolment of 1460)

Annual Goal	Dec	Jan - Mar	Apr	May	June	Grand
	2004	2005	2005	2005	2005	Total

## COUNTRY

AUSTRALIA	23		4		5	8	17
CANADA	28	1	8	1		2	12
THE NETHERLANDS	8		3	1	3	4	11
CHILE	43				3	7	10
ISRAEL	38		2	1		5	8
JORDAN	14		1	2	2	1	6
ARGENTINA	10		4		1		5
EGYPT	20				1		1
USA	4					1	1
<b>Total</b>	<b>188</b>	<b>1</b>	<b>22</b>	<b>5</b>	<b>15</b>	<b>28</b>	<b>71</b>

## CENTRES BY COUNTRY

(Shaded area is prior to start-up)

### AUSTRALIA

Toowoomba Base Hospital, Toowoomba	3		4		3	3	10
Box Hill, Box Hill	5				2	2	4
Royal Prince Alfred, Sydney	9					2	2
St George, Sydney	6					1	1

### CANADA

Children's & Women's Health Centre of BC, Vancouver	18	1	8	1			10
Sunnybrook & Women's College, Toronto	10					2	2

### THE NETHERLANDS

Atrium Medical Centre, Heerlen	5		3	1	2	2	8
Academisch Ziekenhuis, Maastricht	3				1	2	3

### CHILE

Universidad Catolica, Santiago	7				1	3	4
Padre Hurtado, Santiago	17					3	3
Clinico san Borja, Santiago	19				2	1	3

### ISRAEL

Edith Wolfson, Holon	9		2	1		1	4
Meir Hospital, Kfar Saba	14					3	3
Ma'ayne-Hayeshua, Bnai Brak	15					1	1

### JORDAN

Islamic, Amman	14		1	2	2	1	6
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### ARGENTINA

Posadas, Buenos Aires	10		4		1		5
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### EGYPT

Assiut University Hospital, Assiut	20				1		1
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### USA

University of Iowa, Iowa City	4					1	1
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Centres awaiting first patient: [COUNTRY: Hospital, City (annual goal)] [month/year start-up package sent]

**AUSTRALIA:** St George, Sydney (6) [11/04], Townsville Hospital, Townsville (5) [02/05], West Gippsland Healthcare Group, Warragul (9) [03/05]; **USA:** Maricopa, Phoenix (10) [04/05], University of South Carolina, Columbia (4) [06/05]; **ISRAEL:** Soroka Medical Center, Beer Sheva, (30) [06/05]; **THE NETHERLANDS:** Sint Lucas Andreas Ziekenhuis, Amsterdam (4) [03/05]; **POLAND:** Polish Mother's Memorial, Lodz (9) [03/05]; **BRAZIL:** University of Campinas, Campinas (8) [04/05]; **HUNGARY:** University of Debrecen, Debrecen (7) [04/05]; **PORTUGAL:** Distrital de Faro, Faro (7) [04/05]; **ARGENTINA:** Hospital Ramos Mejia, Buenos Aires (6) [05/05]; **GERMANY:** Charite Universitätsklinikum, Berlin (9) [06/05]; **CANADA:** Regina Health Region, Regina (8) [06/05], Royal Alexandra Hospital, Edmonton (10) [06/05]