ROSSINI 2: Reduction **O**f **S**urgical **S**ite **I**nfection using several **N**ovel **I**nterventions

A Phase III, multi-arm, multi-stage (MAMS), pragmatic, blinded (patient and outcome assessor) multicentre, randomised controlled trial (RCT) with an internal pilot, to evaluate the use of three in-theatre interventions, alone or in combination, to reduce SSI rates in patients undergoing abdominal surgery.

SUMMARY INFORMATION SHEET

Version 2.0, 24th January 2019

Summary of invitation to take part in the research study ROSSINI 2.

- Your surgeon has recommended you undergo an operation on your abdomen (tummy). As with any operation, this carries a risk of developing an infection in the cut/ incision (also called a Surgical Site Infection or SSI)

- This hospital is taking part in a research study called **ROSSINI 2**, which aims to find out whether using three different interventions, either separately or in combination, during your operation can reduce the chances of a patient developing an infection.

- It is possible that these interventions might have a combined effect. Our trial will both test each method and look in a logical fashion at how they might work together.

- The three in-theatre interventions beings investigated are: alcoholic *skin preparation* (a surgeon's usual cleansing solution for skin), a skin *drape* (a thin plastic sheet thought to prevent bacterial movement) and antibiotic coated *sponge* implants (delivers antibiotics in wounds to kill bacteria locally).

- If you wish to participate in the trial, you will not get to decide which intervention(s) are used, you will be randomly allocated to receive all, none or some of these in any combination to make sure the groups are comparable. An additional group will undergo their operation in the standard fashion (with no device used).

- All groups of patients will have their wounds assessed by a doctor or nurse who is unaware of whether an intervention was used, to see if they develop an infection.

- You do not have to take part in ROSSINI, and if you decide not to, no-one will think badly of you and this will not affect the quality of your care in any way.

If you are interested in finding out more about this trial, please read the Patient Information Sheet.

ROSSINI 2: Reduction Of Surgical Site Infection using several Novel Interventions

A Phase III, multi-arm, multi-stage (MAMS), pragmatic, blinded (patient and outcome assessor) multicentre, randomised controlled trial (RCT) with an internal pilot, to evaluate the use of three in-theatre interventions, alone or in combination, to reduce SSI rates in patients undergoing abdominal surgery.

PATIENT INFORMATION SHEET

Version 2.0, 24th January 2019

We would like to invite you to take part in the **ROSSINI 2** research study. Joining the study is entirely up to you. Before you decide, we would like you to understand why the research is being done and what it will involve for you. A member of our research team will go through this information sheet with you, to help you to decide whether or not you would like to take part and to answer any questions you may have. Please feel free to talk to others about the study if you wish.

Part 1 of this Participant Information Sheet (PIS) tells you the purpose of the study. Part 2 gives more detailed information about what will happen to you if you take part and about the conduct of the study. Please do take the opportunity to ask any questions you have and to ask for more information if anything is unclear.

Part 1

What is the purpose of the ROSSINI 2 study?

ROSSINI 2 stands for 'Reduction Of Surgical Site Infection using several Novel Interventions 2'. The overall aim is to see if using different interventions during abdominal (tummy) surgery will reduce the chance of you getting a surgical site infection.

What is a Surgical Site Infection (SSI)? How common is it?

A surgical site infection (SSI) is an infection of the incision (cut) made by your surgeon through which the operation is performed. It is also commonly called a 'wound infection'.

The chances of developing an infection vary according to many factors. Some of these are dependent on you as the individual patient, for example if you smoke or suffer from diabetes your chances of developing an SSI are increased. Other factors include the length of the operation, the exact nature of the surgery and whether it is performed as an emergency or a planned procedure. Around one in ten patients will develop an SSI increasing to one in three if the operation is an emergency.

What are the consequences of developing a Surgical Site Infection (SSI)?

The main problem that patients experience if they develop an infection in their wound is that it takes longer to fully recover and heal, this means they may experience more pain and discomfort than they normally would and this can possibly result in them staying in hospital longer and probably requiring a course of antibiotics. Very occasionally patients need another operation or procedure to deal with a wound infection. In some patients a wound that becomes infected can produce a less tidy scar.

