The *REDOXS*© Study
REducing Deaths due to OXidative Stress

The REDOXS© Study
REducing Deaths from OXidative Stress

Sponsor
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Project Leaders
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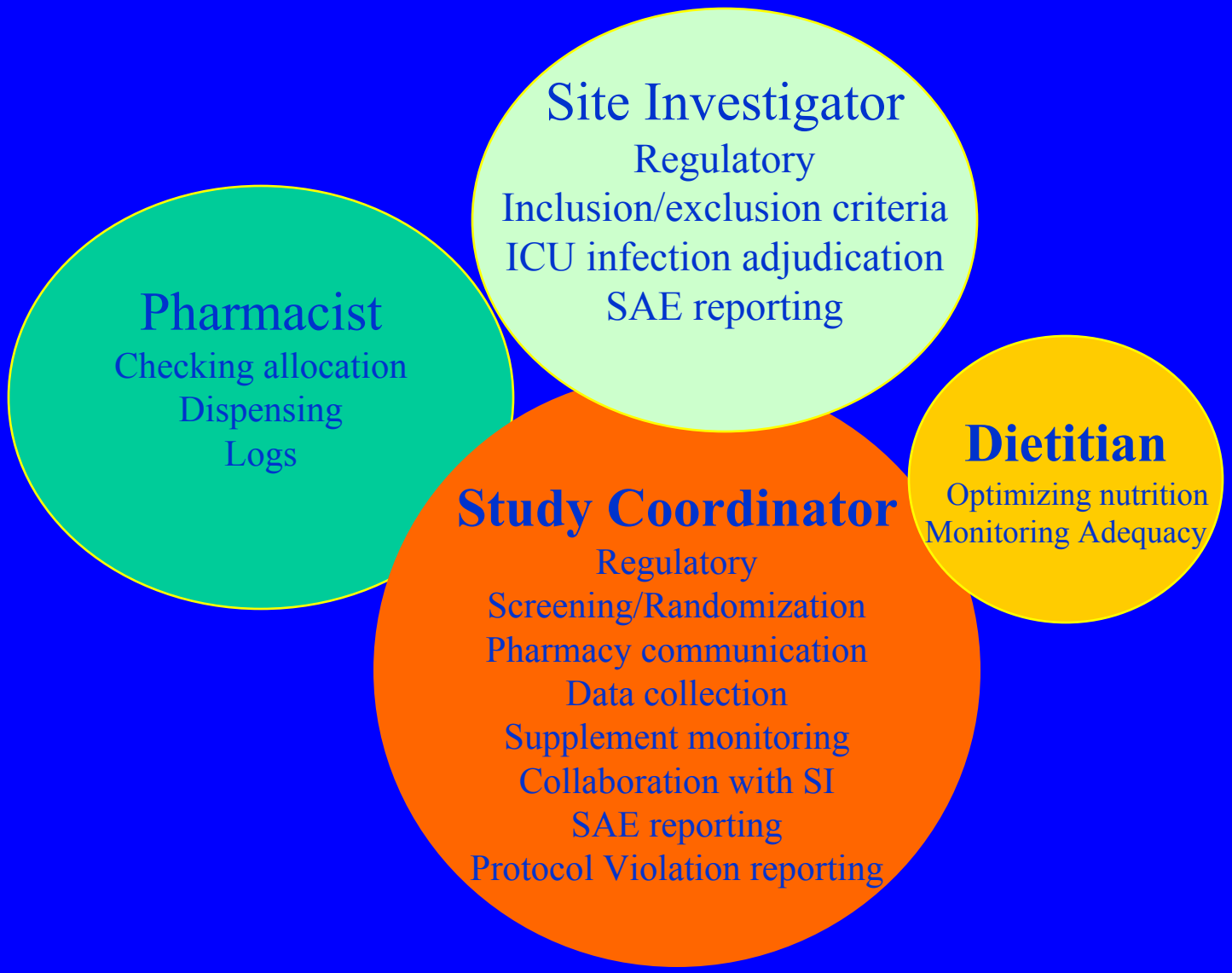
CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Canadian Critical Care Trials Group

Fresenius Kabi
Caring for Life

Study Coordinator

REDOXS© Teamwork



Regulatory paperwork: pre-trial

- Ethics approval
- Consent form approved by Ethics

Essential elements according to GCP 4.8.10 must be included

- Regulatory approval
- Lab ranges and accreditation
- Qualified Investigator: CVs, licenses
- Research Coordinator: CVs
- Delegation of Authority Logs
- Web access logs

Delegation of Authority Log

The REDOXS® Study
REducing Oxidative Stress

Delegation of Authority Log

This log is used by the Qualified Investigator (i.e. Site Investigator) to indicate the Site Staff that have a material effect on the conduct of the Study and to whom the Investigator has delegated significant Study related duties/tasks. The signatures and details on this log will also facilitate tracking of edits/changes of the Site records. This log is to be kept by the Qualified Investigator and the Sponsor.

Name of Qualified Investigator: _____ Signature of Qualified Investigator:_____

Print Name	Signature	Initials	Study Role (Qualified Investigator*, sub-QI*, Research Coordinator (RC), Pharmacist, Technician, Dietitian	Key Delegated Tasks (see next page)	Dates	
					Start	End

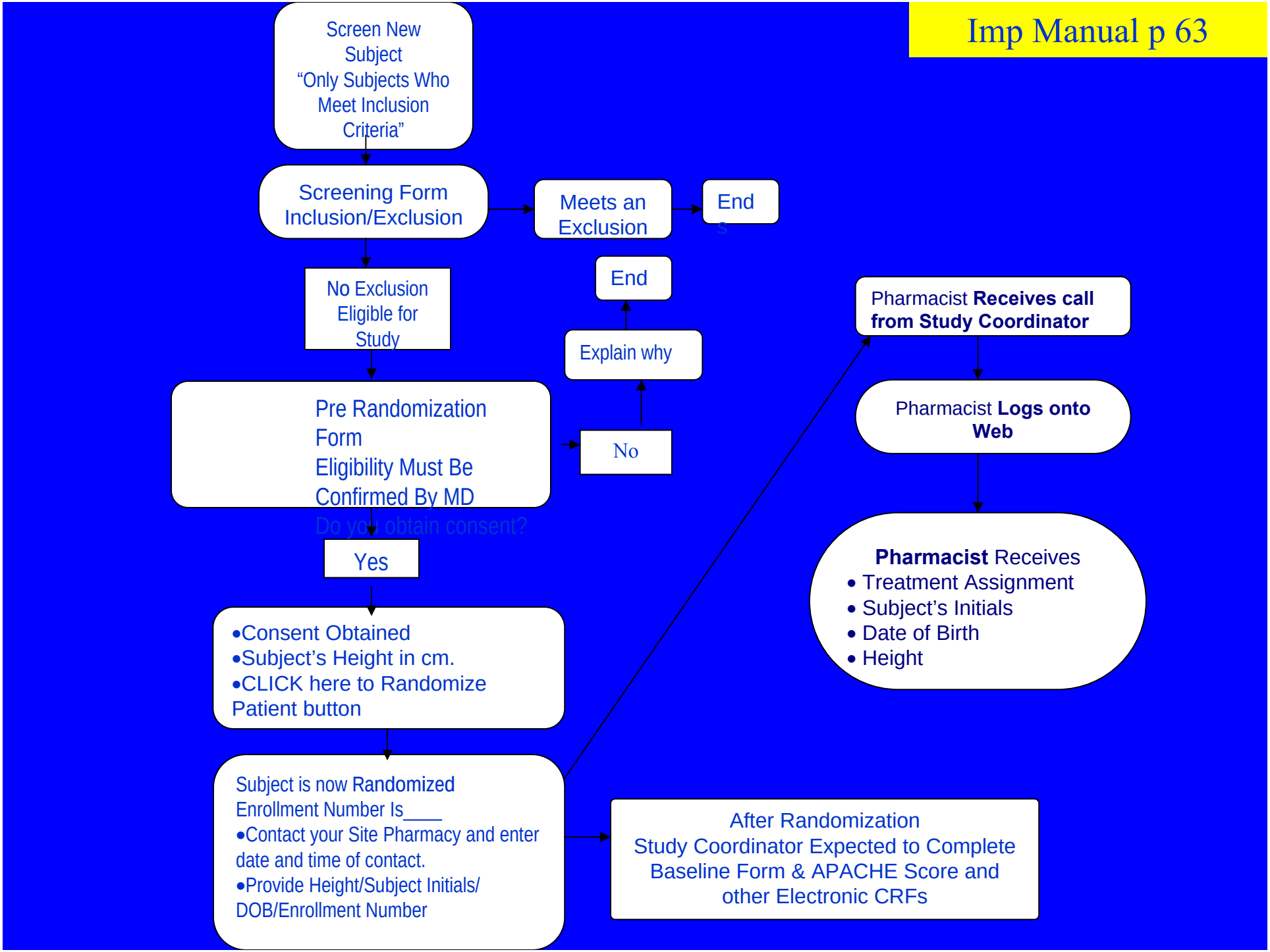
Sample of Delegated Tasks provided

Randomization
To be done by Research Coordinator

Appendix 1

Randomization on Web

Imp Manual p 63



Critical Care Nutrition

www.criticalcarenutrition.com

- Home
- About Critical Care Nutrition
- Nutrition CPGs
- International Survey 2008
- REDOXS© Study
- Tools and Training Kit
- Publications
- Research
- Presentations
- Upcoming Conferences
- Related Links
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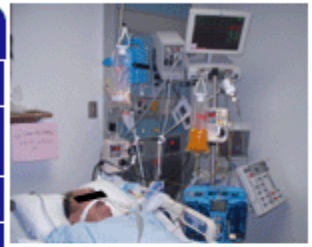
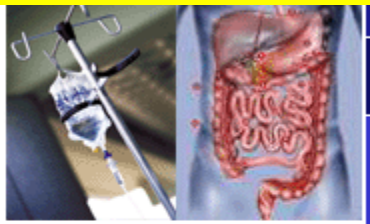
- Pharmaconutrition
- Contact Us



Glutamine $C_5H_{10}N_2O_3$



- Register / Login
- Resources *new*

the improvement in nutrition therapies in intensive care units across the world.

We bring to you...

Important Announcements:

September 2008 update: The International Nutrition Survey data entry website will close at 5pm Eastern Standard Time (EST) on Tuesday 30th September. Limited data queries will be sent out shortly thereafter.

* * *

July 2008: See Resources Section of International Survey 2008 for the *new* July 2008 Newsletter.

* * *

June 2008: See resources for June 2008 International Survey

NEWSROOM

Be the Best of the Best!
- Read more

Pharmaconutrition
- Read more

CCN Goes Down Under!
- Read more

International Survey 2008
- Read more

Electronic Journal Club
- Read more

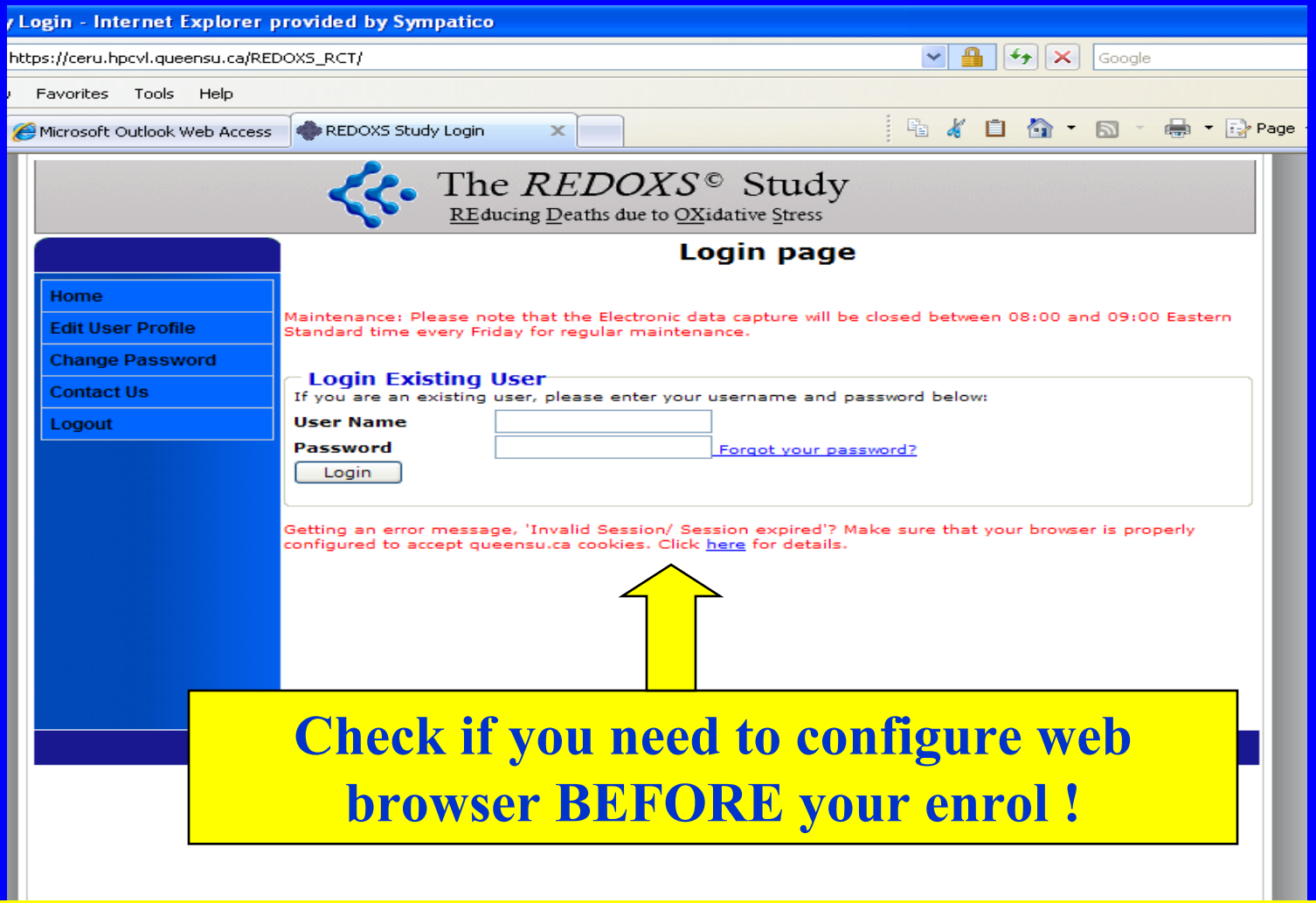
https://ceru.hpcvl.queensu.ca/REDOXS_RCT

Internet

tart | Inbox - Micr... | Training | 2008 | Microsoft Po... | Critical Ca... | 11:41

Imp Manual p 9

Web Login Page



Check if you need to configure web browser BEFORE your enrol !

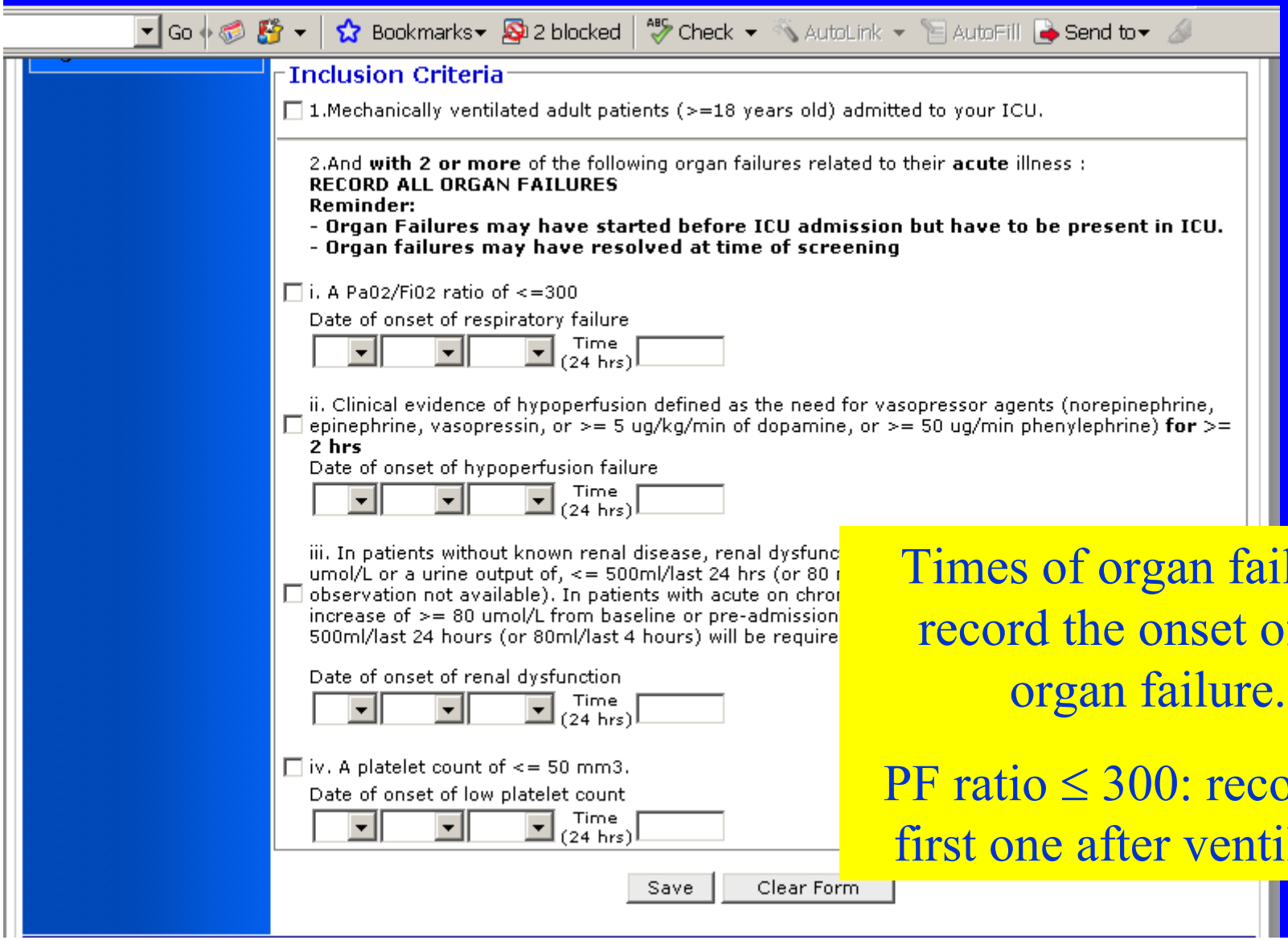
Password assigned once regulatory approvals received

Inclusion/exclusion criteria

Refer to inclusion/exclusion criteria cards

Inclusion Criteria

Imp Manual p 13-15

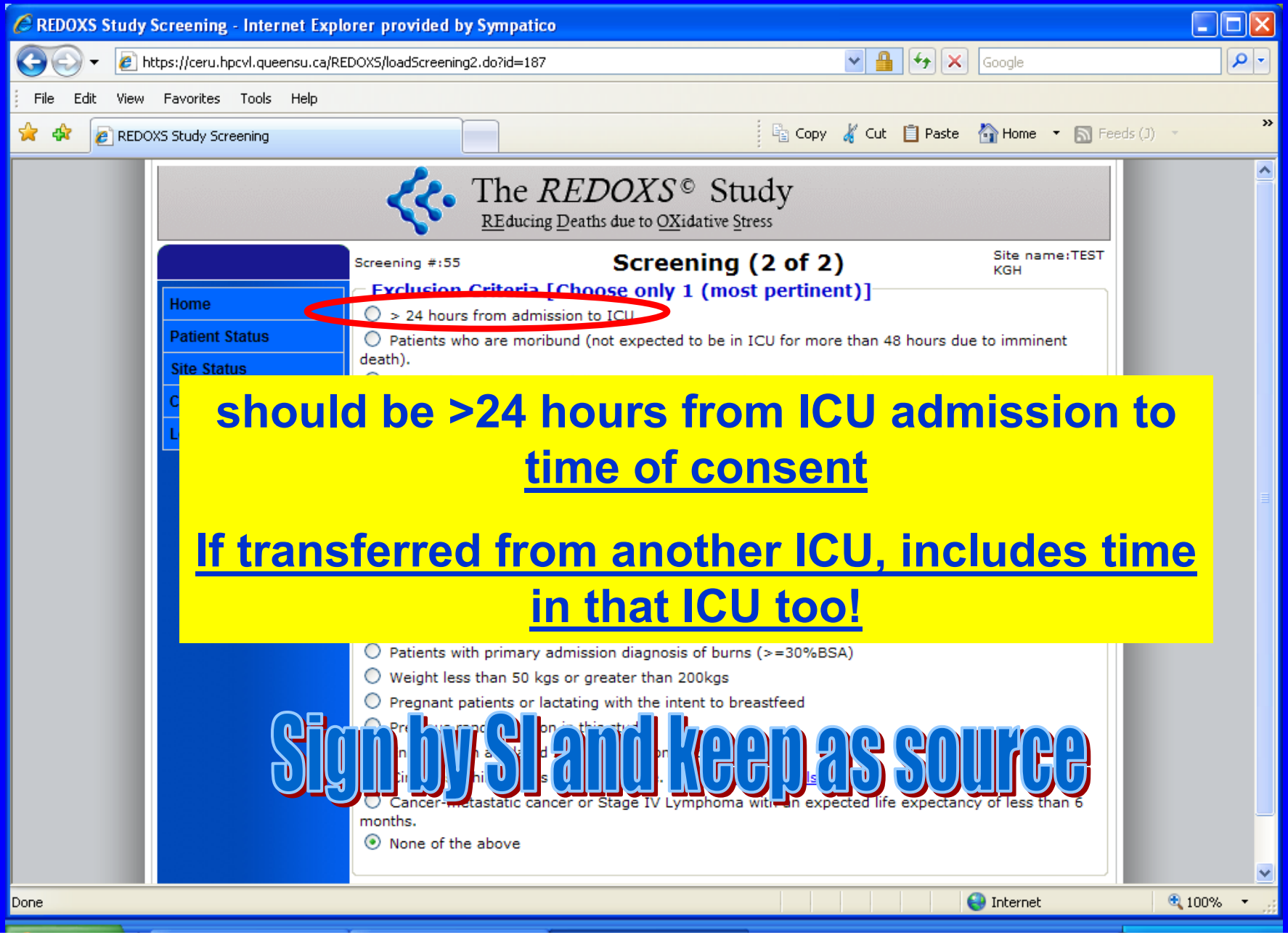


Times of organ failures: record the onset of the organ failure.

