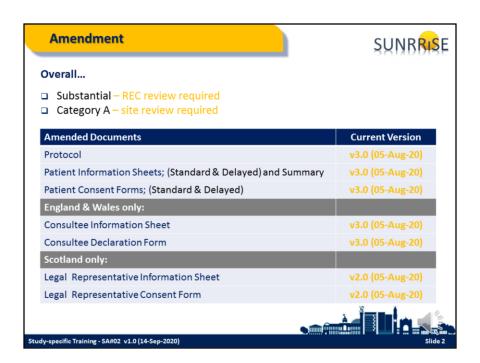
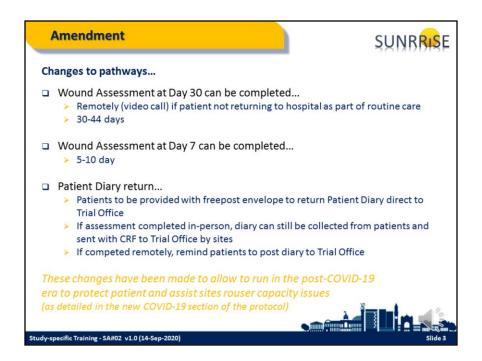


Welcome to the study-specific training for the SUNRRISE trial on substantial amendment number 2, which covers what changes were made to the trial, and also provides a refresher on the trial overall. Please do pause this video where necessary to allow yourself more time to review the content. A PDF version of this presentation can be downloaded from the training page of the SUNRRISE website.

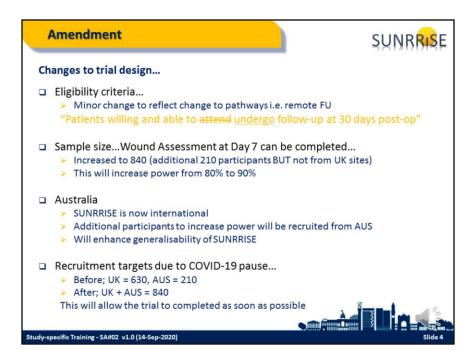


- The amendment was substantial and so required review by and research ethic committee as well
 as the HRA and was categorise as A, which means the need review by sites before it could be
 implemented.
- The amended introduced new version of the protocols, information sheets and consent forms.
 Following implementation of the amendment at your site, these are the documents that must be adhered to and used. There were a number of changes in the amendment...
 - some were to allow the restart of the trial following the recruitment pause due to COVID-19
 - o others were in the pipeline before the pandemic
 - o some mean that the trial pathways may be a little different
 - o other have not impact on the day-to-day running of the trial at a site

We'll now briefly tell you about these changes.



- When and how wound assessments are completed has been altered to allow SUNRRISE to run in the post-COVID-19 era. The 30 day assessment can be now completed remotely, and the information sheets have been updated to reflect this, which means this should be also be covered in trial and consent discussions with potential participants when they are deciding whether or not to take part. This mean if a patient would not be coming back to hospital for a follow-up visit with routine care, they do not have to come back just for a research visit. Ideally remote follow-up will be done by video call, such as by using Attend Anywhere or similar system this will allow for real-time visualisation of the wound which is the closest equivalent to an in-person review. If a video consultation is not possible, for instance if the patient does not have access to a compatible device, the review can be competed over the telephone, but we hope that this will the last resort. The widow for completion the day 30 assessment has also been expanded by 7 days.
- This, as well as the expansion of the completion window for the Day 7 assessment by 3 days, will afford sites greater flexibility in doing the wound reviews, for instance if staff capacity is limited or becomes limited due to future waves of COVID. The day 7 wound assessment is still completed inperson, between on day 5 and 10 or on discharge, whichever is earlier.
- Due to the changes to the day 30 assessments, the logistics around patient diaries have also been amended. All patients should be given a free post envelope with their diary so they will be able to return it direct to the SUNRRISE Trial Office in the event that their follow up is completed remotely. If it is completed remotely, the patient should be reminded and prompted to post the diary to the trial office. If they do happen to come back in to hospital, and so the wound-assessment in completed in-person, the diary can be collected and returned by sites, just as it was before the amendment.

