UNIVERSITY OF Southampton

The Immune Defence Study

REDUCING RESPIRATORY INFECTIONS IN PRIMARY CARE

Your Guide to the Study

WHAT IS THE STUDY ABOUT?

WHAT DOES THE STUDY INVOLVE FOR GP PRACTICES & PATIENTS?

THIS TRAINING SHOULD TAKE AROUND 15 MINUTES

The RECUR Programme

The NIHR has funded the RECUR Programme to develop and trial interventions to find out if they reduce the incidence of infections.

We have developed a website called Immune Defence which will help us to see if using nasal sprays or getting more physically active and reducing stress can help people get fewer and less severe infections.

The Immune Defence Study

Aim: This study will estimate the effectiveness and cost-effectiveness of commonly available nasal sprays and a brief physical activity and stress management intervention in preventing and reducing the incidence, severity and duration of RTIs among patient at risk of serious infection in the COVID pandemic.

Primary Objective: To assess whether three trial interventions reduce the duration of illness days due to respiratory tract infections (RTIs) among at-risk individuals when compared to usual care:

1) a gel nasal spray

2) a liquid nasal spray

3) support for physical activity and stress management

Scope: We are hoping to involve around 200 GP practices and up to 15000 patients who are ‘at-risk’ from respiratory infections over 3 winter seasons.

Inclusion Criteria

All participants

Patients aged ≥18 years with a risk factor:

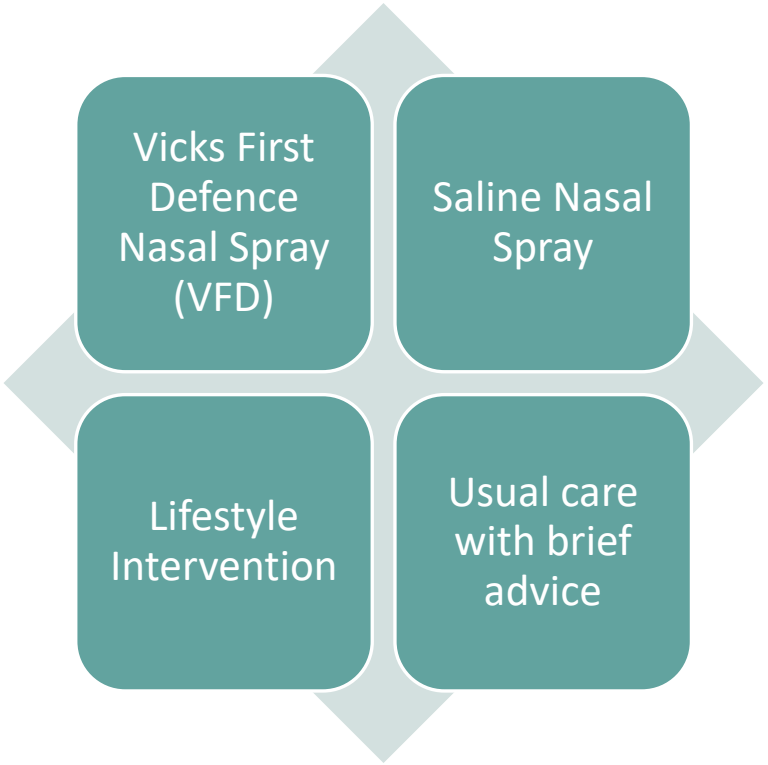
- Known weakened immune system due to a serious illness or medication (e.g. chemotherapy)
- Known heart disease
- Known asthma or lung disease
- Known diabetes
- Known mild hepatic impairment
- Known stroke or neurological problem
- Obesity (BMI≥30)
- Patients with >=3 episodes of an RTI in the last year

Patients aged ≥65

Have access to the internet

Exclusion Criteria

- Terminal illness/palliative care
- Living with dementia
- Living in residential care
- Pregnancy or breast-feeding
- Regular use of Vicks First Defence or similar nasal sprays for respiratory infection control in the last 6 months
- Allergy to nasal sprays
- Living in the same household as another participant
- Previously involved in RECUR development work



The Active Treatment Arms

What will participants be asked to do?

