

REPAIR Trial Newsletter



Renal Protection
Against Ischaemia
Reperfusion in
Transplantation

Issue 2, May 2010

Inside this issue

Recruitment update	1
Inclusion/exclusion criteria	1
Screening logs	1
Publication news	2
Participating centres	2
F.A.Q.— warm/cold ischaemic times	2
Website	2
Contact details	2

Eligibility

Inclusion criteria

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

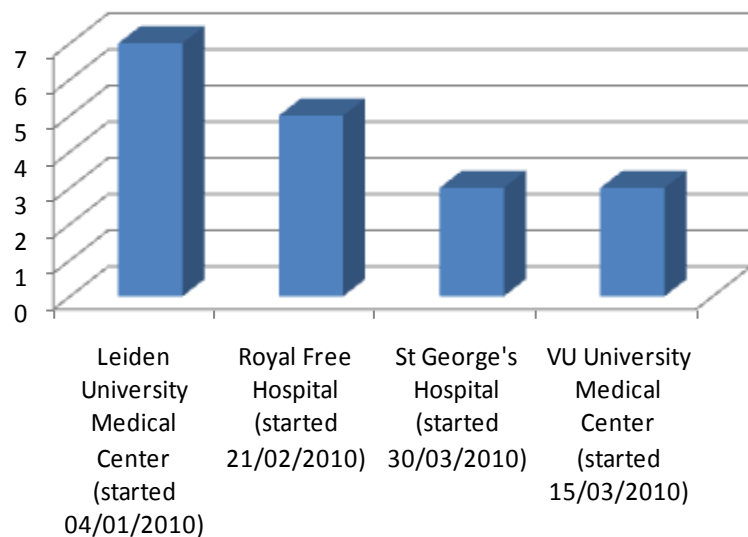
Exclusion criteria

- 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 who have had a previous transplant
- 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

Recruitment update

Number randomised to end April 2010



18 patients randomised to end of April!
We are looking forward to more centres recruiting throughout May.

Screening logs

When centres have been trained and are ready to start recruiting patients we request a completed monthly screening log. This should be of all recipients that month, who have undergone living donor transplant. The logs are requested at the end of each month and should include all patients transplanted, whether they were eligible for REPAIR, whether they were recruited, and if not recruited the reason why. The data are used to build a profile of which patients we are recruiting and potentially identify reasons why we are missing people. This will help us improve our recruitment procedures. We would like to thank you all for your help with this.

FAQ—warm/cold ischaemic times

Question: The renal graft information form asks for warm and cold ischaemic times, how should this be calculated?

Answer: Warm ischaemia time has 2 components. The first component is the time from renal artery clamping in the donor until the kidney is totally removed from the donor. The second component is the time from placing the kidney in the recipient to reconnecting the arterial blood supply. These two intervals are added together to give the total warm ischaemia time. This is usually documented on the transplantation documentation. Cold ischaemia time is the length of time the kidney is placed in chilled preservation solution after it has been removed from the donor and then re-implanted in the recipient.



Website

For up to date news on recruitment and other REPAIR trial issues visit our website <http://repair.lshtm.ac.uk/>

Contact details

Tel: 020 7927 2473

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Publication update

The pilot data that was a key part of the EME applications has just been accepted for publication by the Journal Of the American Society of Nephrology (JASN). As you will know this journal reaches a wide readership, and publication of these data will raise the profile of the trial internationally.

Remote ischemic preconditioning protects against ischemia-reperfusion injury in pediatric renal transplantation. Loukogeorgakis SP, Rees L, Cole TJ, Knott C, Van'T Hoff W, Shroff R, Dalton RN, Turner C, MacAllister RJ, Deanfield JE. **JASN**, 2010 (in press).

Participating centres

Centre	Current status (end of April)
Leiden University Medical Center, The Netherlands	Recruiting (7)
St George's Hospital, London	Recruiting (3)
Royal Free Hospital NHS Trust, London	Recruiting (5)
Guys Hospital NHS Trust, London	Approval in progress
Southmead Hospital NHS Trust, Bristol	Approval in progress
Queen Elizabeth Medical Centre, Birmingham	Approval in progress
Royal London Hospital, London	Approval in progress
Cambridge University Hospitals NHS Trust, Cambridge	Recruiting
VU University Medical Center, Amsterdam, The Netherlands	Recruiting (3)
Leicester General Hospital, Leicester	Recruiting