

PREVENTT

Preoperative intravenous iron to treat anaemia in major surgery

Issue 20
June 2015

PREVENTT News

Welcome to the latest issue of the PREVENTT newsletter. May has been a month of change for PREVENTT and all sites should now be in a position to use the new protocol which was approved for use in April. The CSP implementation date for the amendment was May 22nd 2015 and if there have been any delays with your local R&D department approving the new protocol, please let the PREVENTT CTU know. Several patients have already been recruited using the amended inclusion and exclusion criteria so this change should help recruitment across all sites.

Recruitment has been lower than expected over April and May. We therefore need to ensure that across all sites over June and July, that recruitment reaches 20 patients. This requires 20 of our 30 sites to recruit a patient each month. Earlier this year, we asked all sites to give a realistic recruitment target for 2015. 7 sites are currently reaching their agreed target which is fantastic and another 4 sites are very close to their target recruitment. If there are specific issues that are impacting on recruitment at your site, please get in touch with Becky Swinson to discuss further and the team will be getting in touch with all sites to discuss their local target over the next month.

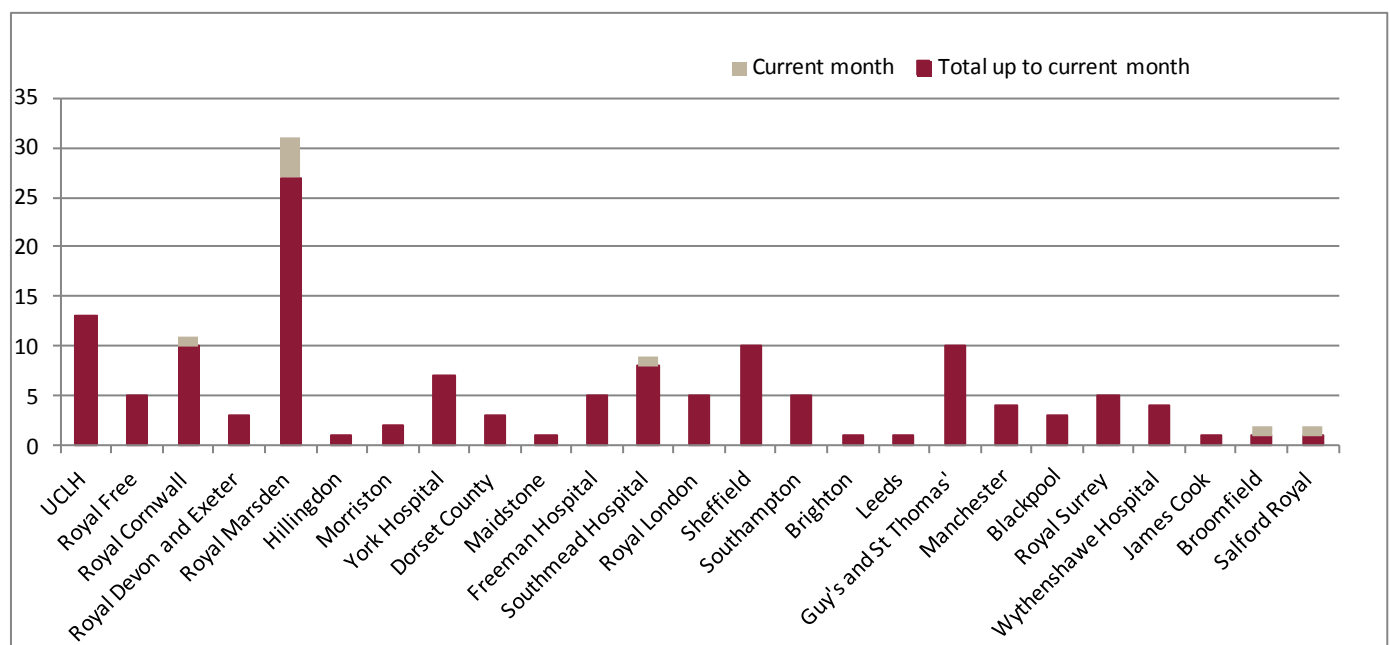
Lucky Number- Breaking News!

During June, there will not be a lucky number. Instead, all sites who recruit a patient into the trial will receive a box of chocolates! So please keep screening and recruiting patients as we aim to reach our target of 20 per month.



PREVENTT Recruitment – 145 Patients Randomised!

Congratulations to all sites who recruited into the trial during May. Several sites are now in double figures which is fantastic and there are several of you who are close to reaching this milestone! This month 9 patients were recruited at 5 sites.



Site Profile– Royal Free

PI: Susan Mallett

Research Team: Sarah James (research nurse), Eleanor Galtrey (registrar) and Ciara Donohue (registrar)

We had a slow start to recruitment in 2014 and after screening nearly 500 patients we had recruited 2 by the end of the year. At the beginning of 2015 we re-evaluated our screening process and examined ways that would help us have a more successful year, our recruitment has improved and we started the year with one patient per month. We have found that it is essential to involve the surgeons, clinical nurse specialists and pre assessment team as much as possible; it is useful to keep communicating with the teams, filling them in on numbers recruited and maintaining a presence. Another change we made was getting some of the doctors involved in the trial to approach patients about participating, either by telephone or in person at pre-operative assessment; this has been very useful and has definitely encouraged some of the patients to engage in discussing the trial.

Invoices

Many of you will have received emails regarding the pharmacy and per patient payment money that you can claim. It is important that this money is reimbursed to you regularly throughout the duration of the trial. All sites will be contacted by the PREVENTT CTU every quarter with details of new payments which can be claimed. However, as this part of the grant is managed by UCL, all invoices and queries around any outstanding invoices should be sent to them directly (p.easterbrook@ucl.ac.uk).

Trial Advertising

Keeping the profile of the trial high amongst colleagues and patients is key in helping to encourage recruitment. This includes communicating frequently to surgeons, anaesthetists, staff in pre-operative clinics and clinical nurse specialists.

The PREVENTT team can also provide resources to help promote the trial locally. These include posters, contact cards for surgeons and a presentation which can be used to give an overview of the trial. Articles and information are also available for inclusion in local research newsletters and websites.

Please get in touch with Becky Swinson if you need copies of any posters or if you are interested in trying to use other opportunities to advertise the trial at your hospital.

Screening Tips!

Sometimes, rather than screening lots of patients in a particular speciality, keep an eye out for specific procedures. For example, although lots of colorectal surgery is laparoscopic, there are still some procedures which are planned as major open surgery. These include abdominal wall and hernia repairs, abdominoperineal excision of the rectum and reversal of Hartmann's. This surgery is not under a two week window so there can be more time to screen and approach patients.

Screening logs

Please remember to keep completing the screening log during June. It is particularly important to include the reasons why eligible patients decline to take part.

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