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Subject: ADAPT-Sepsis November Newsletter

Categories: Maddy

ADAPT-Sepsis November Newsletter

Biomarker-guided antibiotic duration for sepsis

@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.

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Trial Update

Hello all, welcome to the November issue of the ADAPT-Sepsis newsletter! We have now recruited 752 to date, and still counting!

We've now got a significant number of sites who have been recruiting to the trial for some time, and a group who are relatively new to the trial. Please see below the learning

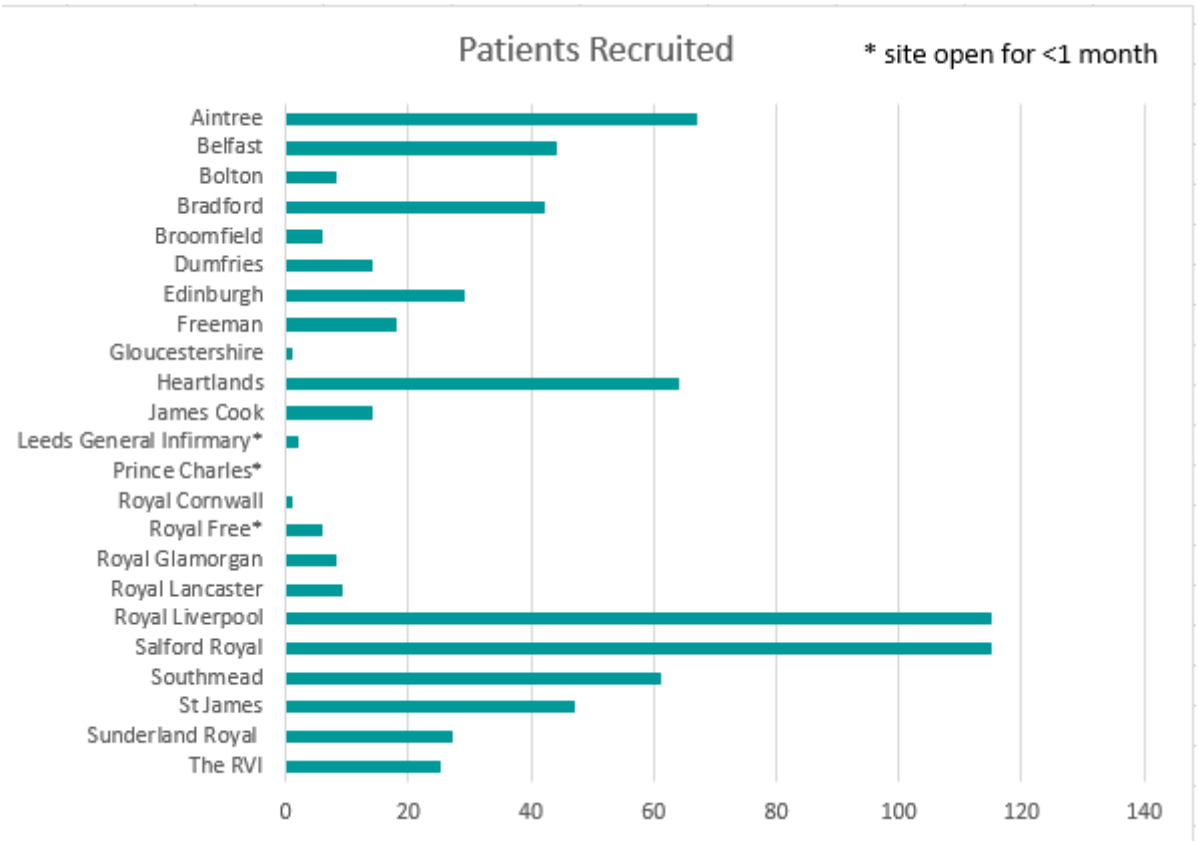
points, and identify the one best suited to you!

Trial Milestones

752 patients recruited so far

24 sites open to recruitment

4 further sites initiated to date



Training Materials

We have developed some training slides for non-GCP trained staff both on and off ICU, who are delegated to receive/disseminate the antibiotic protocol stoppage advice. The slides highlight both the trial intervention, and key GCP principles relevant to their role. The PowerPoint is available on request - please let us know if you would like a copy.

We also have an ADAPT-Sepsis trial poster suitable for staff areas, which aimed towards screening and identification of patients suitable for enrolment. Again, please get in touch with the trial team if you would like a copy.

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:

The research nurses at Bradford Royal Infirmary, for working hard with Belinder to reduce their data queries down to a fifth of the number they started with over the last 4 months; **congratulations** Bradford team!

