Study Centre of the German Surgical Society (SDGC)

Newsletter 6 – 05/2008

Topics

Editorial

Dear members of the DISPACT study group,

We are approaching the interim analysis with giant steps and are now a few months ahead of time. If patient enrolment continues at the same pace, we will be able to reach our next milestone by the month of June.

Thanks to all of you, more than 50 patients have been randomised within the last 2 months. According to our latest calculation, exactly 277 randomised patients are needed for the interim analysis in order to be able to rely on data from 224 evaluable patients.

This issue of the DISPACT newsletter will thus concentrate on giving you all information relevant for the interim analysis.

On behalf of the Steering Committee

Christoph M. Seiler

Markus Diener

Inga Rossion

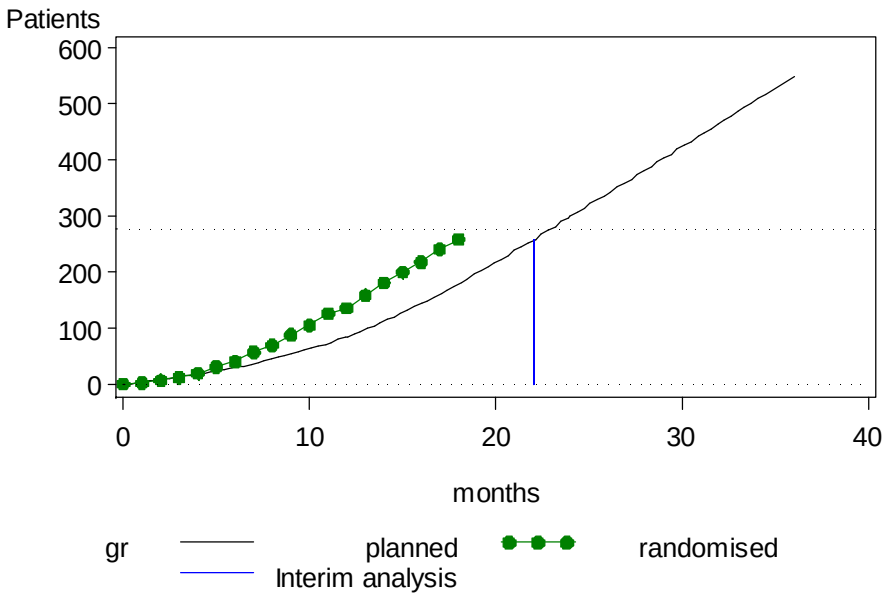
Study Centre of the German Surgical Society (SDGC)

Newsletter 6 – 05/2008

Randomisation

At present, 260 patients are randomised. Once the blue line representing 277 patients is reached, randomisation will be stopped. Randomizer.at will be blocked and set out for a few weeks during the month of June until the results of the interim analysis are available.

DISPACT: Recruitment plan and Reality



Participating Centres

We welcome the group of J. Neoptolemos at the Royal Liverpool University Hospital which has recently been activated. Thus, 21 trial centres are initiated:

Amsterdam, Berlin Charité Mitte, Berlin Charité Virchow, Berlin-Lichtenberg, Bochum, Dresden-Friedrichstadt, Freiburg, Gent, Heidelberg, Homburg, Köln-Merheim, Ljubljana, Mannheim, Marburg München-Großhadern, München-Rechts der Isar, Regensburg, Verona, Würzburg, Wuppertal.

Study Centre of the German Surgical Society (SDGC)

Newsletter 6 – 05/2008

Interim analysis

Why interim analysis

Because of the uncertainty of the effect estimates used to calculate the sample size, an adaptive design (group sequential) with interim analysis (Bauer-Köhne-design) was used. This design allows recalculating the sample size at a predefined stage of the study. The study will then continue with the new calculated sample size or stopped if the predefined stopping rules are reached.

Endpoint data

In order to be able to carry out a proper interim analysis, the following data are needed promptly for every patient: Visit 1 – 3 (primary endpoint), information on premature end of study, if this is the case and safety data (i.e. all serious adverse events). Please have in mind, that there has been a change in the eCRF concerning documentation on the primary endpoint pancreatic fistula. You may need to answer this question on fistula grade A for day 7 post-operative (visit 3) and re-document your early patients, if you have not done this yet.

Intent-to-treat

Together with our trial statistician, Tom Bruckner, the intent to treat population has been redefined: patients without left-resection will not be included in the intent to treat collective. This concerns for example patients who have not been operated on, as well as patients who have received a total pancreatectomy or a tumor enucleation. For these patients, we need screening, pre-operative laboratory data, visit 2 (operation) including a comment on why a left resection was not carried out and the end of study form.

