ED-INitiated BupreNOrphine VAlidaTION Network Trial

ED INNOVATION

Comparing Extended-Release Injectable Versus Sublingual Emergency Department-Initiated Buprenorphine on Treatment Engagement

Gail D'Onofrio MD, MS

April 24, 2026

Disclosure Information

Effectiveness of Extended-release Buprenorphine in OUD: Results from NIDA CTN studies

Friday, April 24, 2026 10:45 AM – 12:00 PM

Gail D'Onofrio MD, MS

- The medication was supplied to NIDA directly from Braeburn

Background

ED-initiated
Buprenorphine
Is Effective for OUD
Yet…
Widespread
Adoption Lags

ED Clinician

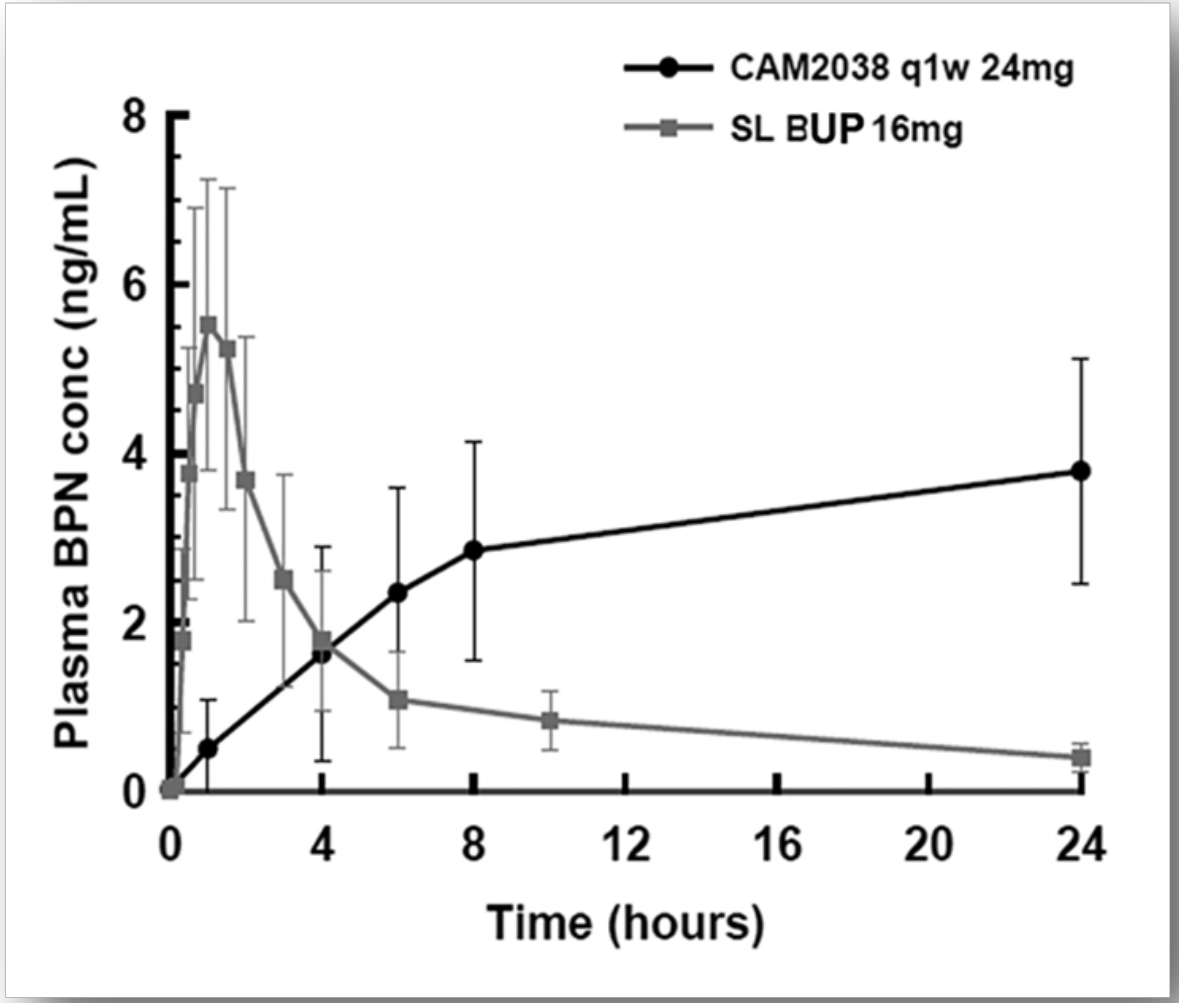
- Reticence to prescribe
- Lack of prompt access to community providers or treatment programs
- Fear of Precipitated Withdrawal

Patient

- Logistical

  Insurance status, photo IDs pre-authorization hurdles
  - Transportation issues
  - Pharmacy allocation
- 50% present with minimal withdrawal symptoms
- Treatment ambivalence
- Fear of Precipitated Withdrawal

Pharmacokinetics: SL-BUP & 7-day XR-BUP

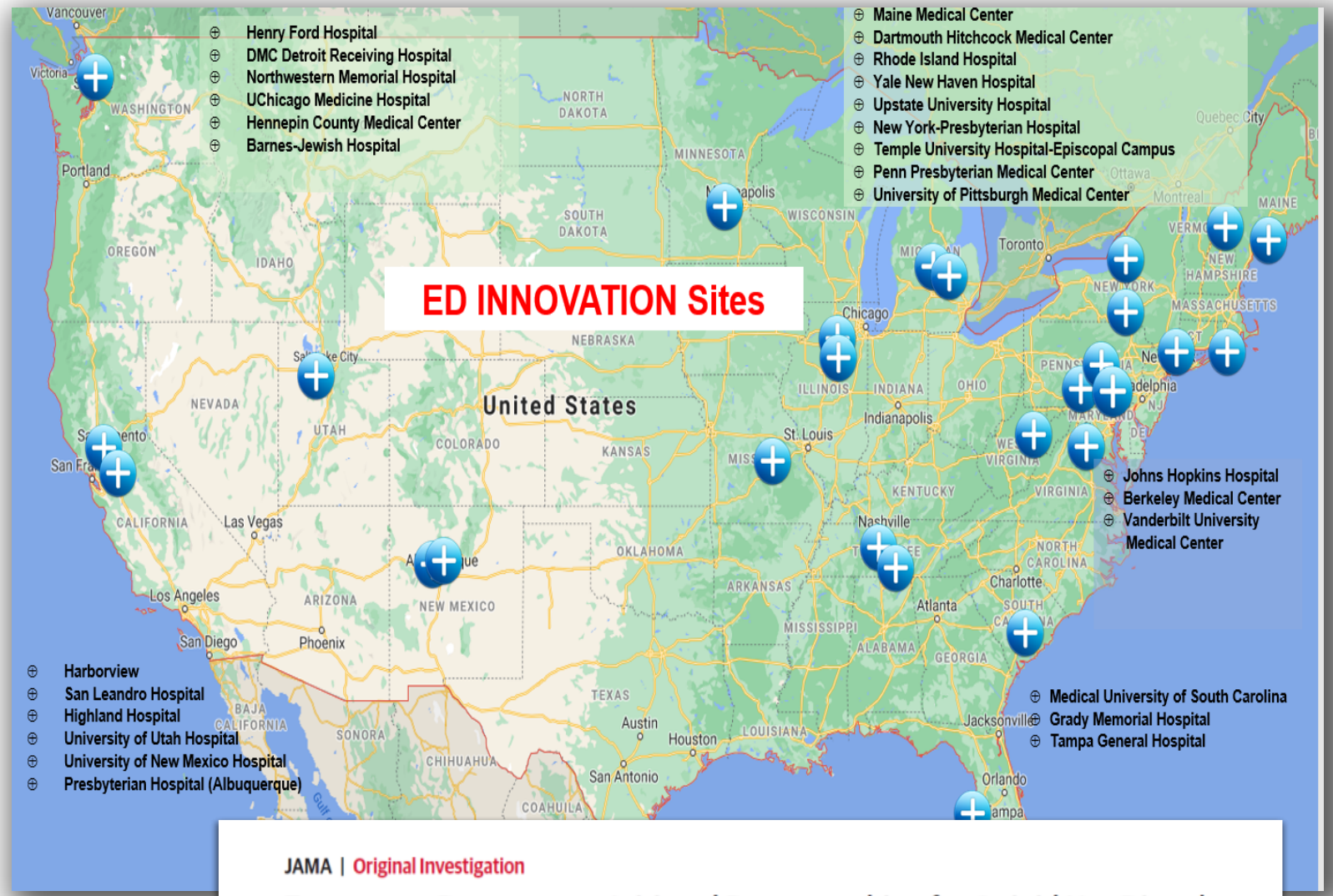


Plasma concentrations of XR-BUP rise slowly as compared with SL-BUP -

4 hours after injection plasma conc = 1.6 ng/ml equivalent to SL-BUP

CAM2038, Investigators Brochure, Braeburn Inc., Edition 17, April 5, 2023

ED-INitiated BupreNOrphine VAlidaTION Network Trial



JAMA | Original Investigation

Emergency Department-Initiated Buprenorphine for Opioid Use Disorder
A Randomized Clinical Trial

