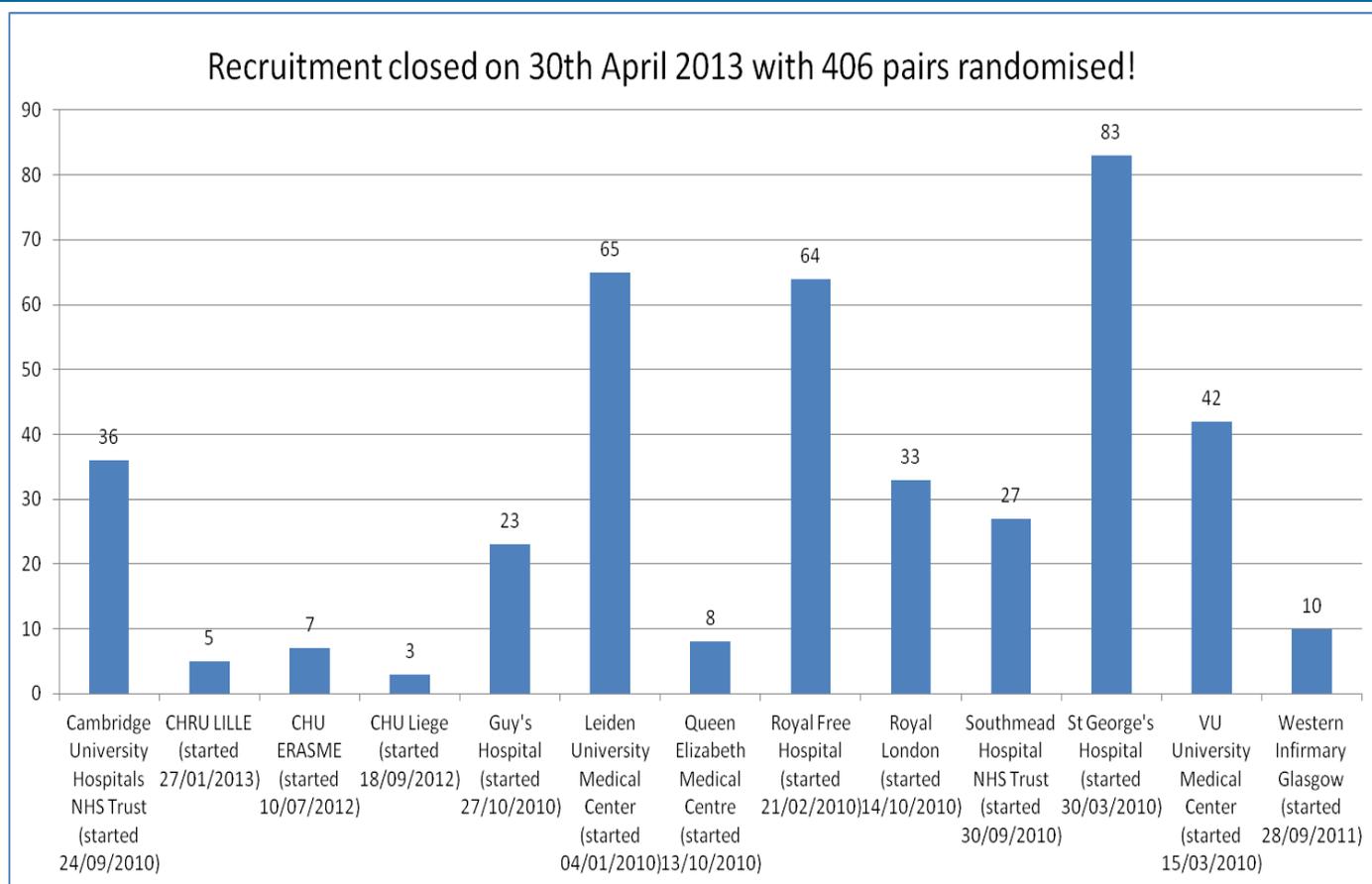


REPAIR Trial Newsletter



Issue 38 May 2013

Recruitment is complete!