PF ratio ≤ 300: record the first one after ventilation

Exclusion Criteria

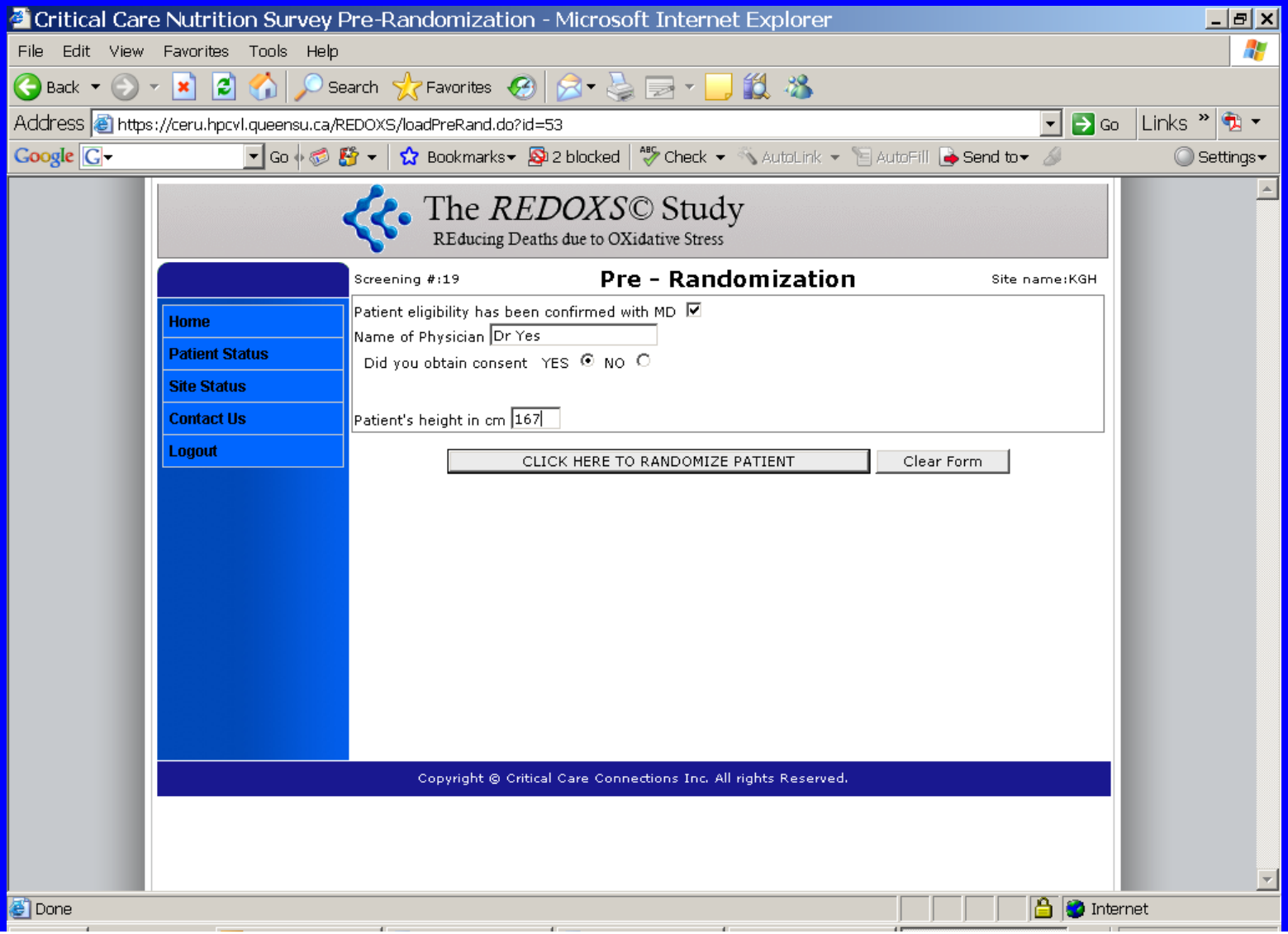
Imp Manual p 16-18



Imp Manual p 20

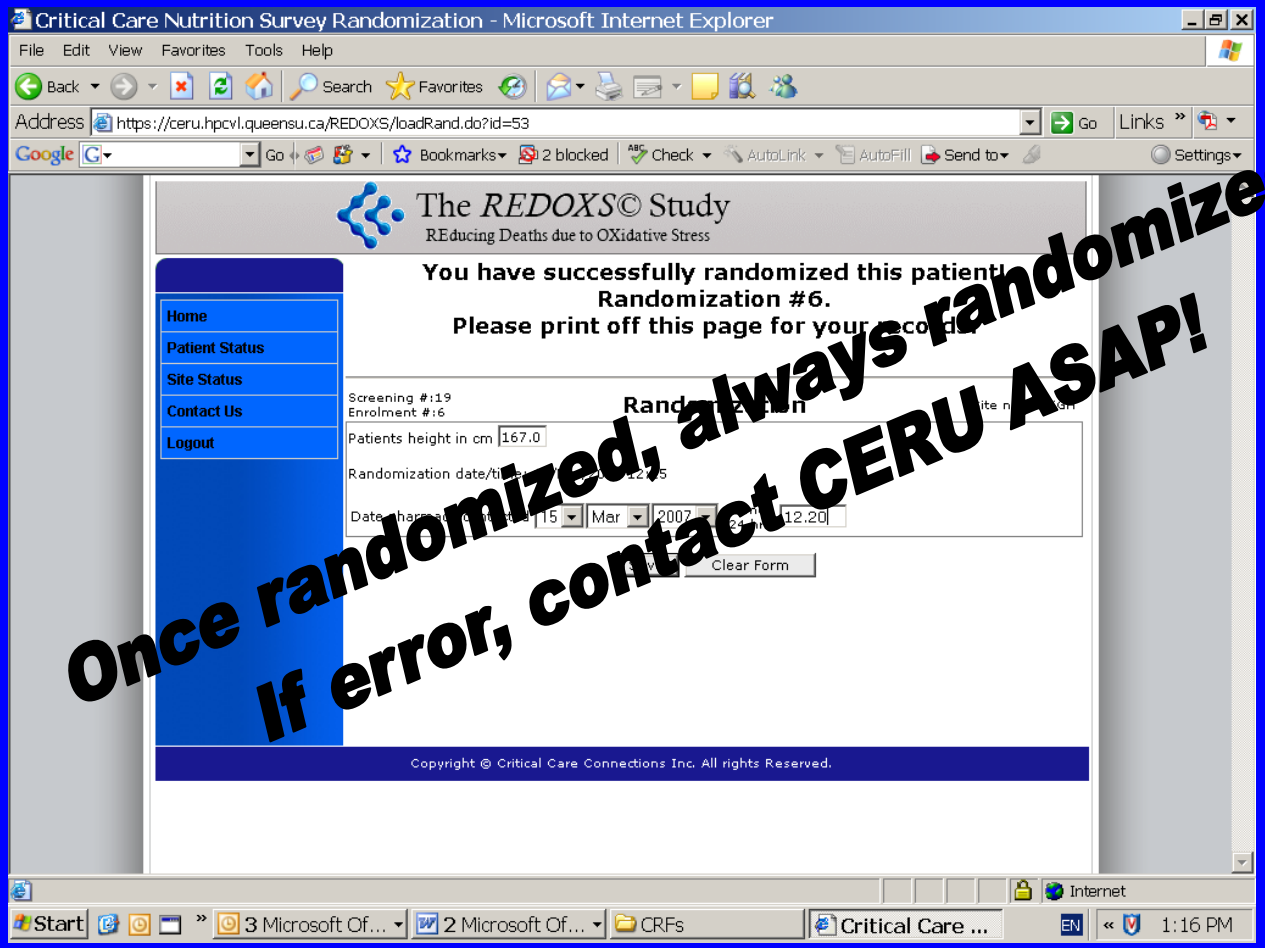
Pre-Randomization

☑ Consent



If Randomized

Imp Manual p 21

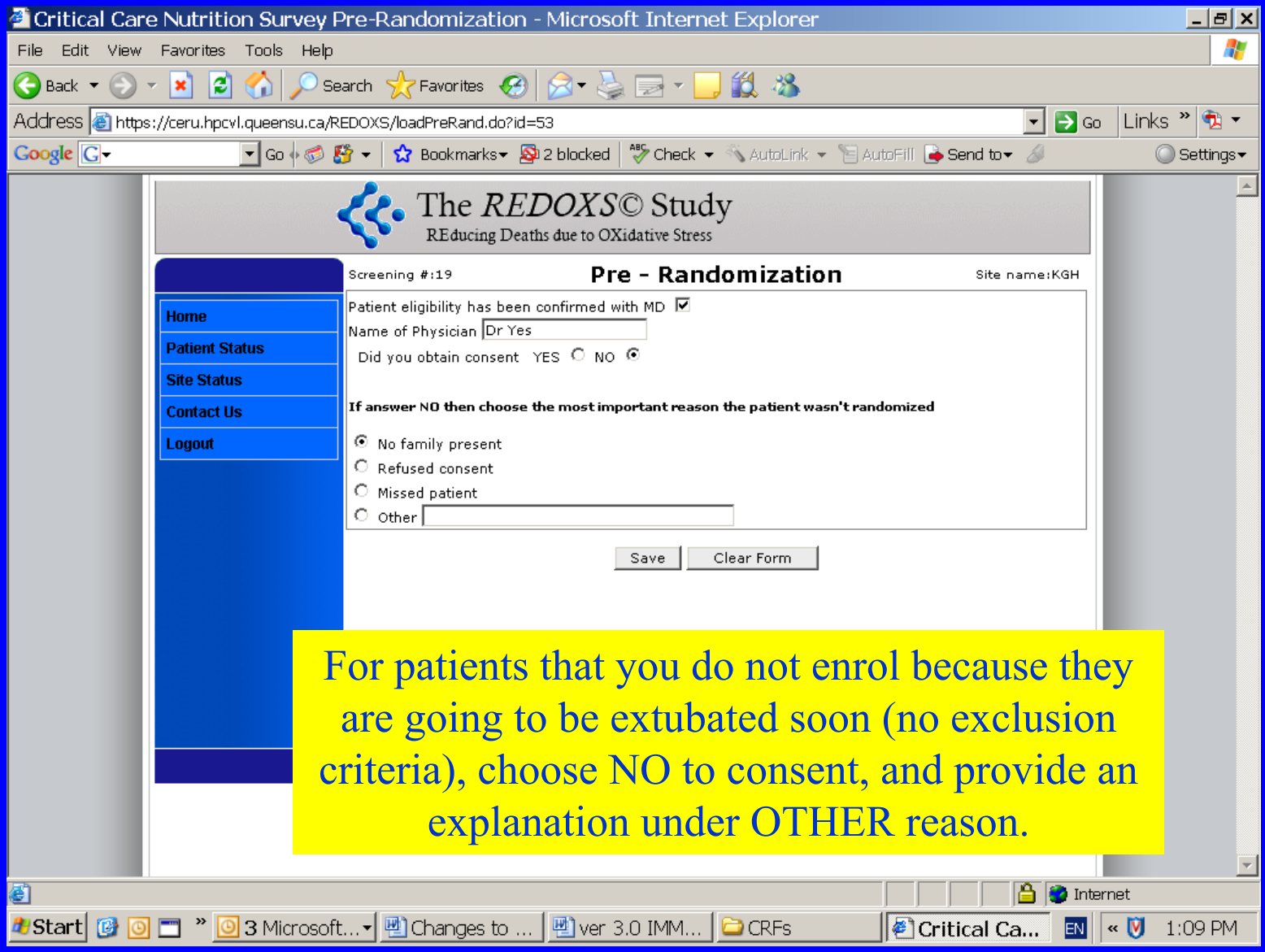


Print the page and notify the study pharmacist of:

- Patient randomization number
- Height in cms
- Patient initials and DOB

Imp Manual p 20

☒ Consent

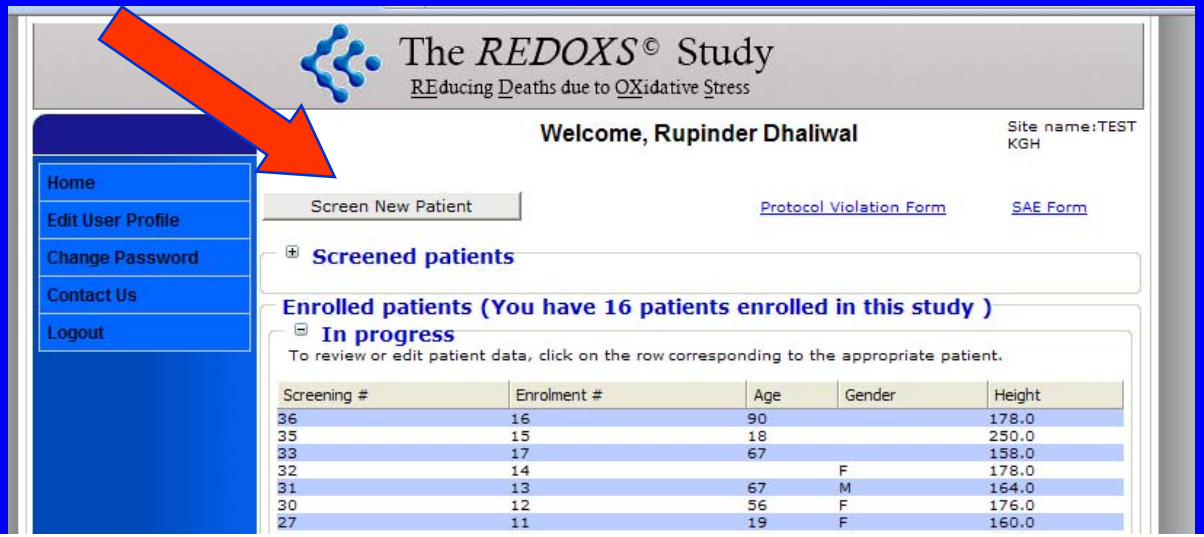


For patients that you do not enrol because they are going to be extubated soon (no exclusion criteria), choose NO to consent, and provide an explanation under OTHER reason.

Screening Logs (online)

Enter Screening Data for ALL patients meeting inclusion criteria, including those meeting an exclusion criteria and those that refuse consent

Do NOT need to submit other screening logs



FAQs

I have made a mistake in the organ failure timing.

Can I change the screening data after I have randomized a patient?

Case study #1: eligible or not?

75 yr old male admitted to ICU with diagnosis of sepsis following complications post bowel surgery

Screening time Sept 21st 9:00 hours

ICU admission Sept 20th at 18:00 hrs

PF ratio < 300 Sep 20th 18:45 hrs

Renal failure Sept 20th 13:23 hrs

Hx of diabetes, CAD, seizure d/o on anticonvulsants

Case study # 2: Timing of Organ Failures

16: 10 hrs Patient admitted to ER, SOB, ABGs PF ratio 240

16:40 hrs in ER intubated on mechanical ventilation

16:50 in ER dopamine started 6 µ/kg/min until 18:00 hrs

17:00 in ER ABGs PF ratio 210

19:00 transferred to ICU

20:00 started on dopamine at 8 µ/kg/min until 24:00 hrs

21:00 in ICU ABGs PF ratio 212

24: 00 in ICU dopamine d/c

You screen next morning at 09:00 hrs.
Is this patient eligible?
What is the timing of organ failures?

Obtaining Informed Consent

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans

"Free and informed consent refers to the dialogue, information sharing and general process through which prospective subjects choose to participate in research involving themselves"

Timing : When?

Consent must be obtained within 24 hrs of admission to ICU

Who obtains consent?

- Site Investigator or delegate i.e. sub investigator or research nurse
- must be specified on the Delegation of Authority Log

Whom to get consent from?

- Patients are usually incapable given acuity of illness
- Substitute decision maker (SDM) or patient's legally acceptable representative

Pre-Consent

Check to see if patient has refused participation in research in general.

Ensure patient meets the inclusion & no exclusion criteria

Familiarize yourself with the patient's history

Discuss the eligibility criteria and appropriateness of enrolment with Site Investigator.

Involve nursing staff

Approach bedside nursing staff/medical staff for and update on the family's involvement and their degree of knowledge of the patient's condition.

Inform the appropriate nurse you are considering this patient for the REDOXS© Study.

Ask RN when family member is expected.

At the time of Consent

- Arrange for a quiet, private location for discussion with family member(s) with the Site Investigator/delegate.
- The Site Investigator will provide an overview of the study to the family members and inform them that their family member is appropriate for participation in the REDOXS © study. The Site investigator will then introduce the Research coordinator to the family.
- State that you are seeking permission for the patient to participate in a research study
- Highlight that your hospital promotes improving patient care through research

Language

- Use simple and clear language
- Avoid medical jargon
- Do NOT coerce family member
- Personalize the discussions i.e. “Patients like your family member, may benefit from participating in this study....”

Explain Study Procedures

- Feeding via EN or PN is standard of care
- Supplementation via Enteral and IV routes
- No blood will be taken
- Follow up at 3 and 6 months and interview with patient/family member.
  - Alternate family member contact for interview

Antioxidants and Glutamine

- Antioxidants are like vitamins/minerals that are naturally occurring substances that the human body needs to overcome serious illness.
- Glutamine is an a building block for protein, and plays many important functions in the body.
- In critical illness, these nutrients are found to be in low levels.
- Purpose of the study is to see if giving these supplements will improve the survival and reduce infections of sick patients in the ICU, like your family member.

Risks and benefits

- We won't know what your family member is receiving (blinded).
- Risks: No known risks but there maybe others that we do not know about. If the MD in charge of your family member feels that your family member is deteriorating because of the supplements, he can stop the study supplements.
- Your family member will be monitored daily
- Benefits: your family member may have a better chance of survival but we do not know for sure.

