

# PREVENTT

Preoperative intravenous iron to treat anaemia in major surgery

Issue 19  
May 2015

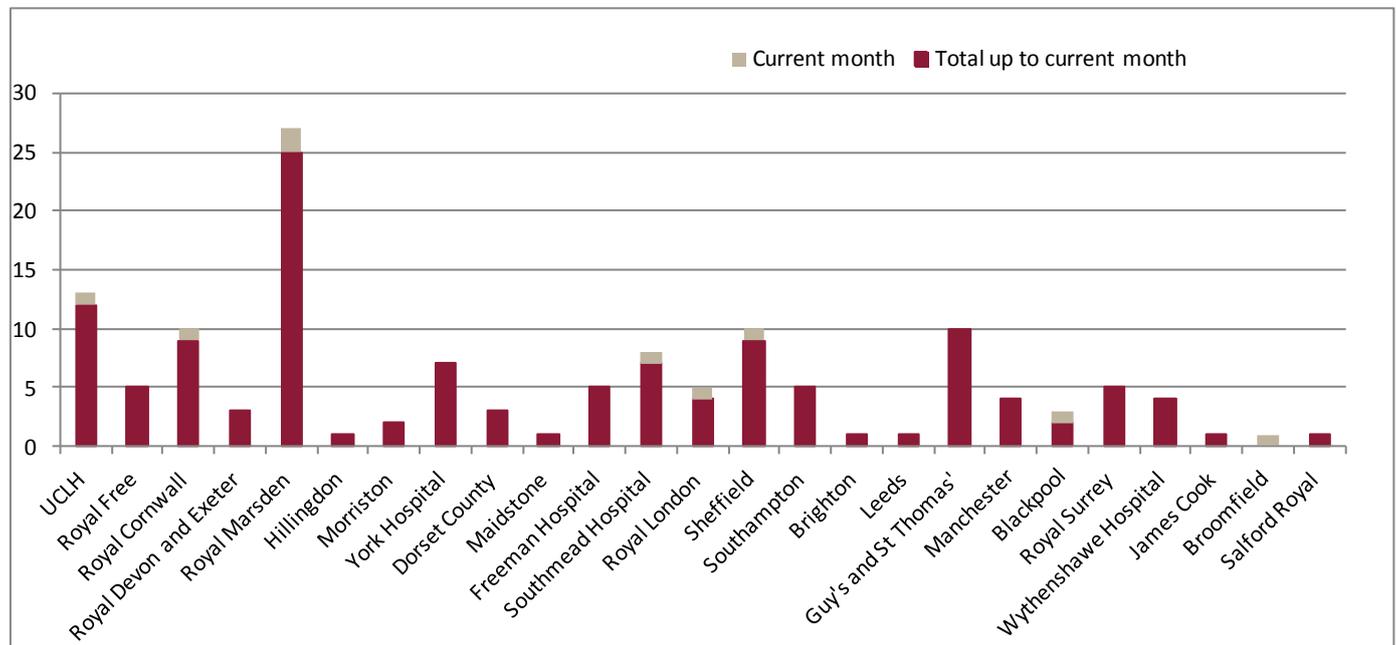
## PREVENTT News

Welcome to the latest issue of the PREVENTT newsletter. At the start of May our 30th site will be opening to recruitment. Welcome to Lisa Penny, Lisa Robinson and the team at County Hospital Hereford. Set up has also continued at our next group of PREVENTT sites who we hope will be open to recruitment by the summer.

During April, ethics and MHRA approval were received for the latest PREVENTT amendment. A summary of all the changes to the protocol and other documents can be found on page 2 of the newsletter. It is hoped that these changes will allow a wider range of patients to be recruited into the trial. Now that the amendment is in place, target recruitment for the trial will be 20 patients each month so we can reach our target of 500 patients on time.

## PREVENTT Recruitment– 136 Patients Randomised!

Thank you to all those sites who have recruited patients into the trial during April. In particular, congratulations to Toby Hammond, David O'Hara and the team at Broomfield Hospital, Chelmsford who recruited their first patient. During April a total of 9 patients were recruited at 8 sites. We need to ensure that during May, we reach our target of 20 patients so please keep screening and do get in touch if you have any eligibility queries for possible patients.



### Lucky Number

During April, no site managed to win the lucky number. The lucky number for May will be **147**. Now that the amendment is in place, a wider range of patients can be included in the trial so good luck as you screen this month!

### Central Laboratory Kits

Please ensure that you check the expiry dates on the gold and purple top EDTA tubes which are supplied in the central laboratory kits. If these have expired, please get in touch with the PREVENTT CTU.

## PREVENTT Amendment 4

PREVENTT amendment 4 received ethics and MHRA approval in the middle of April and can now be implemented at sites. All documents are available from CSP and they have also been sent electronically to sites. Before the amendment is implemented at your site, please ensure that you have local approval in place.

The main changes to the protocol include the following:

- The upper Hb limit for men is now 130g/L and the randomisation system has been amended to include this change. The Hb for women has remained the same.
- The definition of major surgery has been amended and no longer needs to involve the removal of all or part of an organ. Therefore, patients undergoing surgery for large hernia removal and abdominal wall repair can be included.

As part of the amendment, a summary patient information sheet has been approved and this can be given to patients to raise awareness of the trial. This should be localised with your hospital header and contact details.

There have also been some minor changes to the CRF and version 4 of the CRF is now in use. As part of these changes, sites are now asked if patient have received i.v. iron outside of the trial. Could you please check the patient notes for patients recruited to date and if applicable raise a query on the eCRF so that this can be updated on the database.

If you have any questions about the amendment, please get in touch with Becky Swinson ([Rebecca.swinson@lshtm.ac.uk](mailto:Rebecca.swinson@lshtm.ac.uk)).

## Screening Logs

During May and June, all sites should complete a copy of version 4 of the PREVENTT screening log which was sent round to sites with the new screening SOP at the end of April. Please get in touch with Laura Van Dyck ([Laura.vandyck@lshtm.ac.uk](mailto:Laura.vandyck@lshtm.ac.uk)) if you have any questions about the screening log process.

## PREVENTT at the ASGBI

At the end of April, Toby Richards and Becky Swinson attended the Association of Surgeons in Great Britain and Ireland Annual Conference in Manchester. A PREVENTT stand was located in the main exhibition area on the first day of the conference.

It was good to meet surgeons from several of our recruiting sites and several other sites expressed an interest in participating. The conference highlighted how key surgeons are to the success of PREVENTT to help identify patients as early as possible in the pathway. In particular, it is important to ensure that a FBC is taken as early as possible in the patient pathway. Therefore, please continue to keep the profile of the trial high amongst your surgical colleagues!



Toby Richards and Becky Swinson at the ASGBI meeting

## Contact Information

Website: <http://preventt.lshtm.ac.uk/>

Tel: +44 (0)20 7927 2071

Fax: +44 (0)20 7927 2189

Email: [preventt@lshtm.ac.uk](mailto:preventt@lshtm.ac.uk)/[rebecca.swinson@lshtm.ac.uk](mailto:rebecca.swinson@lshtm.ac.uk)

This project was funded by the National Institute for Health Research Health Technology Assessment (NIHR HTA) Programme (project number 10/57/67).

  
National Institute for  
Health Research