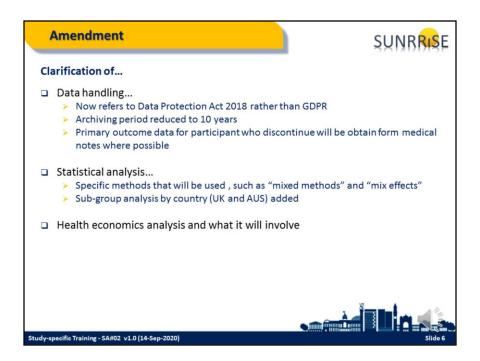


- There is a slight change to one of the eligibility criteria so that it better reflects the previously discussed changes to the 30 day wound assessment. But otherwise COVID-19 has not impact on whether a patient can or cannot go in to the trial.
- The number of participants in the trial has been increased by 210 to 840, which improves the statistical power of the trial.
- However, the additional patients will come from Australia rather than the UK so we are not expecting UK sites to recruitment more patients than before.
- In fact, we have also removed the previous UK recruitment target of 630 and instead will recruit 840 across both countries. This may mean that less patients will come for the UK but will mean the trial will complete as soon as possible, minimising any additional funding requirements.

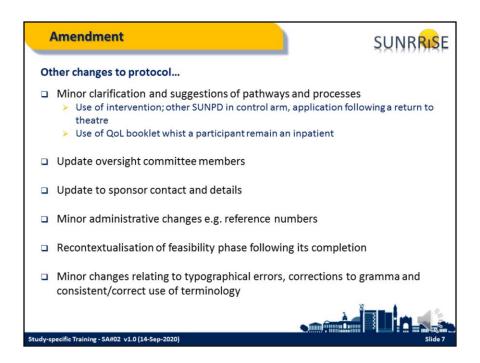


- The amendment also includes some clarifications about the trial.
- Where the planned operative approach is going to be laparoscopic, but where there is a reasonable chance that it will convert to an open procedure, patient can be consented to participate.

 However, if the procedure does not convert, meaning that there is not an incision of at least 5cm at the end of the operation the patient is not to be randomised.
- We also clarified that study-specific and dressing application training can be disseminated by nominated site staff as well as the PI, for instance by an associate PI or the lead research nurse, providing they are delegated this task by the PI as evidenced on the delegation log. Who should undertake wound assessments has also be explained.
- Clarity has been added to the safety reporting requirements so it is clear that any and all adverse
 events that meet the definition of serious, such as prolonged or further hospitalisation, are to be
 reported in an expedited manner using the SAE form, unless they are explicitly excluded in the
 protocol. The exclusions themselves have not been modified in this amendment.



- The changes made in regard to data handling include incorporating current data protection legislation and the reduction of the archiving period from 25 years to 10, and also explaining that primary outcome data for all participants who discontinue will be sought using their medical notes.
- There were some minor changes to the details of the statistical and health economics analyses to clarify what they will entail.



- Other changes include...
- Minor clarifications added around the used and a management of the SUNPD and suggestions on the QoL data collection.
- There were also updates to the oversight committee members and the contact details for the sponsor along with the inclusion of the REC reference for Scotland.
- The feasibility was also re-contextualised as it has now completed and there were minor alterations to correct any typos and error in gramma, and to harmonise or correct terminology.



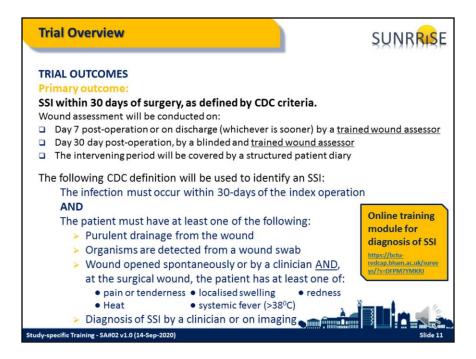
- As previously mentioned, the information sheet and consent forms were updated.
- Further to the changes discussed do far, a clause has been added to the consent form to cover the
 continued use of data in the unlikely event of a patient losing capacity to bring it in line with BCTU's
 standardised requirements.
- There were changes to the information sheets to correct typos and phrasing, particularly in the personal consultee and legal representative information sheets.
- Although not part of the amendment, the CRFs have also been updated to reflect the changes made in the amendment, and to also collect data on COVID status at trial entry and at 30 days.