Feb 2026

- Randomized trial comparing XR-BUP and SL-BUP induction in 2000 ED patients
- XR-BUP (CAM2038) IND protocol
- Enrollment 29 sites
  6/2020 - 8/2024

Outcomes

Primary

To compare the effectiveness of XR-BUP and SL-BUP induction on engagement in formal addiction treatment at 7 days.

Secondary

- Engagement in formal addiction treatment at 30 days
- Self-reported past 7 days of non-prescribed opioid use
- Craving scores using an analogue scale
- Overdose events past 30 days by self-report, and review of medical records
- Satisfaction scores
- ED visits and hospitalizations

Study Population

Inclusion Criteria

- 18 years or older in age
- Meet DSM 5 Criteria for OUD
- Clinical Opiate Withdrawal Scale ≥ 8

  COWS score expanded (5/21) ≥ 4
- Urine toxicology positive for opioids
- Able to speak English

Exclusion Criteria

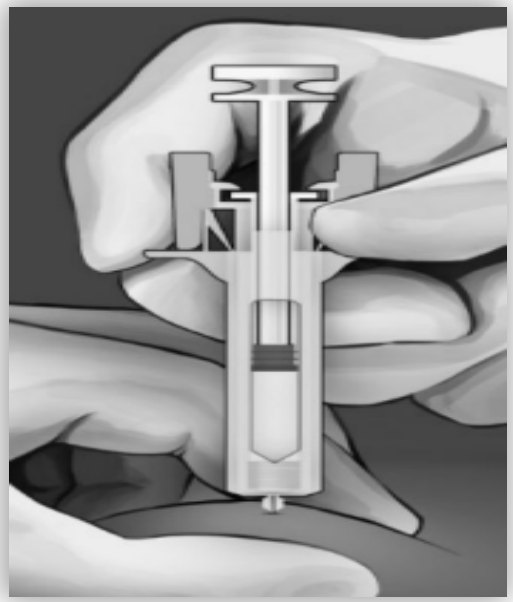
- Urine positive for methadone
- Pregnancy
- Receiving MOUD within past 14 days
- Condition requiring hospitalization
- Actively suicidal or cognitively impaired
- A prisoner or in police custody

Intervention COWS ≥ 8

XR-BUP

24mg SC injection = to 16mg per day

No SL-BUP lead in was given



SL-BUP

8mg sublingual

Prescription for up to 12mg 1st day and 16mg daily until follow-up appointment for ongoing MOUD.

Ancillary Study CTN 0099A

JAMA Network | Open

Published July 8, 2024

Original Investigation | Substance Use and Addiction

Extended-Release 7-Day Injectable Buprenorphine for Patients With Minimal to Mild Opioid Withdrawal

Gail D'Onofrio, MD; Andrew A. Herring, MD; Jeanmarie Perrone, MD; Kathryn Hawk, MD; Elizabeth A. Samuels, MD; Ethan Cowan, MD; Erik Anderson, MD; Ryan McCormack, MD; Kristen Huntley, PhD; Patricia Owens, MS; Shara Martel, MPH; Mark Schactman, MHS; Michele R. Lofwall, MD; Sharon L. Walsh, PhD; James Dziura, PhD; David A. Fiellin, MD

prospective study
6/2020 – 5/2023 in 4 EDs N=100 with COWS 0-7

Results:

XR-BUP with COWS 4-7 was feasible and safe

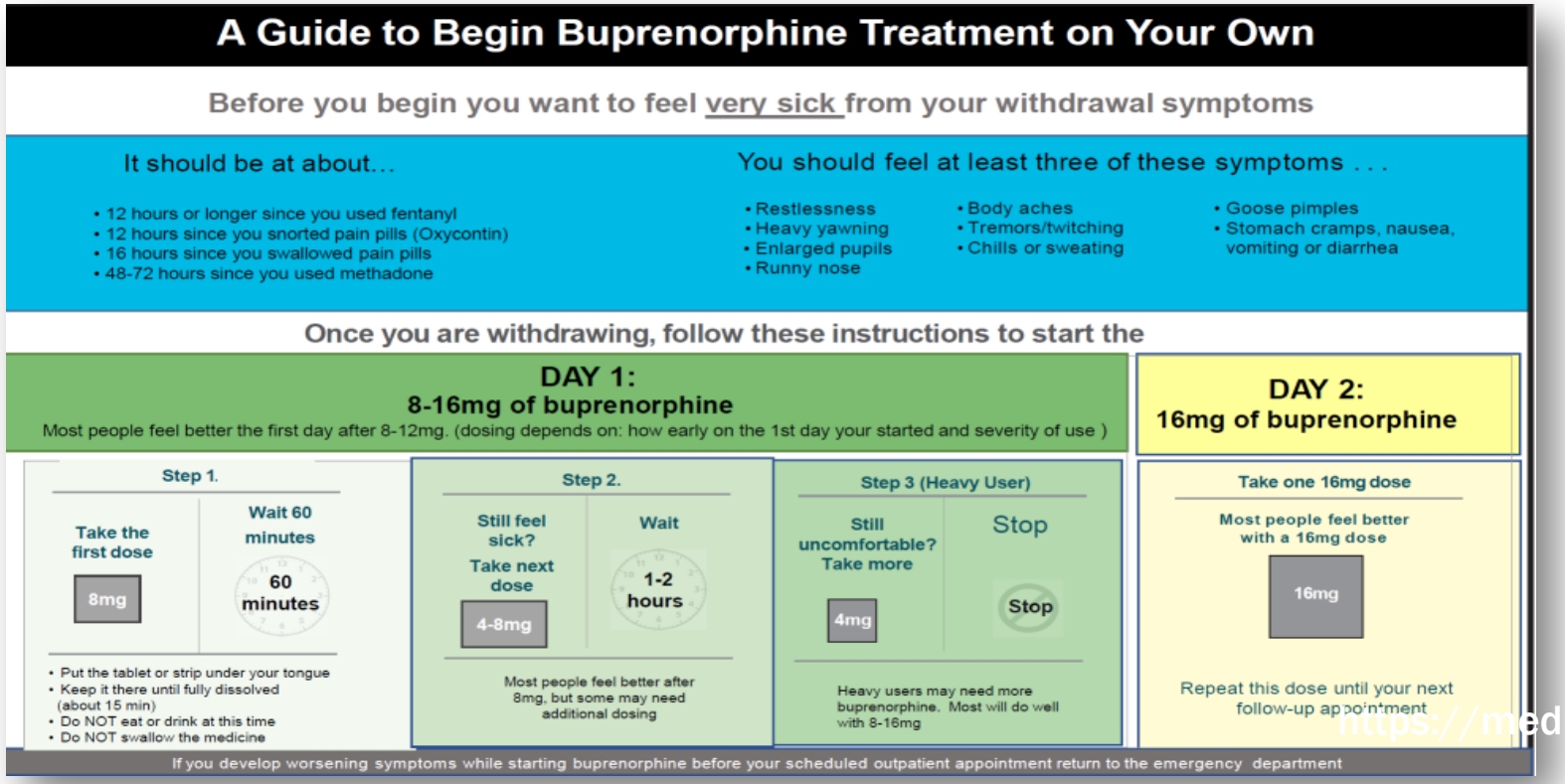
Low incidence of PW
2/63 (3.2%)

