

The Stroke Oxygen Study

Autumn
2009
Newsletter

SOS
CO-ORDINATING
CENTRE

STUDY UPDATE

750th participant recruited!

The 750th participant was recruited by Libby Caudwell at Musgrove Park, Taunton & Somerset Hospital. Congratulations to Dr Hussain and the team.

Recruitment to the study is going exceptionally well – in fact we are 10 months ahead of our predicted recruitment total. So congratulations to all sites for your hard work in achieving this.

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NEW SITES!

Welcome to the following new SOS recruiting sites: The Royal Surrey Hospital, QE, the Queen Mother Hospital (Kent), Warwick Hospital, Pennine Acute Trust (Fairfield and Rochdale Hospitals) Trafford General Hospital, Royal United Hospital (Bath) and Southport and Ormskirk Hospital

RECRUITMENT

**Total:
750**

(up to 14th November '09)

- No. of Active centers:
52

Dates for the Diary – UK STROKE FORUM 2009

After last years success we will be having a stand at the UK Stroke Forum in Glasgow (1-3 Dec 09). Please visit us on stand 41, it will be great to see you.

We will have a study poster in the “on-going trials” section.

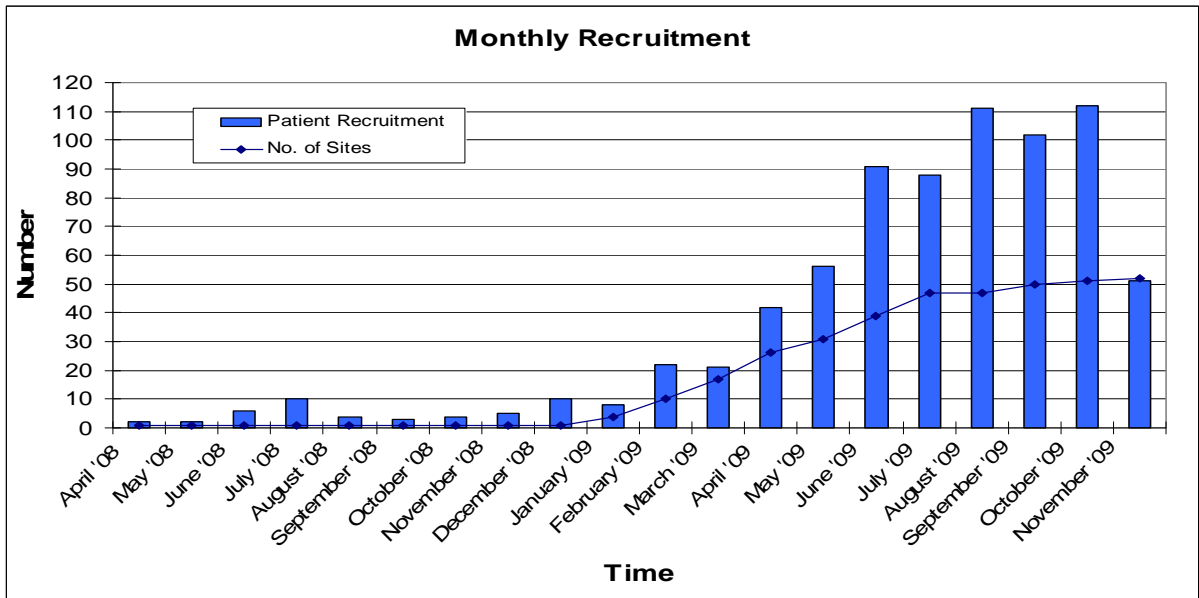
Collaborators meeting – we will also be having a collaborators meeting at the UK Stroke Forum on Thursday 3rd Dec at 8am.

We look forward to seeing you there.



Recruitment

SOS patient recruitment (April '08 – 1st November '09)



CONGRATULATIONS!

Site	PI	Start Date	Total
University Hospital of North Staffordshire	Dr C Roffe	22/04/2008	143
Royal Devon & Exeter	Dr Martin James	26/01/2009	19
Torbay Hospital	Dr Debs Kelly	29/01/2009	10
West Cumberland	Dr E O Orugun	29/01/2009	9
Queens Hospital, Burton	Dr B Mukerjee	02/02/2009	43
Countess of Chester	Dr Kausik Chatterjee	04/02/2009	29
Royal Preston	Dr S Krishnamoorthy	19/02/2009	28
Stepping Hill	Dr Shuja Punekar	19/02/2009	15
Walsgrave Hospital	Dr Pijush Kanti Ray	19/02/2009	16
Yeovil	Dr Khalid Rashed	23/02/2009	7
Brighton & Sussex University Hospital	Dr Khalid Ali	05/03/2009	33
Musgrove Park Hospital	Dr Malik Hussain	05/03/2009	41

Cont...

