

REPAIR Trial Newsletter

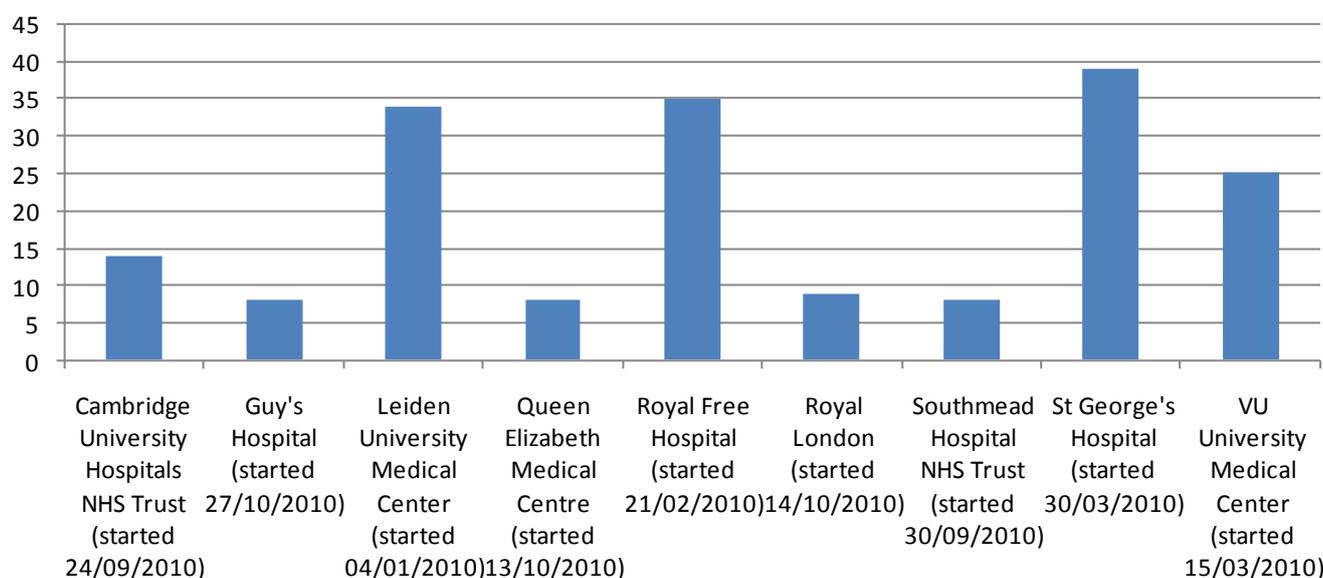


Renal Protection
Against Ischaemia
Reperfusion in
Transplantation

Issue 17, August 2011

Recruitment update

180 randomised to end of July 2011



Update on investigators conference call

Many thanks to all who contributed to the conference call on 21st July. As you are all aware recruitment remains behind target though the last 6 months have seen a huge increase in numbers with an average of 14 pairs a month. We appreciate the fact that all centres are supporting the trial and recruiting as many pairs as possible.

Our plan is to review recruitment figures at the end of September and take an average of numbers recruited over the last 6 months. The funders will allow us one extension and we plan to submit this towards the end of the year. The main costs will be for the staff at the clinical trials unit. We plan to hold another conference call in November/December 2011 with the proposal that an investigators meeting will be held early 2012. If anyone has any ideas of how we can increase recruitment then please do not hesitate to get in touch with the REPAIR office. Presently we are investigating the possibility of new sites in Denmark, Sweden and Norway.

New centre on board

We would like to welcome Western Infirmary, Glasgow as a new recruiting site for the trial. The Principal Investigator is Marc Clancy. Site initiation is due to take place on the 4th August and we would like to welcome Marc and his team to the trial.

Frequently Asked Questions

Question: Should patients avoid fizzy drinks, coffee, tea, hot chocolate or anything containing caffeine or chocolate on the morning of or during the iohexol test?

Answer: Iohexol is not a radioactive substance and therefore these products do not have to be avoided on the day of the iohexol test. The test basically measures the clearance of the dye through the kidneys by measuring the concentration in the blood at different timepoints. However, the manufacturer states that due to the iodine content iohexol should not be given to pregnant women, however breastfeeding can continue normally.

If you have any doubts about the use of iohexol please contact your radiology department who should be able to provide you with local guidelines for use in your Trust.

Question: With regard to 1 year Iohexol testing, what happens if the patient has a fistula in one of their arms?

Answer: In some units you are allowed to use the fistula to take blood samples however we advise that you check your unit protocol beforehand. For example the Royal Free Hospital are not allowed to use the fistula to take blood, or to use the fistula arm/hand for cannulas or blood samples.

In cases where the fistula is not to be used, we would advise inserting a cannula in the antecubital fossa of the opposite arm to give the Iohexol. The blood is then taken from a needle/butterfly in the opposite arm. If the fistula arm cannot be used at all, then after administering the Iohexol, the cannula should be flushed and removed. Blood samples can then be taken from the same arm using a butterfly or needle.



Eligibility

Inclusion criteria

- Patients undergoing living donor transplantation
- Patients aged 18 years and above

Exclusion criteria

- Patients on ATP-sensitive potassium channel opening or blocking drugs
- Patients on ciclosporin
- Patients with a known iodine sensitivity (who cannot undergo iohexol clearance studies)
- Patients with ABO incompatibility
- Any patient requiring HLA antibody removal therapy

Please ensure these criteria are checked and confirm patient is eligible **before** completing the randomisation process

Goodbye Con!



We are sad to say that our statistician Cono Ariti is leaving the London School of Hygiene and Tropical Medicine after having worked with us for the last 2 years. Con's main role was his involvement with the Data Monitoring Committee (DMC), producing the reports on the trial data and progress. Con also prepared the statistical plans and DMC charter and the statistical Standard Operating Procedure. We would all like to thank Con for his contribution to REPAIR and wish him all the best with his future career. We will shortly have a replacement for Con and will keep you informed of any new members to the REPAIR team.

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