

Remember to randomise and treat as early as possible!

NEWSLETTER Spring 2017

CRASH-3 TRIAL: 9,500 patients



Congratulations to you all for continuing to work tirelessly for the success of your trial. Even when we made it harder by limiting recruitment to within 3 hours of injury – you stood up to the challenge. To date over 1000 sites globally have expressed interest in being a part of CRASH-3 – only 160 teams were chosen as suitable. **The CRASH-3 collaborative research network is formed from teams in 29 countries spanning 5 continents and to date, almost 9,500 patients have been recruited – an incredible accomplishment by you all!**



Hospital Pablo Tobon Uribe, Colombia



Bowen University Teaching Hospital, Nigeria:
“We’re very glad to be a part of the global effort looking into ways to reduce morbidity following traumatic head injury.”



King Saud, Saudi Arabia



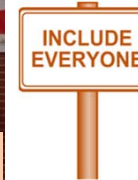
FMC Lokoja, Nigeria



Fundacion Valle del Lili, Colombia



Tokyo MDU, Japan



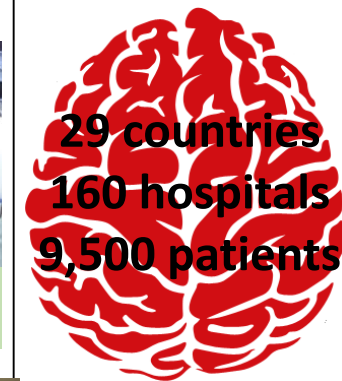
Star Team!



Country: Iraq
Site: Rozhawa Emergency Hospital
PI: Dr Qadamkhear Hama
1st patient: 08/09/16
Average patients per month: 2.8 patients
Successes: 1st recruiting site in Iraq, overcome many local barriers to conduct the trial and has made the trial a success with little support locally. Dr Hama will be presenting the trial at a National Neurosurgery conference in May 2017.



Complejo Hospitalario de Navarra, Spain



Sekar Kamulyan Indonesia

New sites awaiting first patient.....who will recruit first?!

- Saint John Regional Hospital, **Canada**
- Kenyatta National Hospital, **Kenya**
- King Saud Medical City, **Saudi Arabia**
- Par Hospital, **Iraq**
- Abubakar Tafawa Balewa Teaching Hospital, **Nigeria**
- Ondo State Trauma and Surgical Centre, **Nigeria**
- Liaquat University Hospital, **Pakistan**
- Hospital de Torrevieja, **Spain**



Bahiyah, Malaysia



Bida, Nigeria



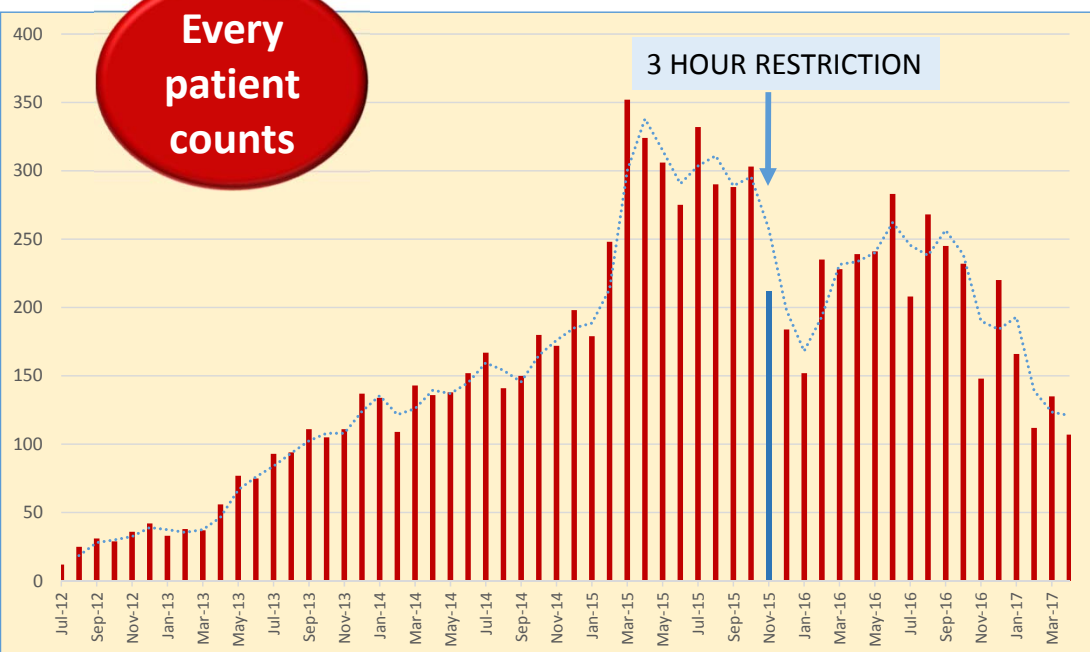
RECRUITMENT UPDATE: The CRASH-3 global network recruited fantastically from July-12 until Nov-15! Not surprisingly, recruitment decreased when it was restricted to within 3 hours of injury. From early 2016, teams around the world reduced in hospital delays and increased recruitment again to an incredible 270 patients/month by Jun-16! Since then we have noticed that recruitment has slowly reduced..... **SO, WE NEED ONE LAST PUSH WITH 3,500 PATIENTS TO GO - EVERY PATIENT COUNTS!!!**



Bir Hospital Nepal



Bowen University Teaching Hospital, Nigeria



Every patient counts

3 HOUR RESTRICTION

8 months left and 117 sites to recruit the final 3,500 patients - every single patient counts to ensure we reach 13,000 patients!!!