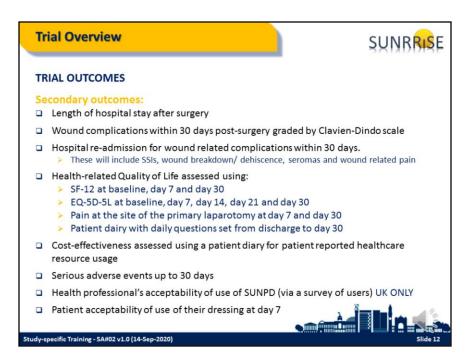
- We will now provide you with a brief overview of SUNRRISE and the trial activities to serve as a refresher on what's involved in the study. Question are sometime posed to spark local discussions, so please do talk to your PI or other members of your local team about these.
- Training video that cover the trial in more detail, which may be of particular use to those new to the trial, are available on the training page of the SUNRRISE website.



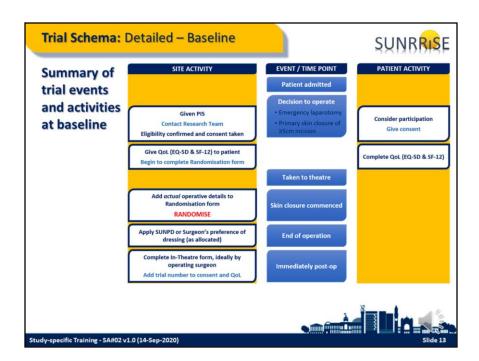
- SUNRRISE will assess whether single use negative pressure dressings reduces surgical site infections at 30 days compared to surgeon's preference of dressing.
- The secondary objectives are as shown, which included investigating the effect on quality of life and the health economics associated with using SUNPD.



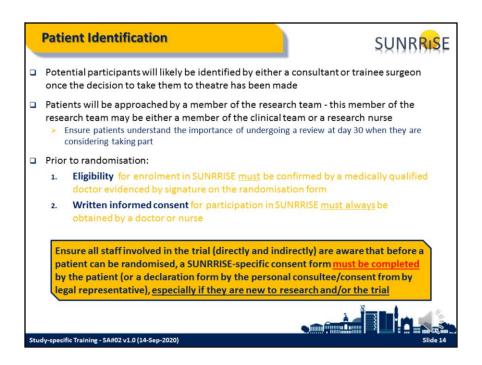
- The primary outcome for the trial is SSI's within 30 days of surgery and these are defined by the CDC criteria. It comes from assessments day 7 day 30 and from a patient diary.
- The CDC definition of an SSI is as shown.
- All wound assessors should complete the online training module, available at the link shown, which is also on the training page of the SUNRRISE website.



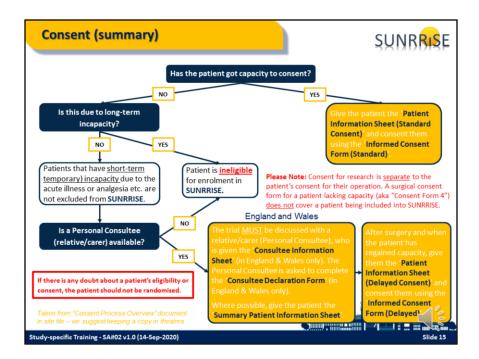
• The secondary outcomes for the trial are as shown.



• The schema for the baseline activities and events are as shown. These take place on the day of surgery; prior to, during and immediately after. And we'll discuss these in more detail in the following slides.

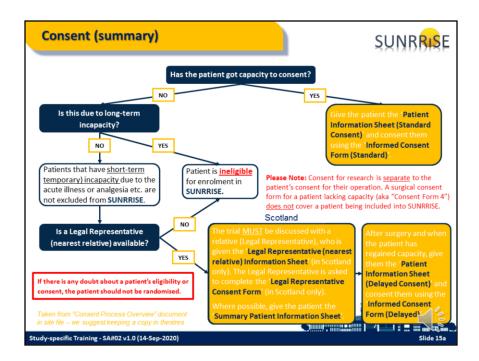


- It's expected that potential participants will be identified by a consultant or trainee from the patient's care team.
- If they're also a member of the local of the local SUNRRISE research team they will approach the patient, or if not, contact a member of the research team to inform them there is a potential participant.
- Prior to randomisation is essential that eligibility for the trial is confirmed by medically qualified doctor, indicated by their signature on the Randomisation Form, and that informed consent is obtained from the patient by a doctor or nurse.
- It is best practice to ensure that all staff in theatres are aware of the trial and most importantly aware that for a patient to be randomised a SUNRRISE-specific consent form <u>must</u> have been completed, either by the patient, or by their personal consultee or legal representative. This is particularly relevant to those new to research and or new to the trial.

