ADAPT-Sepsis

January Newsletter

@AdaptSepsis Trial Website Trial Email

Welcome to the ADAPT-Sepsis newsletter! Please let us know if you have any suggestions for improvements or information you would like to see included on a monthly basis.

Please click on the headers below which will take you to the different sections.

Trial Update

Hello all, welcome to the January issue of the ADAPT-Sepsis newsletter! We have now recruited 834 participants to date, and still counting! A big thank you to all of our research teams for their hard work last year on behalf of the trial. We're looking forward to another year of recruiting!

Trial Milestones

834 patients recruited so far

24 sites open to recruitment

4 further sites initiated to date

Welcome back!

We hope that you all had some time over Christmas to unwind and enjoy a multitude of seasonal foods! We have several things to look out for over the next few months on the trial, so do make sure you keep an eye out for upcoming events, many of which will have associated prizes.

KUDOS!

Welcome to Kudos, an award we'll be giving out each month to celebrate and highlight any above-and-beyond efforts on the ADAPT-Sepsis trial. Kudos this month is awarded to:

Sam and Nick at Gloucester Royal Hospital, for working hard alongside the clinical ICU teams to resolve a sample-related mystery; **thank you** to you both!

Please let us know if you would like to nominate anyone for their hard work.

Eligibility Case Study

- Patient was started on broad spectrum antibiotics as prophylaxis following surgery
- Blood cultures were taken following surgery, which several days later come back indicating an infection and possible sepsis
- As a result, antibiotics escalated and ciprofloxaxin added
- Even though at the time blood cultures were taken sepsis wasn't suspected, patient would now be considered eligible to be randomised to ADAPT-Sepsis, as there is new evidence for infection and sepsis, and antibiotics have been changed as a result
- The 24 hour clock would be started at the point antibiotics were escalated and ciprofloxaxin introduced

Learning points:
a) a good understanding of the narrative behind patient's deterioration
b) Identification of the change in the diagnosis following positive blood cultures, even though patient had been prescribed routine prophylactic antibiotic therapy

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Learning Points

Discharge from ICU

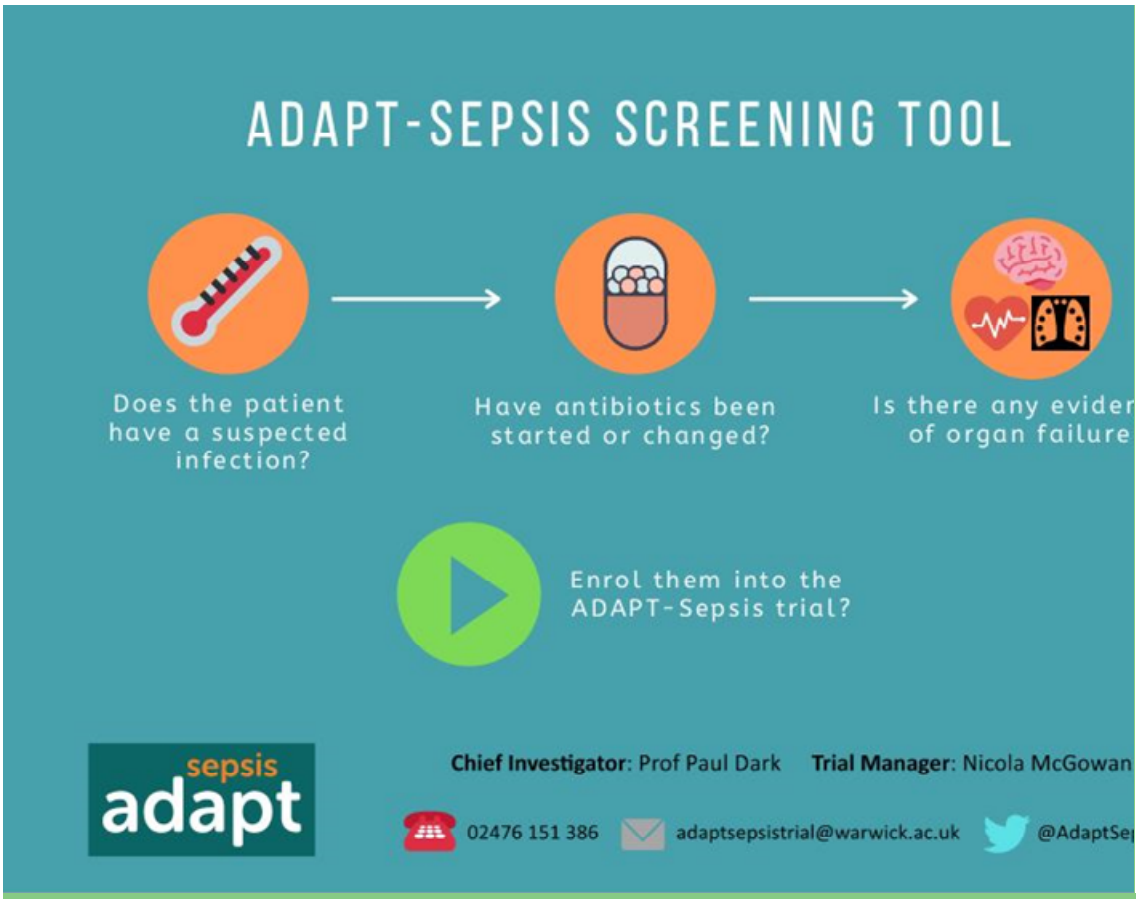
When recording the date and time of ICU discharge, please record the date and time of the physical discharge from ICU, not the date and time the patient was deemed fit to be discharged.

