PREVENTT

Preoperative intravenous iron to treat anaemia in major surgery

Issue 23
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PREVENTT News

During August, set up has progressed well with a number of site initiations completed and several more being arranged for September. The aim is to have as many of the remaining sites in set up ready to recruit by the end of September. Many thanks to Andy Bracewell, Jenny Ritzema and the team at Gateshead and Justine Lowe, Asela Dharmadasa and the team at St Mary's (Imperial) for your time at the site initiation visits held in August.

All nurses working on the trial should have received a link to a doodle poll to help arrange two teleconferences in September. If you have not received this, please contact Jo Astarci (josenir.astarci@lshtm.ac.uk).

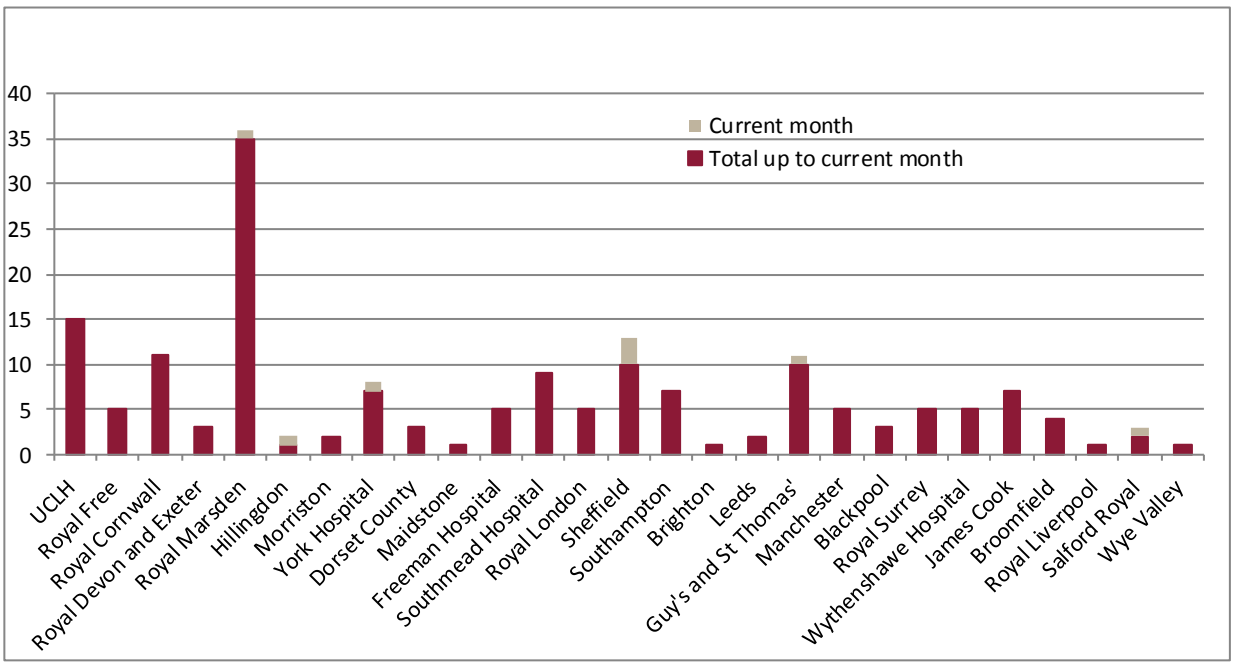
Finally, if your site is open to recruitment make sure you check your post for our new posters which will be on the way to you soon.

Treatment Administration Sets

The black lines which are compatible with Braun pumps expire at the end of September. If you use these, new lines will be sent to you. Please dispose of the expired lines as per your normal hospital policy. If you have not received new giving sets by the 18th September and you were expecting to, please contact Becky Swinson (Rebecca.swinson@lshtm.ac.uk)

PREVENTT Recruitment – 173 Patients Randomised!

This month, congratulations go to Sumaya Sanghera and the team at Northern General, Sheffield who have recruited three patients. This is a great achievement, especially over the summer when it is quieter. Overall, 8 patients were recruited during August at six sites. Many thanks for all your hard work screening patients. The PREVENTT team are aware that this can be very challenging as surgical pathways are often difficult to manage.