Cork University Hospital, Ireland

together everyone **TEAM** achieves more



University Hospital Trauma, Albania



Liaquat University, Pakistan



Representing the Gloucestershire team

"We think CRASH-3 research question is important because it will help improve knowledge and distinguish best available treatment for our patients. We joined the trial because we are dedicated to improving our patient outcomes.

CRASH-3 has been a success at our site because we have embedded CRASH-3 in the minds of our teams and it is second nature for eligibility screening to occur outside the research team. We run league tables for highlighting and recruiting (as we all like a bit of healthy competition) and we also reward our most dedicated members with either letter of appreciation for revalidation, certificates, medals and small presents." **Coventry, UK**

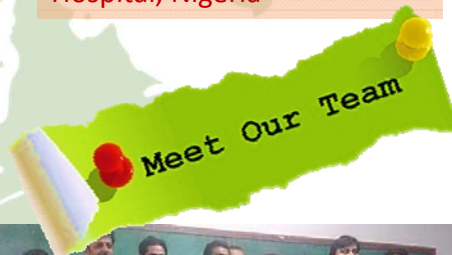




St Mary's London, UK: Photo taken after a charity run, so all a bit muddy!
 "We think CRASH-3 is a great study because it has positive implications for TBI patients."



Lagos University Teaching Hospital, Nigeria



Hospital Sultanah Aminah, Malaysia



Liaquat University Hospital, Pakistan



John Radcliffe Hospital, UK



Obafemi Awolowo University Teaching Hospital, Nigeria

ACTION: Check your team have employed all of the strategies in the checklist below?

TOP RECRUITMENT CHECKLIST
CHECK YOUR TEAM – ARE YOU DOING ALL OF THE FOLLOWING?

1. Do you have **24/7 trial cover**?
2. Do **ambulance teams** alert you of head injury patients on their way to hospital?
3. Do you have **frontline team members**?
4. Do you **waive consent** to save time, where appropriate?
5. Do you randomise **GCS≤12** prior to CT scan?
6. Do you have the **drugs close** to where patients present?
7. Do you regularly check **admissions list for missed patients** find out why they were missed?
8. Do you hold weekly **trial awareness sessions**?
9. Do you hold monthly **team training sessions**?
10. Do you send global in-house **trial progress updates**?
11. Do you send global **thank-you emails** when you recruit, reminding everyone of the eligibility criteria?
12. Do you ask the CTU for **team contribution certificates**?
13. Do you ask the CTU for **incentives** (pens, lanyards) for new trial members?

Remember: every patient counts 😊



Sultan Abdul Halim, Malaysia



Kathmandu Medical College Teaching Hospital, Nepal



View from Cambodia



We see lots of severe head trauma and the whole team realises the importance of establishing the role of Tranexamic acid in this group of patients as such a simple intervention could be shown to save lives and neurons!

I have especially enjoyed the friendly approach of the crash team in London which makes it a pleasure to contribute to this important trial. We are only sorry that we could not have joined the trial earlier to recruit more patients. The hardest part is trying to open the trial medication boxes!!

– Dr Simon Stock - World Mate Emergency Hospital, Cambodia



Royal London, UK



Bagdasar Arseni, Romania



Hospital Sultanah Nur Zahirah, Malaysia

National meetings



Reliable evidence from clinical trials can save lives. Reliable means good quality data and lots of it. To make sure that the CRASH-3 trial data are reliable, we run weekly statistical checks and follow up with site monitoring if anything looks unusual. Thank-you to teams in the UK, Pakistan, Myanmar, Cambodia and Georgia for accommodating our recent monitoring!

TIME SINCE INJURY

We strongly believe the effect of TXA will depend on time to treatment. Teams in Pakistan suggested updating the blue labels with more details on time since injury to help teams estimate time more accurately. **ACTION: Check with your team that they are using the new blue labels in medical records. Let us know if you need the labels in local language**



Ilan Roberts reviewing time since injury estimates with the team at Lahore General Hospital, Pakistan



CAUSE OF DEATH

Every CRASH-3 patient has a head injury but not all patients die from head injury - some will die from **pneumonia, sepsis or heart attacks** for example. We want to know the immediate cause of death – the final pathophysiological process leading to death. We hope TXA will reduce death from head injury but it will not affect other causes. Analyses by cause of death is important and so cause of death must be accurate.

ACTION: If your team need clarification about what information is needed for cause of death, please do let us know!



Haleema Shakur monitoring data including DRS with the team at High Tech Medical Centre in Georgia

DISABILITY RATING SCORE (DRS)

Teams in the UK have reported patients being discharged before clinical assessment by a trial team member. This means the Outcome Form is completed without full knowledge of the patient. UK teams suggested we provide a DRS label that can be stuck in the medical records at randomisation, asking the discharging clinician to complete the DRS label prior to discharge. **ACTION: Check your team are completing Outcomes at discharge. If not, please use the DRS labels we have sent you to ensure accurate data on the Outcome Form!**

Over the final year of the trial we plan to visit more sites. We look forward to meeting many of you in person soon!



The Royal London team (UK) during a monitoring visit



Neuro Hospital, Nepal



University of Benin Teaching Hospital, Nigeria

Meet Our Team

Significant changes to your trial team?

Please ensure all of your trial team members have been trained and have been added to the training log and site delegation log. If key team members change remember to let the CTU know – we are here to help with training new team members if needed!



Aintree, UK

Meet Our Team



Tokyo Medical and Dental University, Japan: "Some of our head injury patients do not recover well. Many of the patients are young and the impact of such injuries is very serious. We are very glad to join the CRASH-3 trial and be of some help."



National Institute of Neurological and Allied Sciences, Nepal

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THE GLOBAL TOP 20 RECRUITING SITES OVER THE PAST 6 MONTHS!!!