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

Sepsis Evidence Update

ADAPT-Sepsis is important and timely for the NHS, as the early and potentially prolonged use of broad-spectrum antibiotics is increasing. The recommended duration of antibiotic therapy for sepsis is based on evidence of low quality that may lead to an overuse of antibiotics, contributing to the development of antimicrobial resistance, which is both a national and global priority. An internal re-review has been undertaken by NICE of their Diagnostic Guidance 18, and no new evidence sources have been identified to add to the already low quality evidence based that has resulted in the commissioning of the ADAPT-Sepsis trial. Therefore, ADAPT-Sepsis remains crucial nationally and internationally to help progress a definitive answer to the use of PCT and CRP biomarkers in helping to determine the duration of antibiotic treatment for sepsis.

Eligibility Case Study

- Patient was admitted with pancreatitis and Systemic Inflammatory Response Syndrome through A&E
- 'Suspected sepsis' written in the notes, and broad spectrum antibiotics started. Patient admitted to HDU
- 2-3 days after admission, patient deteriorated and transferred to ICU as they had contracted Hospital Acquired Pneumonia. Placed on organ support and antibiotics changed to treat the HAP
- Patient eligible for, and randomised into the ADAPT-Sepsis trial based on the antibiotics started for HAP

Learning points: good communicative dialogue between the treating clinician and research nurse meant that the nurse was able to identify that the antibiotics first administered were most likely for pancreatitis, not sepsis, which was written in the patient notes. Patient was able to be approached when antibiotics were changed as a result of new evidence of organ dysfunction in association with the HAP.

Learning Points

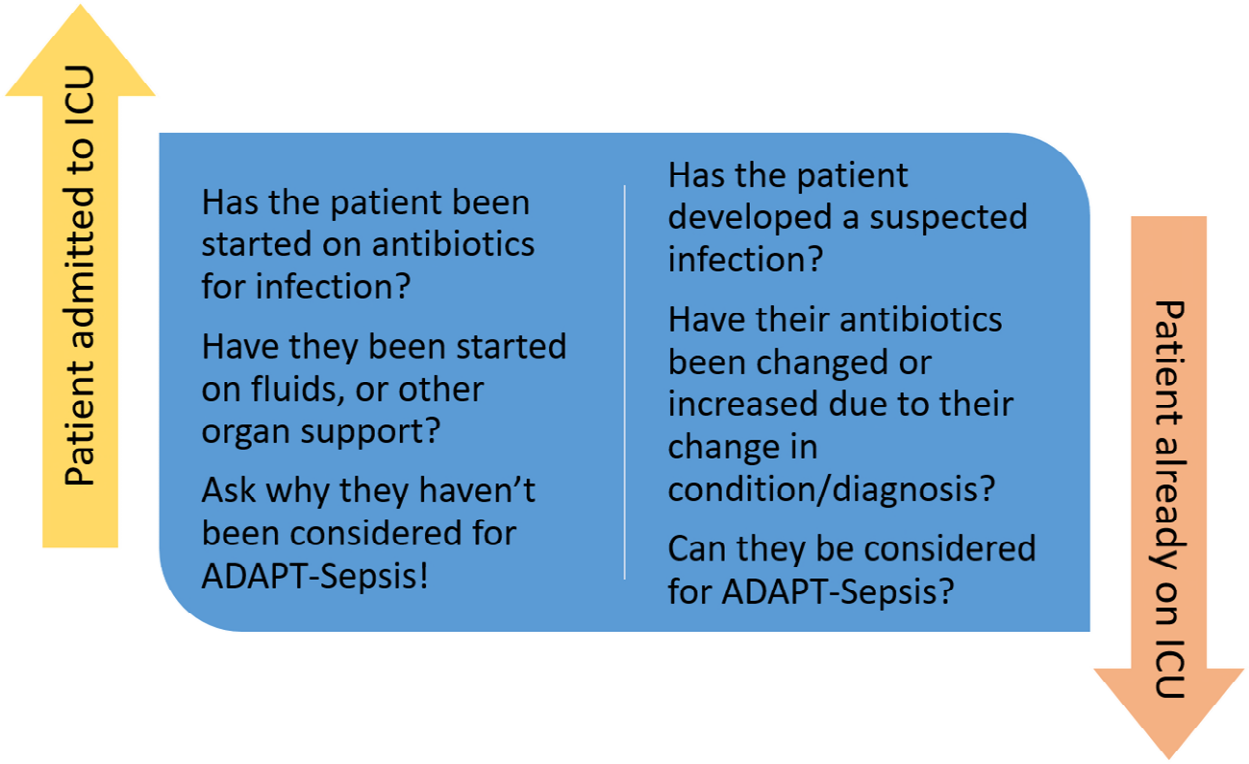
Sites who have been open and recruiting to ADAPT-Sepsis for some time: old hats!

