

REST Newsletter

March 2017 Edition 2

Welcome to the 2nd 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 **27** sites actively screening and we have recruited a total of **70** participants to date.

Co-Enrolling Studies

The following are a list of studies that are currently approved to co-enrol with REST. If you wish to request co-enrolment with a study not on this list please email: rest@nictu.hscni.net

ABSes S-CAP

An investigation into alveolar macro- SILENCE

phage function in ARDS

ATHOS SNAP-IT

BREATHE SPICE III

DRIVE STAR

Golden Hour TEST-IT

IC Muscle TROPICCAL

IvC VAP-RAPID

Prevention HARP 2

Exclusion Criteria

Ability to maintain $Vt \le 3ml/kg$ PBW while maintaining pH ≥ 7.2 as determined by the treating physician

If you are using this exclusion criteria, please contact the Chief Investigator <u>d.f.mcauley@qub.ac.uk</u> or Clinical Lead <u>jamesjmcnamee@yahoo.co.uk</u> to discuss

FAQ of the month

Q: Can a patient be considered for the trial if they are spontaneously breathing?

A: YES Aim to control tidal volumes as much as possible with the caveat that it can be difficult when on spontaneous ventilation. In the severe respiratory failure cohort on assisted spontaneous breathing it may be clinically appropriate to consider additional sedation with/without neuromuscular blockade to limit tidal volumes depending on which arm of the trial the patient is randomised to.

Payments

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



New Sites

We are pleased to welcome the Research Teams at Chelsea & Westminster, New Cross, Royal Berkshire and Papworth hospitals who have joined REST in February and March

Helpful REST Points!

MACRO:

- Please ensure all information regarding patient data i.e. missing data is recorded in the additional comments section at the end of the CRF rather than in the data collection fields
- Please remember to follow patients up for 28 days and record any AEs
- For queries raised in MACRO (DCRs) please refer to MACRO 4 Electronic Data Capture (EDC) User Guide and CRF Completion Guidelines located in your ISF
- The patient pathway form in the CRF asks you to state the first date of discharge from ICU. If a patient is transferred to an ICU in another hospital, this does <u>not</u> count as a discharge. Similarly the 'first date of first discharge from hospital' refers to the patient leaving hospital, not being transferred to another hospital

Discharge of patients to another hospital:

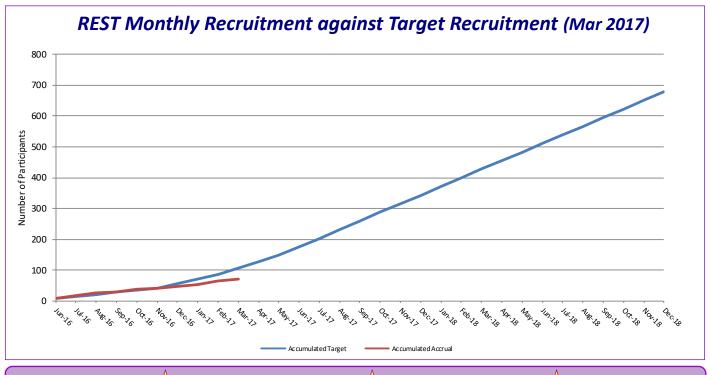
- If a patient is discharged to another hospital please complete the following using information obtained from the new site:
- Minute volume and respiratory rate for day 2 & day 3
- Ventilation history form
- Need for ECMO form
- Patient pathway
- Adverse events to 28 days
- Level of care (if a Scottish site)



Screening Log:

 The screening log should be completed for all eligible participants (enrolled and not enrolled). If you have misreported any of your screening figures please contact the Data Manager mary.guiney@nictu.hscni.net

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



TOP SCREENING SITES:



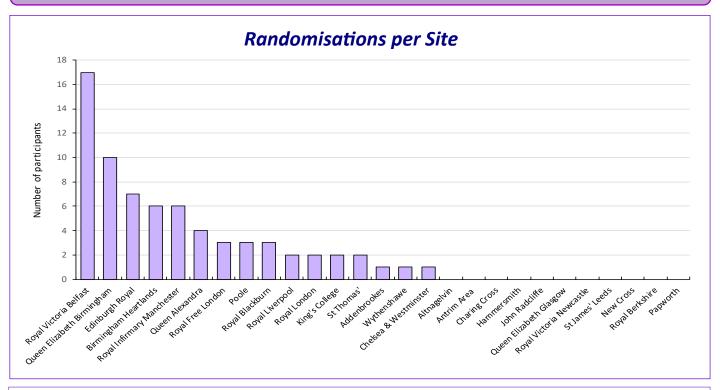
🗸 Royal Hospital Belfast



Royal Liverpool



King's College London



PI teleconference dates for your diary

5th April @ 1pm	6th July @ 4pm	4th October @ 1pm
4th May @ 4pm	2nd August @ 1pm	2nd November @ 4pm
7th June @ 1pm	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



