SurfON Study

Randomisation and Surfactant Delivery- Bite size session

15th June 2023 Sarah Turner Trial Manager

Study Design & Summary

- Study Design

Multicentre, open-label, randomised controlled trial

- Study Arms

Expectant management

Early surfactant therapy

- Sample Size

1,522 infants across UK in NICUs and LNUs.

SCUs are also now included following Substantial Amendment 07 approval

- Recruitment period

30 months of active recruitment was planned; Trial end date will be advised

- Follow up

Remote FU with no direct contact with participants at one year of age, corrected for prematurity

- Team

Study Coordinating centre – NPEU CTU, University of Oxford

Sponsor – University of Leicester

Funder – NIHR HTA Programme

HYPOTHESIS

Early, proactive management of respiratory disease will

- reduce the progression to severe respiratory failure requiring mechanical ventilation
- reduce length of hospital stay
- reduce early hospital readmissions
- reduce costs of neonatal care

Ramdomisation – When and Who?

- Randomisation will only be triggered once participant's
  - screening has taken place,
  - eligibility is confirmed that the participant meets the inclusion criteria
  - informed consent has been obtained
- Screening, consent and randomising can be performed by any trained and delegated member of staff
- Confirmation of eligibility can **ONLY** be performed by medically trained Doctors and Advanced Neonatal Nurse Practitioners

