eGFR-C Newsletter

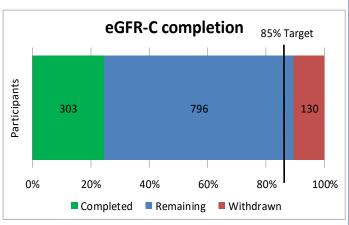
#17 March 2018

www.birmingham.ac.uk/eGFR-C

Message from Chief Investigator Dr Edmund Lamb

Our overall dropout rate is just over 10%, but the rate amongst our patients reaching 3 years is already at 15% - which is the most we can afford.

We know there's nothing we can do about patients who drop out due to death or illness, but please keep doing everything you can to get in touch with those patients who are hard to contact or bring into clinic.



Please give the study office a call if, for example, providing extra transport costs could help. We need the green bar on the eGFR-C completion graph above to reach the black 85% target line before the red bar does.



Easter study office closure

We will be unavailable from Thursday 17.00 29th March until Thursday 5th April 09.00.

The eCRF will still be available as normal, and SAEs should still be reported as normal.

New eGFR-C staff member

Adam Khan, our data manager since 2014, has had a well deserved promotion in the trials unit to work on the Prednos 2 trial.

Dean Ali started as the new eGFR-C data manager on 19th March, and I'm very pleased we're at full strength again. Please be patient with us whilst we get back up to speed!

CRF completion table!

303 final CRFs have been returned, and overall we now have an (excellent) average of 97% CRF return rate. Our leaders this month in promptly returning data are:

- Birmingham 100% of due CRFs returned 1.
- 2. Leicester - 99%
- 3. Derby - 99%
- 4. East Kent - 99%
- 5. Salford - 96%
- King's 91% 6.

Please remember: if a form isn't fully complete and submitted on the eCRF, it won't count as returned, and we'll email you about it...

Study Contact details

eGFR-C Chief Investigator Dr Edmund Lamb East Kent Hospitals **University NHS Foundation Trust** elamb@nhs.net

Trial Manager Ryan Ottridge **Birmingham Clinical Trials** Unit eGFR-@trials.bham.ac.uk

> **Telephone** 0121 415 9125

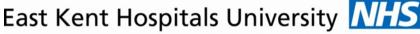
Fax 0121 415 9135

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The views expressed in this newsletter are those of the authors and not necessarily those of the NIHR, NHS, or the Department of Health.









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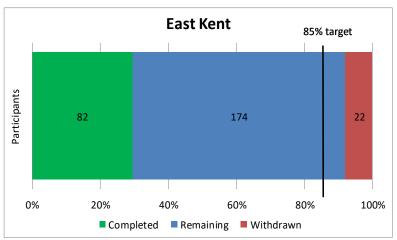
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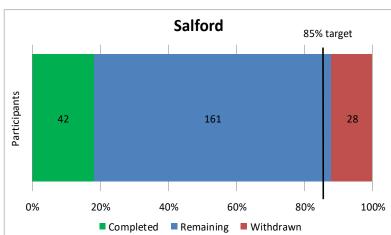
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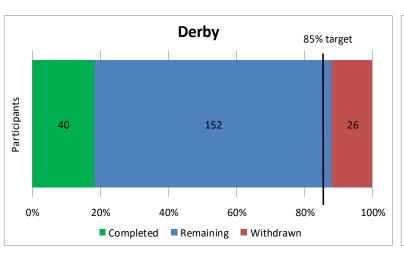


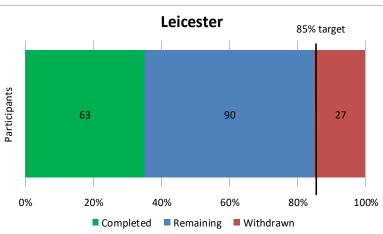
Study completion vs study drop out - March 2018

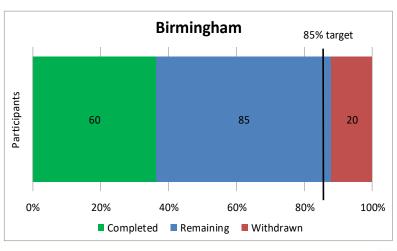
We need 1000+ completed inhexol tests at 36 months for our planned 90% power. This means a maximum 15% dropout rate. Dropout includes withdrawing, dying and being lost to follow up. On the graphics below, we need every site to have their green bar (patients completing) reach the black 85% line before their red bar (patients dropping out) does.

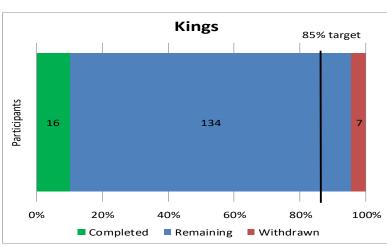
















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