PREVENTT Screening Data

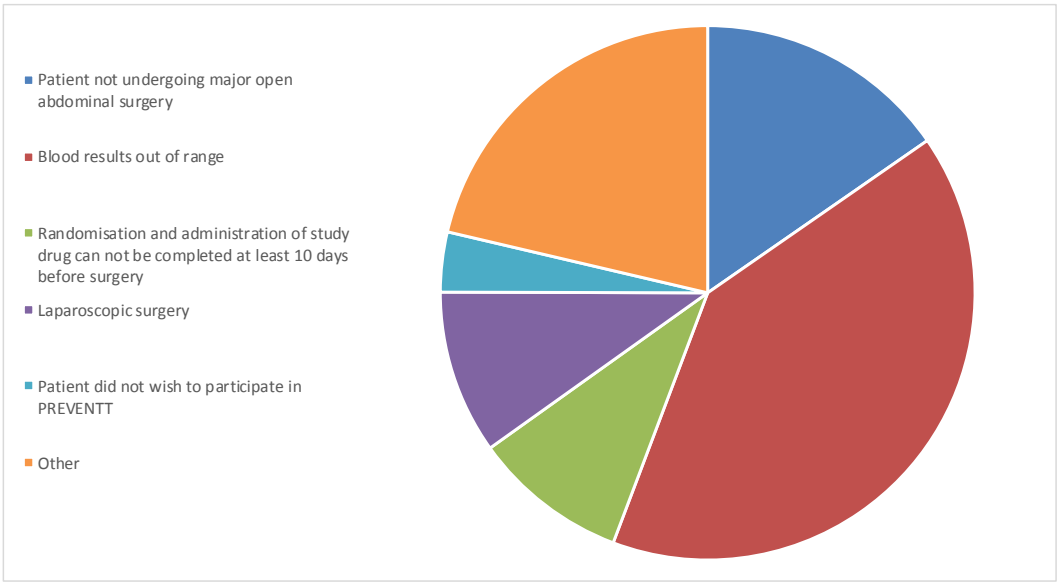
Many thanks to all sites for completing the screening log for PREVENTT during May and June this year. The data collected has been very helpful and has been carefully reviewed by the project management group. A summary of the main data is below and a more detailed report is also available. In addition, some site specific feedback will also be given to centres. The next screening log data for all sites will be collected in November 2015.

Key facts:

- **4979** patients screened in total up to the end of June 2015.
- **30** sites have completed screening logs over the past 2 years
- **225** patients were eligible but were not entered into the trial
- **174** of these patients declined to participate in the trial
- *** patients have been randomised

Summary of main findings

Overall the main reasons why patients are excluded have not changed significantly over the past two years. The main reasons remain laparoscopic surgery, Hb out of range, screening bloods outside the four week window and difficulty randomising and treating patients at least 10 days before their date of surgery. However, following amendment four, there has been a decrease in the number of patients excluded due to their Hb being out of range.



Patient Refusals

At all sites, there are eligible patients who are approached to take part and who refuse. One way to increase recruitment is to try and maximise the number of eligible patients randomised.

One of the key ways that some sites have increased the number of patients willing to participate into the trial is to ensure that the local PI or another delegated clinician calls patients in advance to discuss the trial. The short information sheet has also been developed to ensure that patients have the key information in an easy format. This can be sent out in advance or can be used as a basis for a telephone conversation.

If a patient is unwilling to participate in the trial, please ask them for their reason for saying no (remember that they are under no obligation to do so), and enter this on the screening log.

Screening Tips

- Some patients are excluded as they are referred from other hospitals. In these cases, consider contacting the referring hospital or the patient's GP to see if a FBC is available. Even if it is outside the four week window, it can give an indication of whether or not a patient might be eligible.
- A full list of all participating PREVENTT sites is available on the PREVENTT website. You may find that you can work with nearby sites to ensure that patients can be included in the trial.
- Remember to ensure that you have as many surgeons, anaesthetists and pre-operative clinic staff involved in the trial as you can. The higher the profile of the trial within a hospital, the easier it is to recruit patients.
- Point of care testing, eg Hemocue can be used to check a patient's Hb to confirm if they are eligible.

Nurses Meeting

A meeting for all nurses involved in the PREVENTT trial will be held on Thursday 10th December 2015 in central London. The venue and agenda have not yet been finalised however, it will be an afternoon meeting offering an opportunity to meet with those working at other sites, share good practise and hear from external speakers. Up to two nurses from each site can attend and standard class travel will be refunded.

Please keep the date free and further details will be sent round to all sites at the start of October.

The Challenge of the FBC

Some patients are excluded from the trial as at first glance, their Hb is out of range or outside the four week window. However, these patients may be eligible if their Hb is rechecked. The NICE guidelines recommend that patients should have their bloods checked prior to surgery and so this is not considered to be a specific research blood.

Patient A was identified at PREVENTT site B with an Hb of 131. This is just outside the upper limit for men. However he had had chemotherapy and his medical history suggested that his Hb could have fallen and now be in range for the trial.
The team contacted the patient and explained at he may be eligible for the trial.
Patient A had their Hb rechecked and it had fallen to 110, well within the range for PREVENTT. The patient information sheet was given to the patient, they consented and were randomised into the trial. Often, this can be done if sites discuss the trial with a patient in advance of a preassesment appointment. Preassessment takes place in the morning where bloods are checked and if the patient is eligible, the patient information sheet can be given to the patient and they can consent. The trial treatment intervention can then be performed in the afternoon.

Lucky Number

Unfortunately, there wasn't a winner of the lucky number during August. However which ever site recruits patient **180** during September will receive a box of chocolates. Keep screening to be in with a chance of winning!

Contact Information

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