Other elements of ICF

- Voluntary participation
  - If refuse participation, will still receive the same medical care.
  - Consent may be withdrawn at any time
- No compensation, no cost
- Contact person for their rights and questions
- Data will be accessed but kept confidential

Provide ICF to SDM

- Provide a copy of the REB approved ICF to family for their review
- Give them sufficient time to ask questions and encourage them to speak to the Site Investigator.
- Ensure that they have understood that they are signing on behalf of their family member
- Provide contact numbers for questions or concerns

After consent obtained

- When the SDM has given consent, ensure that they have dated and signed the ICF. Provide them with one copy.
- Place a copy of the signed ICF in the medical chart and copies in your site files

- Write a note in the chart stating
  - Name of SDM who provided consent, relation to patient
  - Date and time that consent was received
  - Time that patient was randomized
  - Brief summary of REDOXS procedures

Follow up with SDM

- Thank the SDM for the opportunity to include the patient in REDOXS
- Provide the SDM with informal updates when you see them during future ICU visits, whether things are uneventful or not
- Ongoing contact with the SDM will help to make their exposure to medical research a positive experience

No Family around?

- Obtain consent by telephone
- Document in the medical chart that consent was obtained via telephone before the patient was randomized
- Follow up with the SDM to see that the ICF is signed as soon as possible.

Duration of Data Collection

For daily data

from **Study Day 1 until Day 30 unless ICU discharge (actual) or death occurs before day 30**

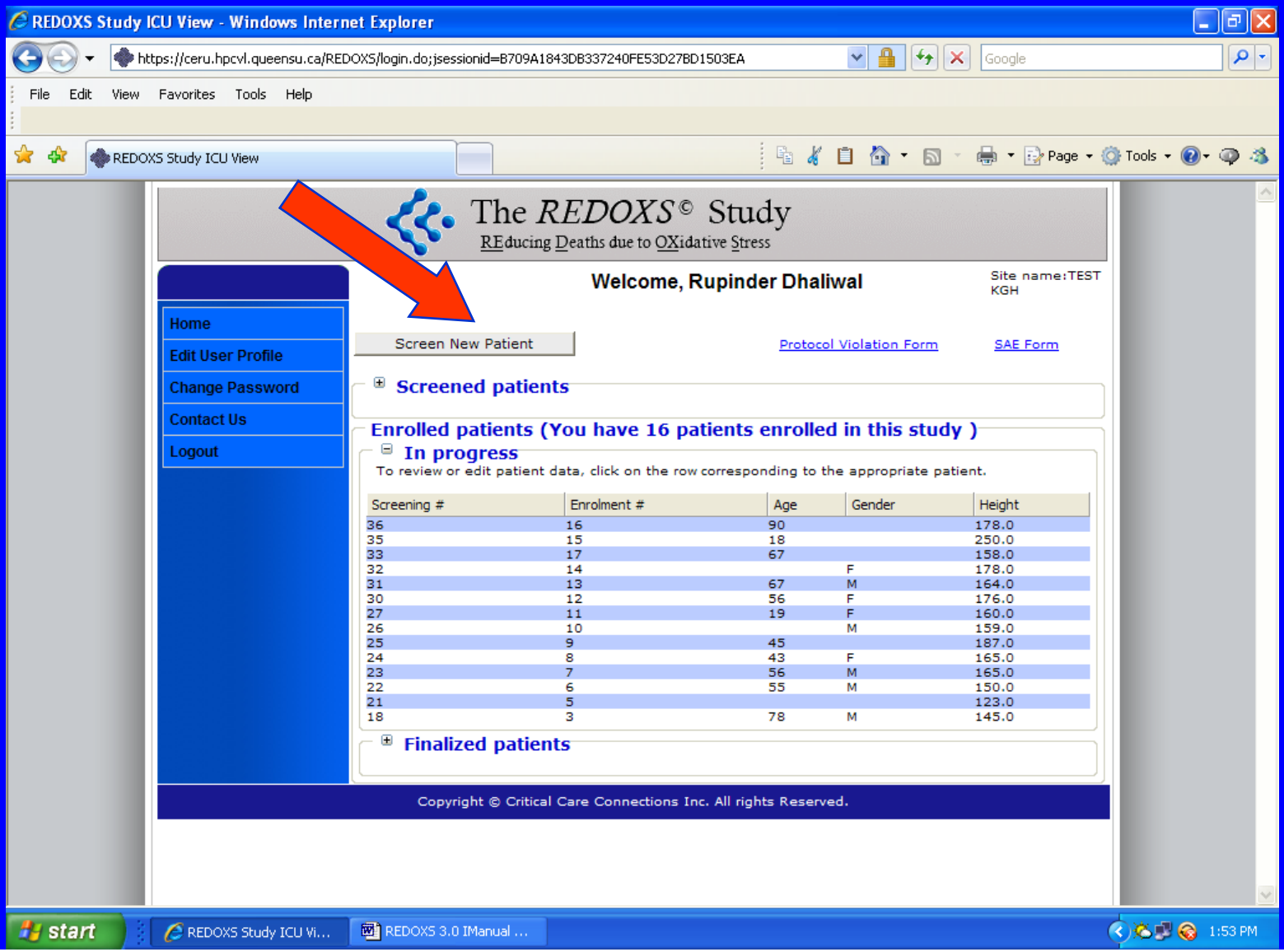
EXCEPT the following:

- Study Supplement Compliance: maximum of 28 days.
- Microbiology: -7 days ICU admission to ICU discharge (or maximum day 30).
- Antibiotics: -7 days ICU admission and stop dates may extend beyond ICU discharge. **Only those started before day 30**
- Patients with ICU stay < 5 days and transferred to ward: collect all daily data from Study Day 1 and continue for 5 days in total (=120 hrs).

Study Day 1 is from ICU admission to end of flowsheet.
Study Day 2 and subsequent days are according to your 24 hr flowsheet

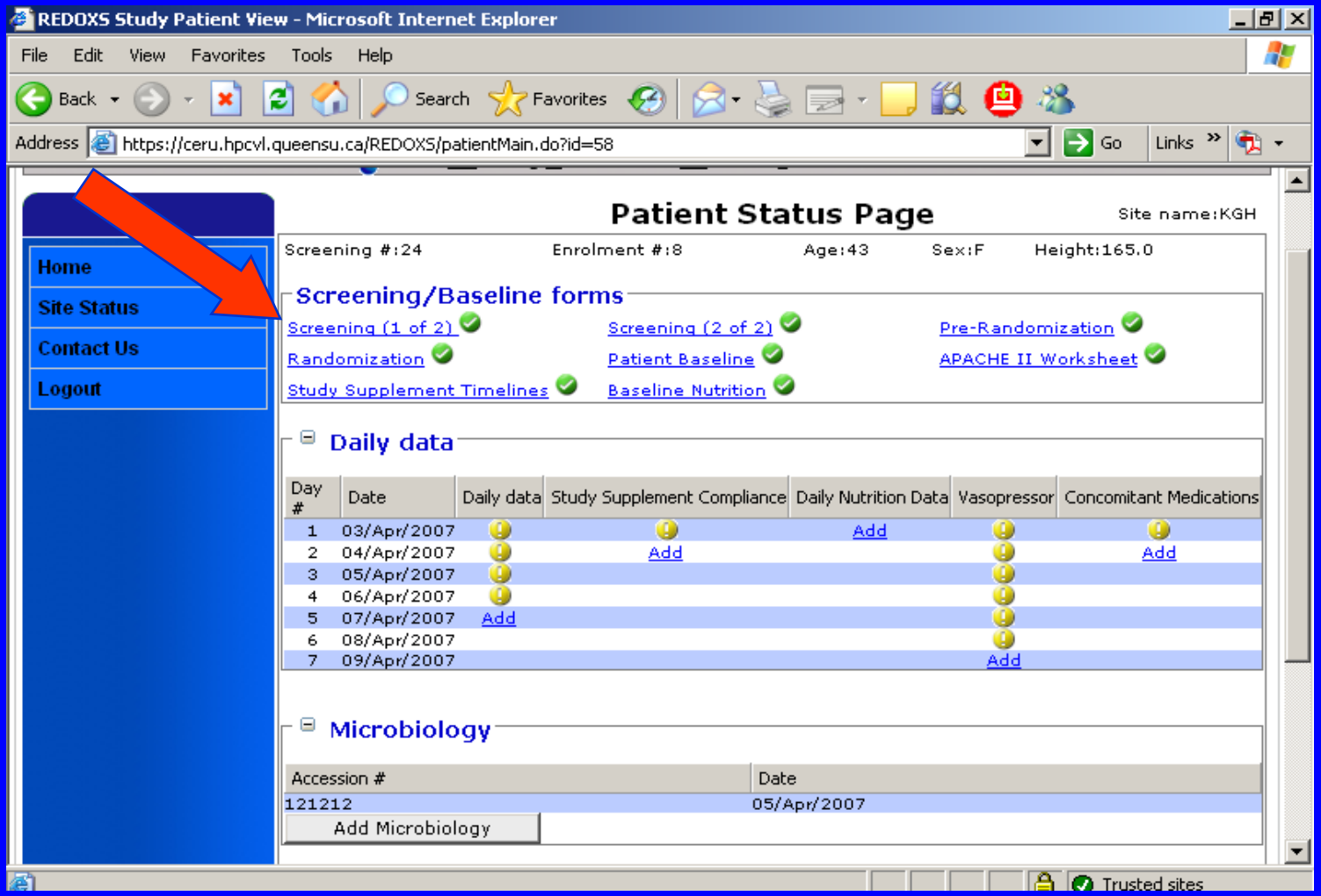
Welcome Home Page (Site Status Page)

Imp Manual p11



Imp Manual p 12

Patient Status Page



Baseline

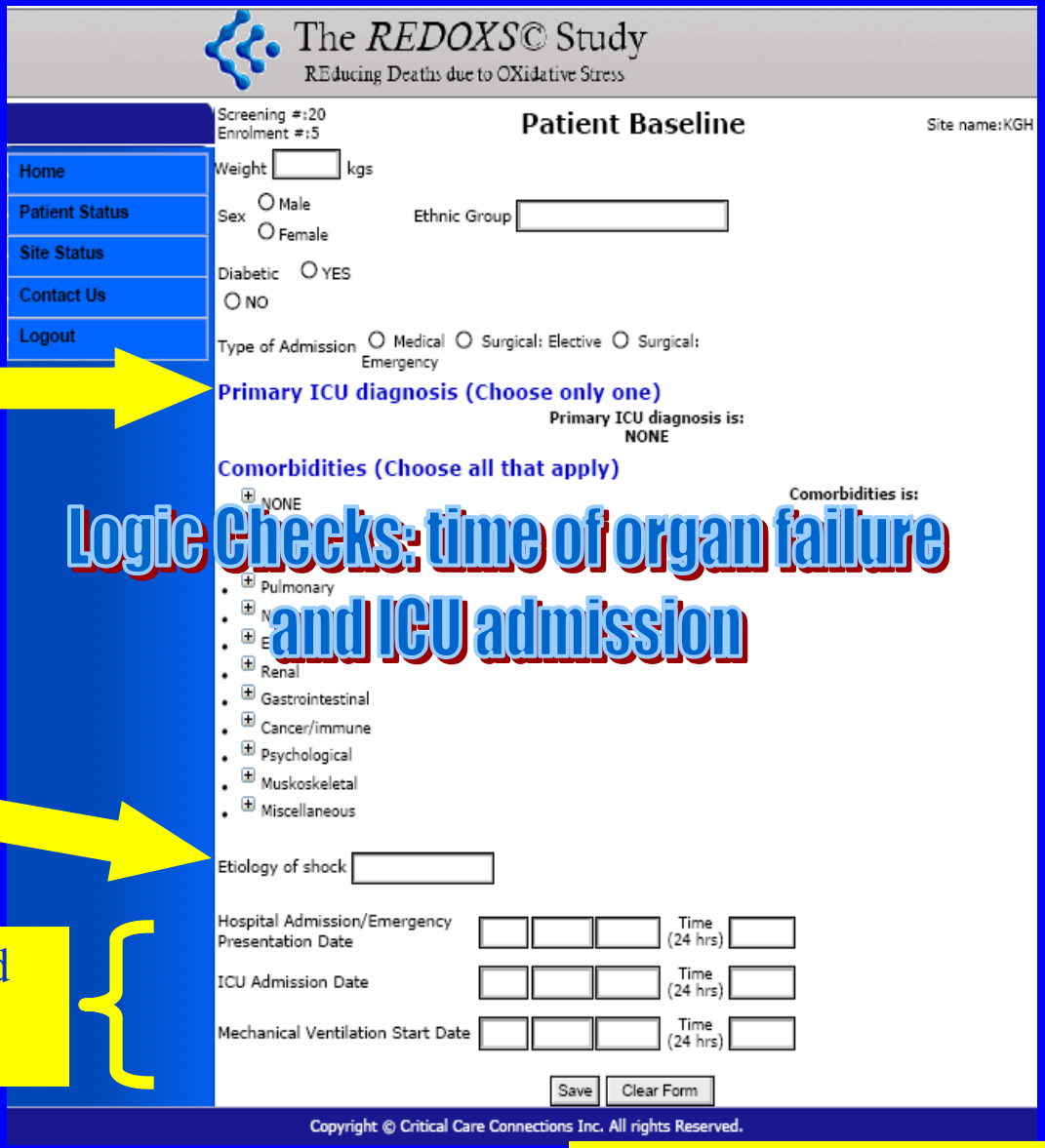
☒ Hypotension

☒ Respiratory Failure

OK to wait

Must be completed

Logical sequence



Logic Checks: time of organ failure and ICU admission

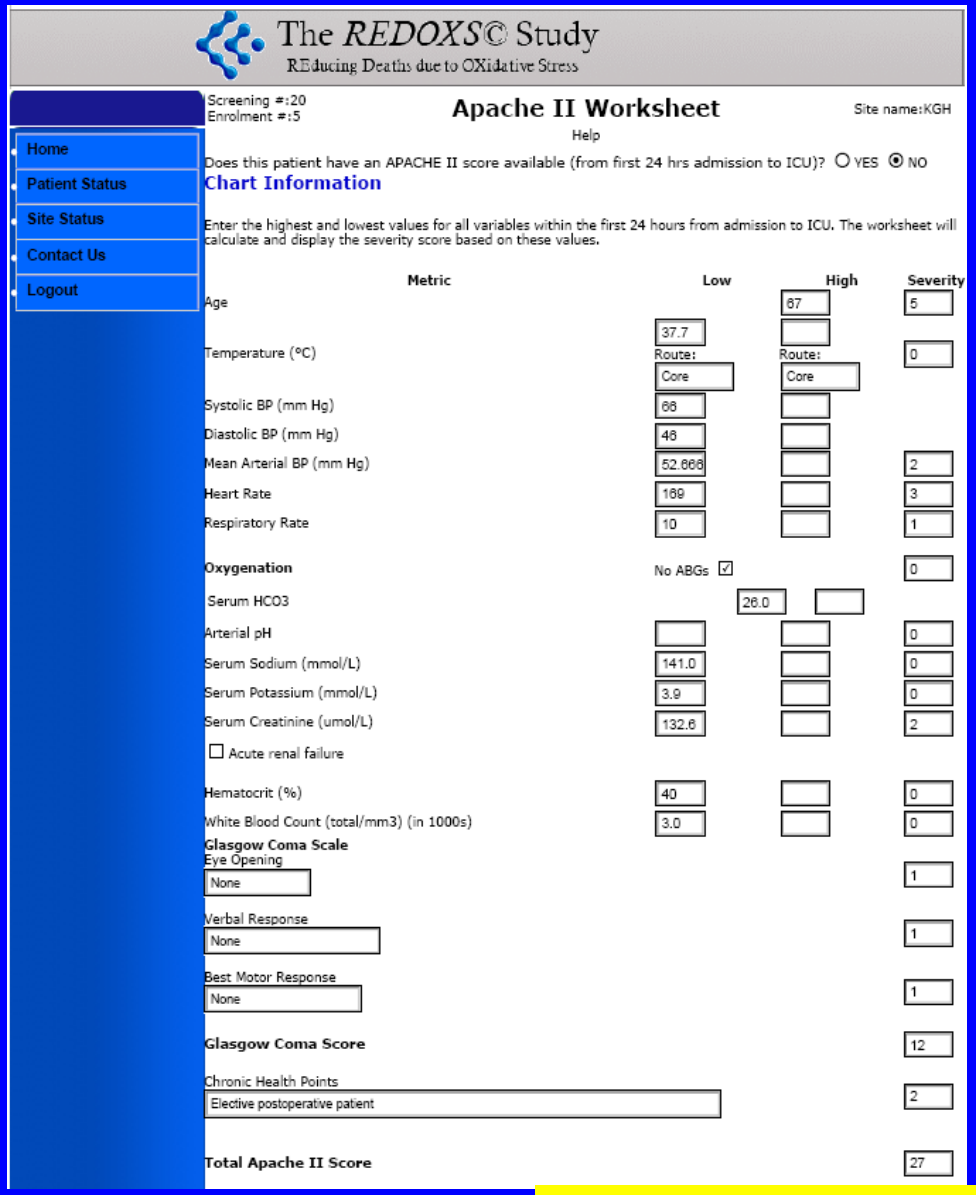
Imp Manual: p 22

APACHE II

May use existing APACHE score if available

Lowest and highest values

Score automatically generated



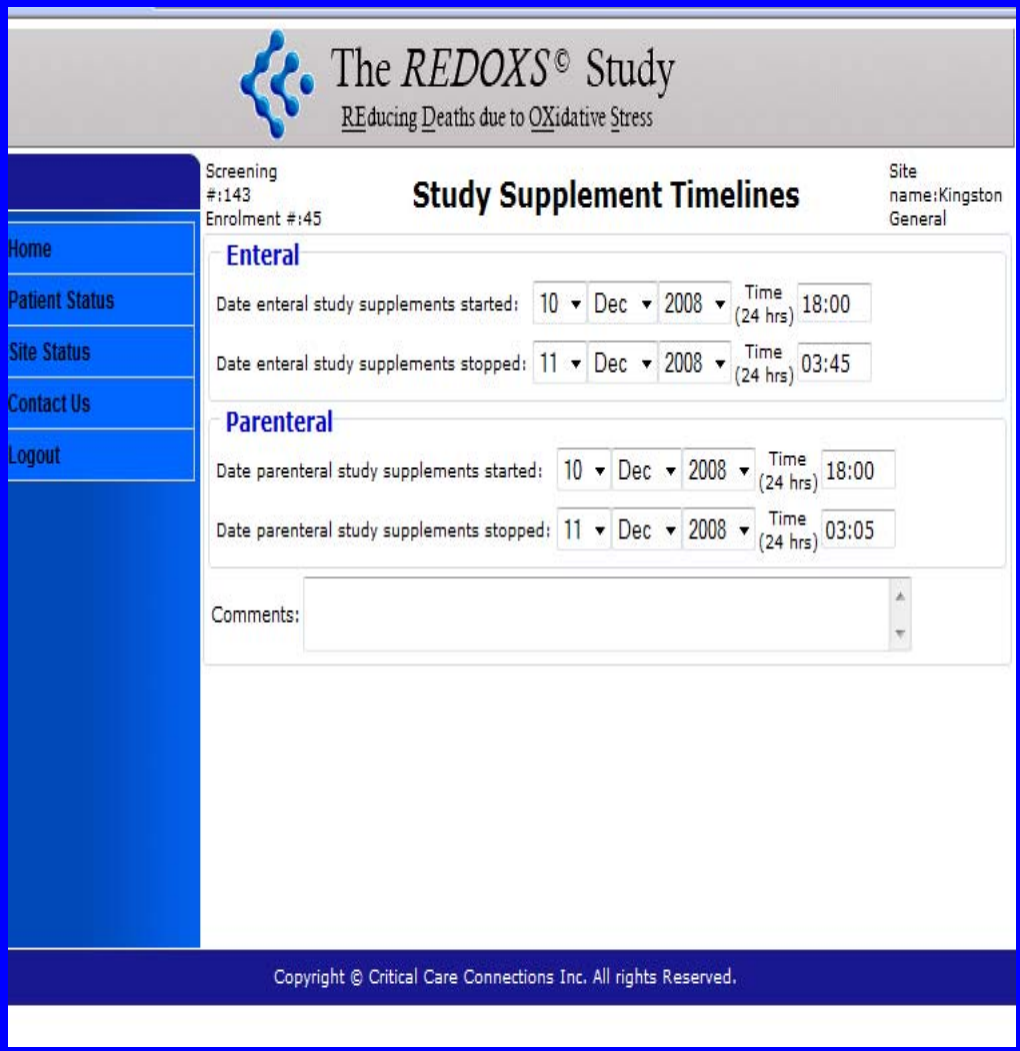
Imp Manual: p 25

Study Supplement Timelines

Duration of supplements:

- Minimum 5 days (120 hrs)
- Maximum 28 days

Start and stop dates and times

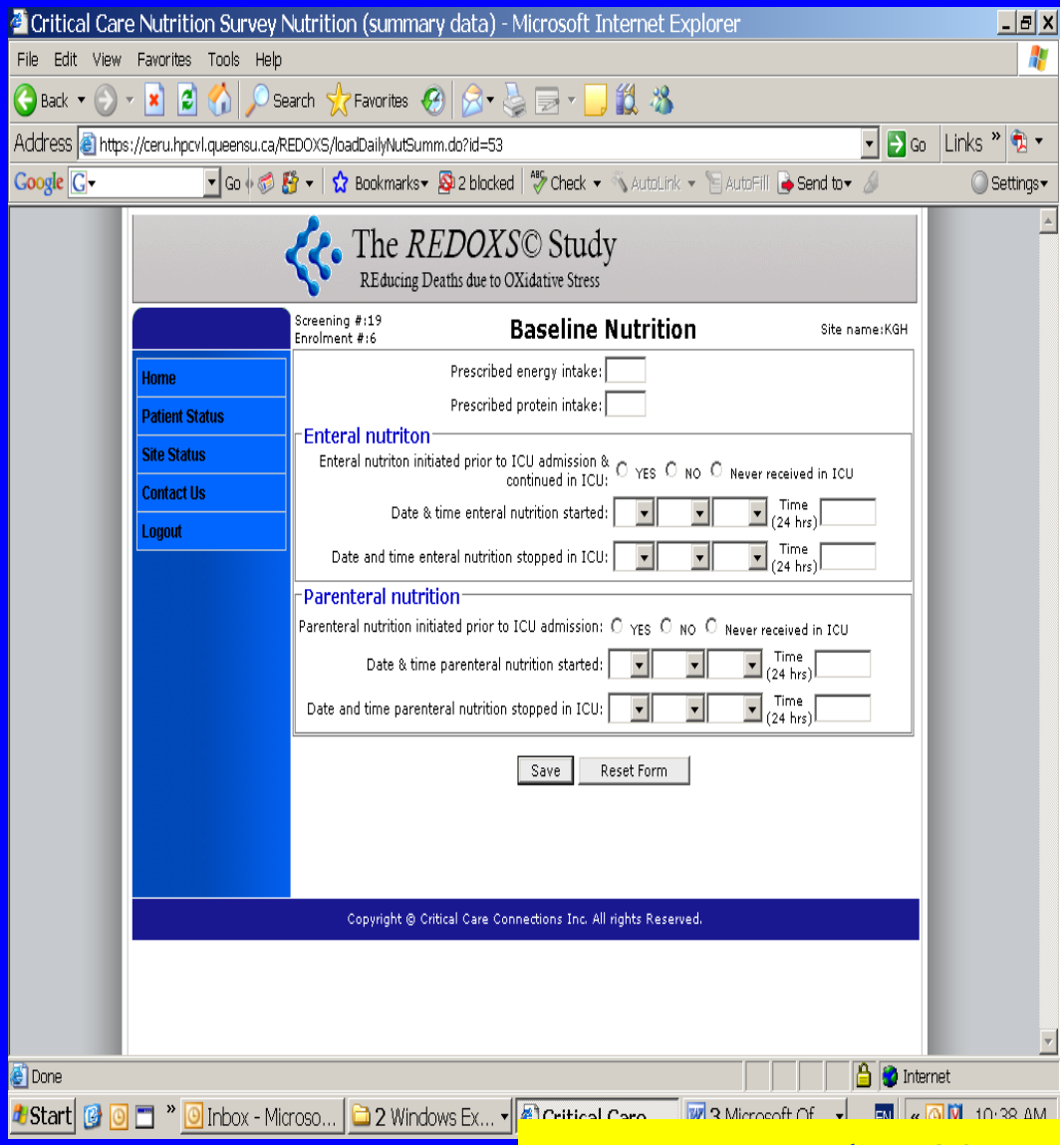


Imp Manual: p 28

Baseline Nutrition

Dietitian to collect:

- Prescribed kcal and protein (baseline)
- Type of nutrition support
- Start and stop date and times
- Refer to Dietitian Manual



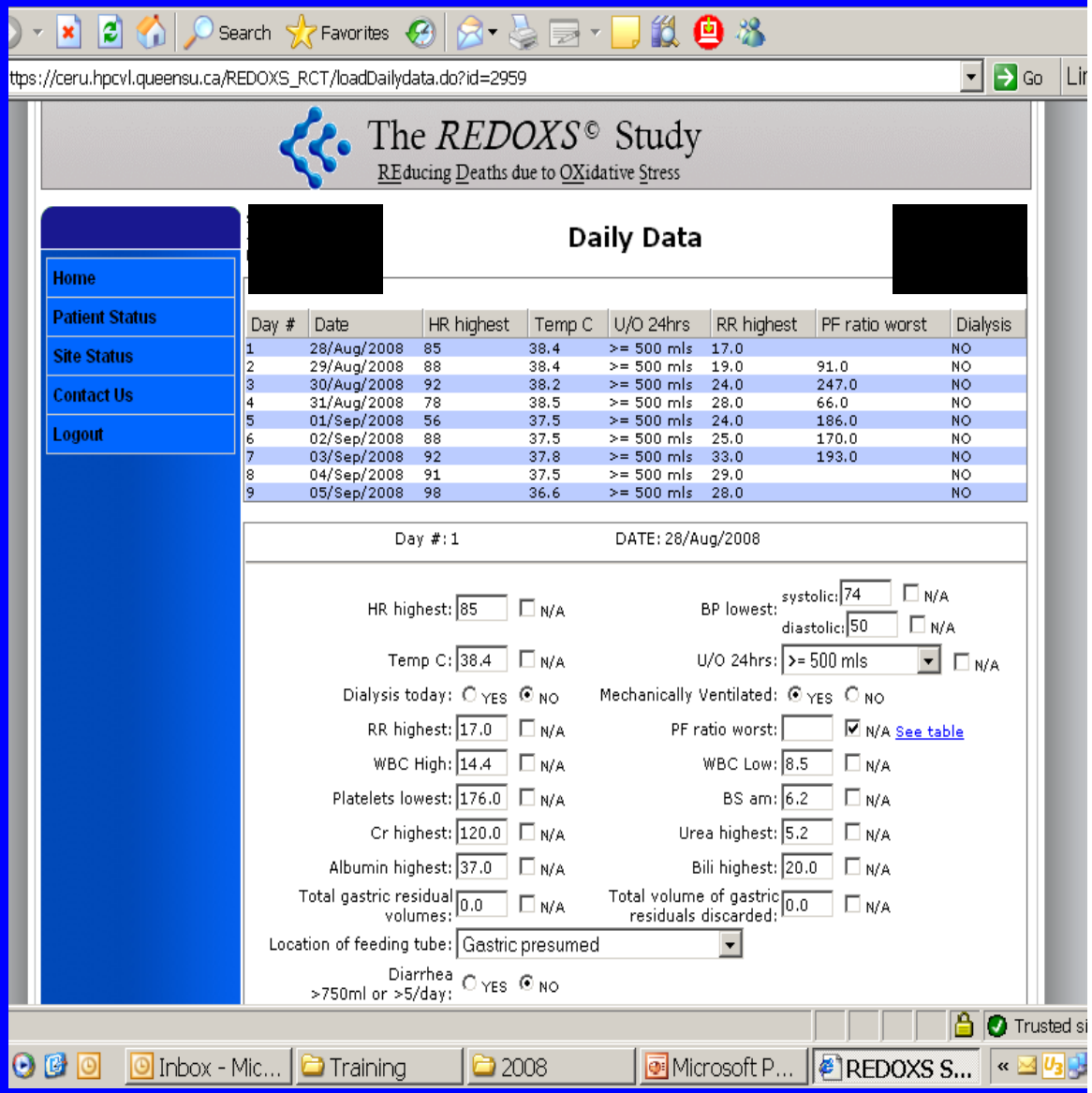
Imp Manual: p 29

Daily Data

Study Day 1 is from ICU admission to end of your 24 hr flowsheet.

Study Day 2 and subsequent days are according to your 24 hr flowsheet.

Dietitian to help by collecting the location of feeding tube



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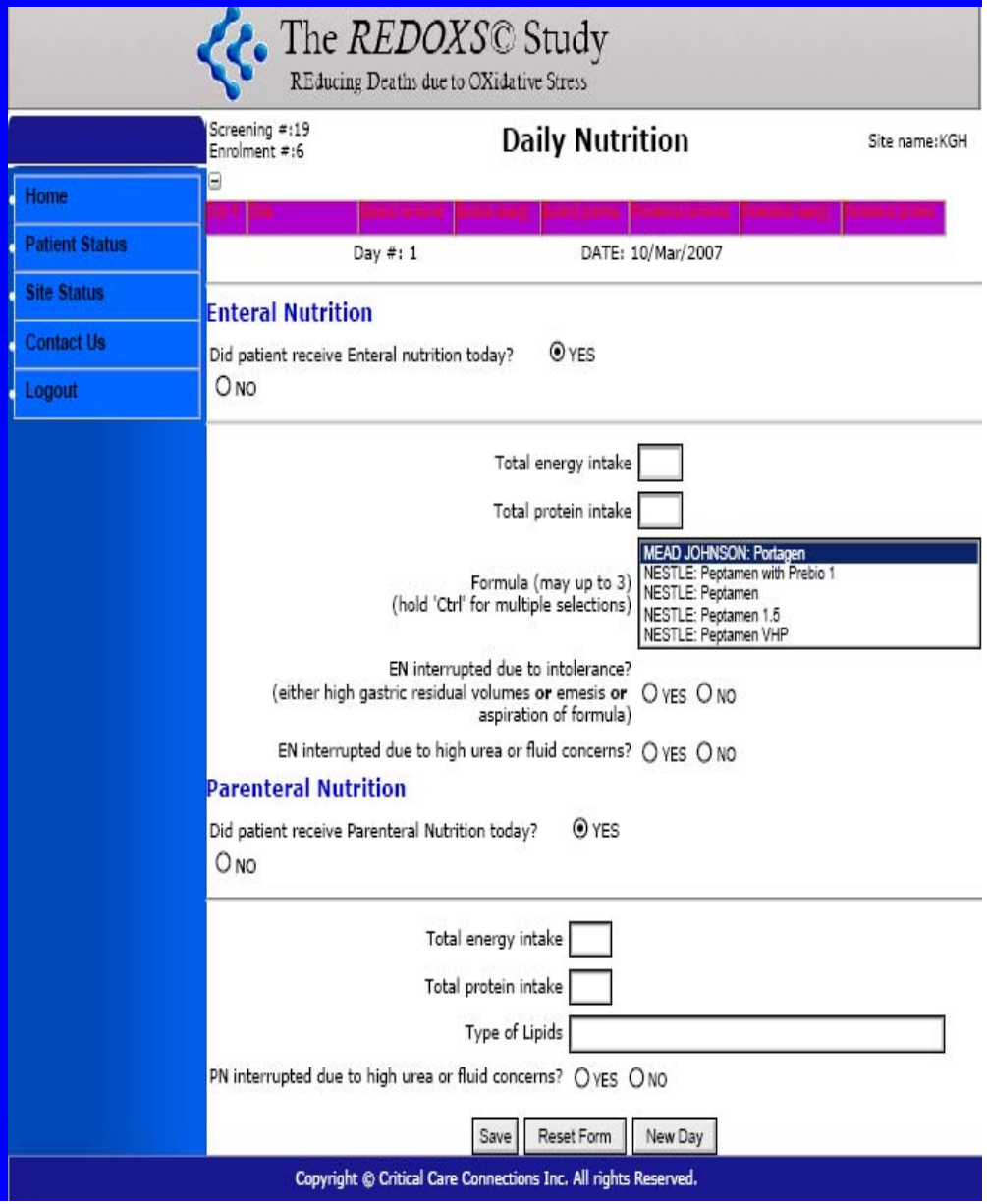
Daily Nutrition

- Dietitian to collect the data and give to SC
- Close to real time to ensure that patient is being fed adequately.
- Use checklist (online)

Propofol ≥ 6 hrs: reminder to ask dietitians to include this in calories received

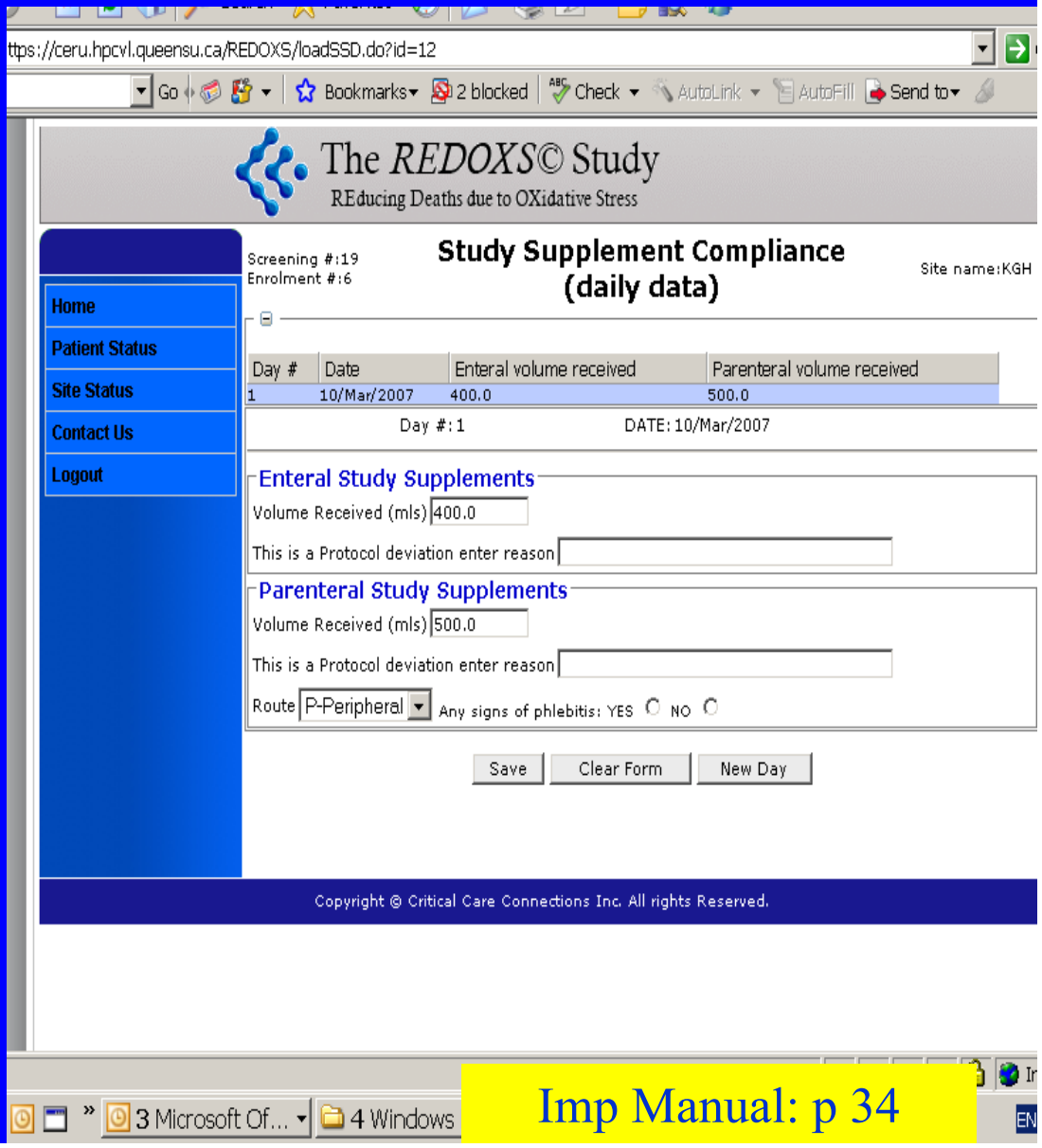
Imp Manual: p 37



Study Supplement Compliance

- **Volumes must be monitored DAILY**
- **Daily Monitoring Log**
- If volumes ≠ prescribed,
  report to CERU
  protocol violation
  protocol deviation

Collection in real time essential !



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Protocol Violation

Volume of study supplement **actually received** is less than the prescribed volume in 24hrs

Enteral < 80% prescribed
Parenteral <90% prescribed

Complete Violation Form **within 24 hours** of discovery
&
Fax to CERU
Attention: Project Leader
(613) 548-2428

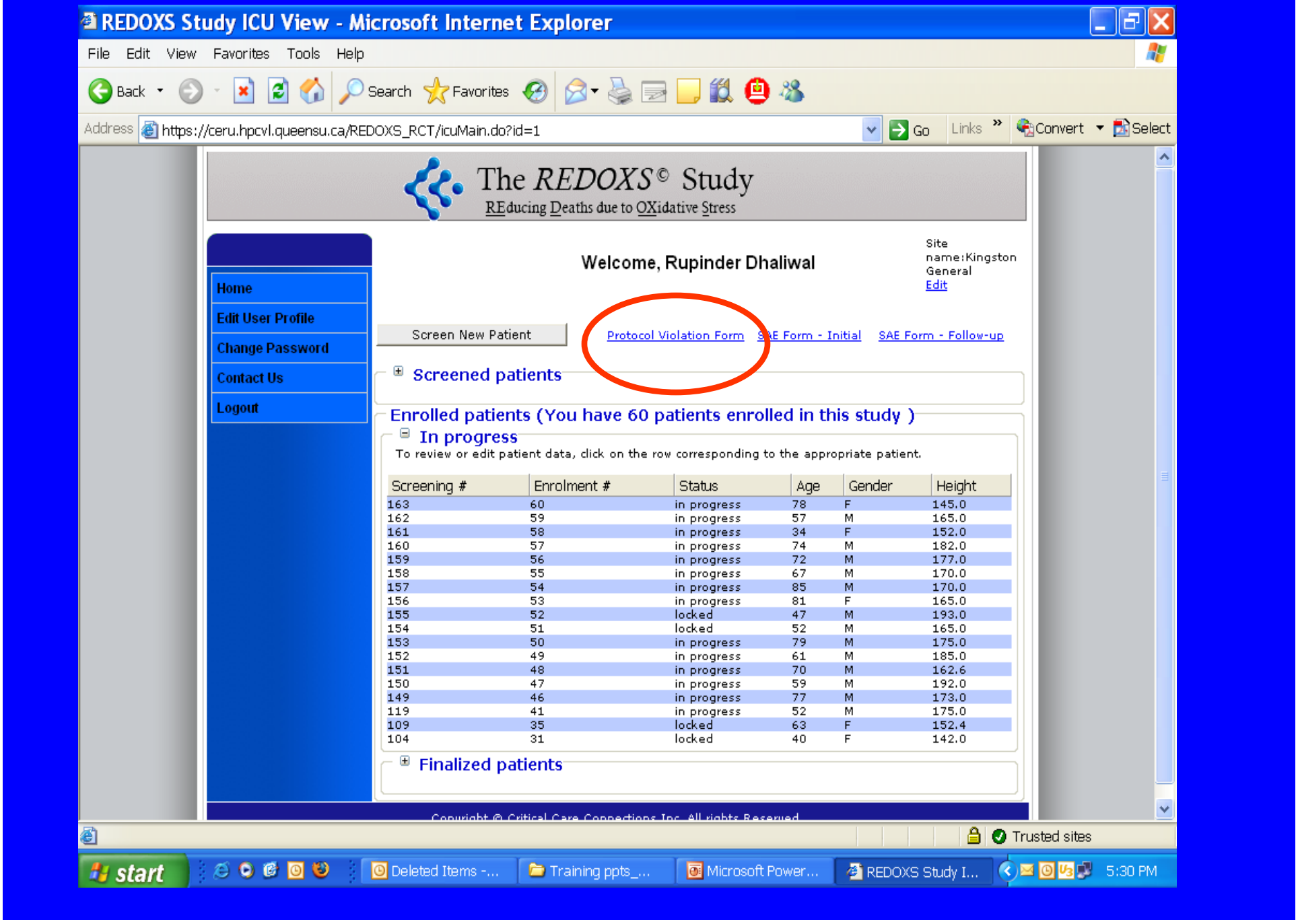
Protocol Deviation

Volume of study supplement **actually received** is less than the prescribed volume in 24hrs