Randomising an infants

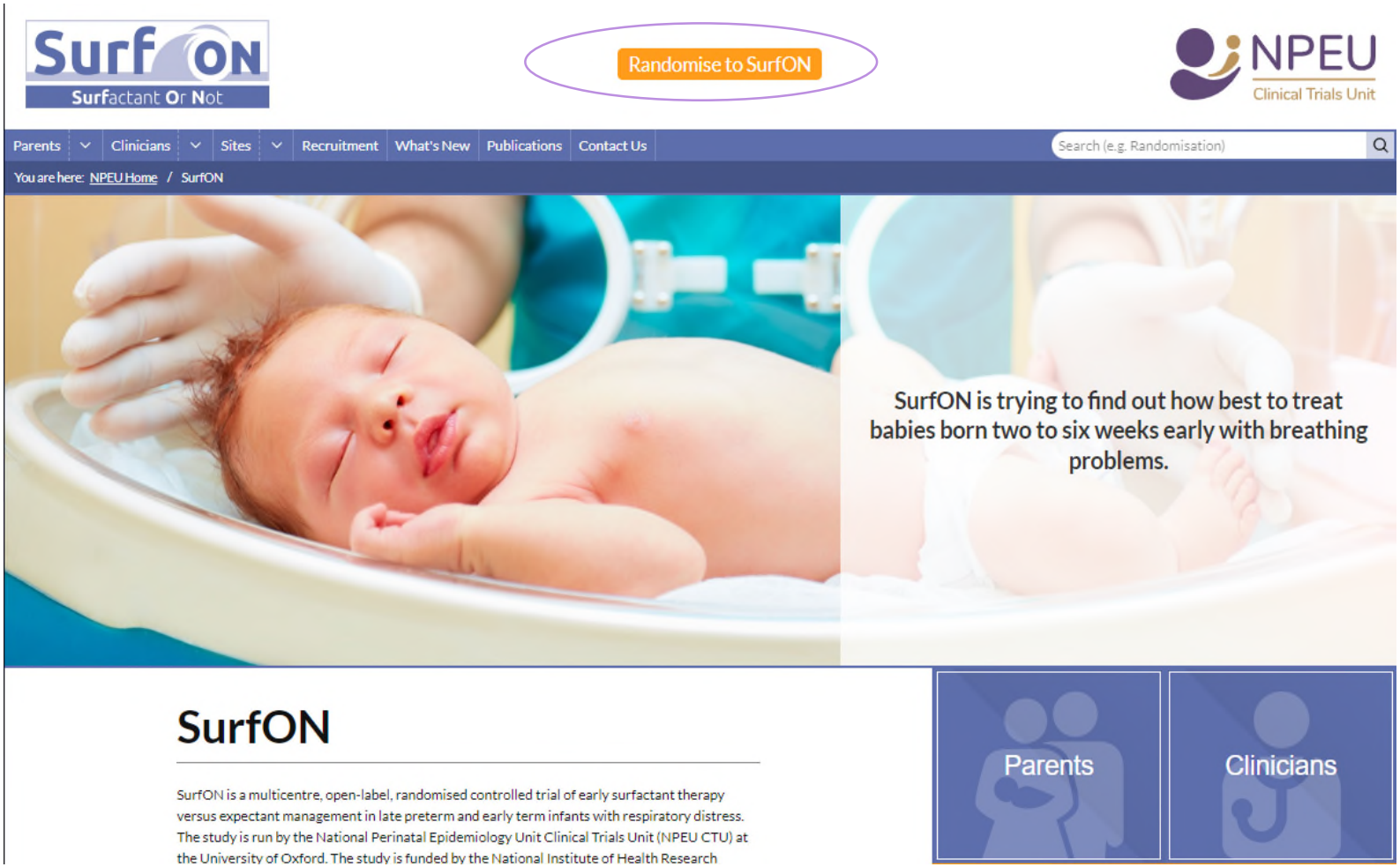
Randomisation 1:1

≤ 24 hours birth

- Expectant Management
- Early Surfactant Therapy

Multiples randomised to the same arm

Randomising an infant

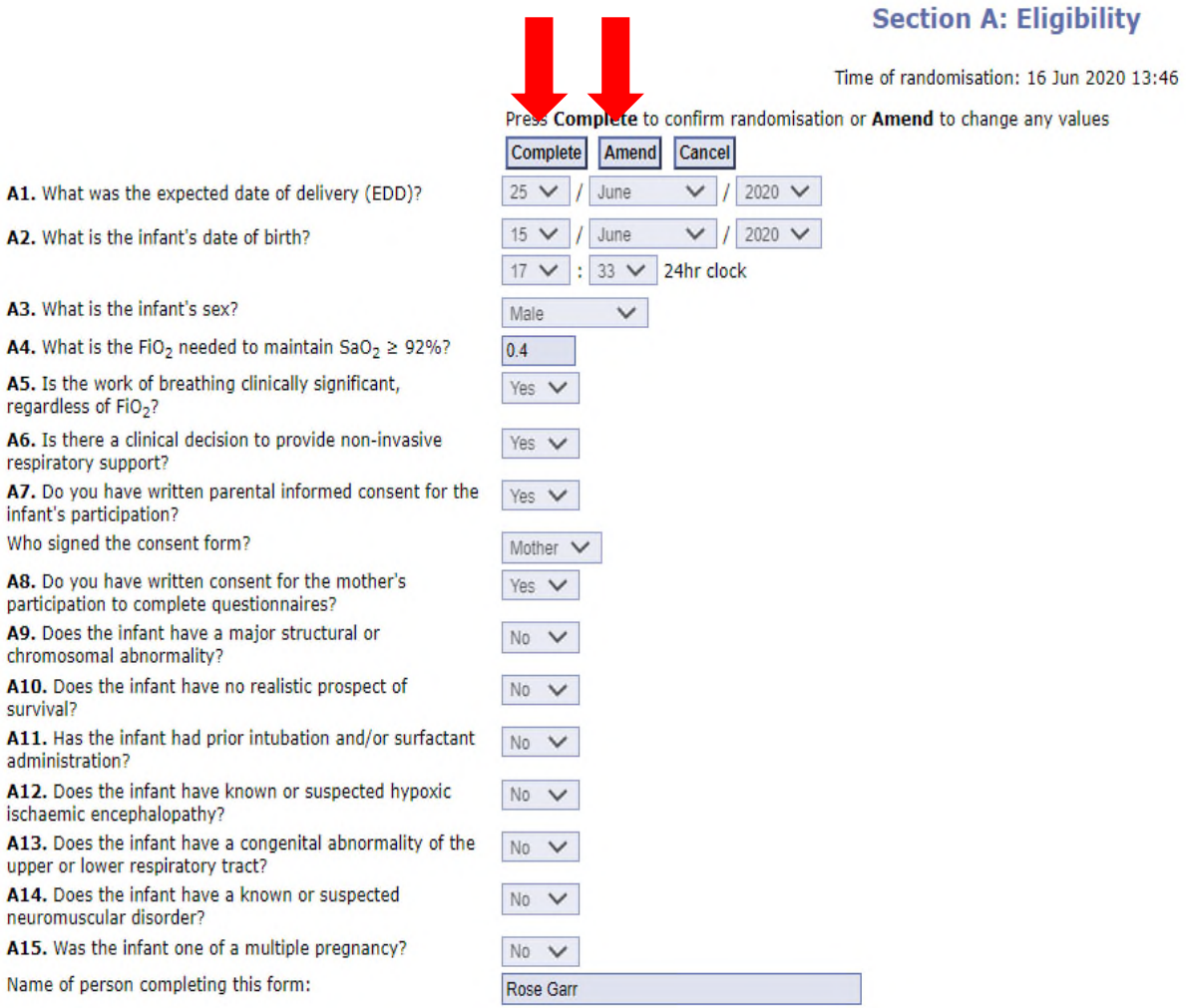


Randomising an infant

Log into the randomisation program using your site log-in (details are located on the lid of your Site Document Box).

- Select your site from the drop-down list
- Enter your username
- Enter your password

Once you are logged in, click **"Enter infant"**:



- Complete questions related to eligibility of the infant
- If you are happy that the data are correct, click **"Continue"**. Any data that suggest the infant is ineligible will be flagged up.
