

# REST Newsletter

May 2017

Edition 3

# Welcome to the May edition of the REST Newsletter!

Thank you very much for your continued hard work and support with the REST study! We are delighted to say that we have 30 sites actively screening and we have recruited a total of 82 patients to date.

## **Co-Enrolling Studies**

The following are a list of studies that are currently approved to co-enrol with REST. If you have a patient eligible for REST but enrolled to another study please email rest@nictu.hscni.net before excluding the patient and we can discuss the process for co-enrolment.

• 65 Trial

IONA

ABSes

Adrenal

- Prevention HARP 2
- An investigation into alveolar mac- S-CAP rophage function in ARDS

• Balanced

SILENCE

BRAVo

SPICE III

• BREATHE

SNAP-IT

DRIVE

STAR

Golden Hour

TEST IT

HALT-IT

TROPICCAL

• IC Muscle

VapRapid2

The following studies are **unable** to co-enrol with REST:

PharLap, INTEREST and RESTUS

# FAQ of the month

A patient is currently on non-invasive ventilation. Does this exclude them from the trial?

A patient may only be considered for the trial if they are receiving invasive ventilation. The arterial blood gases used for trial inclusion may only be taken when the patient is on invasive mechanical ventilation.

# **Payments**

When the eCRF has been completed for a patient, the PI should sign off the eCRF and an invoice should be raised and sent to: rest@nictu.hscni.net



#### **New Sites**

We are pleased to welcome the Research Teams at Glasgow Royal Infirmary, St George's Hospital and Royal Stoke Hospital who have joined REST in April and May

## **Helpful REST Points!**

#### **ALung Consumables:**

- Replacement consumables should be ordered through resttrial@alung.com
- We would ask that cartridge kits are kept intact. Please do not remove the cartridge and accessories kits until they are ready to be used on a patient

#### SAE - ALung Follow Up:

- If an SAE occurs that is related to the device, please be aware that ALung may be in touch to obtain further information
- If an SAE is linked to the device, please ensure the catheter or circuit are washed with saline and are not disposed of. Please contact ALung to arrange return of consumables for analysis

#### PEEP value & PF ratio:

If your patient is not receiving assisted ventilation then the CTU would not expect PEEP values & PF ratios to be recorded in the eCRF

#### **SOP Training Logs:**

If your site is still to sign and submit the updated SOP training logs (v4.0 Final 14/11/2016), please do so at vour earliest convenience

#### Amendment 3:

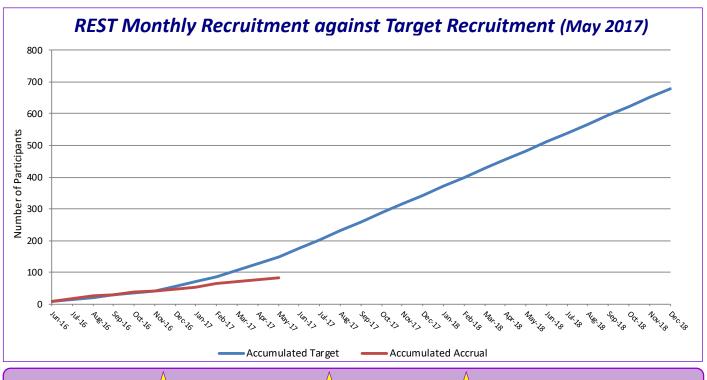
- The implementation of protocol v4.0 means that some changes have been made to the exclusion criteria and as such the screening database and CRF have been amended
- If you haven't already done so, please forward the updated protocol agreement and study training logs

#### Screening database:

Please be mindful that if you select the "patient aged <16years" exclusion criteria on the screening database, the patient's date of birth recorded on the screening log should correspond with this

### Have you any staff you would like to add to your delegation log?

If so, please ensure all training has taken place and forward all required paperwork to the CTU to get your full team up and running!



**TOP SCREENING SITES:** 



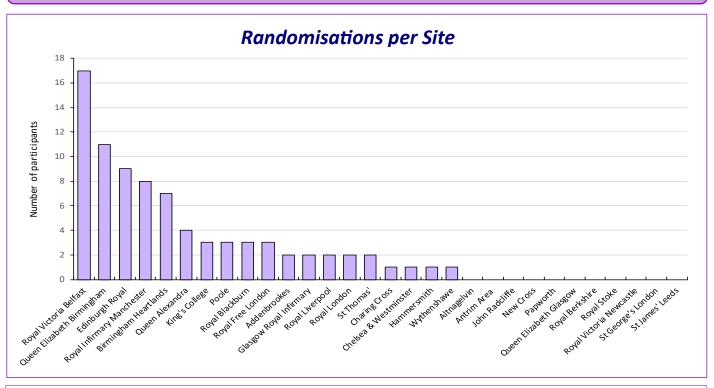
Royal Hospital Belfast



**Royal Liverpool** 



Queen Elizabeth, Birmingham



# PI teleconference dates for your diary

## Date of next Investigator Meeting:

8th June @ 17:30pm at UKCCRF (Room CM09, Chamberlain Museum Rooms)

6th July @ 4pm	4th October @ 1pm
2nd August @ 1pm	2nd November @ 4pm
7th September @ 4pm	6th December @ 1pm



Dial in details:

UK: 0844 581 9050

USA: 0017 12432 29305

**PIN Number:** 4151760



#### **REMEMBER:**

PI Teleconferences are the best time to raise any issues, for example patient eligibility and recruitment, as other attendees may be able to offer advice on the problem using their experience



