

# Project Fizzyo: Remote monitoring and gaming technology for children with cystic fibrosis

<b>Submission date</b> 29/10/2018	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 16/11/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 03/11/2023	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and Study Aims

Cystic Fibrosis (CF) is a chronic disease characterised by thick mucus in the lungs, causing recurrent lung inflammation, infection, permanent damage and early death. Airway clearance techniques (ACTs) and exercise can help this, but routine daily treatments are burdensome and adherence is low, causing conflict and stress within a family. Research has failed to produce credible evidence to guide physiotherapy practice.

We have worked with engineers and designers and UCL computer science students through the Industry Exchange Network (IXN) to develop an electronically chipped sensor for ACT devices. We have also developed a data transmission platform to facilitate automatic data transmission from the homes of children with CF to the clinicians and researchers caring for them. Industry partners (Microsoft) and UCL computer science experts and students have helped us develop computer games driven by breathing through an ACT device (to enhance treatment enjoyment and adherence).

The project will use this technology for the capture and transmission of data during ACTs, physical activity and exercise daily in children with CF over 16 months. This data, combined with individual demographic and clinical records, will be used to identify patterns of adherence and positive and negative clinical outcome predictors. Computer gaming will be introduced and removed (interrupted time series design) to evaluate the effect of gaming on ACT adherence and clinical outcomes during the study

### Who can participate?

Children aged 6-16 years with a diagnosis of CF cared for at a participating centre, who carry out airway clearance using a compatible airway clearance device as part of their physiotherapy treatment

### What does the study involve?

Participants will perform an exercise test, spirometry and complete CF-specific questionnaires at 3 time points. They will use a Fitbit activity tracker each day, a bespoke Fizzyo airway clearance sensor with each airway clearance session and a tablet computer once daily from their home to sync/send information about physiotherapy to the study team.

What are the possible benefits and risks of participating?

There are no direct benefits to CF participants, although they may find the computer games help them to enjoy and engage with airway clearance more effectively. This study will assist in developing more effective methods of personalising treatments for children with CF.

Risks may arise from potential infection from the sensor; however, cleaning instructions will be provided to prevent this. There is also a risk of malfunction of the tablet or chipped Fizzyo sensor; however, PAT testing will be undertaken to mitigate this, and tablets and Fizzyo sensors will be replaced if necessary.

Where is the study run from?

Three CF centres in hospitals in London, UK:

1. Great Ormond Street Hospital (lead centre)
2. Royal London Hospital
3. Royal Brompton Hospital

When is the study starting and how long is it expected to run for?

May 2018 to December 2020 (updated 11/11/2020, previously: November 2020) (updated 06/08/2019, previously: October 2020)

Who is funding the study?

1. Rosetrees Stoneygate Prize 2017 (UK)
2. The Cystic Fibrosis Trust (UK)
3. UCL Partners (UK)
4. HEFCE Higher Education Innovation Fund (UK)

Who is the main contact?

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## Contact information

**Type(s)**

Public

**Contact name**

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**ORCID ID**

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**Contact details**

Physiotherapy Research Group

RCCA Section

III Programme

UCL Great Ormond Street Institute of Child Health

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30 Guilford Street

London

United Kingdom

WC1N 1EH

## Additional identifiers

**Protocol serial number**  
38779

## Study information

### Scientific Title

Project Fizzyo: Remote monitoring and gaming technology for improving physiotherapy prescription, adherence and prediction of clinical outcomes in children with cystic fibrosis

### Acronym

Project Fizzyo

### Study objectives

Children with better adherence to physiotherapy will have better clinical outcomes. Gaming during airway clearance may improve adherence.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

London - Bright and Sussex, 15/08/2018, 18/LO/1038

### Study design

Interventional non-randomised study

### Primary study design

Interventional

### Study type(s)

Treatment

### Health condition(s) or problem(s) studied

Cystic fibrosis

### Interventions

Staggered recruitment of the study population will occur over the first 6 months. Each child will participate in the study for at least 16-months following their recruitment. 160 children with cystic fibrosis from:

1. CF Centre A: (80 children) Great Ormond Street Hospital for Children NHS Foundation Trust
2. CF Centre B: (30 children) The Royal London Hospital (Barts Health NHS Trust).
3. CF Centre C: (50 children) Royal Brompton Hospital (Royal Brompton & Harefield NHS Foundation Trust)

After recruitment, participants from all centres will each be given a computer tablet (Linx 12X64 64 GB Tablet & Keyboard), a bespoke chipped ACT sensor and wearable activity monitor (Fitbit Alta HR) to use at home for 16 months. They will also be provided with careful verbal and

written instructions related to the use, cleaning and data synchronisation of these devices. Participants will simply be expected to continue with their normal ACT, exercise and activity regimens at home during the study. They will have a person and number to call if they need any technical support with equipment during the study.

Daily airway clearance (breath count, length and pressure, treatment quality, count, length, profile and time) and physical activity data (heart rate and steps every 5 seconds) will be recorded and transmitted automatically once synchronised with the app on the computer tablet, from the devices to a secure cloud space (Microsoft Azure) and the Great Ormond Street Hospital Digital Research Environment (DRE).

ACT feedback (number and length of treatments per day, proportion of prescription completed etc), will be introduced after 2 months to see if this creates any change in ACT adherence, and if so whether the change is sustainable.

Optional ACT gaming (computer games driven by the electronic signal generated during breathing), will be introduced after a further 2 months, to see if this creates any change in ACT adherence, and if so whether the change is sustainable. Changes over time in gaming frequency and adherence will determine whether behaviour change is impacted by, or dependent on, sustained gaming access.

Participants will also have measures of lung function, exercise capacity and health related quality of life taken at the baseline, midpoint and end of study. All of these measures are routinely collected during hospital and 3 monthly clinic visits and we will try to ensure that no unnecessary hospital visits are required or measures duplicated. If any tests were not undertaken during a routine clinic appointment, additional testing would take no more than 90 minutes. If required, this testing would be scheduled on days when the children have pre-planned appointments at an outpatient clinic to minimise inconvenience to both children and parents.

All relevant routinely collected clinical records (lung function results, hospital admissions, microbiology results, antibiotic requirements, exercise capacity, quality of life, health economics, genotype, height, weight, sex etc.) collected clinically throughout the trial for each participant will be extracted from the electronic patient record (EPR) system, de-identified, and stored in the integrated DRE. This will be facilitated by the DRE and CF clinical teams. Any data encryption and transfer protocols to or from clinical / EPR systems and the data store meet with NHS Information Governance standards, the NHS Information Governance Toolkit Level 2 and ISO27001. This data will be used in data modelling and analysis in conjunction with the adherence data.

## **Intervention Type**

Other

## **Primary outcome(s)**

Adherence to home physiotherapy prescriptions for:

1. Airway clearance treatments (number of treatments, cycles, breaths per day). Adherence will be expressed as a proportion of personal prescription achieved and as a change from baseline measures in response to feedback or gaming.
2. Physical Activity (minutes per day of moderate to vigorous physical activity - calculated from heart rate and steps). This is usually defined as a percentage of the maximal heart rate achievable for a child of a particular age and gender (there are published normal tables for reference). Moderate physical activity might be considered as any activity at 55–70% of maximal heart rate, and vigorous physical activity, any activity at >70% of maximal heart rate. Cumulative minutes per day will automatically be calculated and expressed as a percentage of recommended levels.

The above will be measured using data from remote monitoring sensors used throughout the

study compared to clinical physiotherapy prescription and clinical records for 16 months throughout the study.