- If any information is incorrect, click **"Amend"** and enter the corrected information before clicking **"Complete"**.

Randomising an infants

If you need to contact us **urgently** with randomisation problems, please click on this **link**

Logged in as: **Centre 1 (City 1)**

Section B: Randomisation

SurfON study number:
10031

Allocation
Expectant management

Date and time of randomisation
16/06/2020 13:46

Study number obtained here should be entered on the consent form & any other associated documents such as the questionnaire

Please record study number **10031** on the Consent Form and any other trial documentation for this infant.

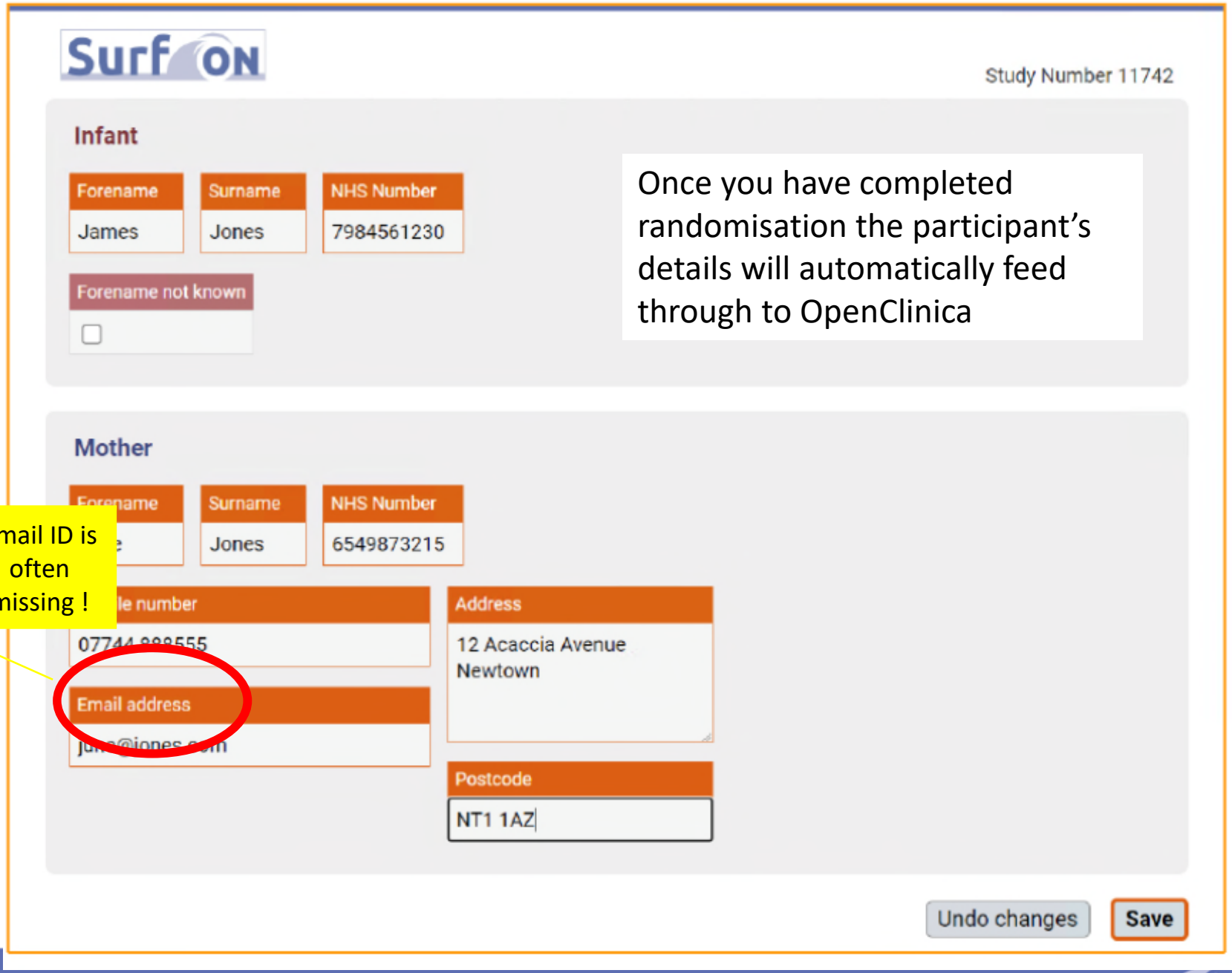
Please press the **Print** button below to generate a pdf which you should print out.

