

Randomised study of Early Assessment by CT scanning in Trauma patients

Submission date 12/09/2005	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
		<input checked="" type="checkbox"/> Protocol
Registration date 12/09/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
Last Edited 02/05/2012	Condition category Injury, Occupational Diseases, Poisoning	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Study website
<http://www.reacttrial.nl>

Contact information

Type(s)
Scientific

Contact name
Dr J.C. Goslings

Contact details
Trauma Unit AMC, G4-105
Postbus 22660
Amsterdam
Netherlands
1100 DD
+31 (0)20 5666019
j.c.goslings@amc.uva.nl

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Acronym

REACT Trial

Study objectives

A trauma care strategy involving early shockroom CT scanning with a standard diagnostic imaging strategy in trauma patients has a positive effect on both patient outcome and operations research.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Not Specified

Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Trauma

Interventions

Patients are transported to either the VUmc or the AMC, based on randomisation. Trauma care will remain the same for both institutions, with the only difference the location of the CT scanner.

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

The number of days spent outside the hospital in the first year following the emergency admission in the shockroom will be our primary outcome. This outcome is responsive to differences in mortality (no more/additional days outside hospital), to differences in hospital stay for the initial admission, to differences in readmission rate (i.e. because of missed diagnoses). Furthermore, there is a positive association between a shorter hospital stay and better functional health. Care will be given to harmonize discharge criteria between the two hospitals.

Secondary outcome measures

The secondary outcome parameters for the patient outcome part of the study will focus on:

- The process of care parameters of the initial admission. This will include the comparison of various time intervals relevant in trauma care:
 1. time to obtain results of CT imaging
 2. time to operation or other interventions (door-to-treatment time)
 3. time to active bleed managing
 4. time to definitive care facility (ICU, high care, nursing ward)
 5. duration of intensive care treatment
 6. time to discharge from the hospital
- Radiological examinations and findings:
 1. the frequency and type of radiological examinations in each strategy
 2. description of the number, type and severity of diagnoses categorized by imaging modality in each strategy
- General health. This will be measured in all patients at 6 and 12 months after the shockroom admission using the EuroQol and HUI3 questionnaires.
- All-cause mortality. This will include both in-hospital mortality and mortality during the first year following the trauma.
- Radiation dose. The mean radiation dose will be calculated in both strategies based on the actual number and type of radiological examinations related to the initial trauma performed in each patient during the first year.

Overall study start date

01/11/2005

Completion date

01/05/2007

Eligibility

Key inclusion criteria

All patients that are transported to the AMC or VUmc shockroom according to current pre-hospital triage system based on:

1. Injury mechanism
2. Revised Trauma Score
3. Presence or absence of traumatic brain injury

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

1,124

Key exclusion criteria

Excluded from analysis and comparison are:

1. Patients younger than 16 years of age
2. Death during transport to the hospital

Date of first enrolment

01/11/2005

Date of final enrolment

01/05/2007

Locations**Countries of recruitment**

Netherlands

Study participating centre

Trauma Unit AMC, G4-105

Amsterdam

Netherlands

1100 DD

Sponsor information**Organisation**

Academic Medical Center (AMC) (The Netherlands)

Sponsor details

Postbus 22660
Amsterdam
Netherlands
1100 DD
+31 (0)20 566 9111
p.fungkonjin@amc.uva.nl

Sponsor type

Hospital/treatment centre

ROR

<https://ror.org/03t4gr691>

Funder(s)

Funder type

Research council

Funder Name

The Netherlands Organization for Health Research and Development (Zon-Mw) (Netherlands)

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date**Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	1. study protocol	22/08/2008		Yes	No
Results article	results	01/01/2012		Yes	No