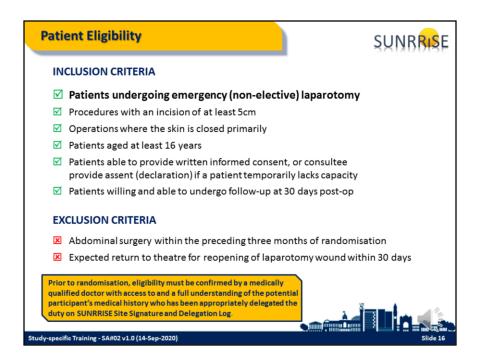


- Patients that lack the capacity to provide consent can be entered into SUNRRISE and here we will
 explain the circumstances around whether or not a patient can be entered into the trial, and if they
 can, the forms and the steps that needed for this to happen.
- Consider if the patient has the capacity to give consent.
- If the patient has capacity then they are to be given the "standard consent" patient information sheet, and if they agree to take part, they are to complete the "standard" informed consent form.
- If the patient does not have capacity, is the incapacity long term?
- If it is, they are <u>not</u> eligible to enter the trial.
- If the incapacity is short term, due to the acute illness that requires the laparotomy or due to any pain medication there may be on, they are not necessarily excluded. However. A personal consultee in England and wales, or legal representative in Scotland, must be available.
- If a personal consultee or legal representative is not available the patient is an eligible for enrolment into SUNRRISE.
- If they are available, they to be given the relevant information sheet, and if they agree to the
 patient's participation, asked to complete either the Personal Consultee Declaration Form in
 England and Wales
- or Legal Representative Consent Form in Scotland. Where possible the participant themselves should be given a summary patient information sheet.
- After the patient regains capacity, they are to be given the delayed consent patient information sheet and asked to complete the delayed Informed Consent Form.
- It's important to note that research consent is separate from the consent for the operation itself, for instance a surgical consent form for a patient lacking capacity, often known as a consent form 4, does not cover a patient being included in the trial.

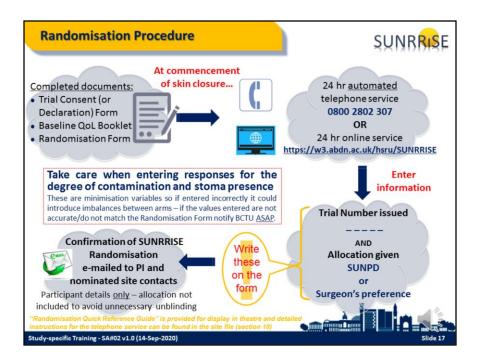
• If there is any doubt over a patient's eligibility or whether or not consent has been obtained correctly the patient should not be randomised.



Slide 15a, which shows terminology and documents for Scotland, have been provided as animations are not reproducible in PDFs.

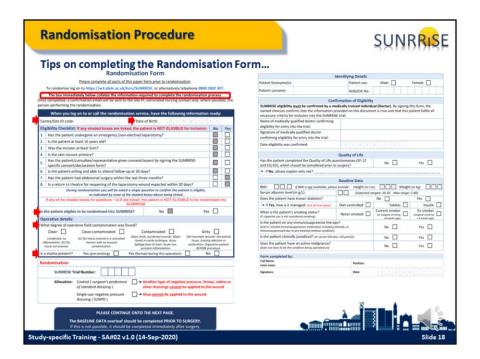


- To be eligible for the trial,
 - patients must be undergoing in an emergency laparotomy,
 - o have an incision of at least 5 centimetres
 - o where the skin is closed primarily.
 - They should be at least 16 years old
 - o and they should have provided written informed consent themselves, or it be provided by a consultee or representative if they temporarily lack capacity.
 - They also must be willing and able to undergo follow up at 30 days post-op and for this
 criterion it should be considered whether for any reason the patient will not wish to or be
 in a position to be followed up, such as if they have a poor prognosis.
- If a patient has had abdominal surgery in the preceding three months of randomisation, or if they are expected to return to theatre for a reopening of the laparotomy wound within the 30-day period, they should not be entered into the trial.
- Eligibility must be confirmed prior to randomisation by medically qualified doctor who has access to and a full understanding of the medical notes of the potential participant. And they must be delegated the duty of eligibility confirmation on the delegation log.