Enteral ≥ 80% **<** 100% prescribed
Parenteral ≥ 90% **<**100% prescribed

Provide explanation on the worksheet/web based data entry (Study Supplement Compliance)

Imp Manual: Protocol Violation


REDOXS Study ICU View - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address https://ceru.hpcvl.queensu.ca/REDOXS_RCT/icuMain.do?id=1
Go Links Convert Select
The REDOXS© Study
REducing Deaths due to OXidative Stress
Home
Edit User Profile
Change Password
Contact Us
Logout
Welcome, Rupinder Dhaliwal
Site name:Kingston General
Edit
Screen New Patient
Protocol Violation Form
SAE Form - Initial
SAE Form - Follow-up
Screened patients
Enrolled patients (You have 60 patients enrolled in this study)
In progress
To review or edit patient data, click on the row corresponding to the appropriate patient.
Screening # Enrolment # Status Age Gender Height
163 60 in progress 78 F 145.0
162 59 in progress 57 M 165.0
161 58 in progress 34 F 152.0
160 57 in progress 74 M 182.0
159 56 in progress 72 M 177.0
158 55 in progress 67 M 170.0
157 54 in progress 85 M 170.0
156 53 in progress 81 F 165.0
155 52 locked 47 M 193.0
154 51 locked 52 M 165.0
153 50 in progress 79 M 175.0
152 49 in progress 61 M 185.0
151 48 in progress 70 M 162.6
150 47 in progress 59 M 192.0
149 46 in progress 77 M 173.0
119 41 in progress 52 M 175.0
109 35 locked 63 F 152.4
104 31 locked 40 F 142.0
Finalized patients
Copyright © Critical Care Connections Inc. All rights Reserved
Trusted sites
start
Deleted Items -...
Training ppts_...
Microsoft Power...
REDOXS Study I...
5:30 PM

Fax to CERU within 24 hrs

Protocol Violation Form

Not needed on :

- **day of admit**
- **day of d/c**

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Site _____
Patient Enrollment # _____

Protocol Violation Form

Study Coordinator Reporting: _____ **Site Investigator** _____

Date and time violation occurred: | | | | | dd | mmm | yyyy | __ __: __ __ 24 hr clock

Date and time violation discovered: | | | | | dd | mmm | yyyy | __ __: __ __ 24 hr clock

Type of violation: (check one or both) ☐ Enteral supplement < 80% ☐ Parenteral supplement < 90%

Is the local Site Investigator aware of the violation? ☐ **Yes or No**

If No, explain why? _____

Reasons for Violation (check all that apply):

- ☐ High gastric residuals
- ☐ No GI access
- ☐ Bowel Perforation or obstruction
- ☐ Held for procedures or for OR
- ☐ Other (provide explanation) _____
- ☐ No IV access
- ☐ Elevated urea
- ☐ Fluid concerns

Action Taken by Study Coordinator:

- Enteral Feeding Protocol reviewed (attached) ☐ Yes or No
- Motility agents recommended ☐ Yes or No
- Small Bowel feeding recommended ☐ Yes or No
- Rate of supplements doubled ☐ Yes or No

Comments: _____

Daily Monitoring Log

TaeREDOXS® Study
REducing Deaths due to OXidative Stress

Pt Name: _____ ID#:_____
Enrolment#:_____

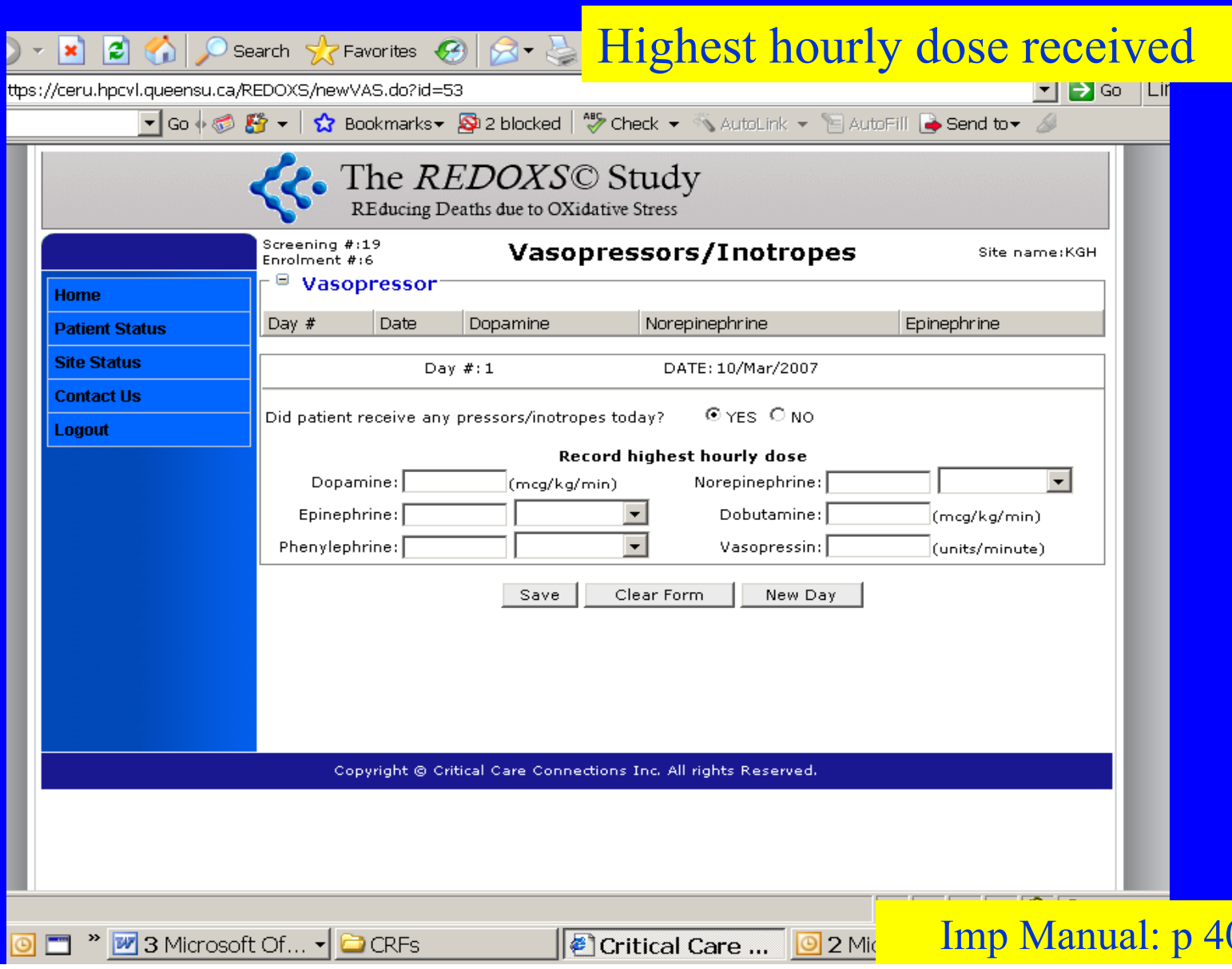
Daily Monitoring Log

This data must be collected daily in real time. Please initial data entry at bottom of page.

Study Day		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
DD/MMM/YYYY							
ENTERAL	Study Supplement Volume (mL)	_____	_____	_____	_____	_____	_____
	Protocol Violation = 0-383 mL (fax violation to form to CERU within 24 hrs)	❐	❐	❐	❐	❐	❐
	Protocol Deviation = 384-479 mL (reason for deviation)	❐	❐	❐	❐	❐	❐
PARENTERAL	Study Supplement Volume (mL)	_____	_____	_____	_____	_____	_____
	Protocol Violation = 0-215 mL (fax violation to form to CERU within 24 hrs)	❐	❐	❐	❐	❐	❐
	Protocol Deviation = 216-239 mL or > 240 mL (reason for deviation)	❐	❐	❐	❐	❐	❐
	Route: (C)entral or (P)eripheral						
	If Peripheral, Phlebitis/extravasations	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
	Is there an SAE today that is SERIOUS and UNEXPECTED?	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

Vasopressors/Inotropes

Highest hourly dose received



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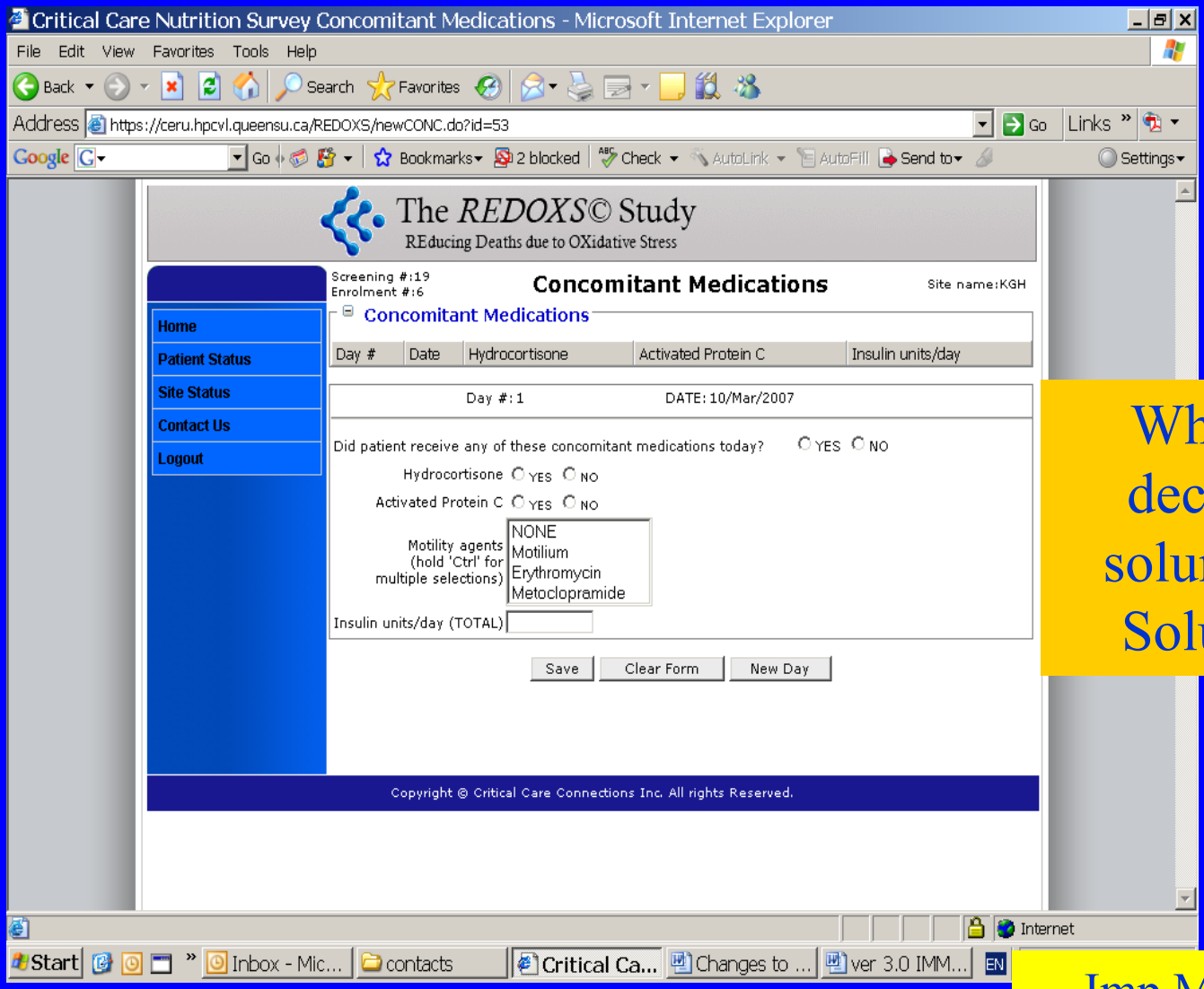
Concomitant Medications



What about decadron or solumedrol or Solu-cortef?

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ICU Infection Adjudication

ONLY if suspicion of infection as determined by either of the following:

New antibiotics OR

positive cultures after 72 hrs ICU admission

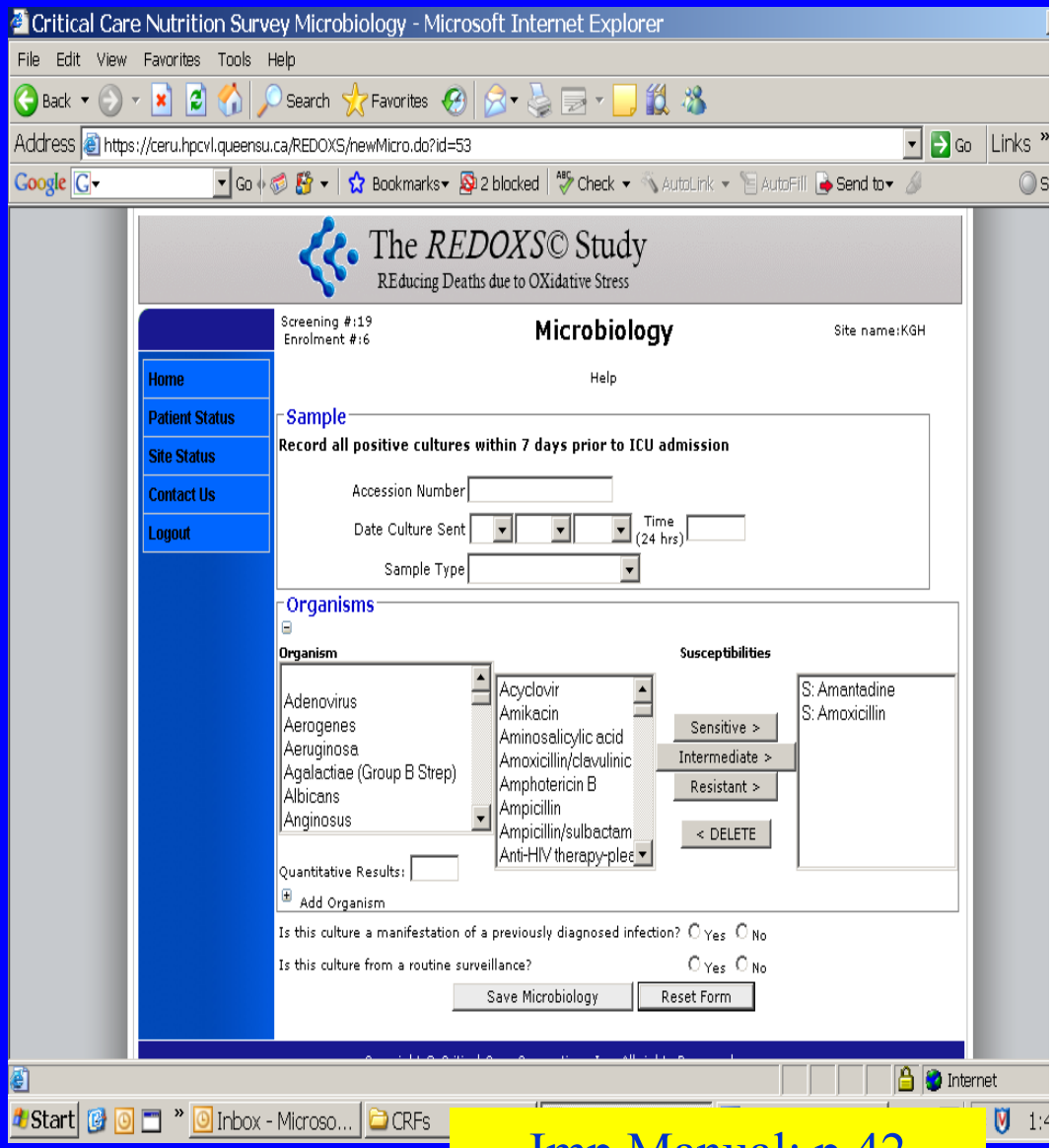
Must collaborate with the Site Investigator

Will not show up on patients status page if no antibiotics or positive cultures after 72 hrs

Microbiology

Collect all positive cultures within the period 7 days prior to ICU admission.

If culture date> 72 hrs ICU admission, 2 questions will be asked to help determine suspicion of ICU acquired infection.



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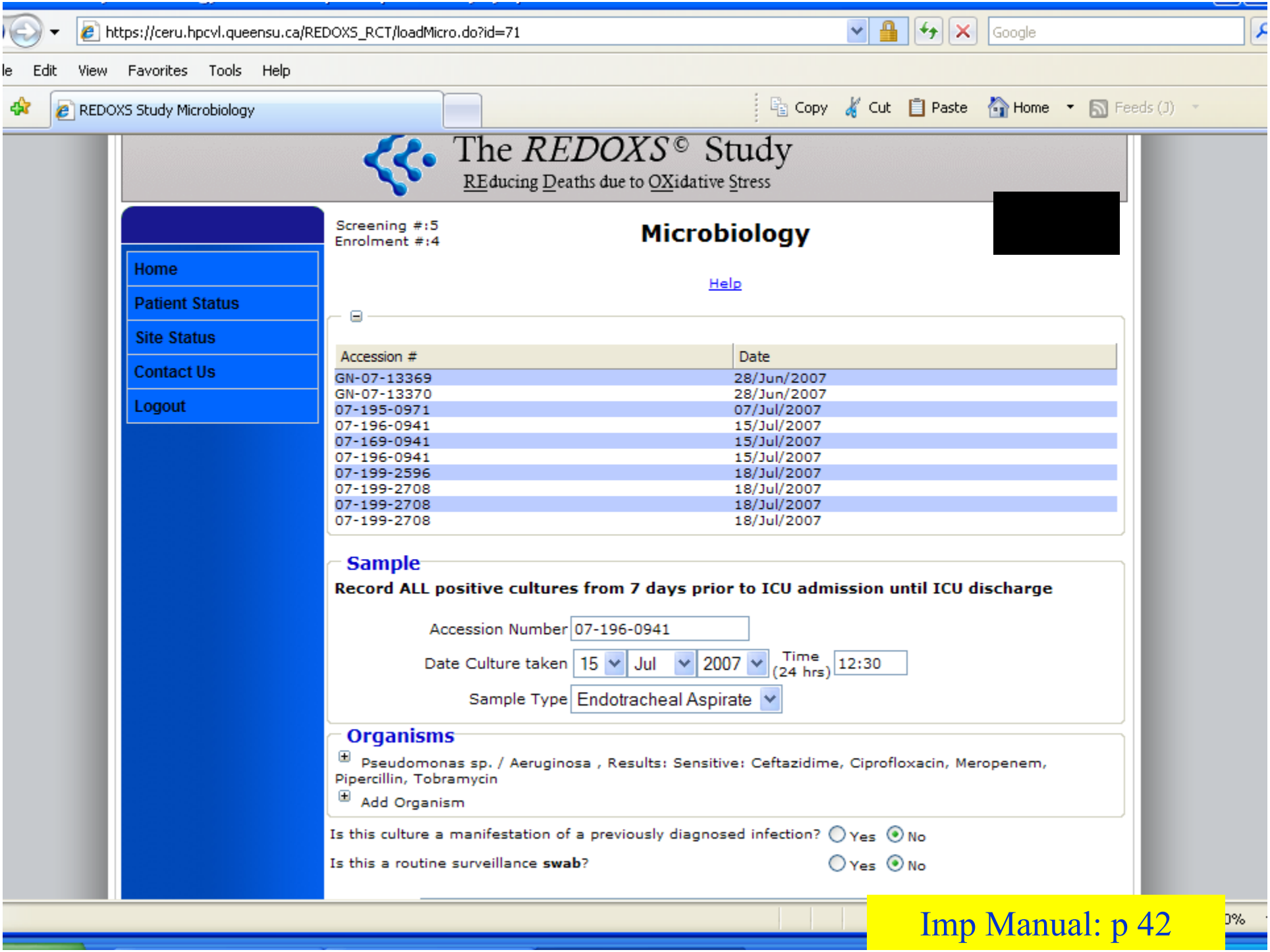
Suspicion of ICU Infection

- Is this culture a manifestation of a previously diagnosed infection?
- Is this a routine surveillance swab?