Who is organising and funding the research?

The **ROSSINI 2** study was developed by the West Midlands Research Collaborative, and is funded by the Health Technology Assessment programme of the NHS research funding charity, the National Institute for Health Research (NIHR). The study is coordinated by the **ROSSINI 2** study office at University of Birmingham, Birmingham Clinical Trials Unit (BCTU).

What are the interventions being tested in theatre?

If you choose to take part in the trial, you will be randomly selected to receive up to three different interventions or be in the 'control group'. If you are randomised to the Control Group, this means you will receive a skin preparation and/or any other intervention that your surgeon would normally use but it will not be any of the three specific interventions we are looking at in the trial.

All interventions used in the trial may be tested alone or in combination. They are all interventions which are already used by some surgeons in the NHS, but lack the evidence required to be used for every patient undergoing surgery. We are testing these interventions in different combinations because it is possible that they might have a combined effect. The trial will both test each intervention and look in a logical fashion at how they might work together.

Chlorhexidine 2% alcohol skin preparation – is a surgeon's usual application cleaning solution to cleanse and sterilise the skin before surgery. This is being compared against any other standard skin preparation normally used.

An Iodophor-impregnated incise drape – a very thin plastic sheet stuck onto the skin before surgery and thought to prevent infection by trapping any bacteria left on the skin after preparation, as well as preventing new bacteria migration into the wound. This is being compared against no drape.

Gentamicin-impregnated collagen implant sponge - small absorbable sponges placed in the wound at the end of the operation that slowly dissolve and disappear over time whilst delivering antibiotics in to the wound to try and kill any bacteria present that may go on to cause an SSI. This is being compared against no sponge.

What are the possible disadvantages and risk of these interventions in theatre?

To the best of our knowledge the additional interventions do not add any further risk to your operation itself. The skin preparation takes approximately 2-3 minutes to apply at the start of the operation as does the drape. The sponges are left in the wound at the end of the operation and take approximately 5 minutes to insert. As with any intervention, there is a rare risk of allergy. If you have a documented or suspected allergy to any of the interventions (or its parts) we will not offer you that intervention but you can still participate in the trial.

What are the possible benefits of taking part in ROSSINI 2?

These all have the potential benefit of reducing the chances of you developing an infection in the wound. The alternative possibility is that the interventions will not be of any benefit at all. To the best of our knowledge, none of the included interventions will increase your risk of getting a SSI.

Why are these interventions not used in theatre routinely if there is a possibility they may help reduce infections?

Whilst skin prep is routinely used in all operations, we do not know for definite if these interventions are an improvement on current surgical practice. There have been some similar (although smaller) studies of these interventions which showed encouraging results with decreased rates of infection in patients. However, the studies did not involve enough patients to allow us to recommend that these interventions (alone, or in combination) be used in all patients undergoing abdominal surgery.

Although the interventions are not too expensive, they still add an additional cost to the NHS and we have to be sure that they offer some benefit before starting to use them routinely in everyone across the country.

How have patients and the public been involved in this study?

A group consisting of patients and members of the public helped to develop this research topic and the research questions that should be asked.

In designing this study we have taken into account patient opinions on the frequency of participant visits and the tests that we will carry out.

Potential participants were involved in reviewing the Participant Information Sheet and Informed Consent Form, and deciding on the inclusion and exclusion criteria for people taking part in this study.

Part 2

Why have I been chosen?

The consultant surgeon in charge of your care is involved in the **ROSSINI 2** study as they feel the study asks an important question. As such they are inviting all of their patients who are planned to undergo an operation on the abdomen to take part in **ROSSINI 2**. Your surgeon thinks that taking part in **ROSSINI 2** would be a good option to help find out if these interventions work or not. **ROSSINI 2** will include over 6000 people like you from hospitals throughout the UK.

What would taking part in ROSSINI 2 involve?

