

REPAIR Trial Newsletter

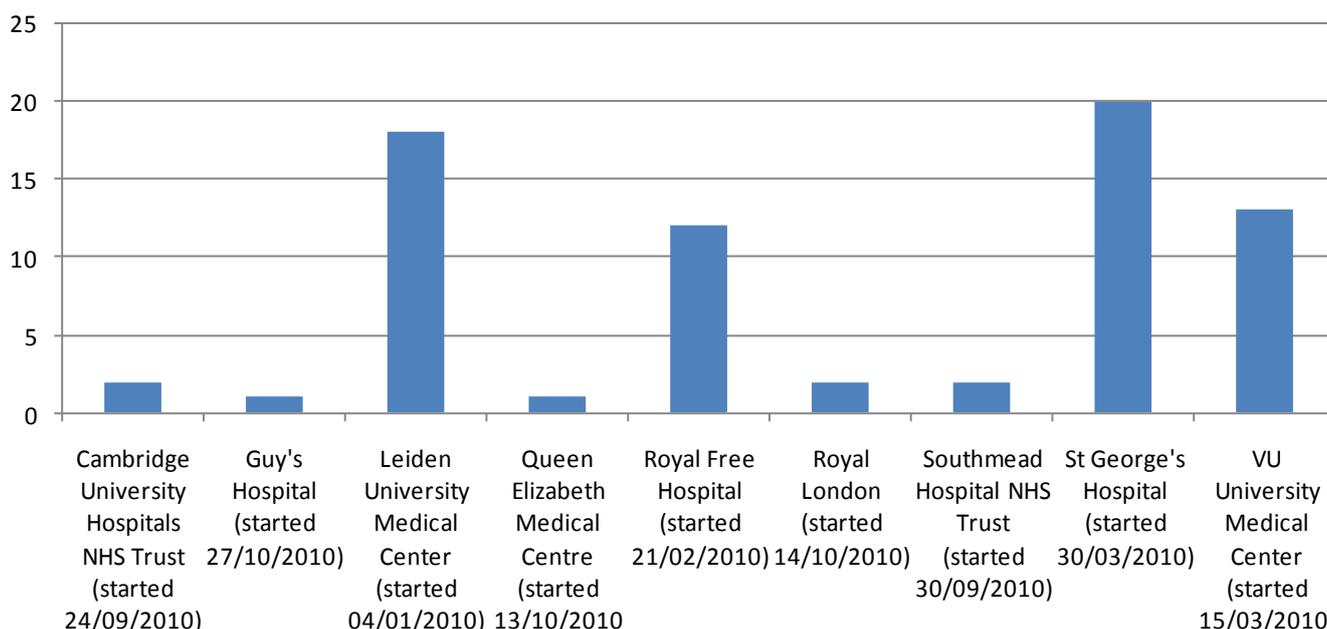


Renal Protection
Against Ischaemia
Reperfusion in
Transplantation

Issue 8, November 2010

Recruitment update

71 randomised to end of October 2010



October has been the best month so far with **16** pairs recruited, beating the previous best of 9 in July. Many thanks to everyone involved at all centres for your continued support. 5 new centres have started recruiting patients in the last month. Congratulations to Cambridge, Guy's, Queen Elizabeth, Royal London and Southmead.

Exclusion criteria – previous transplants

Following a review of the protocol it has been agreed that patients who have had a previous transplant (of any kind) should no longer be excluded from the trial. This change has now been approved by the Ethics Committee and these patients can now be included. An amended protocol has been circulated to all centres and is available on the website. The CRF and electronic randomisation system have also both been amended to reflect this change. We are confident this will lead to a rise in the number of patients randomised. If you have any questions about this when screening patients please contact the data coordinating centre.

Data management training

All centres are now actively recruiting and online training has recently been completed at Queen Elizabeth, Royal London and Southmead. Further training is planned in November for Cambridge and Guy's.

F.A.Q. — Patients with dialysis fistulas

Question: At site training the issue of what would happen if a patient has a working fistula in both arms has been raised on a few occasions. Should we use the leg for pre-conditioning?

Answer: Patients with dialysis fistulas on both arms should be excluded from the study. This is for the following two reasons:

1. Inflation of the blood pressure cuff on the arm of such patients may put the fistula at risk of rupture/tear or thrombosis.
2. The leg should not be used as an alternative to the arm for RIPC induction. Patients with end-stage renal failure are likely to have significant peripheral vascular disease. Inflation of the blood pressure cuff on the leg may cause atherosclerotic plaque segments to break off the arterial wall, which may act as emboli blocking blood vessels distally.

Collaborators' meeting

The collaborators' meeting will take place on Thursday 9th December in London. There are 3 available places for each centre and reasonable travel costs will be covered. Please keep receipts for all claims as this makes reimbursement easier to process. Please contact Josemir.Astarci@lshtm.ac.uk if you have any queries about the event.



Eligibility

Inclusion criteria

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

Exclusion criteria

- 0,0,0-mismatched renal grafts (no mismatch in HLA-A/B/DR antigens between donor and recipient)
- 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

Participating centres

Centre	Status (end of October)
Leiden University Medical Center	Recruiting (18)
St George's Hospital, London	Recruiting (20)
Royal Free Hospital, London	Recruiting (12)
Guy's Hospital, London	Recruiting (1)
Southmead Hospital, Bristol	Recruiting (2)
Queen Elizabeth Medical Centre, Birmingham	Recruiting (1)
Royal London Hospital	Recruiting (2)
Cambridge University Hospitals NHS Trust	Recruiting (2)
VU University Medical Center, Amsterdam	Recruiting (13)

Contact details

Tel: 020 7927 2473 Fax: 020 7637 2853

Email: repair@lshtm.ac.uk Web: <http://repair.lshtm.ac.uk/>