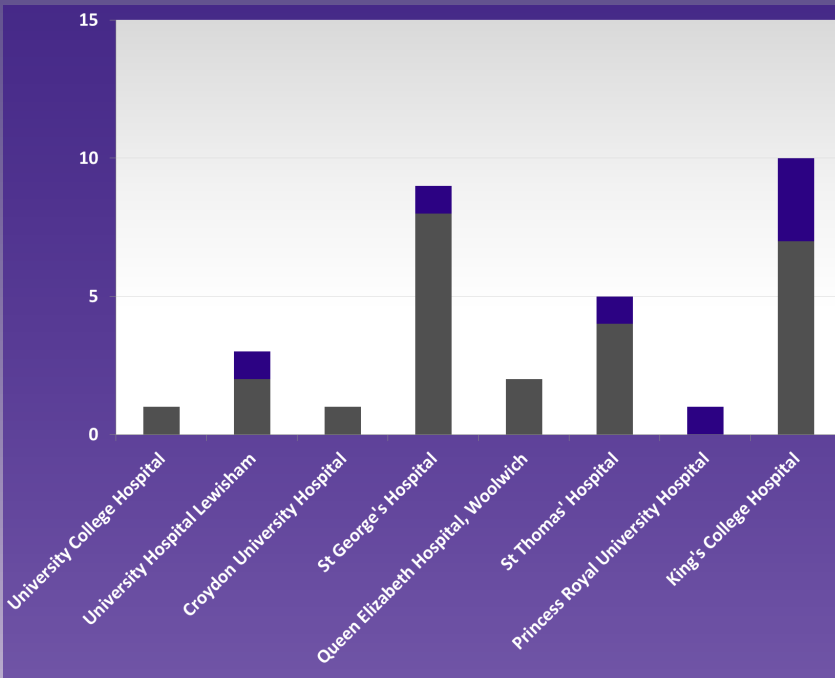


The ARREST Newsletter

As of the end of May, there were **32 patients** enrolled in ARREST.

7 patients were recruited in May.



Graph showing distribution of patients. Purple represents patients recruited in May, and grey represents previously recruited patients.

ARREST continues to recruit above target with a total of 32 patients enrolled by the end of May. In May, 5 sites received patients from London Ambulance Service (LAS). Many thanks to our local collaborators and LAS for their continued support.

We are currently working to open the North London sites to recruitment. The trial is targeting the end of June 2018 to launch ARREST at the first North London sites. Subsequently, we are aiming to be fully pan-London by the end of July 2018.

Building local awareness

One of the key lessons we have learned from running ARREST is the importance of ensuring that all hospital staff are aware that the trial is taking place at their hospital. If staff are not aware of the trial this can cause issues when patients are delivered to the hospital. In one case the issue was so serious that the site had to be temporarily suspended from recruitment.

The following measures can prevent this from happening.

- **Actively inform** relevant staff and ask for confirmation that they have received the information
- Present the trial at **research and handover meetings** to ensure all staff are aware of the trial
- **Put up the posters** in the staff rooms as well as the clinical areas
- Include information about the trial in any **departmental newsletters**
- **Persistence.** Present trial info **more than once** to ensure that new staff or absent staff are informed

If you require any materials to support your efforts to build local awareness, please do not hesitate to get in touch with the ARREST CTU. Additionally, the ARREST CTU is always available to come to your hospital to discuss strategies for increasing awareness or to present the trial at local meetings.

Recruitment Update



Contact the ARREST Clinical Trials Unit

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QA

This month we spoke with a few of the Advanced Paramedic Practitioners (APPs) at London Ambulance Service to see how the ARREST trial has been running for them. APPs play two key roles in ARREST. By communicating with the on-site paramedic, APPs in the Emergency Operations Centre (EOC) remotely randomise patients into the trial and provide the treatment allocation. They also attend to cardiac arrests as the on-site paramedic and identify patients who are eligible for the trial.

How was your experience using the online randomisation system to enrol a patient?

The Sealed Envelope on line system is really simple to use, enabling rapid randomisation of patients to the trial.

Did communication about ARREST with the on-site paramedic go smoothly? Were you able to get the information you needed and to communicate the treatment allocation?

Detailed written information was provided ahead of the trial start date. An aide memoire for use by paramedics in the field which details the inclusion and exclusion criteria has been a very useful tool.

How did the recruitment process fit in with providing care to the patient both on-site and in the control room?

The process of remote randomisation means that the Paramedic in the field is not distracted from patient treatment by the need to randomise the patient. It also means that a cross check of inclusion and exclusion criteria can be completed by both Paramedics which reduces the risk of recruitment errors.

Were there any issues delivering a patient to the assigned hospital including informing staff that the patient was in ARREST?

There have been a few issues with patient handover at hospitals. To ensure that it goes smoothly, it is important that hospital staff are fully informed that the trial is running at their site.

Do you have any tips or suggestions for other paramedics on how to best enrol patients for the ARREST trial and deliver them to hospital?

Try to contact the APP in the EOC as early as possible as soon as it is decided to enrol a patient. The APP in the EOC may be busy with other tasks which could cause a delay in completing on line randomisation.



LAS ambulance in Trafalgar Square

Last few spaces available! **LSHTM Clinical Trials Short Course** **25th June to 29th June 2018**

This course provides attendees with a clear understanding of the fundamental principles of Randomised Clinical Trials (RCTs). Lectures and practical sessions cover the key issues to be considered in design, conduct, analysis and reporting, with a focus on major clinical trials which directly influence clinical practice. Topics are addressed with perspectives from both public sector research and the pharmaceutical industry.

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For more information please visit:

<https://lshtm.ac.uk/study/courses/short-courses/clinical-trials>

ARREST eCRF update

The electronic CRF (eCRF) for ARREST is in the final stages of testing and will be launching for all sites in June 2018. As soon as it is ready, the ARREST CTU will contact all sites to provide access and training on how to use the eCRF.

Data that has already been gathered on the paper CRF can be entered into the eCRF retrospectively. For future data it is acceptable to use the paper CRF to make notes, but all data should be entered into the eCRF as the primary repository for patient data.

If you have any questions regarding the eCRF or the handling of data in ARREST, please get in touch with the ARREST CTU.