Print

Thank you for entering this infant into the SurfON study.
Please click the link below to log out

Log out

Home


Surf ON
Study Number 11742
Infant
Forename
James
Surname
Jones
NHS Number
7984561230
Forename not known
Once you have completed randomisation the participant's details will automatically feed through to OpenClinica
Mother
Forename
Surname
Jones
NHS Number
6549873215
Email ID is often missing !
Address
12 Acaccia Avenue
Newtown
Email address
Postcode
NT1 1AZ
Undo changes
Save

What can go wrong?

I'm having trouble with the randomisation programme!

- In office hours call the SurfON team **01865 289437** where we will assist with your query and if necessary help perform paper randonisation.
- Out of office hours call **0800 138 5451**, your call will be answered by a UK call centre. You will be asked to confirm:
  - the name of your trial (SurfON),
  - your name,
  - hospital,
  - and phone number.

  After which you will be offered some options.

What can go wrong?

Duplication!

Sometimes a moment of patience is required.

The most common problems are,

- randomising the same participant twice
- manually adding a participant to OpenClinica thus creating a duplication

As I mentioned earlier the randomisation programme speaks directly OpenClinica the feed can take a few moments so hold tight before trying to randomise again or manually adding participants to avoid extra administration burden down the line.

If in doubt contact the SurfON help team.

GUIDANCE SHEET 3:
Randomisation

Prior to randomisation, please ensure:

- Written informed consent has been obtained
- Final eligibility sign-off has been obtained from a delegated medically trained doctor or ANNP (need not be the Principal Investigator)

Randomising infants

- To randomise the infant, access the online randomisation website at https://rct.npeu.ox.ac.uk/surfon/login.php

Log into the randomisation program using your centre log-in details (located in your Site Document Box).

- Select your centre from the drop-down list
- Enter your username
- Enter your password

Once you are logged in, click "Enter infant":

- Complete questions related to eligibility of the infant. The person completing the form must be on the Delegation Log for randomisation.
- If you are happy that the data are correct, click "Continue". Any data that suggest the infant is ineligible will be flagged up.

GUIDANCE SHEET 3

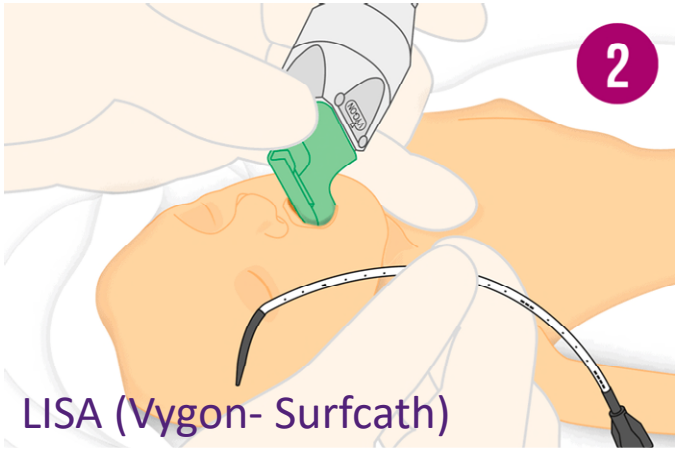
Guidance sheet 3 in your document box has detailed instruction, you can also access this document via the SurfON website in the clinicians area.