Clinician Eligibility Sign-off

Eligibility for entry into the ADAPT-Sepsis trial can be signed off by research nurses, with the exception of one of the inclusion criterion; that the patient is likely to remain hospitalised and receiving antibiotics for at least the next 72 hours. It should be documented in the patient notes that a clinician has signed this off, however this does NOT have to be a clinician on the delegation log. **Any** clinician can make a note/sign to confirm this has been assessed.

Staff Changes

When a staff member leaves, please ensure that you update the delegation log, and let us know that they are no longer working on the trial. This will allow us to remove them from trial correspondence, and any automiatic trial notifications they may have been receiving.
When a staff member joins the team, please get them added to the delegation log and send a copy to WCTU as soon as possible, so that we can get them set up on the trial database. For example, try and think ahead - if you know someone will have to cover the database over the weekend, try and make sure the PI has signed them off on the delegation log at the beginning of the week, in order for us to have sufficient time to grant them database access.



See above our new recruitment tool which may assist to focus your screening: is your patient on antibiotics for sepsis? If so, why aren't they eligible for ADAPT-Sepsis?

Extension to recruitment

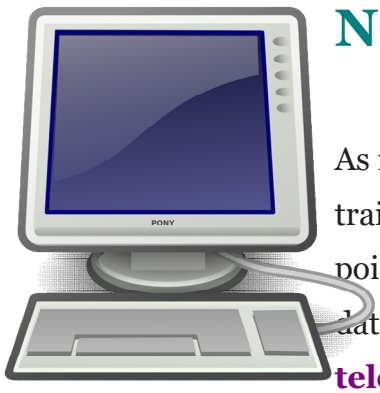
As many of you will know, we submitted an application to our funder in order to extend recruitment on ADAPT-Sepsis by an additional 9 months. Thank you for your patience whilst we were making this application. We are pleased to

announce that the extension has been approved in principle, and so our current end to recruitment will be January 2021.

Question Corner

Do consultants who receive the protocol antibiotic stoppage advice notifications have to have GCP training?

Answer the question above for a chance to be entered into our **prize draw**!



News

As many of you will know we have been arranging training teleconferences to go over several key learning points, including the main changes to the new database. Please ensure you dial into one of the **teleconferences** in order to get the most up-to-date information on the database amendment.

Co-enrolment

Below is our current list of approved co-enrolling trials with more in progress (newly signed off trials in green);

A2B, A-STOP, BIT (Immune biomarkers and clinical outcome in trauma patients), BLING III, FLO-ELA, GenOMICC, ILoNIS, ILTIS, INTACT, PHIND, PQIP, Proteomic and genomic analysis of hepatopancreaticobiliary cancers, RADAR-2, REALIST, **REMAP-CAP**, RESORP, REST, SNAP-IT, STARRT-AKI, STRESS-L, The 65 Trial, SQUEEZE, TBI Cortisol, **TREATT**, Understanding stroke-induced B cell changes and their relationships with stroke-associated infection and VACIRiSS.

Co-enrolment with observational studies is a fast tracked process. Where co-enrolment with observational studies will take place, please forward the relevant trial protocols for our records and approval.

For interventional studies, we will conduct a thorough review process with the respective coordinating teams. Please inform us of any current or upcoming interventional studies to prioritise.