Intervention COWS 4-7

(Revised May 12, 2021)

XR-BUP - 24 mg SC injection

SL-BUP - Instructions for unobserved induction



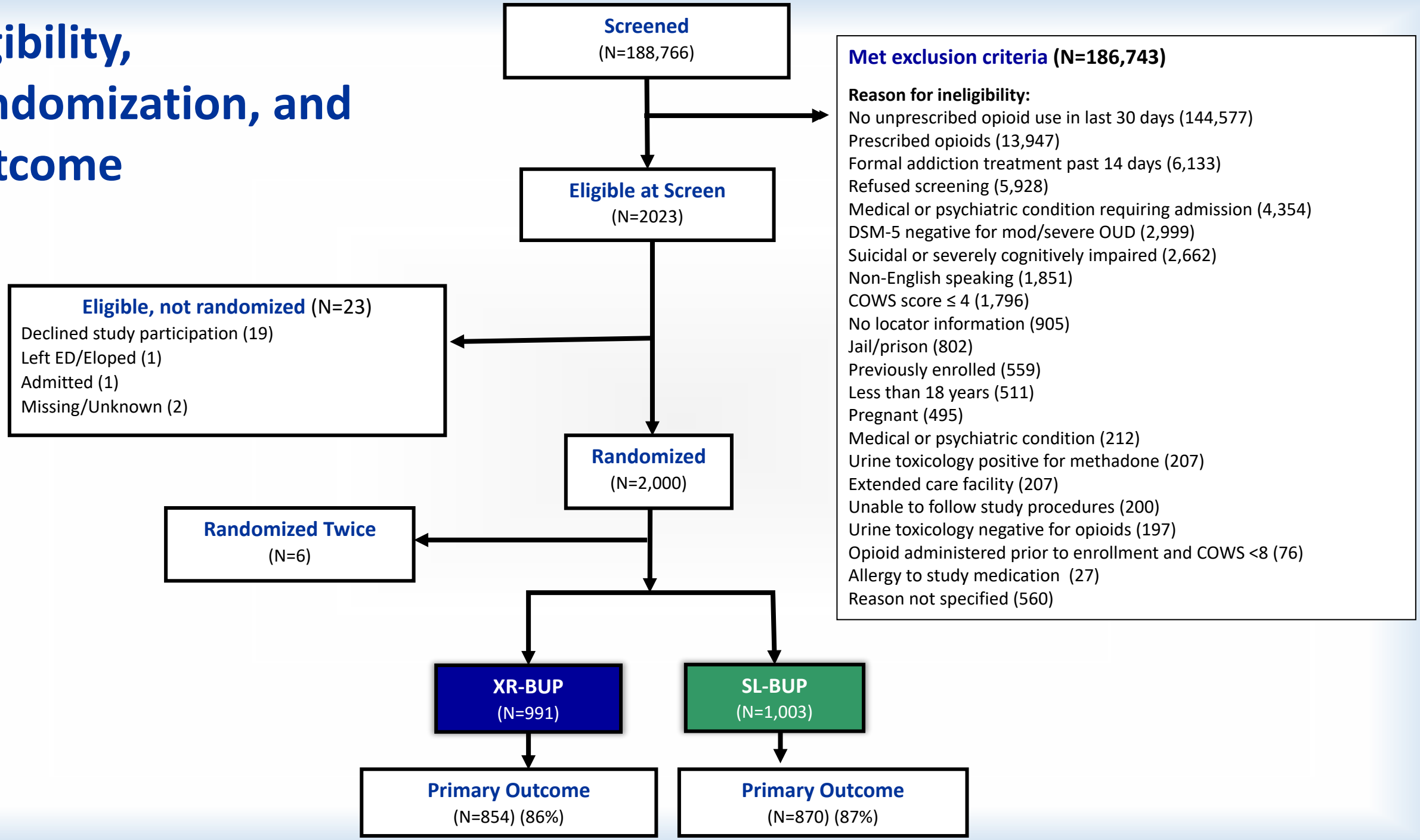
Sample Size & Analysis

- **Sample size** of 2,000
  - 90% power; 0.05 2-sided; < 15% dropout
  - 8% difference in proportion engaged in treatment at day 7
- **Engagement in Treatment** verified at 7 and 30 days compared using repeated measures (GEE)
  - Weighted to mitigate potential bias from dropout
    - Inverse probability of being observed – estimated from logistic regression of intervention, baseline characteristics and observed outcomes
  - Adjusted for pre-specified covariates associated with engagement
    - Age, sex, race and ethnicity, insurance status, housing status, and site.

GEE Generalized estimated equation


FINDINGS

Eligibility, Randomization, and Outcome



Summary of Baseline Characteristics

	XR-BUP (N=991) n (%)	SL-BUP (N=1,003) n (%)
Sex:		
Male	664 (67)	684 (68)
Female	327 (33)	319 (32)
Age - Median (IQR)	37 (30-48)	37 (30-46)
Race/Ethnicity		
Black or African American	304 (31)	308 (31)
White	541 (55)	547 (55)
Hispanic or Latino	150 (15)	156 (16)
Education		
Less than High School	231 (23)	215 (21)
Highschool Graduate or GED	509 (51)	494 (49)
Employment		
Working currently	201 (20)	212 (21)
Unemployed	628 (63)	634 (63)
Disabled permanently/temporarily	76 (8)	60 (6)
Insurance Status		
None	166 (17)	162 (16)
Public	739 (75)	753 (75)
Private	85 (9)	88 (9)

Baseline Characteristics

	XR-BUP (N=991) n (%)	SL-BUP (N=1,003) n (%)
Housing		
Unstable housing past 12 months	495 (50)	525 (52)
Currently living in unstable housing	371 (37)	370 (37)
Urine Drug Screen		
Fentanyl	747 (76)	761 (76)
Marijuana	448 (45)	453 (45)
Opiates	355 (36)	348 (35)
Buprenorphine	414 (42)	386 (39)
Amphetamine	335 (34)	340 (34)
Methamphetamine	360 (36)	372 (37)
Cocaine	358 (36)	354 (35)
Benzodiazepines	144 (15)	156 (16)
Oxycodone	67 (7)	61 (6)
Phencyclidine	21 (2)	14 (1)
Positive for opioids and at least 1 other substance	760 (77)	767 (77)
# Days opioid used in the past 7-days Median (IQR)	7 (5-7)	7 (5-7)
Injection drug use in the past 7-days	232 (24)	259 (26)

Treatment Engagement at Day 7

	XR-BUP (N=991)			SL-BUP (N=1,003)			Treatment Difference		Odds Ratio		
	n/N	%	95% CI%	n/N	%	95% CI%	Diff %	95% CI%	OR	95% CI%	p-value
Unadjusted	385/854	45.1	41.7, 48.5	373/870	42.9	39.6, 46.2	2.2	-2.5, 6.9	1.09	0.90, 1.32	
Adjusted*		40.5	31.3, 50.3		38.5	29.5, 48.5	1.6	-2.8, 6.0	1.08	0.89, 1.32	0.44