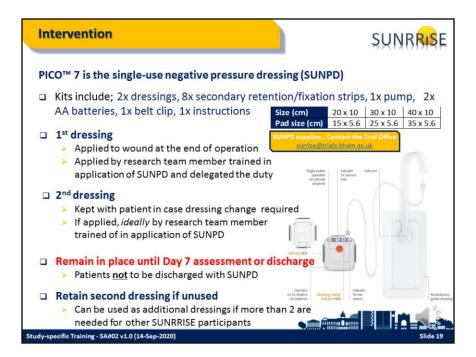


- We will now go through the procedure for randomisation.
- Prior to randomisation a trial consent or declaration form will have been completed. The baseline
 quality of life booklet will also have been completed if the patient can, but if hasn't been, the
 reason for this should be documented on the randomisation form. The randomisation form will
 also have been completed, likely partially before the operation with any unknown or yet to be
 determined responses added when in-theatre.
- Then, at the commencement of skin closure, the patient is to be randomised.
- This can be done by calling a 24-hour automated telephone service on the number shown. This
 requires a unique ID code for <u>your</u> site. This is given on posters provided by the SUNRRISE Trial
 Office for display in and around theatres and is 5-digit number beginning with two zero zero.
- You will be asked the series of questions during the call, including the patient's date of birth, to
 confirm that the patient is eligible and that all the proper documentation is in place. You will also
 be asked to information on the degree of contamination present and also the weather or not a
 stoma is present these are minimization variables in SUNRRISE.
- It is important that minimisation variables are entered correctly. If that aren't, it could lead to an
 imbalance between the intervention and control arms, which could cast doubt on the results. If it is
 realised that they have been entered incorrectly, please inform us as soon as possible as correcting
 this right away will maximise the chance of fixing imbalances when subsequent participants are
 entered.
- Once the required information has been entered using the telephone keypad, you will be told the trial number and allocation.
- Ensure these are written on the randomisation form that will be the only record at site of the allocation.

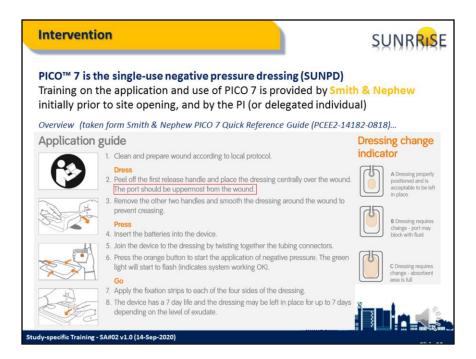
• When you have completed the randomisation, a confirmation email will be sent to the PI and other nominated site contacts. The email contains the participant details only; trial number, partial date of birth and date of randomisation) - it does not contain the allocation to avoid unnecessary unblinding.



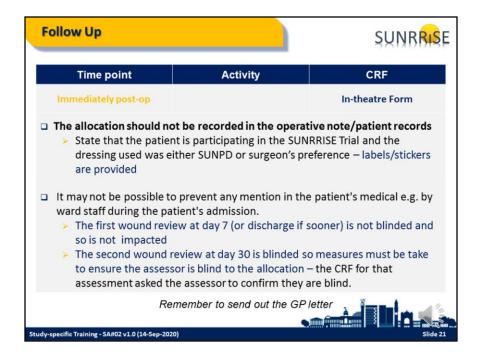
- The Randomisation Form is shown.
- Not all of the data collected on the form is entered as part of the randomisation process, just the data for the questions indicated by the red arrows.