NEED TO ASK SITE INVESTIGATOR

- If NO to both……..flag for adjudication (to be done after ICU outcomes).

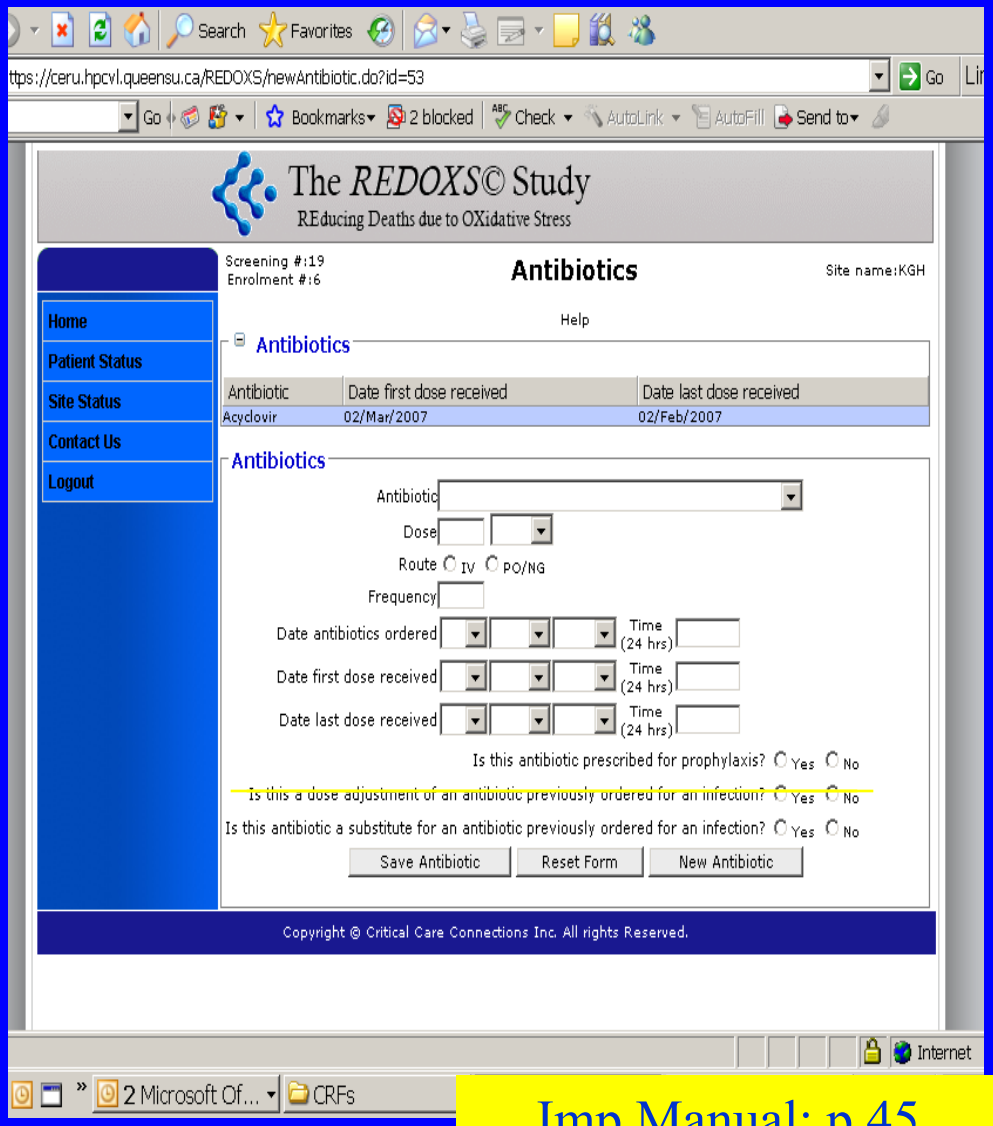

https://ceru.hpcvl.queensu.ca/REDOXS_RCT/loadMicro.do?id=71
Edit View Favorites Tools Help
REDOXS Study Microbiology
Copy Cut Paste Home Feeds (J)
The REDOXS© Study
REducing Deaths due to OXidative Stress
Home
Patient Status
Site Status
Contact Us
Logout
Screening #:5
Enrolment #:4
Microbiology
Help
Accession # Date
GN-07-13369 28/Jun/2007
GN-07-13370 28/Jun/2007
07-195-0971 07/Jul/2007
07-196-0941 15/Jul/2007
07-169-0941 15/Jul/2007
07-196-0941 15/Jul/2007
07-199-2596 18/Jul/2007
07-199-2708 18/Jul/2007
07-199-2708 18/Jul/2007
07-199-2708 18/Jul/2007
Sample
Record ALL positive cultures from 7 days prior to ICU admission until ICU discharge
Accession Number 07-196-0941
Date Culture taken 15 Jul 2007 Time (24 hrs) 12:30
Sample Type Endotracheal Aspirate
Organisms
Pseudomonas sp. / Aeruginosa , Results: Sensitive: Ceftazidime, Ciprofloxacin, Meropenem, Pipercillin, Tobramycin
Add Organism
Is this culture a manifestation of a previously diagnosed infection? Yes No
Is this a routine surveillance swab? Yes No
Imp Manual: p 42

Antibiotics

Period of data collection starts 7 days prior to ICU admission and may extend <u>beyond</u> ICU discharge.

ONLY THOSE STARTED BEFORE DAY 30

If abx started > 72 hr ICU admission, 2 questions will be asked to help determine suspicion of ICU acquired infection.



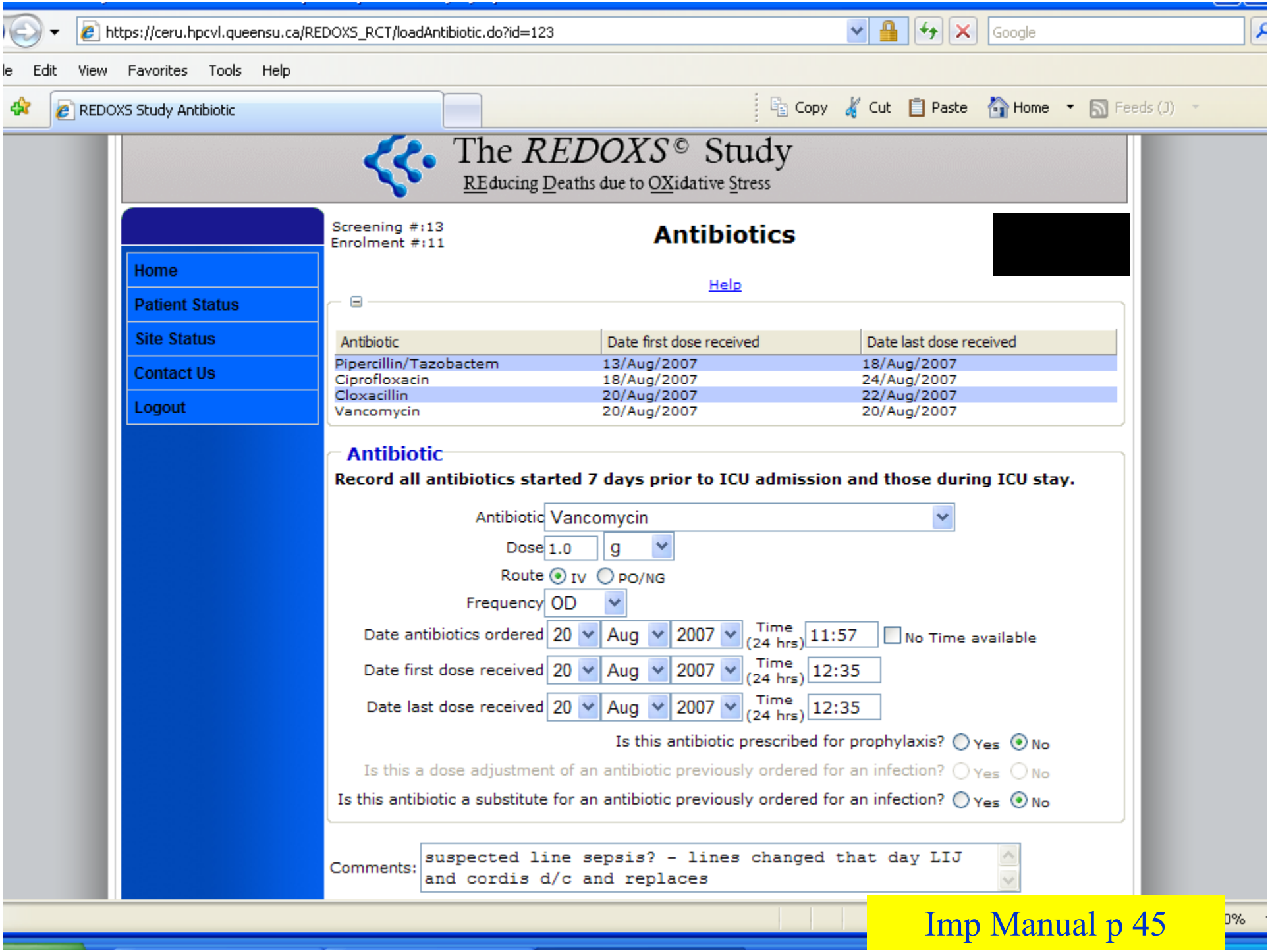
Imp Manual: p 45

Suspicion of ICU Infection

- Is this antibiotic prescribed for prophylaxis?
- Is this a substitute for an antibiotic ordered for a previous infection?

NEED TO ASK SITE INVESTIGATOR

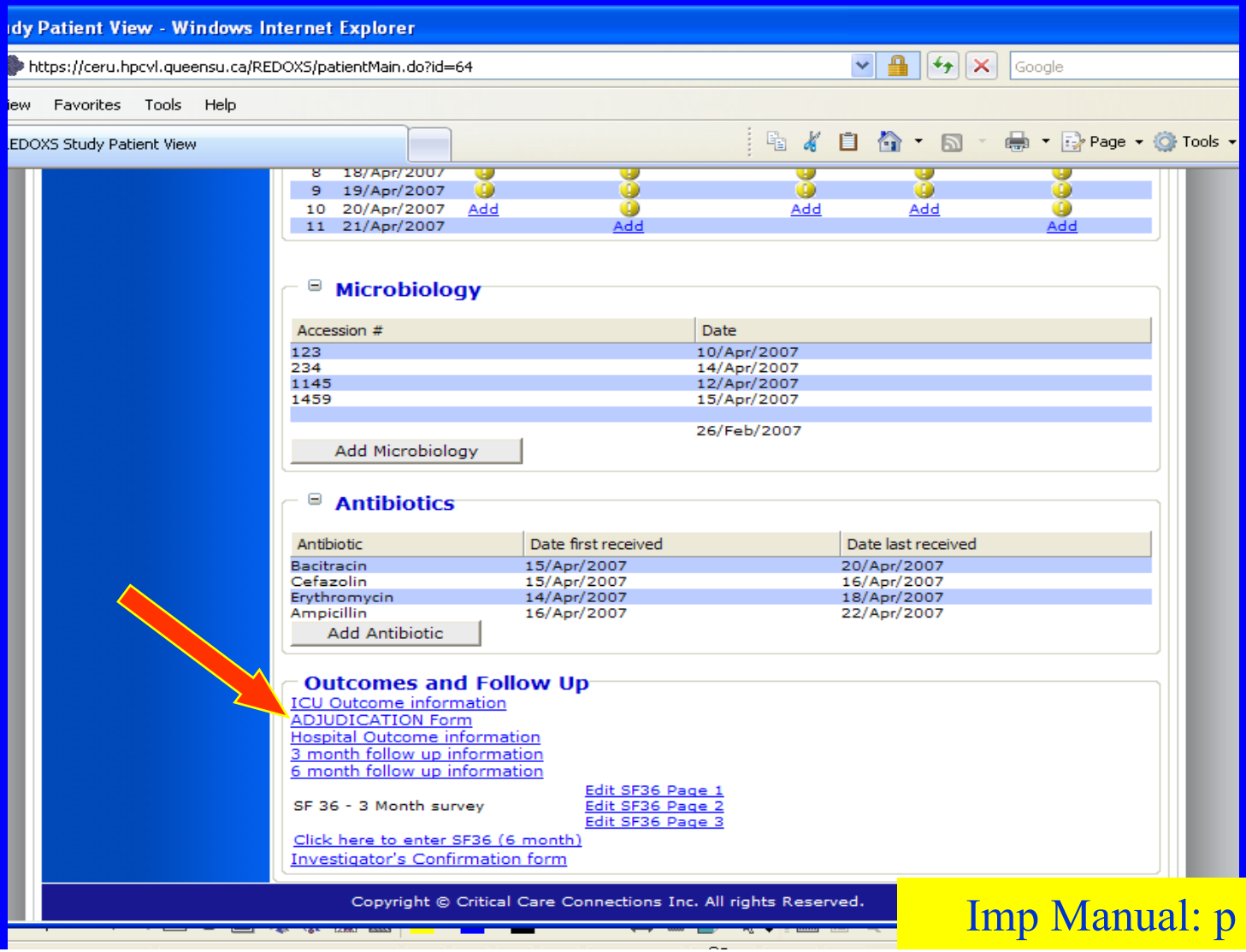
- If NO to ALL……flag for adjudication (to be done after ICU outcomes).



Imp Manual p 45

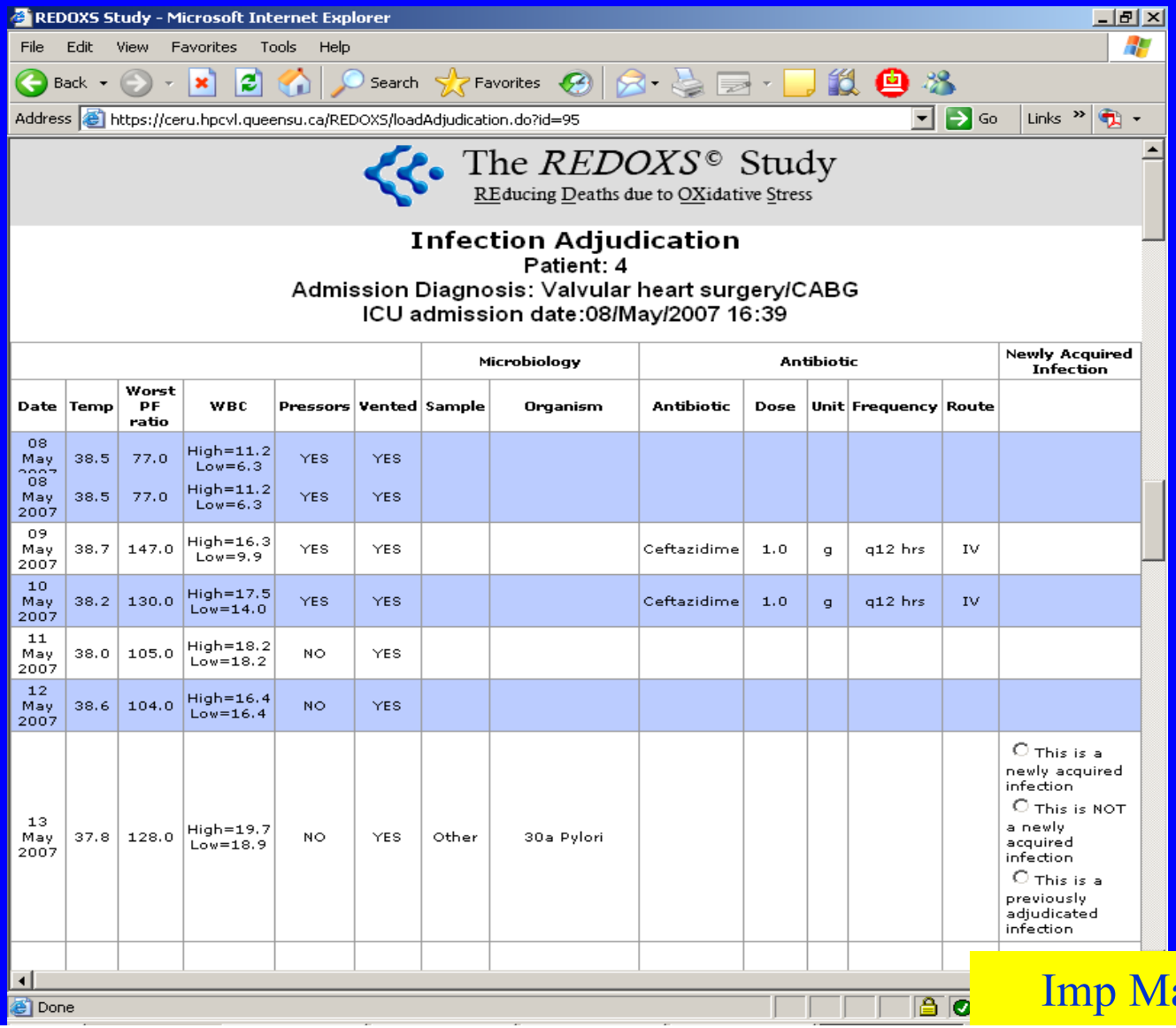
Infection Adjudication

All input warnings must be resolved



Imp Manual: p 52

Automatic listing of relevant clinical data (microbiology. antibiotics, daily data) that will enable the Site Investigator to adjudicate newly acquired ICU infections.



Imp Manual: p 53

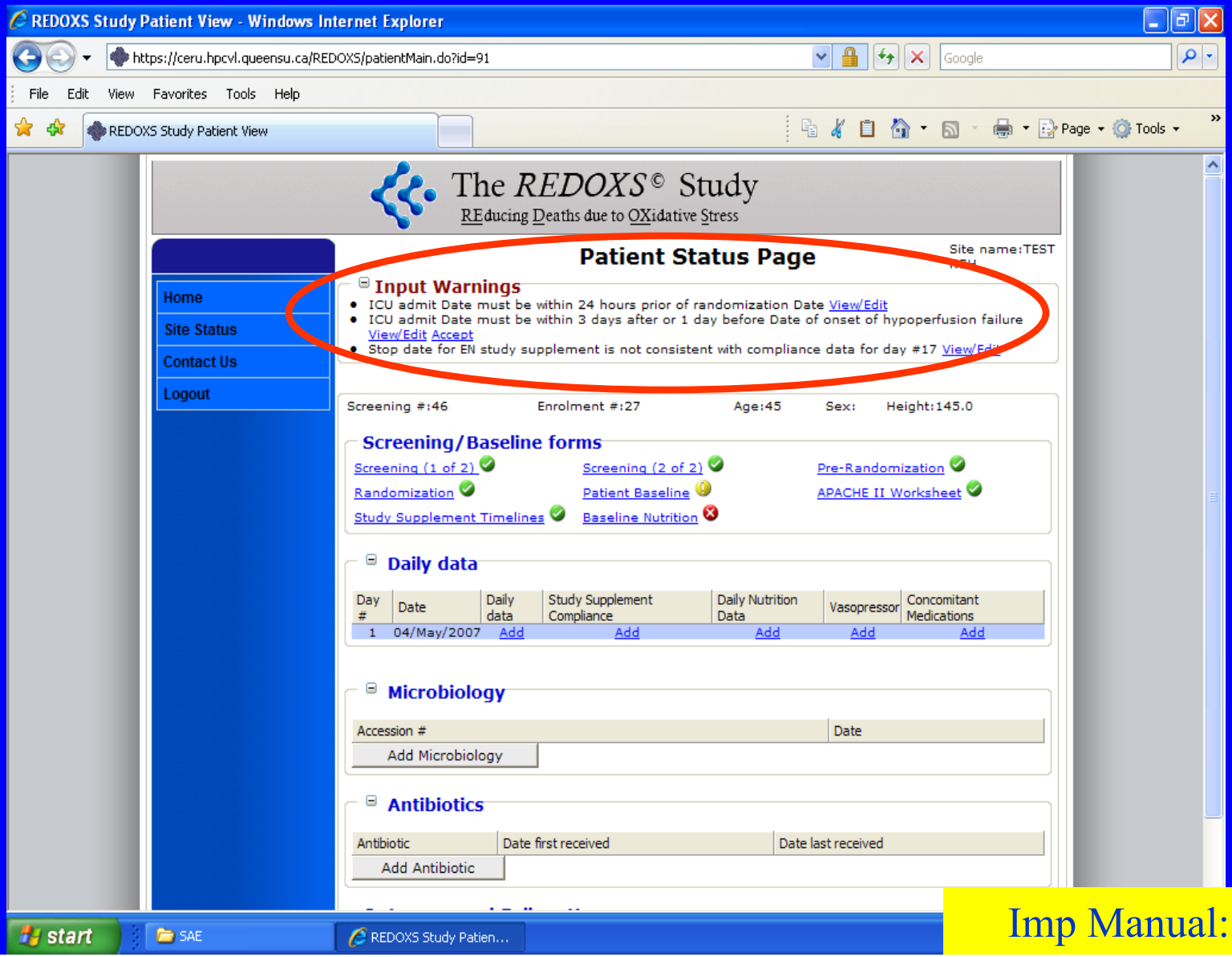
Determination of ICU Infection

*Categories of Infection: Appendix 8.2 REVISED Nov 2008

**Definition of No: Appendix 8.3

Imp Manual: p 52-55

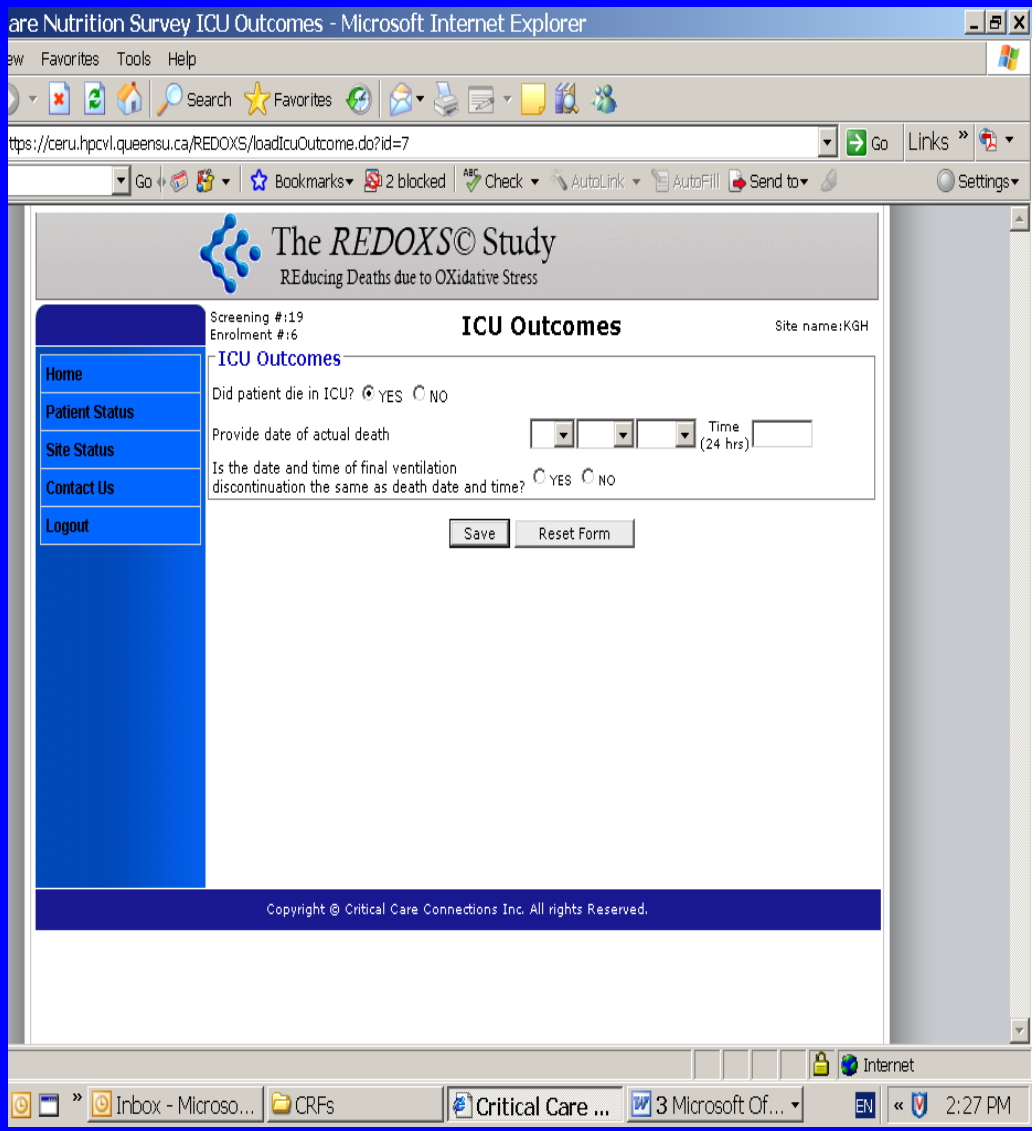
Input Warnings (must address before ICU Outcomes)



Imp Manual: p 47

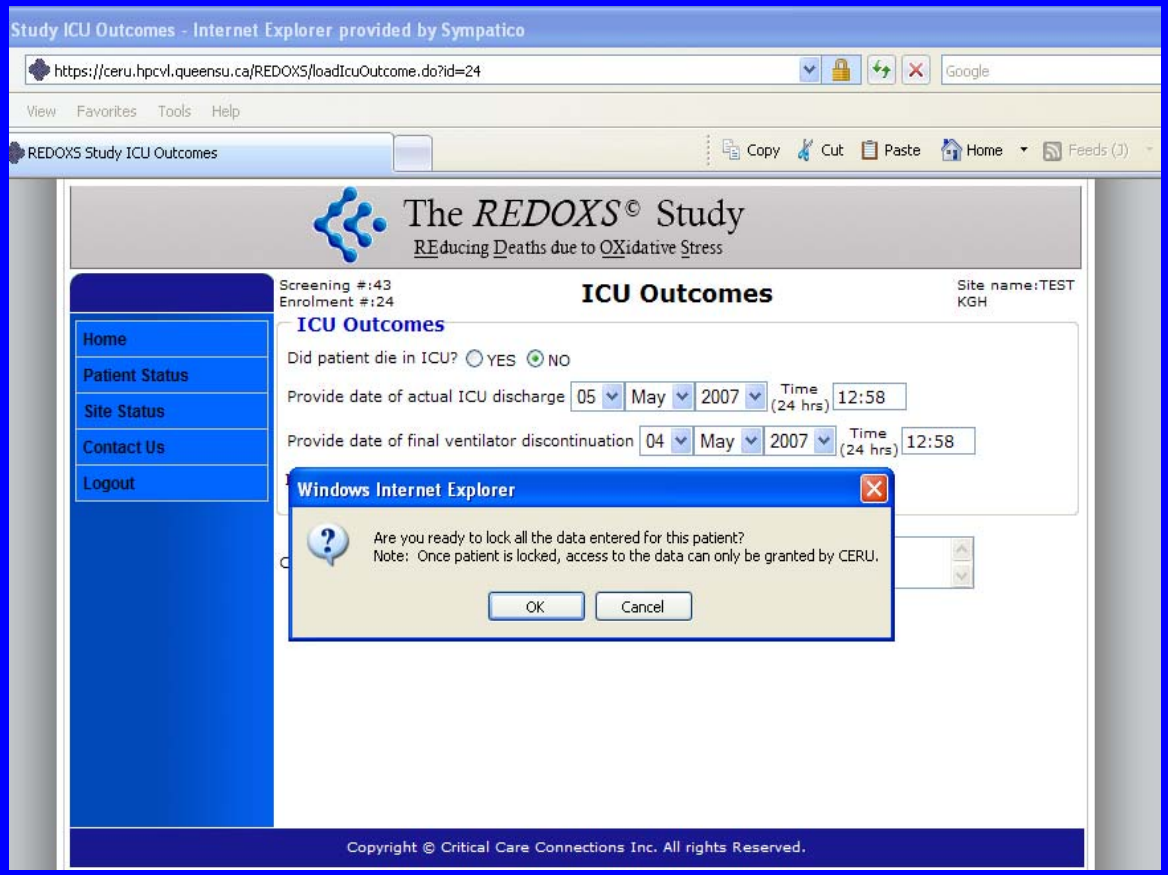
ICU Outcomes

This page MUST be completed before you can proceed to the next web pages



Imp Manual: p 47

Locking of data



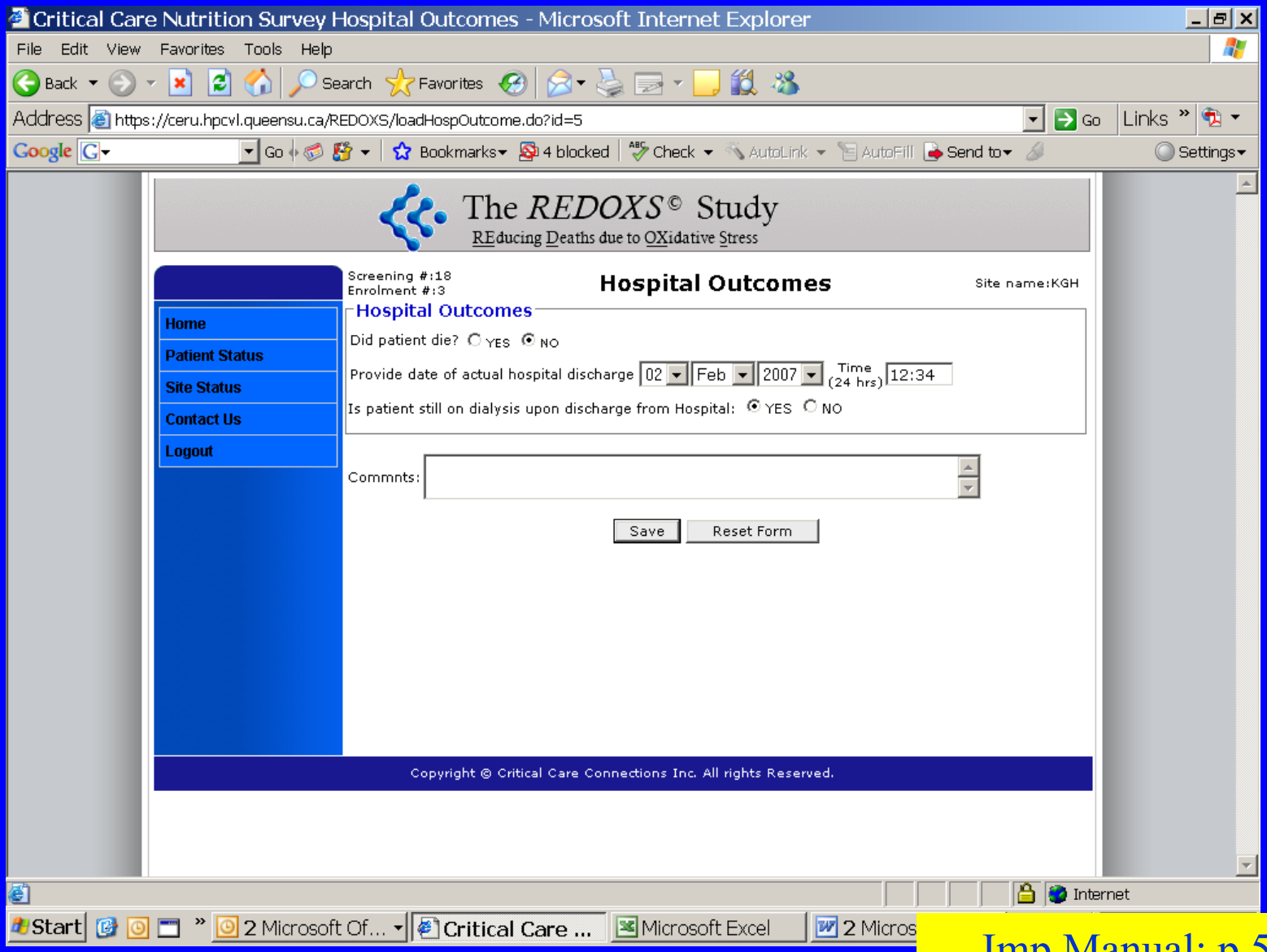
OR

after ICU infection adjudication

Can ask CERU to unlock the data to make changes

Imp Manual: p 50

Hospital Outcomes



Imp Manual: p 55

3 and 6 month follow up

SF-36 at 3 and 6 months

Imp Manual: p 57, 59

LONG TERM FOLLOW-UP: SF36

- Multi-purpose, short-form health survey
- 36 questions
- A generic measure
  - Health and well-being scores
  - Physical and mental health summary
  - Health utility index

(www.sf36.org)

REDOXS© & the SF36

- Administered by the Research Coordinator
- Conducted at 3 month and 6 month (from ICU admission)
- ± 2 weeks from target date
- Schedule reminders for yourself

Points of Contact

1. Time of consent
2. Time of pre-interview
3. Time of interview

Time of Consent

Contact information

- Patient
- Substitute decision maker
- Alternate family member

Time of Pre-interview

- The period of time between ICU discharge and hospital discharge

- Contact patient
  - Orient patient to the study
  - Discuss purpose of SF36
  - Suggest contact times

Time of Interview

- Telephone or in-person (if still in the hospital)
- 4 attempts to contact at different intervals throughout and at different times of day (over 2 week period)

With whom?

- Patient

OR

- Substitute respondent
  - someone who knows the patient's condition the best

Contact is made with patient (substitute)

- Introduce yourself and why you are calling
- Remind them consent was signed
- Ask if it is an appropriate time:
  - Yes – outline the purpose of the SF36 & proceed with SF36 script
  - No – suggest alternate time; attempt to re-connect

If you cannot conduct the interview

- Identify reason:
  - Patient died
  - Patient refused/withdrew
  - Patient lost to follow-up

Administering the questionnaire

- Outline the purpose of the SF36
- Follow the script
- Read each question and available response options

Clarification of questions

- Re-read the question verbatim
- Do not interpret for them
- Encourage them to use their own interpretation

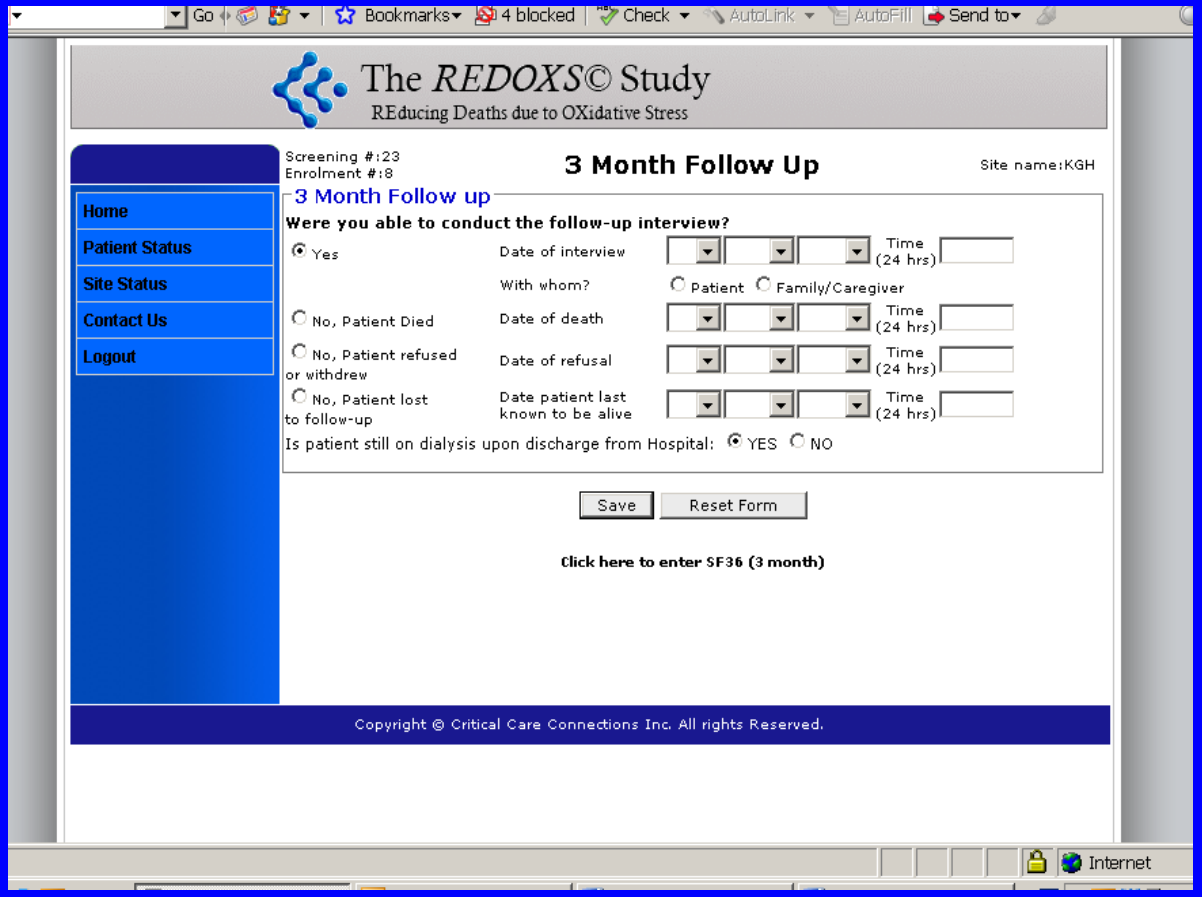
Clarification of response options

- Direct them to select the category that most closely represents what they are thinking or feeling.

Survey completion

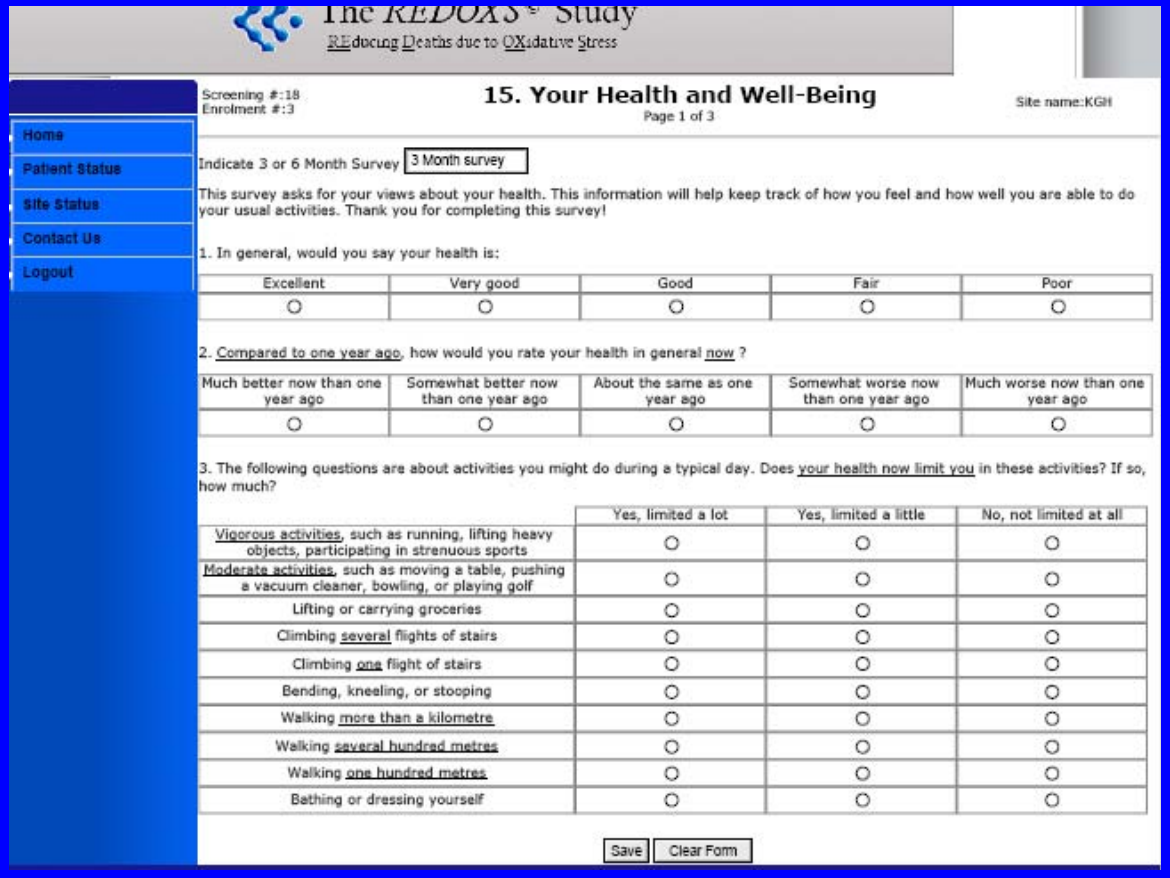
- Thank the participant
- Negotiate next interview (if applicable)
- Paper copy MUST be used to record responses
- Paper copy MUST be kept for source verification

Entering 3/6 month data into the eCRF



Imp. Manual pg 57-60

Entering 3/6 month data into the eCRF



The REDOXS Study
REducing Deaths due to OXidative Stress

Home
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Screening #:18
Enrolment #:3

15. Your Health and Well-Being
Page 1 of 3

Site name:KGH

Indicate 3 or 6 Month Survey: 3 Month survey

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Thank you for completing this survey!

1. In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
O	O	O	O	O

2. Compared to one year ago, how would you rate your health in general now ?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
O	O	O	O	O

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	O	O	O
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	O	O	O
Lifting or carrying groceries	O	O	O
Climbing several flights of stairs	O	O	O
Climbing one flight of stairs	O	O	O
Bending, kneeling, or stooping	O	O	O
Walking more than a kilometre	O	O	O
Walking several hundred metres	O	O	O
Walking one hundred metres	O	O	O
Bathing or dressing yourself	O	O	O

Save | Clear Form

Entering 3/6 month data into the eCRF

- Implementation Manual pages 57-60
- If patient dies in ICU/hospital forms are disabled
- Must enter discharge dates in order to enter SF36 responses onto the eCRF.

General Rules for Data Collection

- CERU to assign passwords, site #
- Dates DD/MMM/YYYY, 00:00
- Click on + to expand menu or taxonomy
- Site Status Page: shows all patients
- Patient Status Page : colour coding
- Input warnings : help with query process

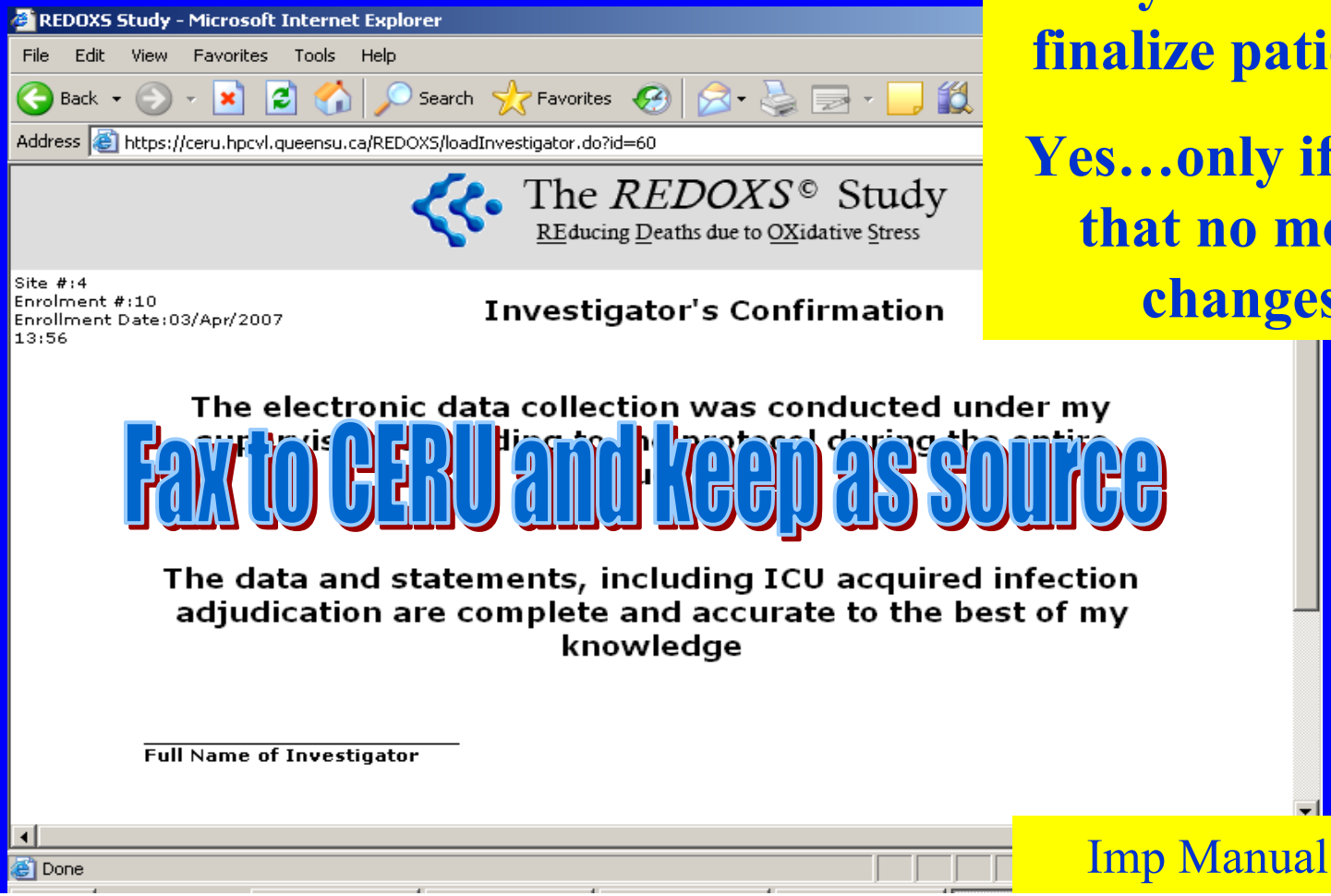
Imp Manual: p 6

Investigator's Confirmation

Only appears once the ICU and Hospital outcomes have been completed and all input warnings have been resolved (Patient Status Page).

Do you want to finalize patient ?

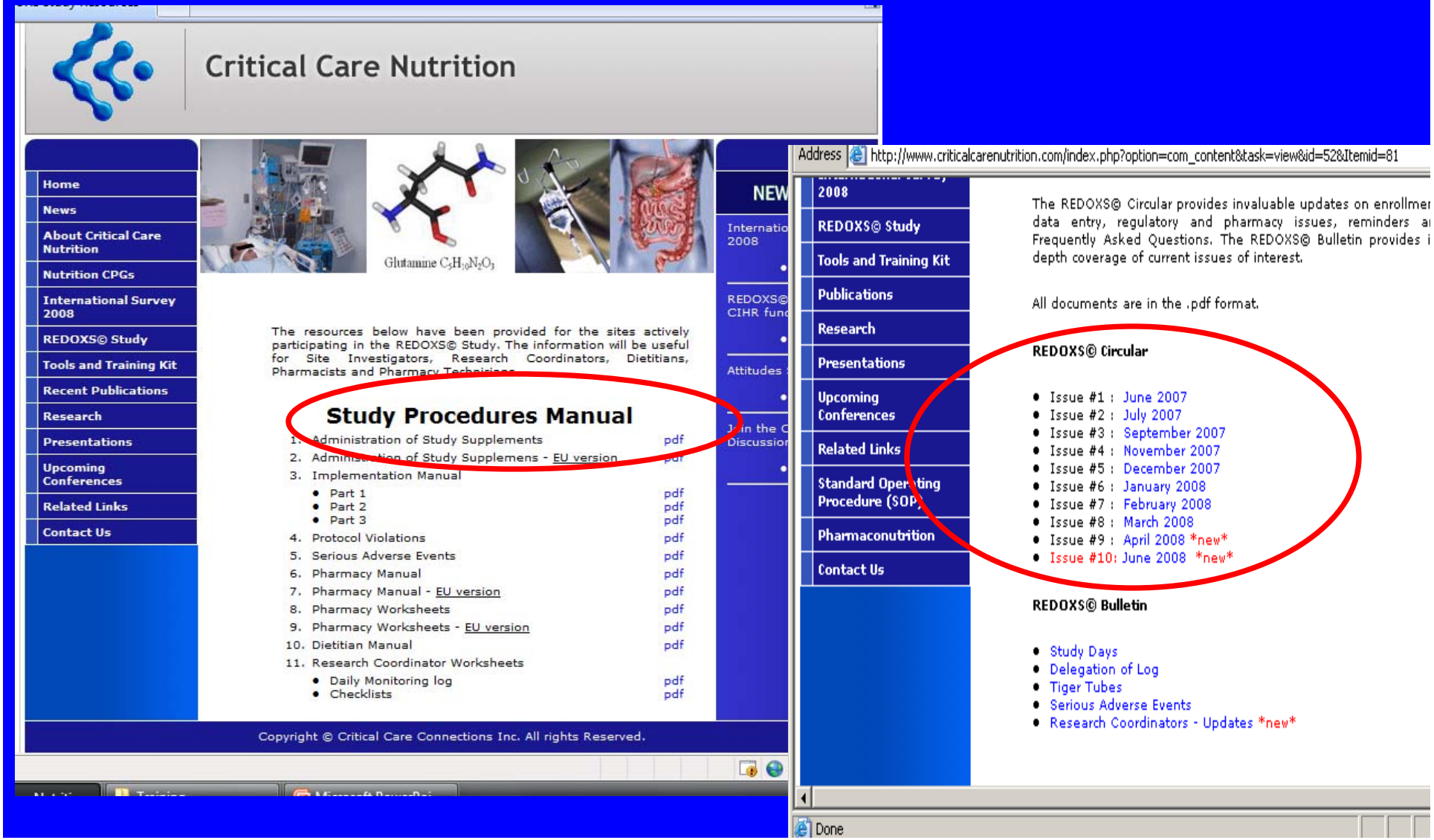
Yes…only if sure that no more changes



Imp Manual: p 61

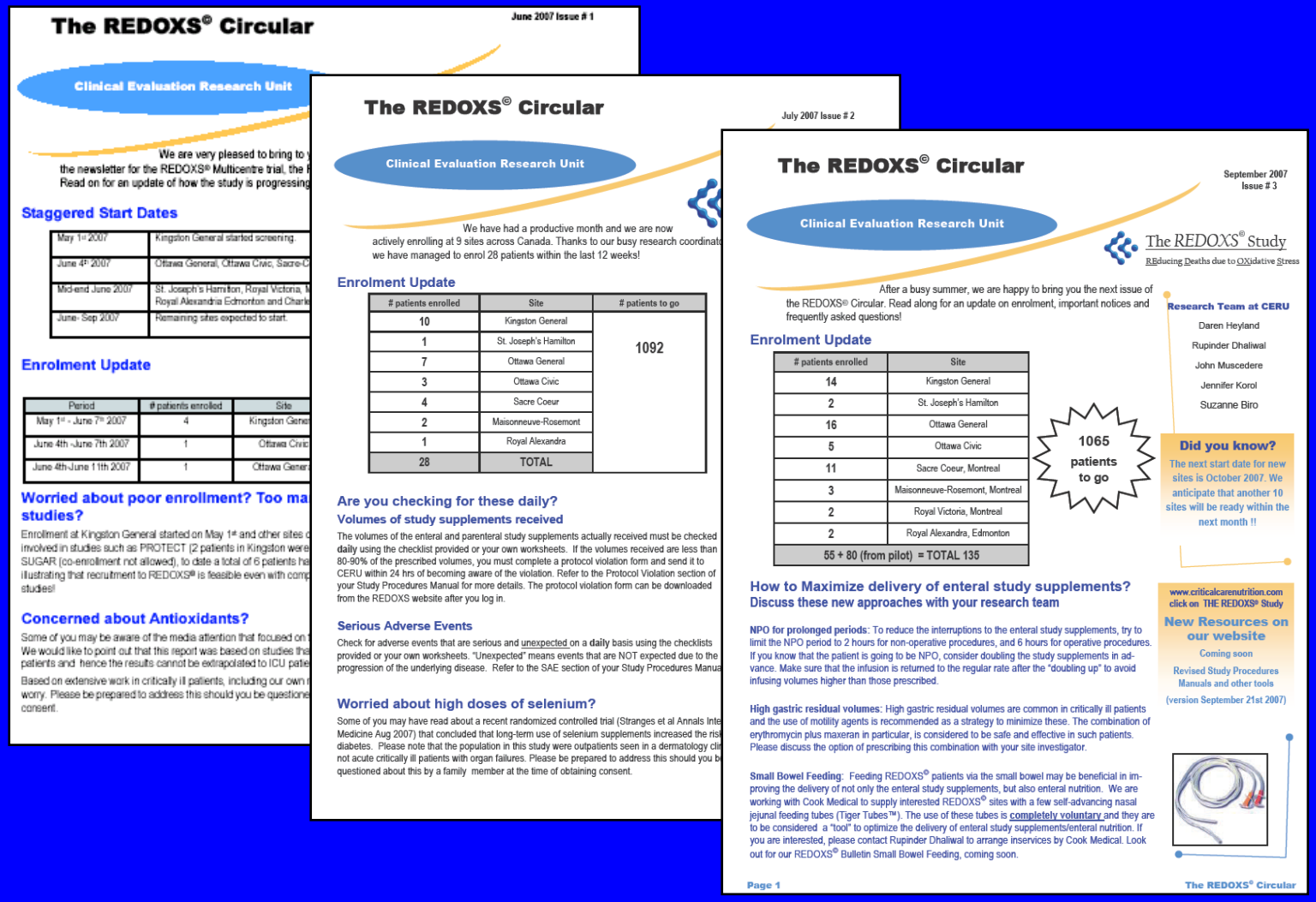
Resources online

www.criticalcarenutrition.com>REDOXS Study>Resources



Questions??

Imp Manual Tools



The REDOXS© Circular

June 2007 Issue # 1

Clinical Evaluation Research Unit

We are very pleased to bring to y
the newsletter for the REDOXS® Multicentre trial, the
Read on for an update of how the study is progressing

Staggered Start Dates

May 1st 2007	Kingston General started screening.
June 4th 2007	Ottawa General, Ottawa Civic, Sacre-C
Mid-end June 2007	St. Joseph's Hamilton, Royal Victoria, M Royal Alexandria Edmonton and Charl
June- Sep 2007	Remaining sites expected to start.

Enrolment Update

Period	# patients enrolled	Site
May 1st - June 7th 2007	4	Kingston Gener
June 4th -June 7th 2007	1	Ottawa Civic
June 4th-June 11th 2007	1	Ottawa Gener

Worried about poor enrollment? Too ma studies?

Enrollment at Kingston General started on May 1st and other sites
involved in studies such as PROTECT (2 patients in Kingston were
SUGAR (co-enrollment not allowed), to date a total of 6 patients ha
illustrating that recruitment to REDOXS® is feasible even with comp
studies!

Concerned about Antioxidants?

Some of you may be aware of the media attention that focused on
We would like to point out that this report was based on studies tha
patients and hence the results cannot be extrapolated to ICU patie

Based on extensive work in critically ill patients, including our own
worry. Please be prepared to address this should you be questione
consent.

The REDOXS© Circular

July 2007 Issue # 2

Clinical Evaluation Research Unit

We have had a productive month and we are now
actively enrolling at 9 sites across Canada. Thanks to our busy research coordinat
we have managed to enrol 28 patients within the last 12 weeks!

Enrolment Update

# patients enrolled	Site	# patients to go
10	Kingston General	1092
1	St. Joseph's Hamilton	
7	Ottawa General	
3	Ottawa Civic	
4	Sacre Coeur	
2	Maisonneuve-Rosemont	
1	Royal Alexandra	
28	TOTAL	

Are you checking for these daily?

Volumes of study supplements received

The volumes of the enteral and parenteral study supplements actually received must be checked **daily** using the checklist provided or your own worksheets. If the volumes received are less than 80-90% of the prescribed volumes, you must complete a protocol violation form and send it to CERU within 24 hrs of becoming aware of the violation. Refer to the Protocol Violation section of your Study Procedures Manual for more details. The protocol violation form can be downloaded from the REDOXS website after you log in.

Serious Adverse Events

Check for adverse events that are serious and unexpected on a **daily** basis using the checklists provided or your own worksheets. "Unexpected" means events that are NOT expected due to the progression of the underlying disease. Refer to the SAE section of your Study Procedures Manua

Worried about high doses of selenium?

Some of you may have read about a recent randomized controlled trial (Stranges et al Annals Inte Medicine Aug 2007) that concluded that long-term use of selenium supplements increased the ris diabetes. Please note that the population in this study were outpatients seen in a dermatology cli not acute critically ill patients with organ failures. Please be prepared to address this should you b questioned about this by a family member at the time of obtaining consent.

The REDOXS© Circular

September 2007
Issue # 3

Clinical Evaluation Research Unit

The *REDOXS*© Study
REducing Deaths due to OXidative Stress

After a busy summer, we are happy to bring you the next issue of the REDOXS© Circular. Read along for an update on enrolment, important notices and frequently asked questions!

Enrolment Update

# patients enrolled	Site
14	Kingston General
2	St. Joseph's Hamilton
16	Ottawa General
5	Ottawa Civic
11	Sacre Coeur, Montreal
3	Maisonneuve-Rosemont, Montreal
2	Royal Victoria, Montreal
2	Royal Alexandra, Edmonton
55 + 80 (from pilot) = TOTAL 135	

1065 patients to go

Research Team at CERU

Daren Heyland
Rupinder Dhaliwal
John Muscedere
Jennifer Korol
Suzanne Biro

Did you know?

The next start date for new sites is October 2007. We anticipate that another 10 sites will be ready within the next month !!

www.criticalcarenutrition.com
click on THE REDOXS® Study

New Resources on our website

Coming soon

Revised Study Procedures Manuals and other tools

(version September 21st 2007)

How to Maximize delivery of enteral study supplements? Discuss these new approaches with your research team

NPO for prolonged periods: To reduce the interruptions to the enteral study supplements, try to limit the NPO period to 2 hours for non-operative procedures, and 6 hours for operative procedures. If you know that the patient is going to be NPO, consider doubling the study supplements in advance. Make sure that the infusion is returned to the regular rate after the "doubling up" to avoid infusing volumes higher than those prescribed.

High gastric residual volumes: High gastric residual volumes are common in critically ill patients and the use of motility agents is recommended as a strategy to minimize these. The combination of erythromycin plus maxeran in particular, is considered to be safe and effective in such patients. Please discuss the option of prescribing this combination with your site investigator.

Small Bowel Feeding: Feeding REDOXS© patients via the small bowel may be beneficial in improving the delivery of not only the enteral study supplements, but also enteral nutrition. We are working with Cook Medical to supply interested REDOXS© sites with a few self-advancing nasal jejunal feeding tubes (Tiger Tubes™). The use of these tubes is **completely voluntary** and they are to be considered a "tool" to optimize the delivery of enteral study supplements/enteral nutrition. If you are interested, please contact Rupinder Dhaliwal to arrange inservices by Cook Medical. Look out for our REDOXS© Bulletin Small Bowel Feeding, coming soon.

Page 1

The REDOXS© Circular

REDOXS© Circular and Bulletin