The impact of REStrictive versUs LIberaL Transfusion strategy on cardiac injury and death in patients undergoing surgery for Hip Fracture

NEWSLETTER
22 Sep 2022 Issue 2

THANK YOU FOR YOUR CONTINUED SUPPORT!

Recruitment

- The current number of participants recruited to 22nd September stands at **20 – well done all!**
- Recruitment began on 10th June 2022 and we now have **5 sites open** to recruitment, a further **3** who have had their SIV and will open imminently, **5** with SIVs pending - A very warm welcome to all!
- While we have we are well on the way to surpassing the targeted 10 pilot sites, we are currently seeking sites with the capacity to open in the coming months. If YOUR site has the scope to recruit up to **5 participants a month**, we want to hear from you.

Don't forget our Site Teleconference is scheduled for 28th September at 12:30pm – if you've missed the invite please contact the Trial team!

Site Map

Green – Open
Orange – SIV completed
Blue – SIV pending

Recruitment per site per month

Site	Jun-22	Jul-22	Aug-22	Sep-22	Total
Edinburgh	2	5	1	3	11
Rotherham	1	0	1	-	2
Durham	0	3	2	2	7
Lanarkshire	-	-	-	-	0
Total	3	8	4	5	20

ECTU Edinburgh Clinical Trials Unit

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FAQs - The ECTU team have compiled a list of FAQs and will continue to update them as other common queries are raised.

Q: How many attempts should be made to contact personal consultees for consent before reverting to a nominated consultee?
A: (RUK only) We suggest to keep a personal record of attempts to contact family. Given reasonable attempt to meet with family members, we suggest to seek nominated consultee in the pursuit of timeliness. Sites will always be encouraged to go back and get personal consultee consent or recovered capacity consent at the earliest opportunity. An amendment will be logged soon to add telephone consent for English, Welsh and Northern Irish sites to streamline the consenting process.

Q: For participants requiring transfusion in recovery, should the blood supply come from the central blood transfusion lab or from the stocks in recovery or theatre?
A: For the purposes of the trial we follow the local clinical processes for blood procurement and suggest that teams take down the details of the blood bag for data entry into the eCRF. It shouldn't matter if the blood is sent directly from the lab or if the clinical team decide to use stock in recovery or theatre.

Q: What is the best method for flagging a participant is taking part in the trial to the wider clinical team?
A: This depends on your local systems. We suggest an electronic flag on electronic patient notes and inserting a print into any paper notes. Of course, promoting the study with staff posters or providing an overview to the applicable teams is also a great way to ensure knowledge of the trial and the required interventions. Should you need any additional promotional materials, please do not hesitate to contact us.

Co-enrolment Update

Agreements are in place for:

- LINCHPIN

For the WHiTE study, we do not recommend co-enrolling participants due to patient burden. However, we do encourage sites to divide the eligible population between both studies where possible.
Please let us know of any other studies you would like to be considered for co-enrolment.

Reminders

- Please enter your **screening logs** on to the database **weekly.**
- **Data queries** will be sent out to sites at the start of every month – please complete these as promptly as you can.
- If you have any **photos** that we can use in future newsletters, please do send them to us!
- We are registered for the **NIHR Associate PI Scheme** – if your site is interested in having an API, please contact us and we can advise on how to proceed.

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