Surfactant administration

- IMP is CUROSURF®
- Dispensed from the hospital stock through routine prescription
- Single dose as per the SmPC (100–200 mg/kg (1.25–2.5 ml/kg) in the Protocol
- Please follow your local site policy for dosage including rounding to the nearest whole vial (120mg or 240mg), based on dose of 100mg/kg
- Clinician or advanced nurse practitioner can administer IMP as per local site policy and procedure *(no need to be trained/delegated to work on SurfON as this is standard care)*

Methods of Surfactant administration

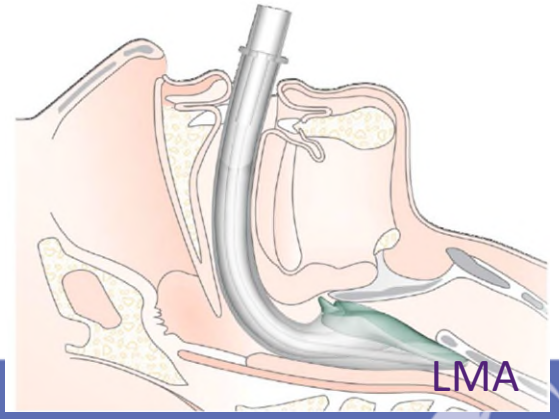
- Surfactant should be administered as per local site policy and procedure (for eg- LISA, INSURE, Laryngeal Mask etc); There are study-specific requirements



LISA (Vygon- Surfcath)


Medicina Surfactant kit
(VL guided thin cath)

INtubation SURfactant Rapid Extubation

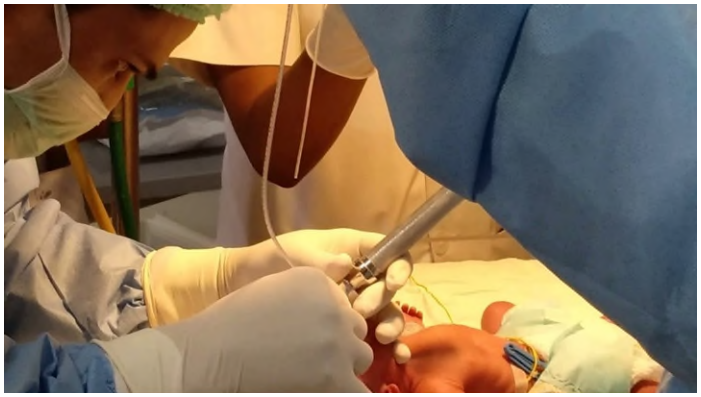

LMA

Podcast for surfactant delivery options

- https://www.npeu.ox.ac.uk/surfon/whats-new/2347-methods-of-surfactant-administration-webinar

Published on Tuesday, 03 January 2023

Dr Charles Roehr, Clinical Director NPEU CTU



Early Surfactant Therapy group

In order to ensure sufficient separation between the two study groups, it is essential that for infants in the

Early Surfactant Therapy group, Surfactant is given **as early as possible**, after randomisation.

Any deviation from this guidance should be at the discretion of the attending clinician, following assessment of the infant's clinical condition.

Note: This is not a withdrawal from the study

Image courtesy: Getty images

Expectant Management group

Infants in the **Expectant Management** group should, where possible, be maintained on non-invasive respiratory support alone, at least until a more severe disease threshold is reached, defined as,

sustained (≥ 30 minutes) requirement for FiO_2 ≥ 0.45 to maintain oxygen saturations (SaO_2) ≥ 92%

Why is this important?

This threshold has been determined by clinicians in line with current known variation in clinical practice. It helps ensure sufficient separation between the two study groups.

Any deviation from this guidance should be at the discretion of the attending clinician, following assessment of the infant's clinical condition.