1. **Eligible participants will be asked to:**

- Log on to study website and go through the informed consent process (online).
- Complete screening questionnaires.
- If eligible, complete a brief monthly questionnaire for 12 months.
- Complete detailed questionnaires at baseline, 6 months and 12-months about any infections and about their general health.
- Use trial nasal spray or intervention as requested if randomised into one of these study arms.

2. **Participants may also be offered the opportunity to:**

- Complete an illness diary
- Take part in a telephone interview

What are we asking practices to do?

On receipt of your site agreement, complete a database search. We will send you specific details of the search for your computer system.

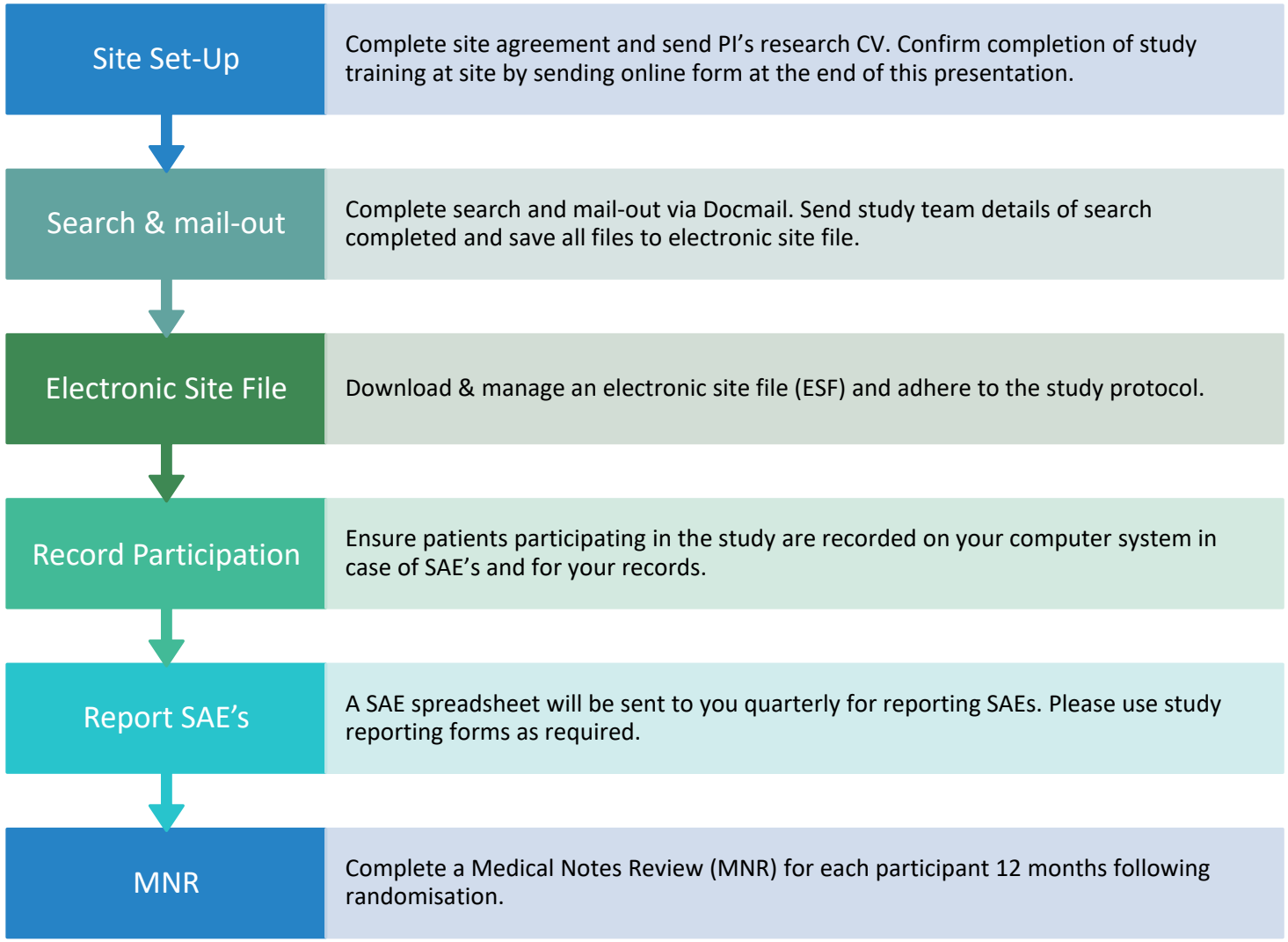
Once the search has been completed, GP(s) will need to check the list of patients for exclusions (likely to be a long list!).

