

PREVENTT

Preoperative intravenous iron to treat anaemia in major surgery

Issue 21
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PREVENTT News

Welcome to the July edition of the PREVENTT newsletter.

Thank you to all of you for all completing the screening logs during May and June. The data obtained from screening logs has been very helpful throughout the course of the trial so far and will be reviewed carefully over the summer. Information on the data collected will be included in the September newsletter. Please ensure that your June screening logs are sent to the PREVENTT CTU during the first week of July for review.

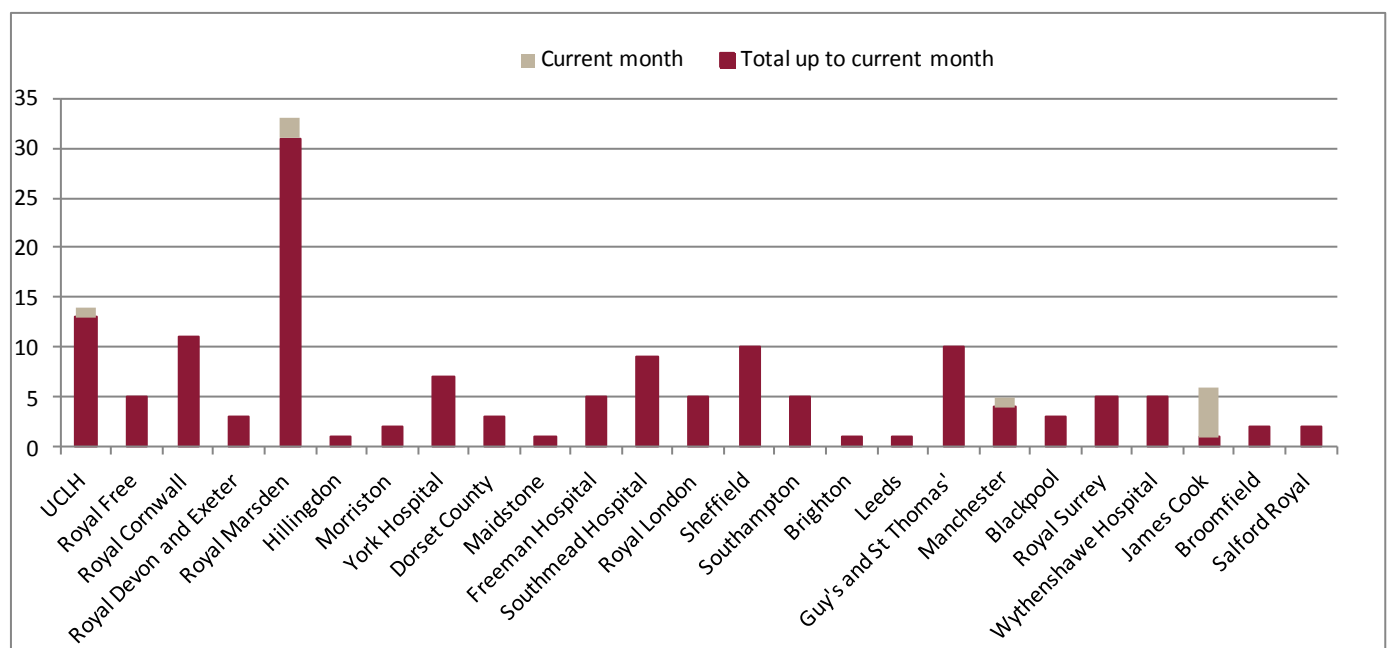
The first site initiations for the next group of sites are also starting to be arranged. The first of these will be held at Oldham Royal hospital on 20th July . The aim is to have as many sites open and recruiting by the start of September. The PREVENTT team are looking forward to meeting the staff at all the new sites over the coming months.

Finally, another PREVENTT milestone was reached during June– the 50th meeting of the PREVENTT Project Management Group (PMG). PMGs are key in helping the trial to run successfully and meet regularly during the set up and recruitment. Here's to the next 50!

July recruitment target - 170 patients

PREVENTT Recruitment – 154 Patients Randomised!

Congratulations to all sites who recruited into the trial during June. Four sites recruited at least one patient and a box of chocolates will be on the way to each of you. This month special mention goes to the team at James Cook in Middlesbrough who recruited 5 patients during June which is a fantastic achievement. Thank you to all of you for your hard work– screening for the trial can be very time consuming and the efforts put in are appreciated by the PREVENTT team.



Common FAQs

Some of these have already been covered in previous newsletters. However as there are now several new sites, here is a recap of some of the most common questions the PREVENTT team are asked, particularly about patient eligibility.

Q. Can patients go into the trial if they are taking oral iron tablets?

A. Yes, however they should not take their iron tablets for 5 days following the trial infusion.

Q. Can patients who have a treated vitamin B12 deficiency or folate deficiency (eg. with vitamin B12 injections) be randomised into the trial?

A. Yes, these patients can be randomised into the trial.

Q. Can patients with iron deficient anaemia be randomised into the trial?

A. Yes, these patients can be randomised into the trial.

Q. What happens if a patient drops out and does not have their planned surgery for some reason?

A. The protocol covers this situation and we would like to follow these patients. If they agree, these patients will still be followed-up and analysed as 'intention to treat'.

A list of further FAQs can be found on the PREVENTT website (<http://preventt.lshtm.ac.uk/faqs/>). This list is updated regularly and can be a good source of information. However if you are unable to find an answer to your question, please contact us.

Lucky Number

During July, the lucky number will return to normal and there will be a box of chocolates for the site who recruit patient **166**. We are aiming to have 200 patients by the start of September as we start the third full year of PREVENTT recruitment.

Nurses Teleconferences

Two teleconferences for nurses have been held, one at the end of April and another at the start of June. Many thanks to all those dialled in, it was really helpful to get your feedback on how the trial is working and some of the issues you are facing at your site. The meetings also provide a good opportunity to share experiences of what is working well and we hope that you also found this useful.

Your comments have been discussed at the latest project management group meeting, particularly those issues which have been affecting a number of sites and we will provide some further feedback over the summer.

Screening Tips!

Keep an eye out for patients undergoing neo-adjuvant chemotherapy. These patients often have a longer period of time from MDT to surgery allowing them to be approached for the trial. Often these patients will also have plenty of blood results. They can be tracked through chemotherapy and then approached at a surgical outpatient appointment when a decision about surgery has been made.

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/rebecca.swinson@lshtm.ac.uk

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