### **Key secondary outcome(s))**

1. Type of physiotherapy (type of airway clearance device, airway clearance and exercise prescription), collected by questionnaire at the baseline, midpoint and at the end of the study
2. The following airway clearance session data, collected using bespoke Fizzyo sensor remote monitoring daily for 16 months:
  - 2.1. Number of breaths per session
  - 2.2. Frequency of session
  - 2.3. Session breath profile
  - 2.4. Session duration
3. Physical activity levels, assessed using Fitbit Alta HR remote monitoring, measurement of steps and heart rate, continuously for 16 months
4. Quality of Life, assessed using the Cystic Fibrosis Questionnaire Revised (CFQ-R)UK standardised questionnaire at the baseline, midpoint and at the end of the study
5. Lung function, assessed using spirometry testing at the baseline, midpoint and at the end of the study
6. Exercise capacity, assessed using the 10 m modified shuttle walk test at the baseline, midpoint and at the end of the study
7. The following clinical information collected throughout the study via clinical records:
  - 7.1. Lung function results
  - 7.2. Admissions
  - 7.3. Medications
  - 7.4. Infections
  - 7.5. Comorbidities

### **Completion date**

10/12/2020

## **Eligibility**

### **Key inclusion criteria**

1. Documented diagnosis of cystic fibrosis
2. Using an ACT suitable for the Fizzyo sensor (Acapella, Astratech PEP, Aerobika or Pari PEP) at least once per day as part of their routine treatment
3. Aged 6-16 years
4. Currently under the care of a participating London CF Unit
5. Legally acceptable representative must be able to give informed consent

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Child

### **Lower age limit**

6 years

**Upper age limit**

16 years

**Sex**

All

**Total final enrolment**

145

**Key exclusion criteria**

Patients who have had lung transplantation or have a clinically significant disease or medical condition other than CF or CF-related conditions that in the opinion of the MDT, would compromise the safety of the patient

**Date of first enrolment**

05/09/2018

**Date of final enrolment**

01/07/2019

**Locations****Countries of recruitment**

United Kingdom

England

**Study participating centre****Great Ormond Street Hospital for Children**

Great Ormond Street Hospital for Children NHS Foundation Trust

Great Ormond Street

London

United Kingdom

WC1n 3JH

**Study participating centre****The Royal London Hospital**

Barts Health NHS Trust

Whitechapel

London

United Kingdom

E1 1BB

**Study participating centre**

**Royal Brompton Hospital**  
Royal Brompton & Harefield NHS Foundation Trust  
Sydney Street  
London  
United Kingdom  
SW3 6NP

## Sponsor information

**Organisation**  
UCL Great Ormond Street Institute of Child Health

**ROR**  
<https://ror.org/00zn2c847>

## Funder(s)

**Funder type**  
Charity

**Funder Name**  
Cystic Fibrosis Trust

**Alternative Name(s)**  
Cystic Fibrosis, cystic fibrosis (CF), CF

**Funding Body Type**  
Private sector organisation

**Funding Body Subtype**  
Trusts, charities, foundations (both public and private)

**Location**  
United Kingdom

**Funder Name**  
THE TERESA ROSENBAUM GOLDEN CHARITABLE TRUST

## Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Eleanor Main (e.main@ucl.ac.uk) in the form of anonymised clinical records, and activity tracker and airway clearance sensor data. This is available throughout the study with the complete data set available from October 2020. This is held in the secure GOSH data research environment in perpetuity. Data access is restricted to GOSH staff and associated researchers who are directly involved with Project Fizzyo for analysis to answer the study questions and objectives as is appropriate, using big data analytics and machine learning models. Parental consent was obtained and data will be de-identified before entry into the data research environment.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	protocol	07/10/2022	14/11/2022	Yes	No
<a href="#">Results article</a>		09/09/2023	03/11/2023	Yes	No
<a href="#">Protocol article</a>		07/10/2020	14/10/2020	Yes	No
<a href="#">Abstract results</a>			14/11/2022	No	No
<a href="#">HRA research summary</a>	Scoping review		28/06/2023	No	No
<a href="#">Other publications</a>		01/03/2022	14/11/2022	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes