



**SMaRRT-HD™**

Symptom Monitoring in Renal Replacement Therapy-Hemodialysis

## Comparative Effectiveness of Two Approaches to Symptom Monitoring in Hemodialysis

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# Wave 1 is COMPLETE

- **As of late September, the 5 Wave 1 clinics finished all study activities** including the 12-month intervention, the 12-month patient-reported outcome (PRO) telephone questionnaires, and the 12-month implementation evaluations surveys.
- **The UNC study team visited 4 of the Wave 1 clinics to schedule participants for their PRO telephone questionnaires and administer the implementation evaluation surveys** to both patients and staff members. Refreshments were provided during visits.
- The study team **shared a letter with patients and staff members expressing gratitude for individuals' time and commitment to the study** and noting when they can expect updates on study progress.

**71**

12-month PRO questionnaires completed by patients

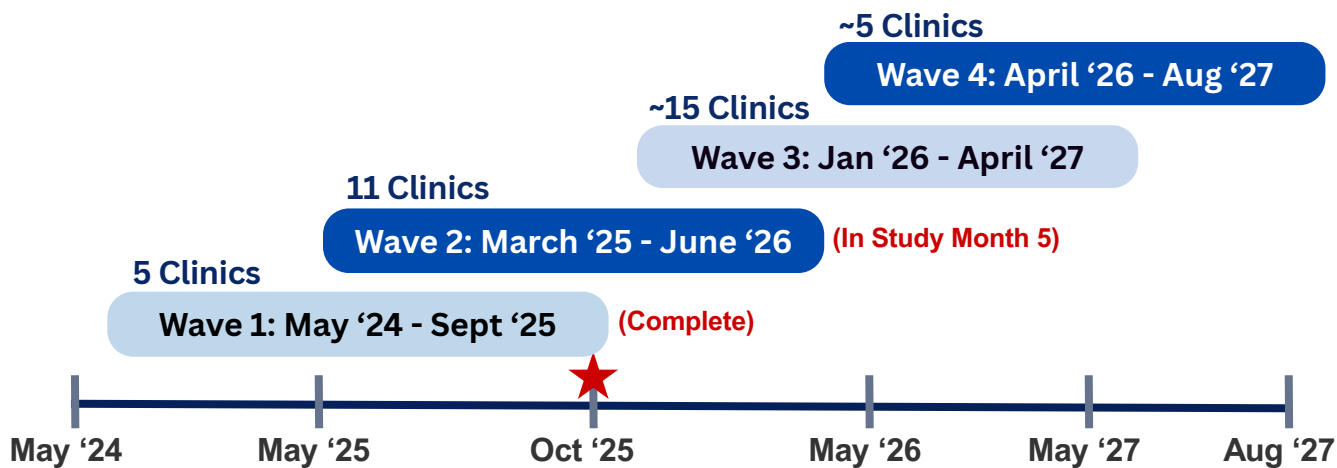
**15**

12-month Implementation evaluation surveys completed by clinic staff

**25**

12-month Implementation evaluation surveys completed by patients

### SMaRRT-HD Study Timeline



# Wave 2 UPDATES

## Changes to the SMarRT-HD Intervention

- Some study participants and clinic staff members found completing symptom surveys two times per month challenging. **We responded by changing the frequency of survey administration to once monthly.**
- Also, **clinics now can choose which week they administer surveys each month.** This change allows clinics to avoid administering surveys during busy lab draw or access flow monitoring weeks, reducing overall burden.
- When something unexpected comes up, clinics can contact the study team to request adjustments to upcoming survey weeks.
- Clinic staff members have shared that **these changes make survey administration more manageable, less disruptive, and overall, more meaningful.**

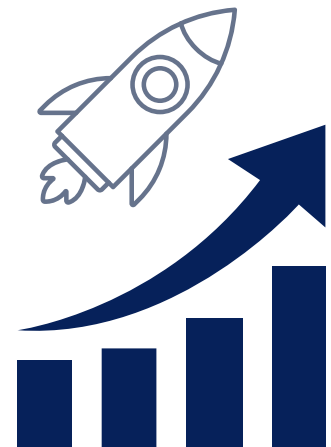
“  
*That [decrease in survey frequency] is great and will be a big help. I think this will be much easier on staff.*  
”

“  
*Staff felt like the timing between surveys was too short, I think this reduction in surveys will help.*  
”

• Comments from clinical managers upon learning about changes

## Clinic Booster Support Visit

- In August, members of the **UNC study team visited a Wave 2 clinic** using the SMarRT-HD system **to help clinic staff develop a workflow for survey administration** that fit for their clinic processes.
- Prior to the visit, the clinic had experienced some challenges related to turnover in staff and management.
- During the visit, the study team identified and trained the **clinic’s administrative assistant as the point person for survey administration.**



**Since the booster support visit, survey completion rates have increased substantially!**

# Welcome to the Team

## Meet the new UNC SMarRT-HD study team member, Talina Perez!



Originally from North Carolina, Talina brings a unique blend of scientific knowledge and ethical insights to the role. With a background in biology and a master's degree in bioethics, she has long been driven by a desire to explore the intersection of science, medicine, and justice.