*GEE Model

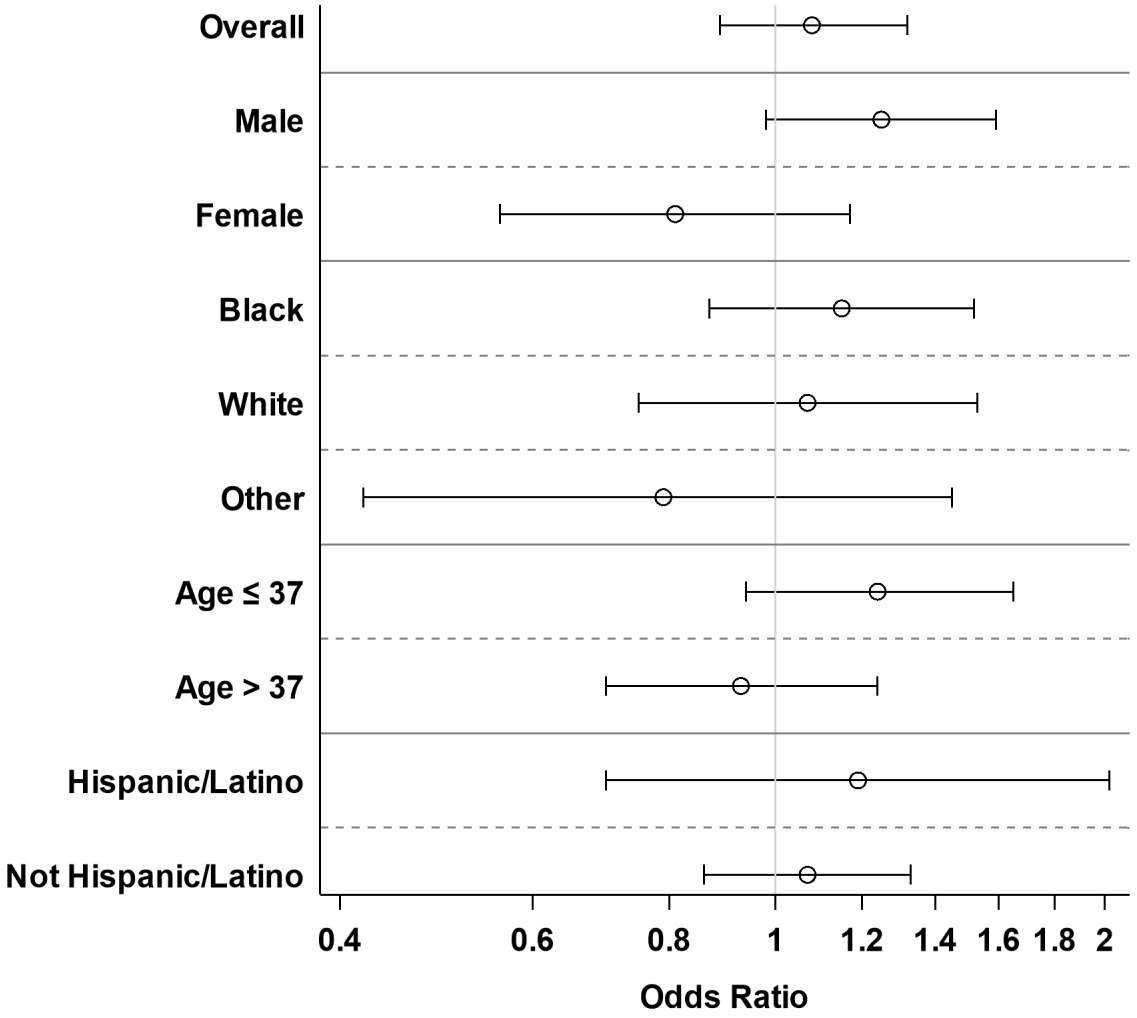
~40% remained in treatment at 7days

OUD Treatment Engagement at Day 7 by COWS Scores

		XR-BUP (N=991)			SL-BUP (N=1,003)			Treatment Difference		Odds Ratio		
		n/N	%	95% CI %	n/N	%	95% CI%	Diff%	95% CI%	OR	95% CI%	p-value
Adjusted*	COWS ≥ 8	252/588	40.9	31.5, 50.9	259/607	40.5	31.1, 50.7	-0.1	-5.5, 5.3	1.02	0.80, 1.30	0.27
	COWS 4-7	133/266	40.1	29.6, 51.6	114/263	34.7	25.0, 45.0	5.4	-2.5, 13.3	1.26	0.88, 1.81	

sample sizes did not provide sufficient power to detect heterogeneity of treatment

Demographics

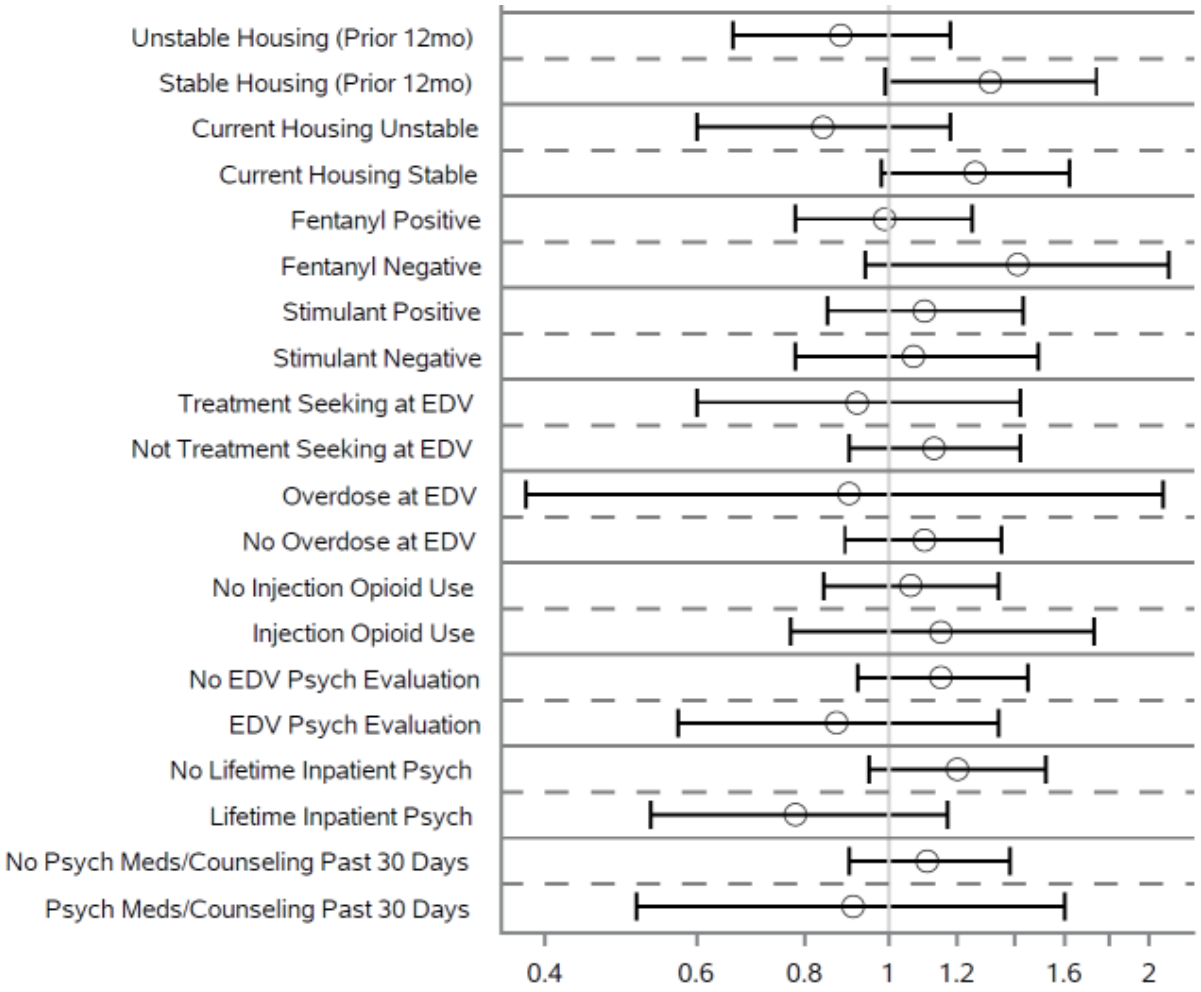


Odds Ratios (95% CI) for Engagement in OUD Treatment at Day 7 by Subgroup

XR vs SL

Based on GEE Model

Characteristics



Odds Ratios (95% CI) for Engagement in OUD Treatment at Day 7 by Subgroup

XR vs SL

Based on GEE model

Treatment Engagement at Day 30

	XR-BUP (N=991)			SL-BUP (N=1,003)			Treatment Difference		Odds Ratio		
	n/N	%	95% CI%	n/N	%	95% CI%	Diff%	95% CI%	OR	95% CI%	p-value
Unadjusted	384/792	48.5	45.0, 52.0	389/796	48.9	45.3, 52.4	-0.4	-5.3, 4.5	0.98	0.81, 1.20	
Adjusted*		43.8	34.3, 53.7		44.9	35.2, 55.0	-1.5	-6.2, 3.2	0.96	0.78, 1.18	0.68