If you agree to participate in the study you will be asked to complete extra questionnaires regarding your wound and its healing as well as information about how you are feeling at various stages throughout your treatment. These details about you will be collected at baseline, before you go home and 30 days after your operation. The local trial investigator(s) will also record some additional information about your medical history and exact operation details. The central part of your involvement in the trial will occur when you are anaesthetised (asleep) for your operation. At this stage we shall contact the Centre for Healthcare Randomised Trials (CHaRT) at The Institute of Applied Health Sciences at University of Aberdeen who will tell us which intervention(s) (if any) to use. After the operation, regardless of which group you were in, the follow-up shall be the same. This shall take the form of two formal reviews of your wound to check its healing and assess for any signs of a wound infection. These shall be performed by a

doctor or specialist nurse who is not aware which intervention(s) were used in theatre. The first of these reviews will occur before you go home after the operation. The second will be at around 30 days after your surgery. This will require you to return to hospital but will usually be combined with your normal outpatient clinic appointment for routine review after surgery. You will not be reimbursed for your travel costs for this visit. After this point, your involvement in the **ROSSINI 2** trial will be complete. On the rare event that your wound has not healed by 30 days after surgery, we will continue to contact you for review every 30 days until it has healed.

Do I have to take part?

No. Taking part in research is always voluntary. If you decide to take part you will be asked to sign a consent form but you are still free to withdraw at any time and without giving a reason. If you decide not to take part, you don't have to give any reason why and no-one will think badly of you for not wishing to take part. Your care will not be affected in any way. Your surgeon or local trial investigator will be happy to talk through any questions you may have regarding **ROSSINI 2**.

What will happen if I don't want to carry on with the study?

You can decide not to continue with study follow-up at any time but, if you do, we would still like your data to remain on file and be included in the study analysis unless you specifically ask to be excluded.

Can I pick which intervention(s) the surgeon uses?

So that we can find out which intervention(s) are best, the intervention that you receive will be decided for you by a process called randomisation. This gives you roughly the same chance of receiving any one of the intervention(s) or none at all. Neither you nor your surgeon can choose which treatment you receive. This is essential so that a fair comparison can be made between the groups and that characteristics such as age or ratio of men and women is the same for all intervention(s). Dividing people into groups in this way is what is called a 'randomised clinical trial' and is the standard and most reliable way of comparing different treatment options.

Who will know which intervention(s)/group I received?

Only the surgeon and the team in theatre will be aware of which group you are in and which intervention(s) were used during your operation. The other doctors involved in your care, as well as the ward nurses and your GP will know that you participated in the trial but not which group were allocated to. There will be no direct mention of this in your hospital notes other than

that you are included in the trial. It is important to maintain this secrecy so that when your wound is assessed after the operation, we (and you) are not swayed by knowing if a particular intervention(s) were used during your surgery. This is called 'blinding' of research. Emergency unblinding will only be permitted for medical reasons (e.g. severe allergy), and would be coordinated by the BCTU Trials Office.

Can I ever find out which intervention(s)/group I received?

Yes – Only upon request, at the end of the study, once the final patient has completed 30-day follow-up and the database is closed will patients be told which group they were allocated to. For safety, if at any time there is a concern about your care which means that a doctor needs to know which intervention(s) were used, they can contact the trial coordinating unit who will be able to discuss this with them and let them know which intervention(s) were used.

What if small changes are made to the trial or new information becomes available?

Sometimes we get new information about one of the interventions being studied. If this happens, your surgeon will discuss how this affects your care and your ongoing participation in the **ROSSINI 2** study. You and your surgeon should consider whether you wish to continue in the study or withdraw. Either way, your surgeon will explain the changes and all other aspects of your care will continue as normal. If you decide to continue in the study you may be asked to sign an updated consent form. If the study is stopped for any other reason, your surgeon would, again, tell you and arrange your continuing care.

What if something goes wrong? What if I get a Surgical Site Infection (SSI)?

It is always possible to develop an SSI after an operation and we cannot guarantee that you will not get one, regardless of whether or not you participate in the **ROSSINI 2** study. If you do have a SSI, we will administer all standard care as appropriate.