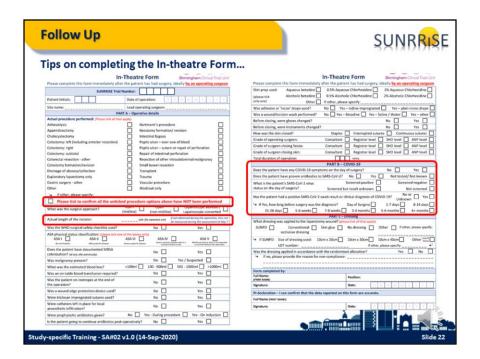
- The SUNPD used in SUNRRISE is Pico 7 from Smith and Nephew. The kits have been provided free
 of charge for use in the Sunrise trial only.
- They include two dressing; retention strips; a pump and batteries. They also include a clear belt clip, which patients may wish to use. They available in 3 sizes but note the overall sizes compared to the slightly smaller pad sizes. Please contact the SUNRRISE Trial Office if there are any queries or concerns about stocks at your site.
- The first dressing is applied at the end of the operation, if allocated, and should be applied by a trained and delegated member of the research team
- The second dressing should be kept with the patient just in case dressing change is required, when
 it should <u>ideally</u> be applied by a trained and delegated member of the research team.
- The SUNPD is to remain in place until day seven or until discharge, whichever is earliest, and patients should not be discharged with the SUNPD in place.
- If the second dressing remains unused, we strongly recommend that these are collected and
 retained by the research team to for use with other SUNRRISE participants for instances where
 more than two dressing pads might be needed, or to reconstitute kits.



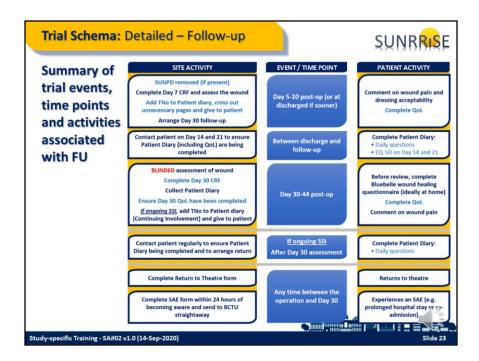
- All sites receive training on SUNPD application from a Smith & Nephew representative prior to their site opening. This then is disseminated by the PI or delegated individual.
- An overview taken from the Smith and Nephew Pico 7 quick reference guide is shown. A key point is that the port should be uppermost from the wound. Extra consideration relating to SUNPD application may be necessary where patients have TAP or rectus sheath catheters, stomas close to the wound or a wound over than 35cm.



- Immediately after surgery the in-theatre form should be completed
- The type of dressing used should not be recorded in the participant notes, instead it should be stated that patient is in the SUNRRISE trial they have had either the SUNPD or the surgeon's preference of dressing applied. Sticky labels have been provided in the investigator site file to aid with this.
- We understand that it may not be possible to prevent any mention in of the dressing used in the patient notes after the operation is completed in the time the patient remains in hospital. The first wound assessment at day 7 or on discharge is not blinded and so would not be impacted by that. However, the second wound assessment at day 30 is blinded, so measures should be taken must be taken to ensure that that assessor is blind.



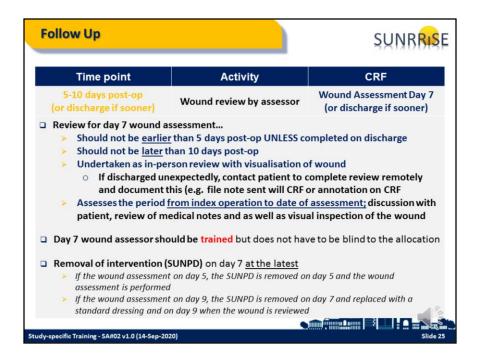
- The in-theatre form is shown. When completing the form please ensure that you...
- Remember to tick the confirmation box relating to the procedure list this is a very common data query.
- The actual length of incision may not be routinely recorded in the notes so it's essential that this is completed and also added to the patient's notes.
- The form now includes questions associate with COVID.



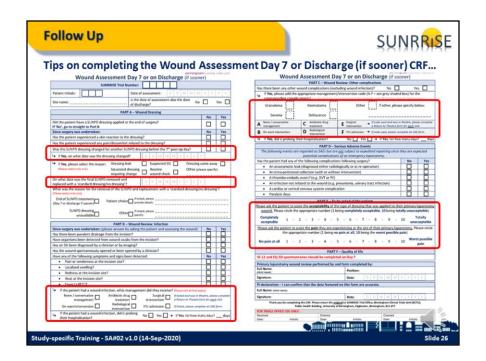
• The schema for the activities and events after baseline are as shown and we'll discuss these in more detail in the following slides.

