

# calories Newsletter

Issue 9, September 2013

## Over 2000 patients recruited!



We have recruited over **2000 patients** – this is an important milestone and a fantastic achievement, so thank you all for your support. CALORIES is not only an important trial, it is also the largest non-commercial multicentre trial in UK critical care.

### We now have less than 400 patients to go...!

Thank you for all your continued support of CALORIES and please keep up the good work.

With best wishes  
Monty Mythen (Co-Chief Investigator),  
Richard Beale, Geoff Bellingan and Richard Leonard  
(Principal Investigators).

## Top recruiters

Well done to the top recruiting sites between June and August 2013.

University College Hospital, London	18
Poole Hospital	15
Medway Maritime Hospital	13
Musgrove Park Hospital	13
St Mary's Hospital, London	13
The Ipswich Hospital	13
Norfolk and Norwich University Hospital	11
Queen Alexandra Hospital, Portsmouth	11
The Queen Elizabeth Hospital, King's Lynn	10
St Thomas' Hospital, London	9
The Royal Blackburn Hospital	9

Congratulations to **University College Hospital** who recruited the most patients this quarter!



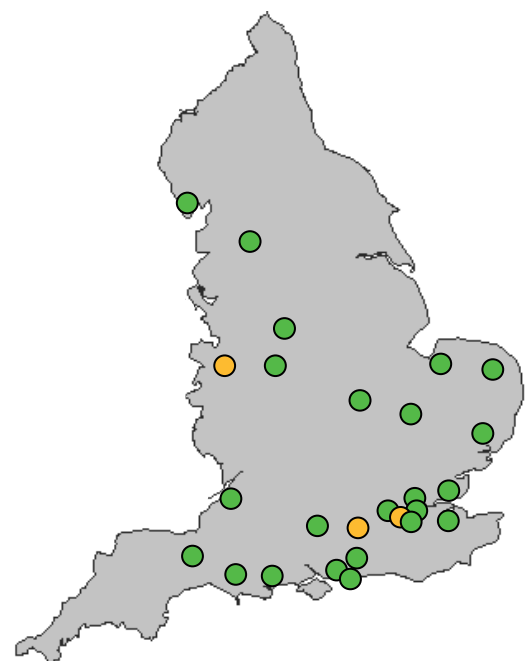
## New sites

Welcome to...

**King's College Hospital**  
**Royal Shrewsbury Hospital**  
**Royal Surrey County Hospital**

...who have recently opened to recruitment.

We now have 27 sites open!



- Orange dot: Location of our new sites
- Green dot: Current sites

## New staff profiles

We are pleased to introduce two new members who have recently joined the CALORIES team at ICNARC:

**Name:**

Blair McLennan

**Position:**

Trial Manager

**Hometown:**

Wellington, New Zealand



**Background:**

I studied at Sydney University, gaining a BSc in Health Information Management. I have had eight years experience in trial management. My last position was at Guy's and St Thomas' Hospital as a Clinical Trial Coordinator in early phase research, as well as managing a locally sponsored lung cancer study.



**Name:**

Kimberley Anderson

**Position:**

Trial Administrator

**Hometown:**

Bury St Edmunds, Suffolk

**Background:**

I gained a BSc in Psychology in 2011, where I focused on chronic pain care in the NHS. During this time I also worked as a Healthcare Assistant where I gained direct experience with patients. From there I spent a year living and working in Switzerland before returning to University College London to undertake my Masters in Child Psychology, which I completed in July this year.

## Goodbye

We are sad to say goodbye to Ruth this month. We thank her for all her hard work and contribution to CALORIES as Trial Administrator, and wish her all the best as she goes to study for an MSc in Epidemiology at the London School of Hygiene & Tropical Medicine. She will be sorely missed.

## Dates to remember

**Monthly teleconference**

24 October 2013, 13.00 - 14.00

*Open to everyone, please dial-in and join us*

**Intensive Care Society, State of the Art Meeting**

16 - 18 December 2013

ExCel Centre, London

## Top tips

Many of you have come up with helpful tips and ideas for CALORIES that we can happily pass on:

- Put screening stickers in the notes of potential eligible patients to prompt review.
- Send out weekly/monthly updates to the critical care team/department about CALORIES.
- Use stickers reminding staff to keep a central venous catheter lumen free if a patient might be eligible for CALORIES.
- Avoid starting feeding overnight to enable a CALORIES team member to screen the patient in the morning.
- Educate new staff and refresh old staff so that CALORIES and research in general remains embedded in clinical practice.
- To minimise protocol violations, place a poster next to the patient's bed alerting staff that they are taking part in CALORIES and not to change the route of their feed.
- Encourage as many staff as possible to have GCP training.
- One site have even gone as far as printing posters with photos of the local CALORIES team, so staff know who to contact when there is a CALORIES patient.

## Adverse Events

Don't forget that other Adverse Events (AE) (i.e. not specified on page 38 of the Case Report Form) do not need to be recorded if they are clearly related to the patient's existing medical condition or standard treatment. If there is any uncertainty about an AE's association with the trial treatment, then it should be recorded.

Please also ensure you have completed all the relevant fields on the Serious Adverse Event (SAE) Form before faxing it to us.

If you are unsure of what to record, please do not hesitate to contact us.

## Contact us

**General enquiries**

**Email:** calories@icnarc.org

**Tel:** 020 7269 9277

**Fax:** 020 7831 6879

**24/7 clinical support line**

**Tel:** 020 7269 9290

**SAE reporting to ICNARC**

**Fax:** 020 7831 6879