If you have a concern about any aspect of this study, you should ask to speak to a member of the research team who will do their best to answer your questions. If you remain unhappy and wish to complain formally, you can do this by contacting <insert details e.g. NHS Complaints Procedure or Private Institutional arrangements>. Details can be obtained from <insert details>.

Will my taking part in ROSSINI 2 be kept confidential?

If you decide to take part in **ROSSINI 2**, we will need to collect information about you and some of this information will be your personal data. Under data protection law, we have to

provide you with very specific information about what we do with your data and about your rights.

The University of Birmingham is the sponsor for this trial based in the United Kingdom. The University will use information from you and your medical records and will act as the data controller for this trial. This means that the University of Birmingham is responsible for looking after your information and using it properly.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the trial, we will keep the information about you that we have already obtained. To safeguard your rights, we will use the minimum personally-identifiable information possible.

More information on how the University processes personal data can be found on the University's website on the page 'Data Protection – How the University Uses Your Data' (http://www.birmingham.ac.uk/privacy/indec.aspx).

Your hospital will use your name, NHS number, date of birth and contact details to contact you about the **ROSSINI 2** trial, and make sure that relevant information about the study is recorded for your care, and to oversee the quality of the study. Individuals from The University of Birmingham and regulatory organisations may look at your medical and research records to check the accuracy of the research study. Your hospital will pass these details to the University of Birmingham along with the information collected from you and your medical records. The only people at the University of Birmingham who will have access to information that identifies you will be people who need to contact you to complete questionnaires or audit the data collection process. The people who analyse the information will not be able to identify you and will not be able to find out your name, NHS number or contact details.

Your hospital and the University of Birmingham will keep identifiable information about you from this study for 25 years after the study has finished.

Your GP and the other doctors involved in your clinical care will also be notified of your participation in the **ROSSINI 2** trial and kept informed of your progress. Also, the research staff involved in the study may, in the future, access electronic data from your central NHS records, for example through NHS Digital. This will provide researchers with information that is routinely gathered and stored during your visits to primary care and hospital, and will allow researchers to find out about your health after the trial has ended and the long-term effects of the treatments. By using routinely collected data we will be able to do this without needing to contact you further. In order to do this, we would need to send your name, gender, date of birth and NHS number with any request for information.

The University takes great care to ensure that personal data is handled, stored and disposed of confidentially and securely. Staff have received regular data protection training and the University has put in place organisational and technical measure so that personal data is

processed in accordance with the data protection principles set out in data protection law. With regards to **ROSSINI 2**, information about your operation and follow-up will be sent by your doctors to the **ROSSINI 2** Trial office at the Birmingham Clinical Trials Unit (BCTU), University of Birmingham on paper and/or electronically, where it will be securely stored.

The manufacturers of all the interventions for the trial will review limited information about any complications experienced by anyone in **ROSSINI 2**. This data will be anonymised and will not identify you.

What will happen to the results of the study?

Once **ROSSINI 2** has finished we will publish the results in a medical journal so that other patients can benefit. We will also publicise the results on the study's website www.birmingham.ac.uk/ROSSINI2. No individual patients will be identifiable in any publications. A copy of the published results of the study will be sent to all patients who have participated in **ROSSINI 2**. In line with clinical trial guidelines, at the end of the study, the data will need to be securely archived for a minimum of 25 years. Arrangements for confidential destruction will then be made. Should you withdraw consent for your data to be used, it will be confidentially destroyed at that point.

Who has reviewed the study?

All research in the NHS is reviewed by an independent group of people called the Research Ethics Committee to ensure your safety, rights, wellbeing and dignity. This study has been reviewed and given favourable opinion by Wales REC 6 Research Ethics Committee.

Where can I get further information?

If you have any further questions about your operation or this clinical trial, please discuss them with your surgeon or local trial investigator, as below:

Name: .....

Tel No: .....

Position: .....

Thank you for taking the time to read this Patient Information Sheet.