After learning about the SMarRT-HD Study and its emphasis on patient-centered outcomes in dialysis, Talina felt an immediate connection to the study's mission.

As a native Spanish speaker, Talina helps reduce language barriers to participation and supports the inclusion of Spanish-speaking patients—contributions that help ensure the study enrolls and serves patients whose care it aims to affect.

### What excites you most about SMarRT-HD?

"I appreciated that the study doesn't just look at clinical data but also prioritizes patient experiences and quality of life. That kind of approach aligns closely with my values in research—making patients active partners in their own medical care."

### How do you hope to impact patients?

"Behind every data point is a real person's experience. I want to foster a collaborative environment where everyone—patients, providers, and researchers—feels heard and empowered."



## Study Announcement



### SMaRRT-HD Effectiveness Evaluation Protocol Paper Published!

#### Study Protocol Publication:

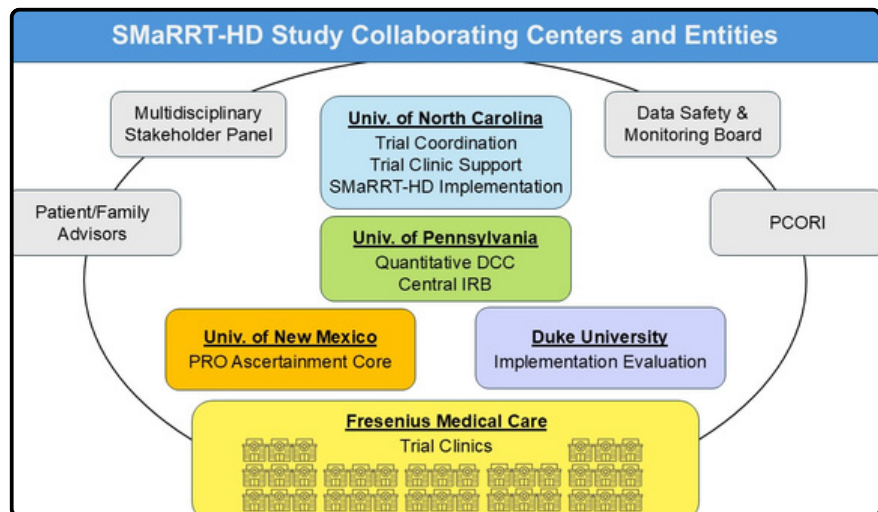
Flythe JE, Picataggio CB, Bernardo L, Dalrymple LS, Kossmann RJ, DeWalt DA, Hanson LC, Wang V, Unruh ML, Hsu JY, Dember LM. **Design and rationale of the SMarRT-HD**

**study: A pragmatic randomized trial of symptom monitoring for individuals receiving maintenance hemodialysis.** *Contemp Clin Trials.*

2025;157:108058.

Published 2025 October 1.

[doi:10.1016/j.cct.2025.108058](https://doi.org/10.1016/j.cct.2025.108058)



# Community News and Resources

## Relevant Recent Publication:

White DM, Kimmel PL, **Dember LM**, Wilkie C, Edwards DP, Williams J, **Bernardo L**, Quintana N, Cheatle MD, Lash JP, Fischer MJ, Schmidt R, Doorenbos A, Schrauben S, Johansen KL; for the HOPE Consortium, a member of the HEAL Initiative. **Patient engagement in the design and conduct of the HOPE trial: Addressing chronic pain in hemodialysis patients.** *Clin J Am Soc Nephrol.* 2025;20(10):1461–1469. Published 2025 October. [doi:10.2215/CJN.0000000866](https://doi.org/10.2215/CJN.0000000866)

In our last newsletter, we highlighted the publication of the HOPE Consortium Trial to Reduce Pain and Opioid Use in Hemodialysis (HOPE Trial), a randomized, controlled trial funded by the National Institute of Health. Since then, the HOPE Trial research team members, including SMaRRT-HD team members **Leah Bernardo** and **Laura Dember** published a paper describing the trial’s approach to patient and other stakeholder engagement.

“Being involved makes me, as a patient, feel empowered...I can go back to my community and tell them that what happened in the past is not happening today, that research needs our input to be able to take better care of us and provide better services”

The paper details the experiences of the HOPE Trial Patient Advisory Group, the contributions they made, and the impact of patients and other stakeholders on the conduct and dissemination of the HOPE Trial. Of their many contributions, patient advisors helped develop participant-facing study materials, attended regular committee meetings, and helped plan results sharing activities.

One patient advisor described their contributions saying, “It [the study group] was sort of already a community, but we [patient advisors] broadened the study, enhanced it, and made it more complete.”

## Upcoming Activities

**December 2025:** 6-month visits by the study team to the Wave 2 clinics

**December 19, 2025 2:00 - 3:30 PM EST:** SMaRRT-HD Stakeholder Panel Meeting

**February & March 2026:** Baseline visits by the study team to the Wave 3 clinics

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