What	When	How	To note
EQ-5D & SF-12	Post-consent & Pre-op	QoL Booklet	If not complete pre-op, do <u>not</u> complete post-op
EQ-5D & SF-12	Day 7 (-2/+3)	QoL Booklet ^o or Patient Diary	
Daily questions	Post-discharge to Day 30*	Patient Diary	* Day 30 assessment - may be completed at 30-44 days
EQ-5D	Day 14 & 21 (+/-2)	QoL Booklet ^o or Patient Diary	Call patient weekly (if discharged) to check if any problems
EQ-5D & SF-12	Day 30 (+14)	QoL Booklet ^o or Patient Diary	
WHQ	Day 30*	Patient Diary	Completed by patient on day of Day 30 assessment <u>independently</u>
Daily questions	Post-Day 30* if ongoing SSI	Patient Diary (Continuing Involvement)	Extra diary only for participant with ongoing SSI at Day 30 assessment.

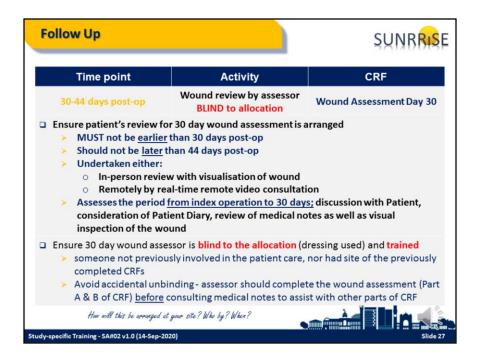
- Health-related quality of life is collected throughout the trial using EQ-5D and SF-12 questionnaires, daily question sets specific to SUNRRISE and a wound healing questionnaire. What, when and how is as shown along with some points of note. If missed, the baseline QoL should not be completed post-op but it should be documented on the randomisation form along with the reason. EQ-5D and SF-12 questions after baseline can be completed using the booklet or the diary, and based on feedback we recommend that the quality of life booklets are used whilst the patient is in hospital so the diary can be given to the patient only on discharge. Before undertaking the day 30 wound assessment, check the patient has competed the wound healing questionnaire located at the very end of the Patient Diary. If they haven't, they are to be asked to do so independently before conducting the review.
- A small number of patients will have an ongoing SSI at the Day 30 assessment and we have an
 additional diary we would like them to complete; a Continuing Involvement diary which does not
 include further EQ-5D or SF-12 questionnaire. This diary is completed until the wound has healed
 indicated by discharged from care in the comity. It may be that multiple continuing involvement
 diaries are needed, requiring sites to liaise with patients to facilitate this.



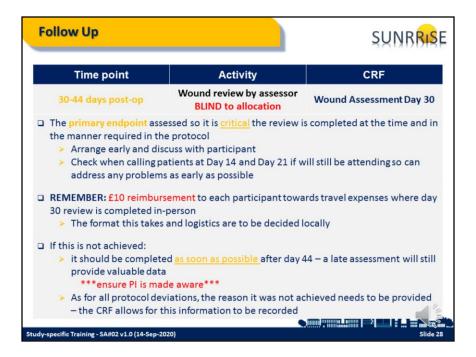
- On day 5 to 10 a wound assessment is to be undertaken and the wound assessment day 7 CRF completed.
- It should not take place before day 5 unless it is done on discharge and it should not take place later than day 10. The review will be in-person as the patient will still be in hospital as part of their routine care but if the patient is unexpectedly discharged, they should be contacted and the review completed remotely as soon as possible and documented appropriately. This assessment covers the period from the index operation to this assessment and it will involve discussion with the patient and review of their medical notes as well as visualisation of the wound.
- The person undertaking the wound assessment should be trained having completed the online wound assessment training module and delegated the task, but at day 7 does not have to be blind to the allocation.
- The SUNPD should be removed on day 7 at the latest. If the wound assessment is completed on day 5, the SUNPD should be removed at that point and the wound assessed. If it were to take place on day 9, the SUNPD should be removed on day seven and replaced with standard dressing, and the wound reviewed on day 9.