Site	PI	Start Date	Total
Royal Liverpool	Dr Shankar Loharuka	10/03/2009	12
St George's	Dr Barry Moynihan	16/03/2009	18
Royal Cornwall	Dr Frances Harrington	23/03/2009	21
Derriford Hospital	Dr Azlisham Mohd Nor	25/03/2009	5
University Hospital Leicester	Dr A K Mistri	26/03/2009	3
UHB (Selly Oak)	Dr D Sims	16/04/2009	5
Northampton General	Dr Mel Blake	17/04/2009	10
Birmingham Heartlands	Dr D Sandler	22/04/2009	19
Freeman & Royal Victoria (Newcastle)	Dr Anand Dixit	22/04/2009	23
St Peter's Hospital	Dr Raad Nari	22/04/2009	8
Sunderland Royal	Prof Christopher Gray	22/04/2009	9
Royal Bournemouth	Dr Damian Jenkinson	29/04/2009	25
Bishop Auckland	Dr Ali Mehrzad	01/05/2009	5
University Hospital North Durham	Dr Cath Church	01/05/2009	20
St Helen's & Knowsley	Dr Vinod Gowda	05/05/2009	17
Doncaster & Bassetlaw	Dr Dinesh Chadha	22/05/2009	3
Medway Maritime Hospital	Dr Sanmuganathan	27/05/2009	6
Leighton Hospital	Dr Maity	05/06/2009	13
Blackpool Victoria	Dr James McIlmoyle	23/06/2009	7
Southend Hospital	Dr Paul Guyler	23/06/2009	27
University Hospital Aintree	Dr Ramesh Durairaj	23/06/2009	13
Leeds Teaching Hospital	Dr Peter Wanklyn	24/06/2009	11
Salford Royal	Dr Craig Smith	24/06/2009	7
Wansbeck & North Tyneside	Dr Christopher Price	24/06/2009	17
Norfolk & Norwich University Hospital	Dr Phyo Myint	30/06/2009	6
Kings College	Prof Kalra	01/07/2009	5
Macclesfield General	Dr Moe Sein	01/07/2009	3
Barnsley	Dr Albazazz	14/07/2009	7
Royal Albert Edward, Wigan	Dr Sunil Herath	15/07/2009	3
QE, the Queen Mother	Dr G Gunathilagan	30/07/2009	15
Warwick Hospital	Dr B Thanvi	14/09/2009	4
Pennine Acute Trust	Dr Namushi	21/09/2009	7
Trafford General Hospital	Dr Simon Musgrove	30/09/2009	1
Royal United Hospital, Bath	Dr Louise Shaw	12/10/2009	2



Tips & Other News

Oxygen

It is important for the study that the oxygen compliance and oxygen saturation is well documented.

As systems vary between hospitals a system is required between the researchers and the ward staff to ensure this is documented correctly. The British Thoracic Society has excellent examples of drug charts and details of the guidelines – www.brit-thoracic.org.uk/clinical-information

COPD Patients

[Can COPD patients be recruited to the study?](#)

Patients with a history of COPD who have no indications for oxygen and no contraindications against oxygen treatment can be included. Patients who are on long term oxygen would therefore be excluded. Patients with type 2 respiratory failure due to chronic hypoxia would also be excluded because of the risk of CO₂ retention with 3l oxygen per minute.



We have moved - again

Due to the re-development of North Staffs. Hospital we have moved, yet again.

Please note that we have a new address (see above) and phone numbers:

Tel no. 0300 123 0891

Fax no. 0300 123 0894

Eligibility Criteria

We have received several queries regarding the eligibility criteria for the study. Here are some refresher pointers for you:

- oParticipants within 24 hours of hospital admission and 48 hours of onset of symptoms.
- oNo indication for or contraindication against oxygen treatment.
- oStroke is the main clinical problem.
- oNo other life threatening illness.

Follow-ups & Data Entry

We really appreciate everyone's hard work in getting the week 1 data and contact details entered on time. Currently we have a 99% returns rate. For the follow-up questionnaires we have a slightly lower returns rate, approx. 80% currently. We are obviously very keen to improve this. For the follow-up questionnaires it is important that we have the correct contact details and participants GP details as this helps us to ensure the smooth and speedy up sending out of questionnaires.

From the feedback we have received back you find the data entry system easy and user friendly. We are aware that it is not always possible for recruiters to access a computer to enter data or randomise. You can phone us at the trial centre to help with this. Or if you have any comments or suggestions please let us know.

Oxygen Saturation Levels

[Several hospitals have reported that there guidelines are to give patients oxygen if their oxygen saturations are <92%. The question they ask is how does this affect the SOS study?](#)

Determining whether oxygen is indicated or not will depend on the judgement of the treating clinician. We would encourage clinicians to follow local guidelines for treatment. However, rather than just prescribing oxygen, it is important to make sure the airway is clear. If hypoxia is due to airway obstruction by oropharyngeal secretions, and improves after suction

I would consider the patient eligible.