*GEE Model

~44% remained in treatment at 30 days

Craving Scores at 7 Days

Scores range from 0-100

	N (%)	Mean	Median	IQR	Difference Between Means (95% CI)
XR-BUP	829 (84)	26.5	10.0	0-50	-3.85 (-7.08, -0.63)
SL-BUP	836 (83)	30.2	15.0	0-50	

The proportions reporting 0 craving were higher in XR-BUP (40.1%) compared to SL-BUP (35.4%)

Illicit Opioid Use: Timeline Followback

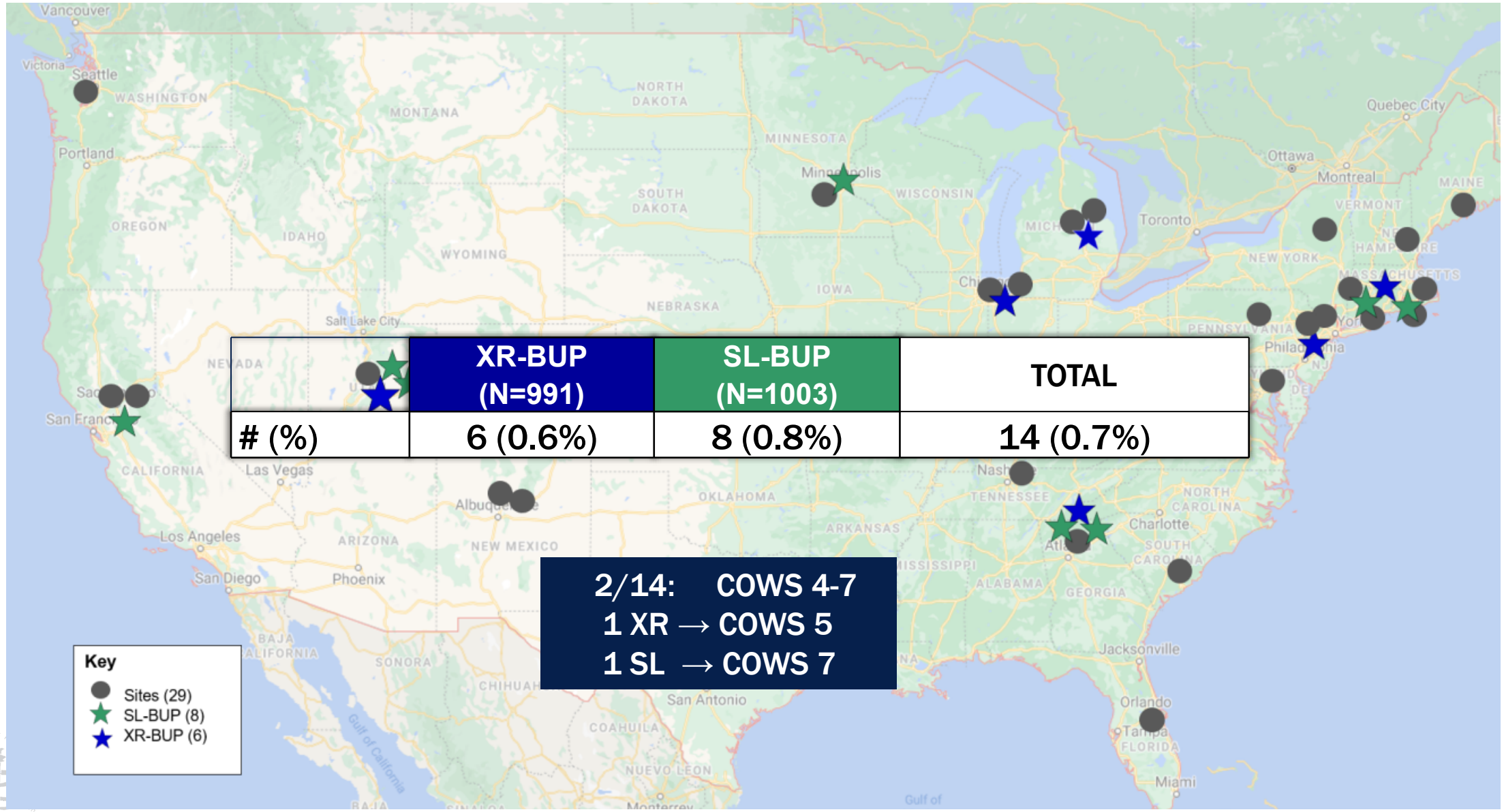
	XR-BUP (N=991)		SL-BUP (N=1003)		Rate Ratio (95% CI)
Days of illicit opioid use	n	Mean Days (SD)	n	Mean Days (SD)	RR
Day 7	839	0.93 (2.04)	850	1.13 (2.28)	0.77 (0.68, 0.95)
Day 30	773	1.21 (2.50)	774	1.37 (2.64)	0.84 (0.69, 1.03)

Model results are from a repeated measures negative binomial mixed model conditioned on baseline number of days of opioid use and adjusted for age, sex, site, race, ethnicity, insurance and housing status.

Overdoses

	XR-BUP (N=991) n (%)	SL-BUP (N=1,003) n (%)	Total
Baseline (in past 30 days)			
Number of opioid overdoses	232	239	471
# Naloxone reversals	162 (78)	170 (74)	332 (76)
# Treated in ED	117 (57)	121 (53)	238 (55)
# Resulting in hospital admission	21 (10)	18 (8)	39 (9)
7-Day follow up (in past 7 days)			
Number of opioid overdoses	8/835	8/849	16/1684
# Naloxone reversals	6 (75)	4 (50)	10 (63)
# Treated in ED	5 (63)	5 (63)	10 (63)
# Resulting in hospital admission	2 (25)	2 (25)	4 (25)
30-Day follow up (in past 30 days)			
Number of opioid overdoses	26/773	26/780	52/1553
# Naloxone reversals	20 (77)	16 (62)	36 (69)
# Treated in ED	10 (38)	15 (58)	25 (48)
# Resulting in hospital admission	3 (12)	0 (0)	3 (6)

Adverse Events: Precipitated Withdrawal



	XR-BUP (N=991)	SL-BUP (N=1003)	TOTAL
# (%)	6 (0.6%)	8 (0.8%)	14 (0.7%)

2/14: COWS 4-7
1 XR → COWS 5
1 SL → COWS 7

Patient Satisfaction

Patient self reports overall experience with treatment Scale 1 to 5: 1 is completely ineffective and 5 is completely effective

	N (%)	Mean	Median	Std Dev	IQR	Difference Between Means (95% CI)
XR-BUP	**800 (81)**	4.12	5.0	1.21	4.0-5.0	0.13 (0.01, 0.25)
SL-BUP	**829 (83)**	3.99	4.0	1.27	3.0-5.0	

Treatment Effectiveness Assessment (TEA) 7-Days

For each area, think about how things have become better and choose the number on the scale below: the more you have improved, the higher the number – from 1 (not better at all) to 10 (very much better).