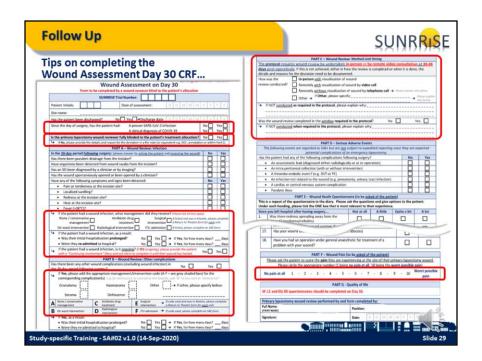
- The Wound Assessment Day 7 CRF is shown.
- The form collects information on dressing changes as well as when the SUNPD was replaced with a standard dressing. Please take care not to confuse these, which may happen in cases where the SUNPD is replaced with a standard dressing early due to problems maintaining a seal.
- As mentioned, SSI's are defined using the CDC criteria with questions associated with each aspect
 on the form. There may be instances where, based on the CDC definition, a patient had an SSI even
 if locally you do not consider the patient to have had a wound infection this is understandable.
 However, if we ask for the ensuing management information, it needs to be provided, even if there
 was none, despite any local opinion.
- A coding system is employed to collect information of the management of other wound complications. If a patient experiences such a complication, the relevant management code it to be added to the corresponding box. Rather than, for instance, the box being ticked and the code letter being circled.
- Patients are asked to score their acceptability of the dressing used and also their pain. The scale should be <u>circled</u> rather than the text. For instance, as the question states, 1 is the score for "completely acceptable".



- On day 30 to 44 a wound assessment is to be undertaken and the wound assessment day 30 CRF completed.
- It must not take place any earlier than day 30; this ensures the criteria for the CDC definition of an SSI is met. It should not take place later than day 44. It can be undertaken either in person or remotely by real-time remote video consultation. Importantly, this assessment covers the period from the index operation to 30 days post-operatively, irrespective of when the assessment itself takes place. It will involve discussion with the patient, review of their medical notes and consideration of the patient diary as well as visualisation of the wound.
- The person undertaking the wound assessment should be trained having completed the online
 wound assessment training module and delegated the task. They must also be blind to the
 allocation, meaning it is to be someone that has not been involved in the patient's care and have
 not completed any of the CRFs so far for that patient. To avoid accidental unblinding the assessor
 we recommend they complete parts A and B of the CRF before consulting the medical notes to
 assist completion of other parts of the form, such as part D and the COVID question.



- This wound assessment is the main source of the primary outcome data so it is critical that it
 completed a timeframe and in a manner required in the protocol. We advise arranging the review
 early, discussion how this can best be done with the patient, and checking the arrangements are
 still suitable when contacting them at day 14 and day 21.
- We will do offer £10 reimbursement for each participant towards any travel expenses incurred in undergoing an in-person assessment at day 30.
- In the event that it is not possible to complete the Day 30 assessment in the 30 to 44 day period, it should be completed as soon as possible afterwards because a late assessment can still provide valuable data. As seen on the previous slide, the data collected only pertains to the 30-day postoperative period.



- The Wound Assessment Day 30 CRF is shown.
- The form now includes a question associated with COVID.
- We talked earlier about measures to ensure blinding. We ask the person undertaking the review to confirm that they are blind to the patient's allocation. If they are not, the best course of cation is for another assessor who is blinded to complete the review instead. If, for whatever reason, this is not possible and the question is answered No, we require this non-compliance to be documented, explaining why it happened and how it can be prevented in future, in a file note or equivalent.
- As with the day 7 CRF, we wish to collect management and interventions information for wound infection as defined by the CDC criteria, even if the locally the opinion is that the patient did not have one.
- Again, as with the day 7 CRF, a coding system is employed to collect information of the management of other wound complications, and the relevant management codes are to be added to the corresponding complication box.
- The form includes a compliance section so that you can record how the review was conducted and
 if not quite as require in the protocol, you can provide reasons for the non-compliance. It is the
 same for the timing of the assessment.
- Once again, as with the day 7 CRF, the score for the patient's pain assessment should be recorded on the 1 to 10 scale and not by circling text.



- Thank you for watching the SUNRRISE study-specific training video on substantial amendment number 2 and overall refresher on the trial.
- Please ensure you document the completion of this training. This can readily be done using our
 online training record tool which can be assess using the link blow, which is also found on the
 training page of the SUNRRISE website, or by using the QR code shown. Alternatively, the paper
 training log found in your site investigator site file can be completed and a copy sent to the
 SUNRRISE Trial Office.
- If you have any queries, please get in touch. If there are aspects of the trial you wish to find out more about that may not have been covered in the refresher, please do check out the other training videos on the training page of the SUNRRISE website.