Upload the spreadsheets with the final patient list to Docmail. Instructions on how to complete your mail-out via Docmail will be sent to you by the study team.

Opportunistic recruitment may become available at a later date. Packs will be sent to you by the study team.

Check for Serious Adverse Events (SAEs) of recruited participants every quarter once recruitment completed, and a notes review for each participant after 12-months.

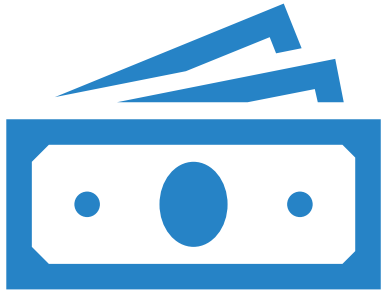
Site Responsibilities



Study Team Responsibilities

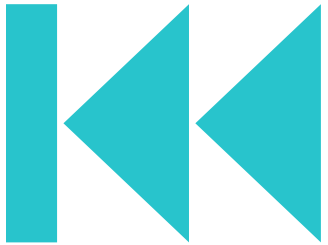
- Ensure successful **site set-up** and relevant documentation complete &/or sent to site.
- Send regular **recruitment updates** so site is aware of recruited participants and can update their computer system.
- Report any identified **SAE's** to the Southampton Clinical Trials Unit (see SOP in Electronic Site File).
- Be available for any **queries** or follow up phone calls to aid site recruitment.

Study Reimbursement



Service Support Costs (SSC):

£266.70 per site (TBC)



SSCs for site set-up will be released on completion of the online form **at the end of this presentation**

Good Clinical Practice (GCP): Study Specific Training

The following slides will include information on specific GCP training you will need in order to carry out the study:

1) Definition of a non-Clinical Trial of an Investigation Medicinal Product (non-CTIMP) study.
2) Responsibilities of the Principle Investigator.
3) Serious Adverse Event (SAE) Reporting for this study.

ICH-GCP is "A standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected" ICH E6 1.24

Non-CTIMP Studies

1. Do not use an Investigation Medicinal Product (IMP).
2. Study teams should seek suitability from the Medicines and Healthcare products Regulatory Agency (MHRA) if using a medical devise & may need be registered as a clinical trial.
3. Are governed by the NHS Research Governance Framework but do not come under UK law.
4. Require a favourable ethical opinion from a Research Ethics Committee (REC) & the Health Research Authority (HRA).
5. Require a suitable reporting system for Serious Adverse Events (SAEs).
6. Must be conducted to GCP guidelines.
7. Must request informed consent from participants.
8. Must maintain a Trial Master File.
9. Must maintain a clear audit trail.
10. Must demonstrate financial transparency.
11. Must be adequately funded.

Requirements for CTIMP & non-CTIMP studies are largely the same and should be conducted to the same standard.

Responsibilities of the Principle Investigator (PI) within your GP Practice

- There can only be 1 PI per site.
- The PI takes responsibility for the initiation and conduct of a study at the practice, and the leadership of the practice research team.
- The PI can delegate duties outlined in the protocol but remains responsible for them.
- It is essential that there is clear documented evidence of oversight in the trial, and that the PI is appraised of any study issues. Here are some examples of evidence of oversight:
  - Overview of consented participants.
  - Sign off for completed serious adverse events (SAEs).
  - Documented review of study emails, queries or requests in a timely manner.
  - Provision and evidence of protocol/ study specific training to the practice research team.
  - Minutes of regular meetings with practice research team.

Safety Reporting: Why collect Safety Data?

