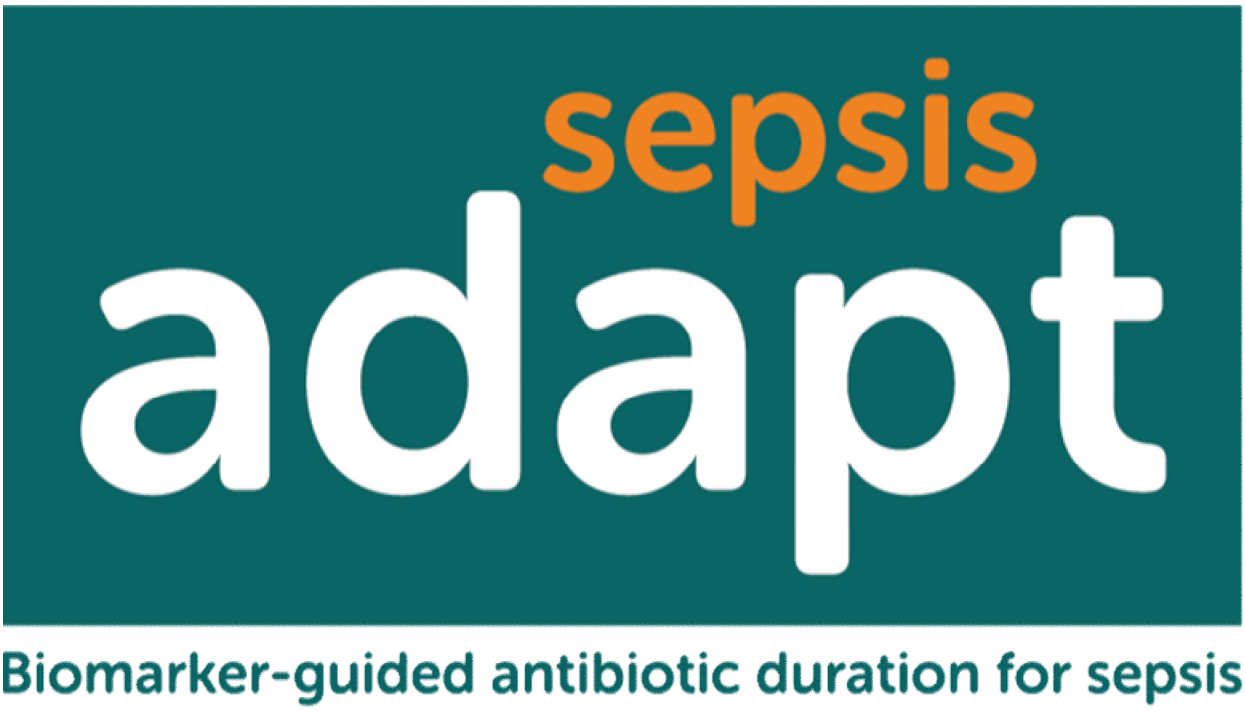
Guck, Jonathan

From: adaptsepsistrial, Resource
Sent: 22 March 2019 15:31
To: adaptsepsistrial, Resource
Subject: FW: [Test] ADAPT-Sepsis March Newsletter

ADAPT-Sepsis March Newsletter



@AdaptSepsis Trial Website Trial Email

Welcome to the new email format of 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, thank you for your contributions for helping the trial achieve its highest recruiting months yet: 43 patients were randomised in January and 46 in February! A further 46 patients have been recruited so far in March so we are keen to set a new record!

We have also hit a major milestone of over **300** participants recruited to the study and we are now officially the largest trial to date to compare PCT and CRP to guide antibiotic duration in sepsis and the only trial to do this using a blinding strategy internationally.

Thank you to all our sites for contributing to this feat. We would like to praise UHCW, St James, Southmead and Newcastle in particular for outstanding contributions since opening to recruitment in the New Year. Salford Royal and Liverpool Royal are also neck and neck for the highest recruiting site!