		N	Median	IQR	Difference Between Medians (95% CI)
Substance Use: How much better are you with your drug use?					
	XR-BUP	829	9.0	6.0 - 10.0	1.0 (0.54, 1.46)
	SL-BUP	836	8.0	5.0 - 10.0	
Health: Has your health improved?					
	XR-BUP	828	8.0	6.0 - 9.0	1.0 (0.71, 1.29)
	SL-BUP	836	7.0	5.0 - 9.0	
Lifestyle: How much better are you at taking care of personal responsibilities?					
	XR-BUP	828	8.0	5.0 - 10.0	1.0 (0.71, 1.29)
	SL-BUP	836	7.0	5.0 - 10.0	
Community: Are you a better member of the community?					
	XR-BUP	827	9.0	7.0 - 10.0	1.0 (0.54, 1.46)
	SL-BUP	835	8.0	5.0 - 10.0	

Ling et al. TEA: An efficient, patient centered instrument for evaluating progress in recovery from Addiction, Sub Abuse & Rehab 2012

ED Visits and Hospitalizations

	XR-BUP N=938 (95%)	SL-BUP N=987 (98%)	Total N=1925 (97%)
ED Visits			
# ED visits	291	388	679
# Participants with ED visits	188 (20.0)	209 (21.2)	397 (20.6)
# ED visits per participant			
0	750 (80.0)	778 (78.8)	1528 (79.4)
1	137 (14.6)	139 (14.1)	276 (14.3)
3	16 (1.7)	18 (1.8)	34 (1.8)
4	4 (0.4)	9 (0.9)	13 (0.7)
5 or more	7 (0.7)	14 (1.4)	21 (1.1)
Hospitalizations			
# Hospitalizations	62	76	138
# Participants with hospitalizations	58 (6.2)	72 (7.3)	130 (6.8)
# Hospitalizations per participant			
0	880 (93.8)	915 (92.7)	1795 (93.2)
1	55 (5.9)	68 (6.9)	123 (6.4)
2	**2 (0.2)**	**4 (0.4)**	**6 (0.3)**
3	**1 (0.1)**	**0 (0)**	**1 (0.1)**

Limitations

- Possible that referrals to bridge clinics and programs over accommodated all enrollees and may not be representative of most EDs.
- COVID-19 interrupted the normal referral process
- Not sufficiently powered for all subgroup analyses
- Overdose and ED visits and hospitalizations could have been under reported due to self report and access to EHR systems

Conclusions & Implications

- XR-BUP and SL-BUP were administered in ~ 2000 patients in 29 diverse EDs across the U.S.
- 40% of individuals were in treatment at 7 and 30 days
- < 1% experienced precipitated withdrawal
- XR-BUP allows individuals with OUD direct access to BUP at very low levels of withdrawal

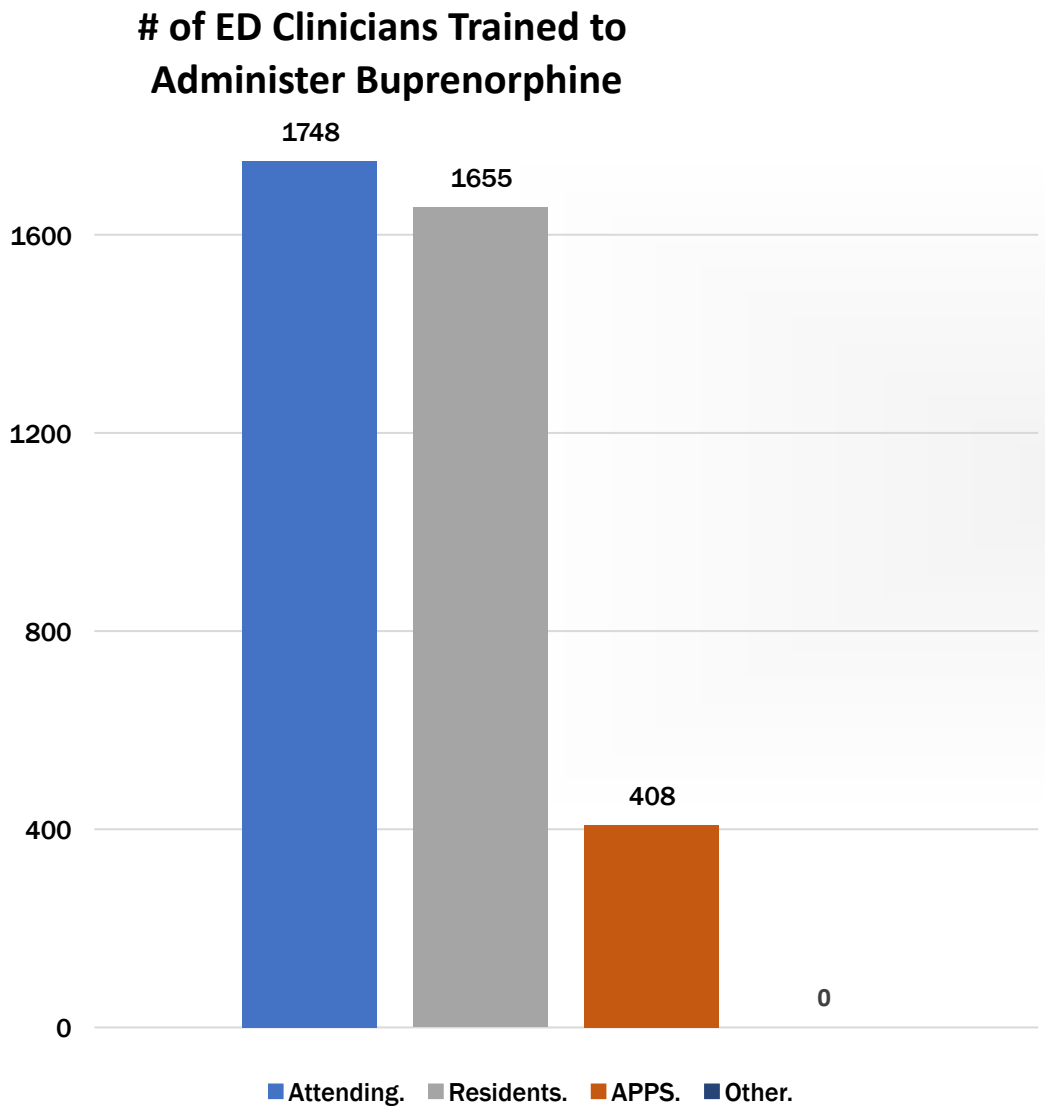
Advancing individuals on the OUD cascade of care