Note: This is not a withdrawal from the study

What next? – Data Collection

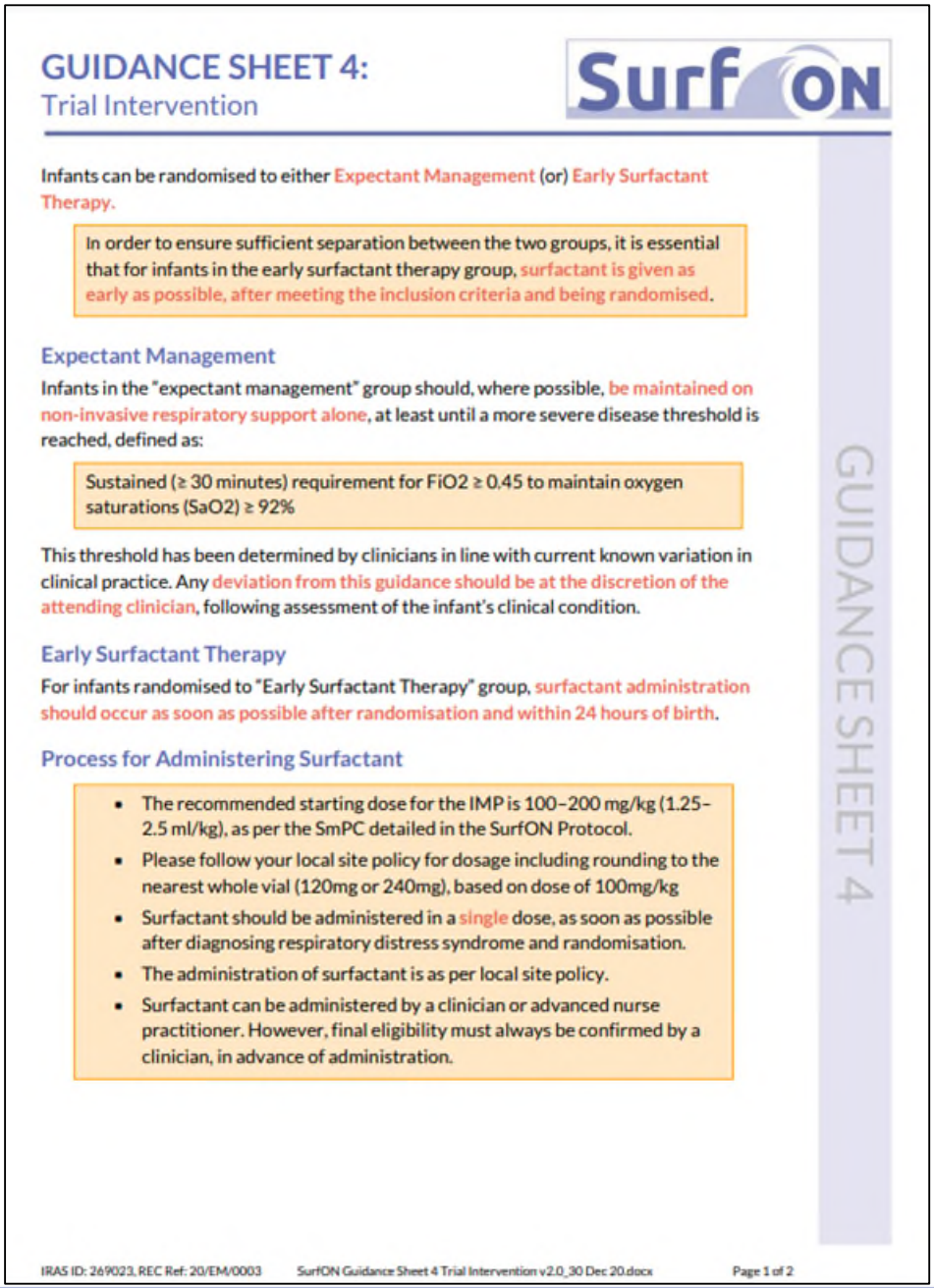
- Primarily using e-CRFs on *Openclinica*
- **Trial Intervention Form** is completed for all infants, regardless of which study arm they are randomised to.
- Important to maintain **Respiratory Support Log** once infant has been randomised to either trial groups (primary outcome)

What do I do if an infant has been randomised to a study arm, but a different course of treatment is taken?