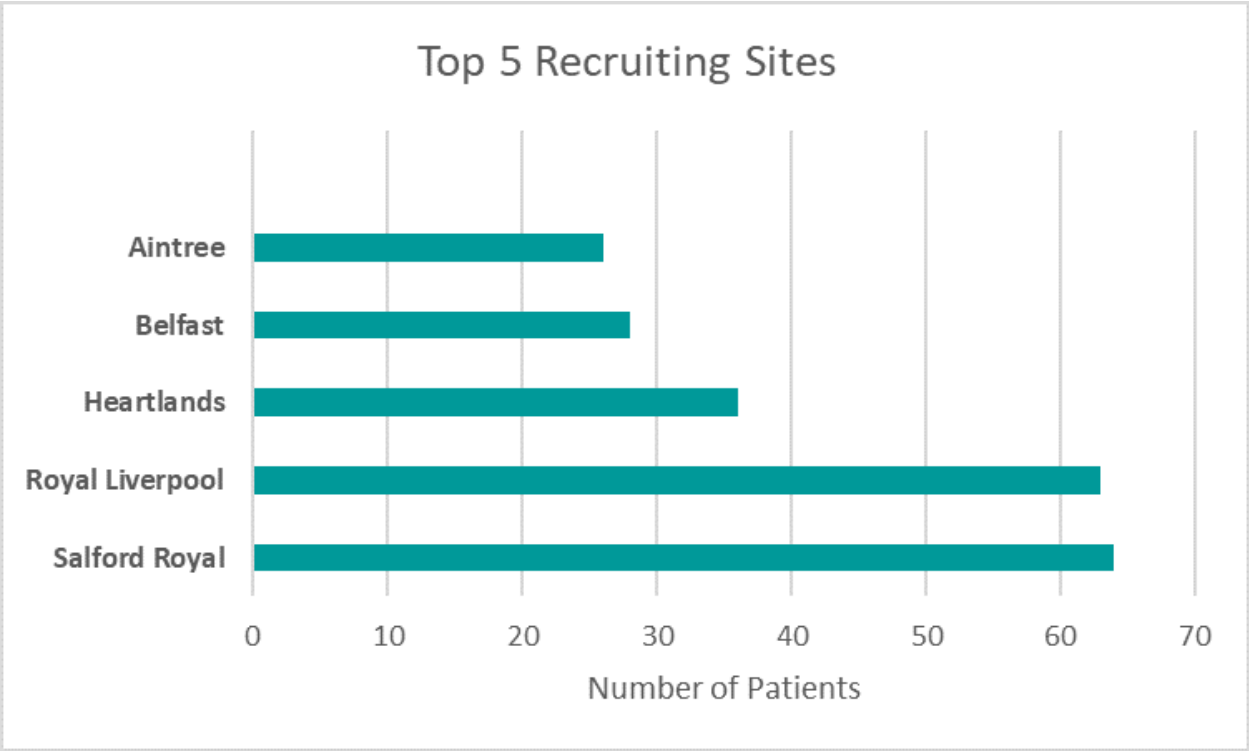
Since our last update we have opened at a further 4 centres and, with a number of teleconferences and SIVs on the horizon, we look forward to expanding the trial further throughout the year. If you are at a site which would wish to consider the trial further, please let us know!

Trial Milestones

323 patients recruited so far

14 sites open to recruitment

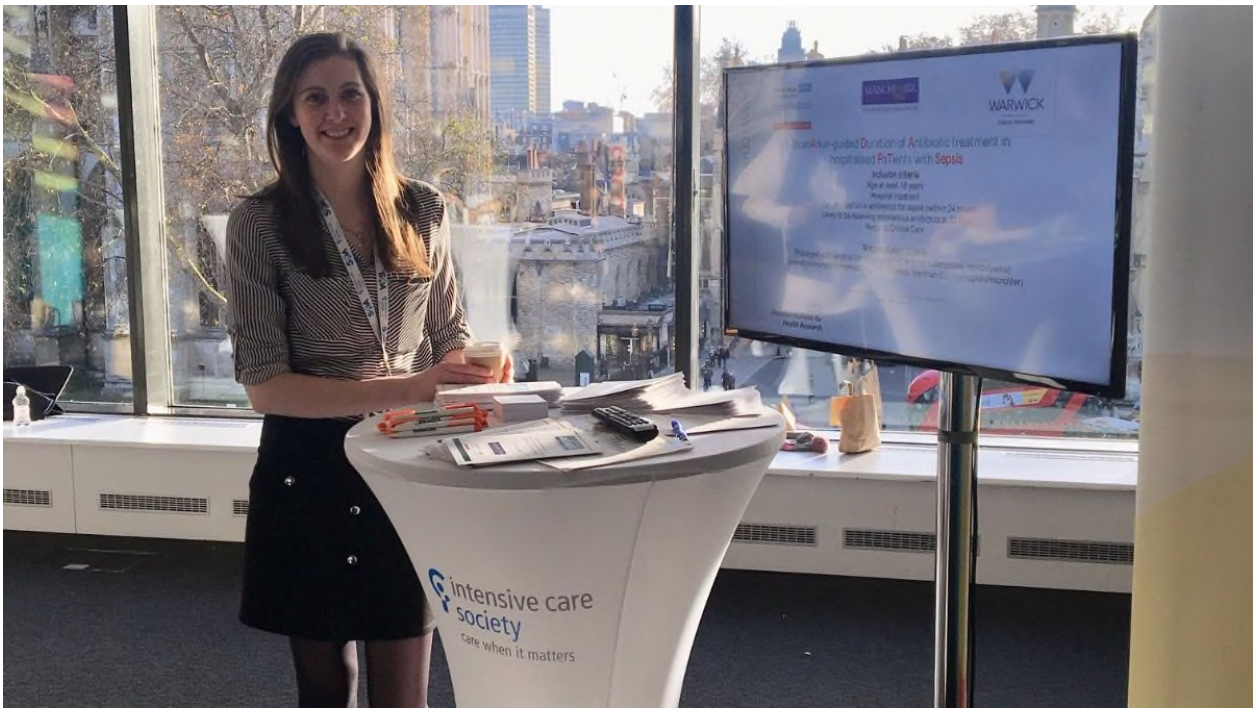
16 sites initiated to date



Investigator Meeting April 2019

We are very pleased to host our upcoming investigators meeting on Tuesday 09th April for current and upcoming trial sites here at the University of Warwick. We look forward to sharing experiences, celebrating our achievements to date and preparing for continued success throughout the remainder of the study!

Two attendees are welcome from each site. Please confirm your attendance by accepting the received email calendar invite and feel free to get in touch for any queries about travel arrangements. If you are unable to make it on the day, we will update you with how you can follow the proceedings remotely closer to the event.



State of the Art 2018

Nicola McGowan and our CI, Prof Dark, attended the state of the art conference in December and would like to thank all who visited our research stand and the informal investigators meeting!

Learning Points

Telephone Consent

Just to emphasise a change in our last protocol amendment (V2.0) - it is now permitted to gain verbal telephone consent from personal consultees, friends or relatives prior to obtaining written informed consent. We hope this will assist with gaining consent within our tight inclusion window.

Eligibility Clarifications

The 24 hour clock for antibiotic treatment starts when a patient is administered antibiotics specifically for a suspicion of sepsis, regardless of if they have had previous antibiotic treatment for a different infection. We have included a couple of examples to help illustrate this:

Scenario 1:

64y male patient arrives at A&E with signs and symptoms of a lower respiratory tract infection (pneumonia) of low severity, with no clear signs of sepsis. It is not thought safe to discharge the patient home due to complex social circumstances and the fact he has not been drinking very well and has a persistent fever. He is treated in the Emergency Assessment Unit (EAU) overnight with a single first line iv community acquired antibiotic based on local hospital guidance and iv fluids. The following day, 36 hours after admission, his condition is worsening with a low blood pressure - not improving with iv fluids - his oxygen saturation is falling despite mask supplementary oxygen, his urine output is falling and he has become confused. He is reviewed urgently by the EAU team, his iv antibiotics are escalated to dual therapy appropriate for severe community acquired pneumonia and sepsis, and he is referred to critical care.

Overall, he has received 36 hours of iv antibiotics since admission but has only just received iv antibiotics for a severe infection/sepsis – he is therefore eligible for consideration for recruitment into the ADAPT-Sepsis study assuming the senior treating clinician agrees.

Scenario 2:

A 64y female patient is day 3 after large bowel resection surgery for a tumour. She is making good progress and starting to take oral fluids. An old iv cannula site is looking red, feels hot to touch and she has a mild fever. Her treating surgical team decide that she may have a cellulitis and treat her with iv flucloxacillin through another iv canula having already removed the old canula. The following day, 36 hours after commencing iv flucloxacillin, she becomes very unwell with clear signs of septic shock. Her iv antibiotics are escalated to broad spectrum – including two agents – and she is referred to critical care.

Although she has received at least 36 hours of iv antibiotics, the iv antibiotics for septic shock have only just been commenced and she is eligible for consideration for recruitment to ADAPT-Sepsis assuming the senior treating clinician agrees.

Co-enrolment

Below is our current list of approved co-enrolling trials with more in progress.

A2B, A-STOP, BIT (Immune biomarkers and clinical outcome in trauma patients), BLING III, GenOMICC, INTACT, PQIP, REALIST, RESORP, REST, STRESS-L, The 65 Trial, Understanding stroke-induced B cell changes and their relationships with stroke-associated infection

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

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UKCCRG & ACB

The UK Critical Care Research Group are hosting their Twelfth national forum for clinical research in critical care, emergency medicine and acute medicine on:

Thursday 6 - Friday 7 June 2019 in Leeds

The ADAPT-Sepsis Team are exploring the possibility of attending the meeting and hosting a drop-in Q&A session for all recruitment sites who will be in attendance. Please let the trial team know if you plan on attending this event to help us with planning.

Focus 2019
Association for Clinical Biochemistry & Laboratory Medicine | National Meeting
SEC | Glasgow | 1-3 May

Wednesday 1 - Friday 3 May 2019 in Glasgow

We are also exploring opportunities to attend The Association for Clinical Biochemistry and Laboratory Medicine national meeting. Please let the trial team know if you plan to attend this event to aid our planning.