Recruitment to the trial closed on 30th April with **406** pairs recruited which has exceeded our target of 400. We would like to take this opportunity to thank all the PIs, nurses, doctors and patients for all their hard work in achieving this target. Well done everyone!

With recruitment complete it is very important to concentrate on ensuring as many as possible of the remaining Iohexol tests are done at 1 year as these are the primary endpoint. Please try to stay in touch with the patients regularly throughout the year so they do not forget about the trial. Also, a reminder that REPAIR will cover the costs to get the patients to come for the visit but the patients must keep travel receipts or proof of mileage which can be confirmed by the research nurse.

Kristin will be in touch soon as we need to collect all baseline samples in the next couple of months and as many Iohexols as we can.

The project management group have started discussions about dissemination of the trial results and publication plans. We also aim to present the preliminary results to nurses and PIs in the middle of next year. This will be discussed further at the next Trial Steering Committee meeting.

As we have come to the end of recruitment the newsletter will now be distributed quarterly unless there is anything urgent to report.

British Transplantation Society/Renal Association Congress 2013

REPAIR was invited to display a poster and present an update at the Transplant Trials Investigator Meeting at this year's BRS/RA, and I had the privilege of going along to represent the trial.

Having arrived bright and early the first morning in a beautiful sunny Bournemouth, I was greeted by the friendly face of Golda (research nurse from Guy's) who kindly helped me to hang the poster on a display board. I was then able to catch up with Golda and also Sam, who were both attending the meeting.

The meeting kicked off with a morning session on ischaemia-reperfusion injury, an area in which interest is growing by the day. It was interesting to note the potential implications of the preconditioning intervention in REPAIR not only on ischaemia-reperfusion injury, but also on immune function, complement activation and others. The session was very informative and exciting.

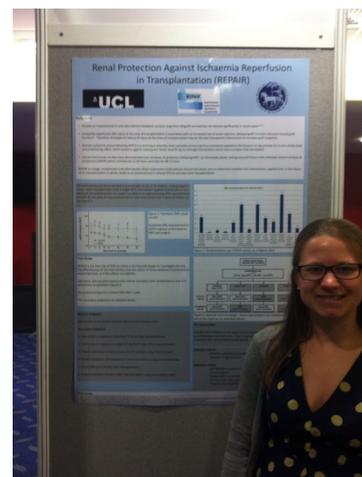
Having been given the last slot of the meeting on the second day, just before the Congress Gala Dinner, I was pleasantly surprised to find a well attended Investigator's Meeting. After hearing updates from 3C, new study Emperikal (complement inhibitor Mirococept against ischaemia-reperfusion injury), ReMIND and POWAR, I presented about REPAIR and our experiences so far.

As we don't have any results as yet, we discussed what we have learned so far from our experiences in REPAIR. This was mainly focused on recruitment and how we managed to overcome the challenges of recruiting in a constantly changing clinical environment. We discussed problems which we have encountered along the way, such as long R&D start up times in the UK, competing trials and the changing face of transplantation (more ABO incompatible donors), and the potential ways in which we have tried to overcome these and maximise recruitment. We noted the more research-driven set up of our European centres, who take the attitude that every patient should be in a clinical trial. Furthering this kind of attitude in the UK would enable us to really drive forward clinical research and ultimately lead to changes and improvements in patient care.

However, none of this is possible without enthusiastic and dedicated staff at involved sites, and so it was good to have the opportunity to publicly acknowledge and thank all our patients, PIs and nurses in all centres, without whom we wouldn't have been able to make it to the end of the study.

We are now at an exciting stage in the study, having completed recruitment. However, I took the opportunity to mention the importance of the one year follow up iohexol GFR and ask for the continued support and enthusiasm of the PIs and staff at all sites in carrying out the test on as many patients as possible.

Kristin Veighey, Research Fellow.



Fascinating facts about REPAIR!

First pair - Leiden - 04/01/2010

100th pair - Cambridge - 24/01/2011

200th pair - VU - 19/09/2011

300th pair - Royal Free Hospital - 20/07/2012

400th pair - CHRU Lille - 04/04/2013

Best month - November 2012 - 19 pairs randomised

Top recruiter - St George's Hospital, London - 83

Number of months recruiting 40

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