Saving more lives

Beyond the Clinical Trial

Qualtrex Survey: 31 Site PIs representing 33 EDs

Training & Adoption of ED Buprenorphine

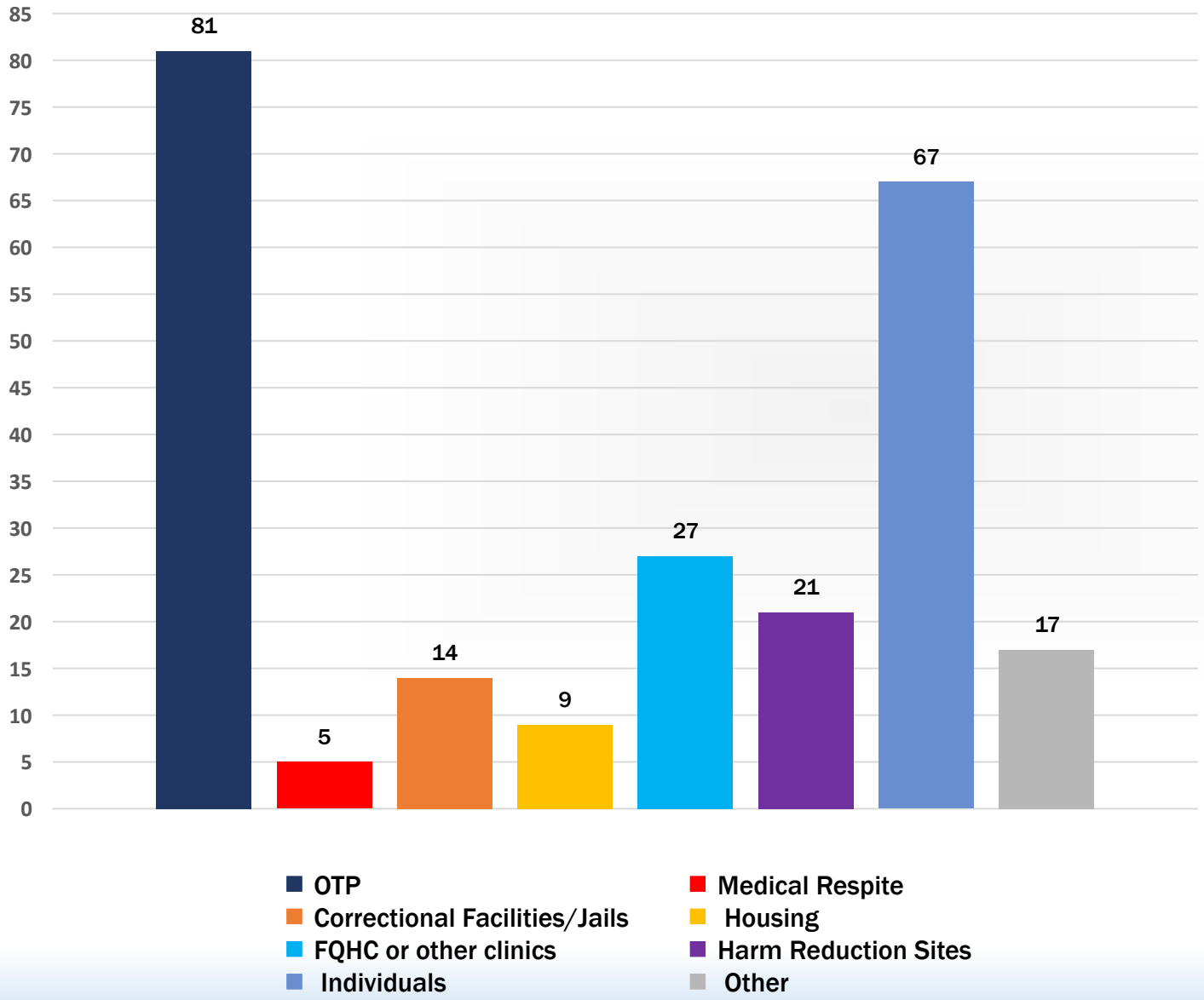


of Research Clinical & Staff trained

373 Total Trained

- 192 research assistants
- 61 site co-investigators
- 60 medical clinicians
- 48 peers/substance use navigators

Community Engagement



- Sites engaged with a median of 6 partners
- Most commonly OTP, individual stakeholders and outpatient clinics

Institutional Evolution

Site PIs reflected that engagement in ED-INNOVATION had dramatically changed their ED's culture and approach to treating patients with OUD

"***Our ED faculty converted from 90% opposed to buprenorphine initiation to 90% in favor of treatment initiation for patients with OUD***. *In addition, we were able to train 80% of attendings and 90% of APPs to obtain their X-waivers."*

"This study completely transformed the culture of our ED. *We went from an ED that essentially never treated opioid withdrawal…to one in which nearly everyone was X-waivered and now to a place where we have ED physicians doing outpatient addiction medicine, a methadone dosing program in the ED, and a culture that OUD is a disease to be treated as any other."*

Professional Advancement

55 emergency physicians became boarded in Addiction Medicine

- 13 approved to sit for the boards this year.

ED-INNOVATION provided training and support for 80 Early-Stage Investigators (ESI)

- Site PIs have served on at least 19 additional team science projects funded by organizations including NIH, CDC, HRSA, PCORI
- (2) RO1s to ESIs and (1) to mid-career investigator and

  (1) submitted K23

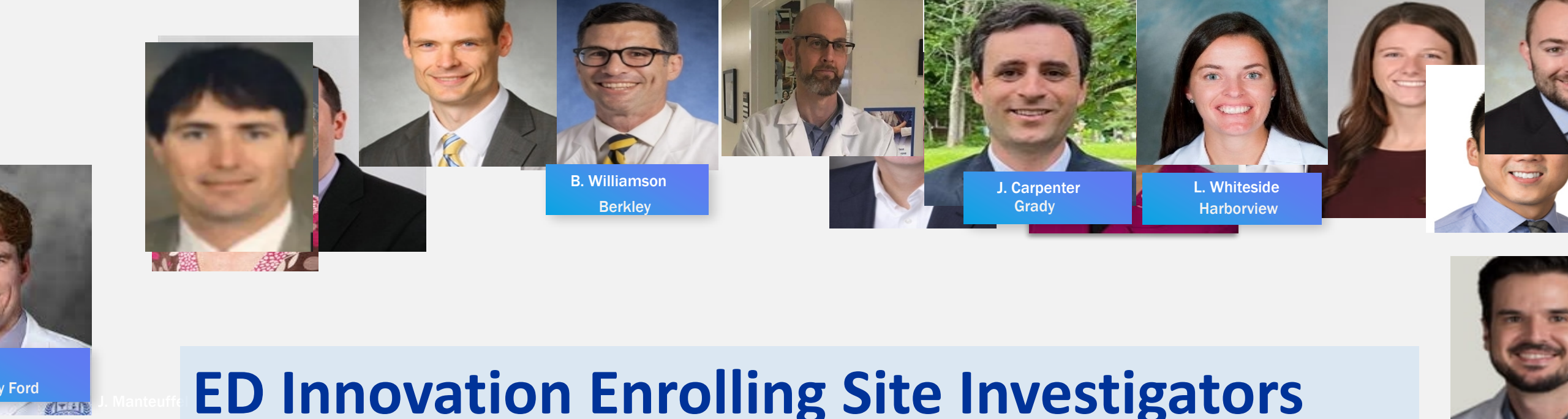
Professional Advancement – Site PI quotes

"…involved with 3 other CTN Trials as Site PIs or MCs because of the support and experience from CTN-0099. ***The experience and support from CTN-0099 has helped to inform other research questions and improved collaborations with the addiction medicine community."***

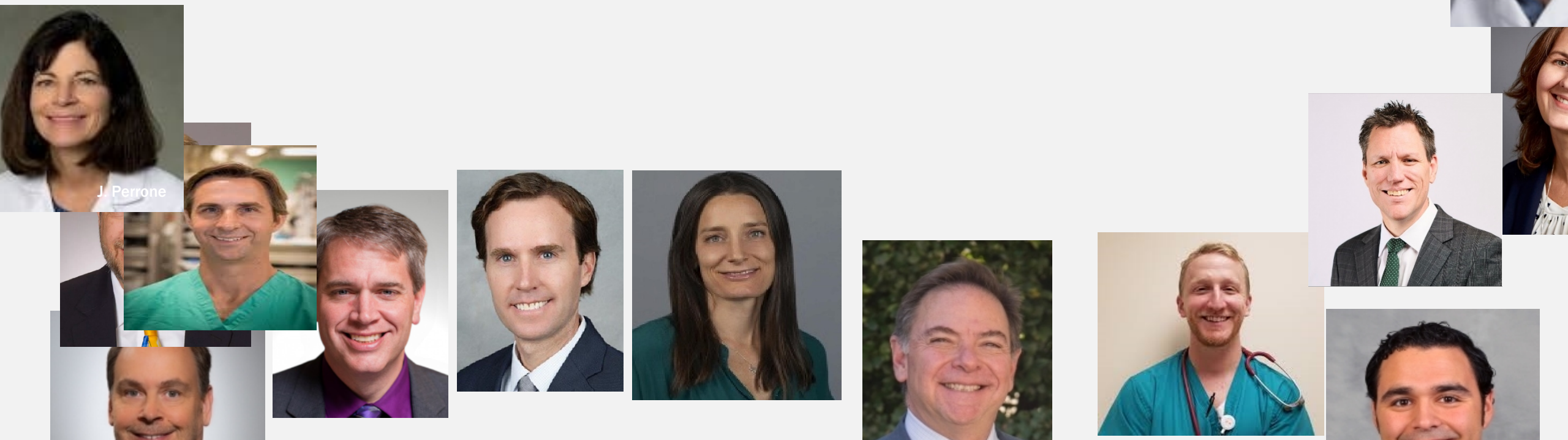
*"****Participating in NIDA CTN-0099 as a Site PI proved to be invaluable in my own career development****, as I learned a great deal about managing a large multi-site trial, including optimal design considerations, participant recruitment and retention strategies, and responding to unanticipated trial obstacles."*

Conclusion

Clinical trial site engagement provides substantial training opportunities and contributes to institutional, regional and national implementation of evidence-based practices.



ED Innovation Enrolling Site Investigators

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U Utah
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U Utah
R. Sullivan
Upstate
T. Barrett
Vanderbilt
K. Hawk
Yale

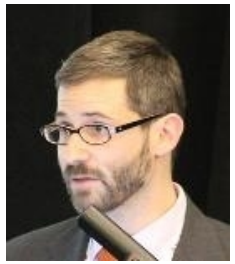
Leadership Team











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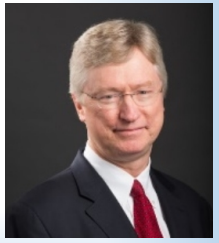


Research

JAMA | Original Investigation

Emergency Department–Initiated Buprenorphine for Opioid Use Disorder
A Randomized Clinical Trial

Gail D'Onofrio, MD; Andrew A. Herring, MD; Kathryn F. Hawk, MD; Jeanmarie Perrone, MD; Ethan Cowan, MD; Ryan P. McCormack, MD; James Dziura, PhD; Abigail G. Matthews, PhD; Michael V. Pantalon, PhD; Patricia Owens, MS; Shara Martel, MPH; Edouard Coupet Jr, MD;

Published Feb, 2026

JAMA

QUESTION Does 7-day extended-release injectable buprenorphine compared with sublingual buprenorphine improve treatment engagement at 7 days?

CONCLUSION A 7-day extended-release injectable preparation of buprenorphine does not improve treatment engagement.

POPULATION

1348 Male
646 Female

Adults in the emergency department (ED) with untreated opioid use disorder and a Clinical Opiate Withdrawal Scale (COWS) score ≥4

Median age: 37 years

LOCATIONS

29 EDs in the US

INTERVENTION

2000 Patients randomized
1994 Patients analyzed

991
Extended-release buprenorphine
A 24-mg subcutaneous injection of extended-release buprenorphine (equivalent to 16 mg/d)

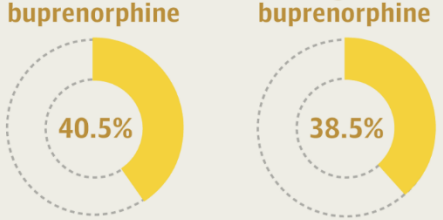
1003
Sublingual buprenorphine
A 7-day prescription for 16 mg/d of sublingual buprenorphine

PRIMARY OUTCOME

Engagement in opioid use disorder treatment on day 7

FINDINGS

Adjusted proportion of patients engaged in treatment at 7 days



There was no between-group difference in 7-day treatment engagement:

Adjusted difference, 1.6%
(95% CI, −2.8% to 6.0%)

D'Onofrio G, Herring AA, Hawk KF, et al; ED INNOVATION Investigators. Emergency department-initiated buprenorphine for opioid use disorder: a randomized clinical trial. *JAMA*. Published online February 11, 2026. doi:10.1001/jama.2025.27019

JAMA Research Summary

Emergency Department–Initiated Buprenorphine for Opioid Use Disorder

This trial examined whether 7-day extended-release injectable buprenorphine given in the emergency department (ED) improved treatment engagement at 7 days vs sublingual buprenorphine among adults with untreated opioid use disorder.

Why Does This Clinical Trial Matter?

Opioid use disorder affects 5.7 million people in the US and leads to high rates of early death. Treatment gaps remain despite available effective medication, and the prevalence of fentanyl complicates therapy initiation. Exploring new approaches in ED settings could lead to improved care and outcomes.

How Was the Trial Done?

- **Trial Type:** Open-label, multicenter randomized clinical trial
- **Randomization Details:** Individual patients randomized 1:1

Interventions

- Extended-release buprenorphine, one 24-mg subcutaneous injection given in the ED (7-day formula; equivalent to 16 mg/d) for COWS score ≥4
- Sublingual buprenorphine, 8 mg given in the ED for COWS score ≥8 or self-start instructions for up to 12 mg within first 24 hours for COWS score 4-7; all received 7-day prescription for 16 mg/d
- **Timing of Outcome Assessment:** Measured at 7 days and 30 days

What Was Found?

Primary Outcome

- At day 7, 40.5% (extended-release buprenorphine) vs 38.5% (sublingual buprenorphine) were engaged in opioid use disorder treatment (no significant difference).

Secondary Outcomes

- At day 30, engagement rates were similar (43.8% vs 44.9%). Precipitated withdrawal (0.6% and 0.8%) and overdose rates (2.3% in both groups) were rare. Extended-release buprenorphine led to lower craving scores (mean, 26.5 vs 30.2 on a scale of 0-100), fewer days of illicit opioid use, and higher treatment satisfaction (mean, 4.12 vs 3.99 on a scale of 1-5).

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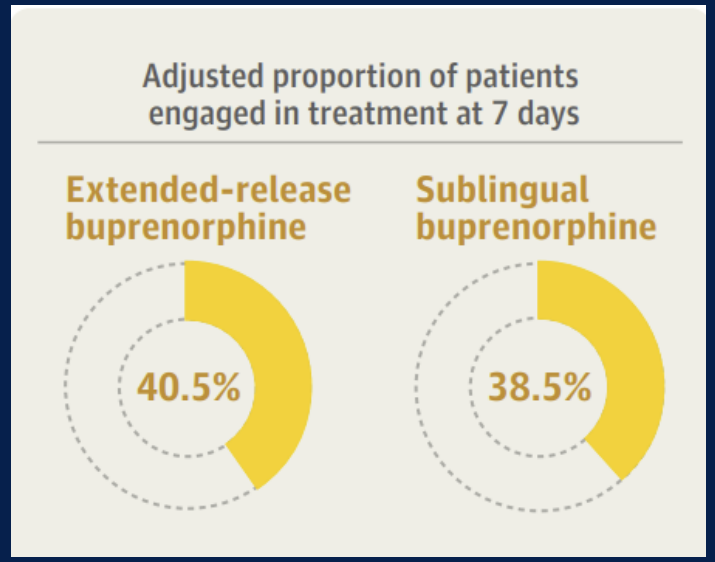
What This Means

This study suggests that 7-day extended-release injectable buprenorphine is as effective as sublingual buprenorphine for short-term treatment engagement. The extended-release formulation allows for immediate treatment in low levels of withdrawal (COWS score ≥4). Both preparations were well tolerated, including among those with fentanyl exposure and mild withdrawal symptoms.



Limitations and Knowledge Gaps

All sites had enhanced support for treatment referral, which may not reflect typical care. Outcomes were self-reported and withdrawal events may have been missed. The trial did not examine longer-term outcomes or 30-day injectable options.


QUESTIONS

References

1. D'Onofrio G, Herring AA, Hawk KF, et al. Emergency Department-Initiated Buprenorphine for Opioid Use Disorder: A Randomized Clinical Trial. *JAMA*. Published online February 11, 2026. doi:10.1001/jama.2025.27019
2. D'Onofrio G, Herring AA, Perrone J, et al. Extended-Release 7-Day Injectable Buprenorphine for Patients With Minimal to Mild Opioid Withdrawal. JAMA Netw Open. 2024;7(7):e2420702. Published 2024 Jul 1. doi:10.1001/jamanetworkopen.2024.20702
3. D'Onofrio G, Hawk KF, Herring AA, et al. The design and conduct of a randomized clinical trial comparing emergency department initiation of sublingual versus a 7-day extended-release injection formulation of buprenorphine for opioid use disorder: Project ED Innovation. Contemp Clin Trials. 2021;104:106359. doi:10.1016/j.cct.2021.106359
4. D'Onofrio G, Perrone J, Hawk KF, et al. Early emergency department experience with 7-day extended-release injectable buprenorphine for opioid use disorder. Acad Emerg Med. 2023;30(12):1264-1271. doi:10.1111/acem.14782
5. Carpenter JE, Hawk KF, Herring A, Cowan E, McCormack R, Owens PH, Martel SH, Edelman EJ, Huntley K, Perrone J, D'Onofrio G. Investigator-and Site-Level Outcomes of Participation in an ED-Based Clinical Trial. JAMA Network Open. 2026 Feb 9;9(2):e2555847.