Emerging safety profiles can be monitored on an ongoing basis

Trials can be amended or stopped

Enables risk vs benefit assessment and ultimately protects patients

Serious Adverse Event Reporting

To be compliant with GCP, the Research Governance Framework, Medical Devices Regulations 2002, PIs of Non-CTIMP studies have a responsibility to record and report SAEs.

In research a Serious Adverse Event (SAE) is defined as an untoward occurrence that:

a) Results in death;
b) Is life-threatening;
c) Requires hospitalisation or prolongation of existing hospitalisation;
d) Results in persistent or significant disability or incapacity;
e) Consists of a congenital anomaly or birth defect; or
f) Is otherwise considered medically significant by the investigator.

An SAE where, in the opinion of the Chief/Principle Investigator, the event was:

"**Related**" – that is, it resulted from administration of any of the research procedures, and

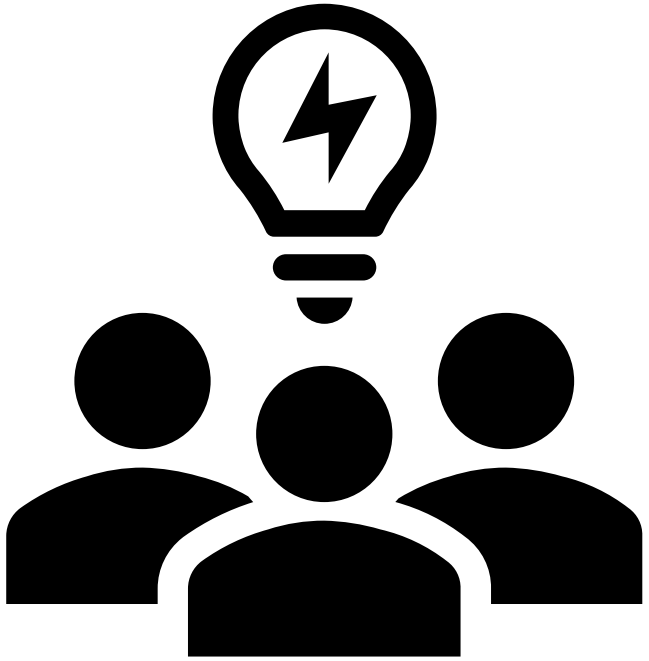
"**unexpected**" – that is, the type of event is not listed in the protocol as an expected occurrence.

The CI/PI must submit a report of related and unexpected SAEs to the study team.

Please refer to your electronic site file section 2.4 for further information on how to report SAEs for this study.

All Serious Adverse Events & Reactions Must:

- Be reported
- Be tracked and followed up
- Involve the PI who will review & sign off reports
- Be recorded on an appropriate form
- Be reported to the Sponsor/REC/HRA by the research team



The Immune Defence Study Team

Co-Principle Investigator: Professor Paul Little

Co-Principle Investigator: Associate Professor Adam Geraghty

Programme Manager: Kate Martinson

Academic Programme Manager: Dr Jane Vennik

Trial Manager: Samantha Williams

Trial Administrator: Charlotte Hookham

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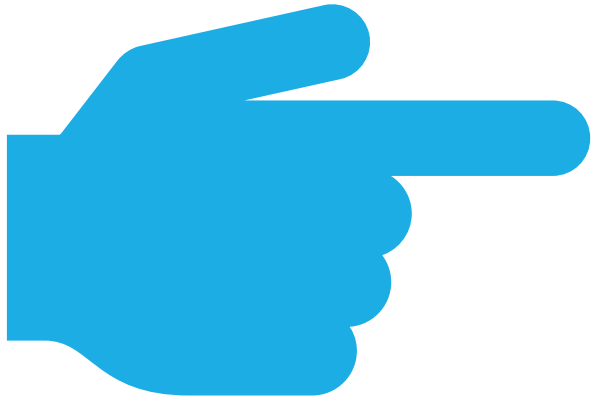
Thank you for completing your training!

Please click on the link below, and complete the short online form to confirm training has been completed at your practice.

Your site cannot be opened to recruitment until this form has been completed, as we need a record of training at each site.

Thank you so much!



Microsoft Form: Training Completed!