In either study group, surfactant may be given if the attending clinician deems this necessary. Information on the reasons for additional respiratory intervention and surfactant administration will be collected.

The use of additional surfactant is marked on the respiratory support log and the Surfactant e-CRF is completed.

Time interval	Respiratory Support *(please tick ALL that apply)*	Oxygen requirement: Did the infant require $FiO_2 \geq 0.45$ to maintain $SaO_2 \geq 92\%$ for a sustained period of ≥ 30 minutes?	Was surfactant administered? *(please exclude single dose of surfactant given as study intervention)*	Person completing entry *(print name)*
00:00 to 03:59	Mechanical ventilation ☐ Positive airway pressure (CPAP, BiPAP) ☐ High Flow Therapy ☐ Incubator or low flow oxygen ☐ Breathing in air ☐	Yes ☐ No ☐	Yes ☐ No ☐ ***If Yes, please complete Surfactant Form***	



GUIDANCE SHEET 4:
Trial Intervention

SurfON

Infants can be randomised to either Expectant Management (or) Early Surfactant Therapy.

In order to ensure sufficient separation between the two groups, it is essential that for infants in the early surfactant therapy group, surfactant is given as early as possible, after meeting the inclusion criteria and being randomised.

Expectant Management

Infants in the "expectant management" group should, where possible, be maintained on non-invasive respiratory support alone, at least until a more severe disease threshold is reached, defined as:

Sustained (≥ 30 minutes) requirement for FiO2 ≥ 0.45 to maintain oxygen saturations (SaO2) ≥ 92%

This threshold has been determined by clinicians in line with current known variation in clinical practice. Any deviation from this guidance should be at the discretion of the attending clinician, following assessment of the infant's clinical condition.

Early Surfactant Therapy

For infants randomised to "Early Surfactant Therapy" group, surfactant administration should occur as soon as possible after randomisation and within 24 hours of birth.

Process for Administering Surfactant

- The recommended starting dose for the IMP is 100–200 mg/kg (1.25–2.5 ml/kg), as per the SmPC detailed in the SurfON Protocol.
- Please follow your local site policy for dosage including rounding to the nearest whole vial (120mg or 240mg), based on dose of 100mg/kg
- Surfactant should be administered in a single dose, as soon as possible after diagnosing respiratory distress syndrome and randomisation.
- The administration of surfactant is as per local site policy.
- Surfactant can be administered by a clinician or advanced nurse practitioner. However, final eligibility must always be confirmed by a clinician, in advance of administration.

GUIDANCE SHEET 4

Guidance sheet 4 in your document box has detailed instruction, you can also access the document via the SurfON website

Any Questions?

SurfON Bite Size Training Sessions

Please see the schedule of planned virtual training sessions, which follow the participant journey.

Each session be approximately will be 30 minutes long with a further 15 minutes for any question, or an opportunity for sites to share their experiences.

Topic	Date	Time	Duration
Screening and Eligibility	26/04/2023	12.30pm	45 minutes
Consent and delegation of duties	18/05/2023	12.30pm	45 minutes
Randomisation and Surfactant delivery timeframe	15/06/2023	12.30pm	45 minutes
CRFs on OpenClinica and missing forms	13/07/2023	12.30pm	45 minutes
Respiratory Support Logs	17/08/2023	12.30pm	45 minutes
Avoiding 'Incidents' and 'data breaches'	14/09/2023	12.30pm	45 minutes
Discharge, transfers and SAEs	12/10/2023	12.30pm	60 minutes

Thank you for listening

SurfON Study Team

NPEU Clinical Trials Unit
University of Oxford
Old Road Campus
Headington
Oxford OX3 7LF

P: 01865 289437/ 289738/ 617965
E: surfon@npeu.ox.ac.uk
ouh-tr.surfon@nhs.net
W: www.npeu.ox.ac.uk/surfon

- Training podcasts and further resources for use at internal training events, grand rounds etc:
- https://www.npeu.ox.ac.uk/surfon/clinicians/podcasts
- https://www.npeu.ox.ac.uk/surfon/clinicians/resources
- https://www.npeu.ox.ac.uk/surfon/clinicians/training-materials

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The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.