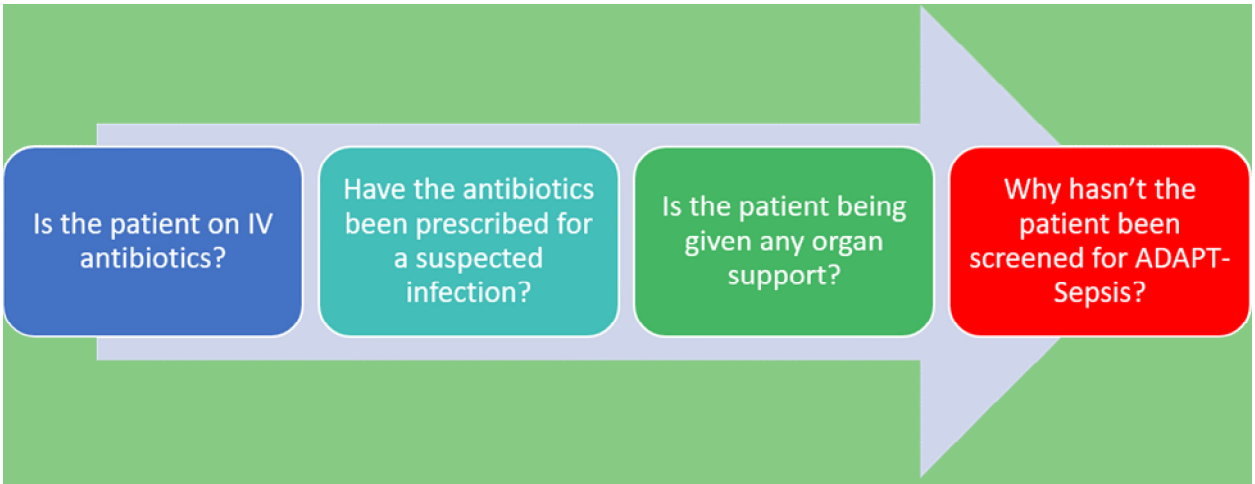
Following the rotation of junior doctors a few months ago, using trainees on the trial can be a great way to get more staff involved in raising trial awareness on ICU, and also to deliver the intervention, particularly during times where the research team may not be around (ie weekend for Mon-Fri teams). Sites have contributed to junior doctor training by doing a short talk on critical care research at inductions, creating memos to give out

at the morning handover, or providing a bed area resource file with useful information in (research team contact details, trial summary, eligibility criteria and what to do on discharge). This has been a real asset to the trial, so if you would like to explore this option at your site, please let us know if there's any additional trial materials we can produce to assist with this.

Sites who are new or relatively new to ADAPT-Sepsis: spring chickens!

We appreciate that sometimes it can be difficult to assess whether it's appropriate to screen a patient for a trial if they have a DNAR in place. As a rough guide, we ask you to review the reason why a DNAR might be in place; if this is relating to the patient choosing their treatment options, it may not be appropriate to consider them for the trial, and we ask you to use your clinical judgement. However, if a DNAR is in place due to a clinical decision relating to the possibility of the patient surviving resuscitation, then please do proceed to screen the patient for the ADAPT-Sepsis trial.





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

A patient is admitted to HDU with a severe UTI and started on antibiotics. 6 days later, the patient deteriorates as a result of an acquired blood stream infection. Patient is intubated and started on

vasopressors, and antibiotics changed. At what point would the 24 hour antibiotic clock start for the purposes of the ADAPT-Sepsis trial?

Answer the question above to be entered into a prize draw!

News

This week it's World Antibiotic Awareness Week! The World Health Organisation are running events internationally to promote good practice in relation to antibiotic usage, prescribing and general infection control. ADAPT-Sepsis is just as timely as ever, as we work towards investigating the safe reduction of antibiotics. Think about how you discuss the trial with patients and their families - is antibiotic reduction something they worry about? Would it be useful to put up any posters with information about anti-microbial resistance?

When discussing the trial, is it clear that a patient's safety wouldn't be compromised by being involved in research? It may be helpful to reiterate that the clinician would still be making decisions regarding antibiotic duration as per standard practice, the ADAPT-Sepsis trial just gives them an extra piece of information to work with.

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, RESORP, REST, SNAP-IT, STARRT-AKI, STRESS-L, The 65 Trial, SQUEEZE, TBI Cortisol, 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.