The Duke Clinical Research Institute’s (DCRI) mission is to develop, share, and implement knowledge that improves health around the world through innovative clinical research. As the world’s leading academic clinical research organization, the DCRI has a rich history of conducting cardiovascular clinical trials and outcomes studies while educating the next generation of clinical researchers. The institute is dedicated to streamlining and advancing clinical research through innovative study design, fit-for-purpose approaches, thoughtful analytics, and a commitment to rapid knowledge dissemination—ultimately helping to improve patient outcomes.

**OUR MODEL**

The DCRI combines the benefits of a premier teaching hospital with the full-service capabilities of a CRO.

**OUR COMMITMENT TO QUALITY**

**Faculty Thought Leadership**
- Our 125+ practicing physicians apply their clinical experience to design realistic protocols that train and support investigator sites.
- Renowned biostatisticians and data scientists find the question that most effectively probes the research question and delivers high quality, reproducible data.

**Patient- and Site-Focused**
- Patient safety, engagement, and outcomes that are meaningful to patients are at the center of our work.
- Collaborative relationships with sites and multiple national registries are essential to our success.

**Quality and Integrity of Trial Conduct**
- Phase I-IV clinical and outcomes research adhere to guiding principles.
- Operations are data-driven and utilize efficient processes.
- Trials integrate with standard-of-care clinical practice.

**SHARING KNOWLEDGE**

From 1996-2021, 

17,500+ DCRI publications have been cited in 760,500+ scientific articles.

**Our Expertise**

DCRI’s knowledgeable, world-class clinician investigators, biostatisticians, data scientists, and operations teams offer our collaborators their wide range of expertise on:
- Traditional clinical trials (phase I-IV)
- Pragmatic clinical trials
- Real-world data and evidence
- Implementation science
- Cardiovascular devices
- Integration of mobile technologies into research
- Direct-to-participant research
- Management of multiple national registries
- Participant and site engagement
- Clinical event adjudication
- Medical editing and research communications
- Evidence dissemination and academic publications
BRINGING CARDIOVASCULAR EXPERTISE TO COVID-19 CARE

Our faculty and operational experts translate novel therapeutic concepts into well-designed clinical trials across the spectrum of cardiovascular conditions, including:

- Heart failure
- Cardio-metabolic disorders
- Diabetes mellitus and cardiovascular disease
- Acute coronary syndromes
- Antithrombotics/thrombosis
- Chronic coronary artery disease and coronary atherosclerosis
- Dyslipidemia and hyperlipidemia
- Cardiac surgery
- Cardiovascular genetics and genomics
- Cardiac diagnostic testing
- Electrophysiology
- Atrial fibrillation
- Pacemakers and implantable defibrillators
- Antiarrhythmic agents
- Geriatric cardiology
- Pediatric cardiology
- Peripheral vascular disease
- Risk modeling for coronary disease
- Valvular heart disease

REAL-WORLD EXPERIENCE, WORLD-CLASS INVESTIGATORS

DCRI cardiologists are adapting their research and patient care to meet the world’s most acute public health challenge: COVID-19. Examples include:

- BRACE-CORONA, the first randomized controlled trial examining whether it is safe to continue the use of certain heart failure therapies in patients with COVID-19.
- The creation of a framework for treating patients with cardiovascular complications caused by COVID-19.

PRAGMATIC APPROACHES TO RESEARCH

From 2015 to 2021, the DCRI led the ADAPTABLE study, a pragmatic clinical trial conducted to determine the optimal dose of aspirin for patients with existing cardiovascular disease. The landmark study was the demonstration project for using PCORnet®, the National Patient-Centered Clinical Research Network, to conduct research.

ADAPTABLE utilized certain pragmatic elements in order to make the trial more efficient and less burdensome for both patients and clinicians:

- Broad eligibility criteria
- Large-scale recruitment using electronic health records
- Electronic informed consent
- Completely electronic participation

DCRI CARDIOVASCULAR LEADERSHIP

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