Monitoring

Barbara Hügle-Dörr and Marion Kiel will help you with all questions concerning the completion of documentation. They will put special emphasis on source data documenting existence of each patient and informed consent, inclusion/exclusion criteria, randomisation data and stratification, primary endpoint and end of study information (regular or premature withdrawal). Priority will be put on high-recruiting centres. In advance of each visit you will receive an overview of your documentation including up-to-date queries for missing or implausible data.

Study Centre of the German Surgical Society (SDGC)

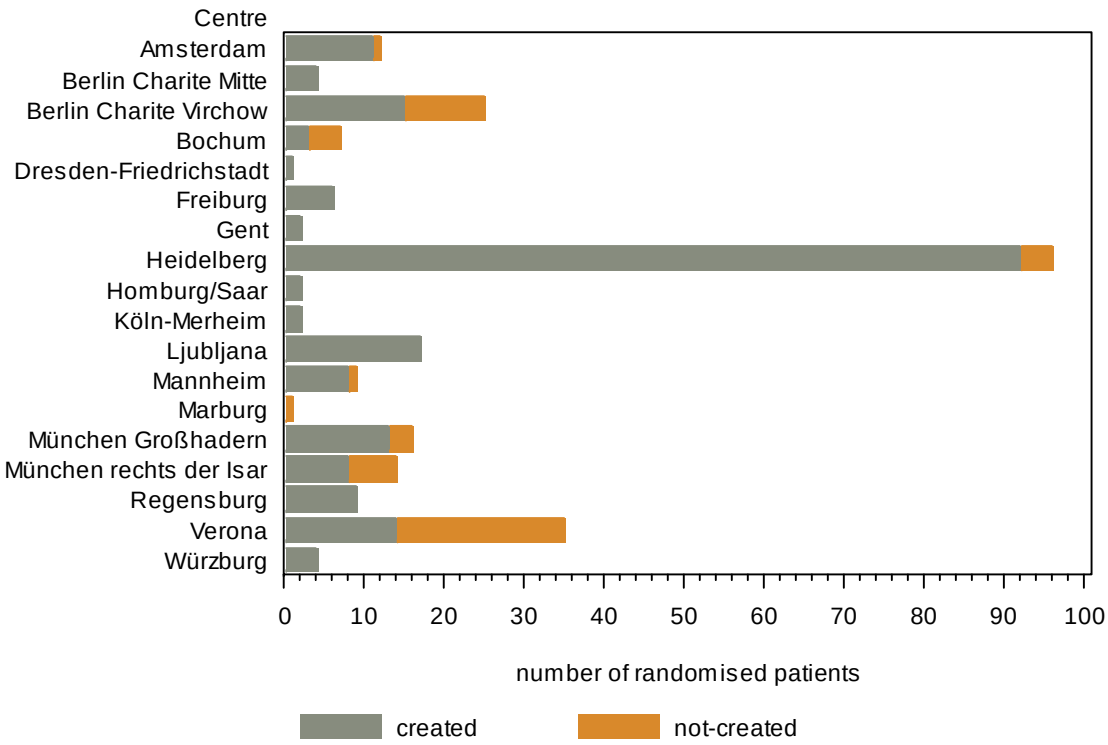
Newsletter 6 – 05/2008

MACRO

MACRO has been successfully re-installed on a new hardware system. We hope that all of you have been able to install the new certificate and access with your new password. If you have not tried so far, do not hesitate to do so. We want to make sure that everything works well and is set up for the interim analysis. In case of any problem, please contact the trial staff right away or send an e-mail to macro@kks-hd.de.

Documentation

DISPACT: Patients documented in MACRO



Overall documentation rate is 84 % at present. This will not be enough for interim analysis as each trial centre should reach 100 % of all patients by the end of June 2008. Some centres have been able to realize 100 % at any time point ever since they started with the trial. Congratulations!

All missing data for patients already documented in MACRO should be completed with emphasis on endpoint and other information ranked as top priority (see Interim analysis).

Study Centre of the German Surgical Society (SDGC)

Newsletter 6 – 05/2008

Safety Data

Considering that pancreatic resections are "major surgery" and patients are considered seriously ill, we expect a certain number of serious adverse events (SAE). Interim analysis will show, if SAE are equally distributed in both arms and if a causal relationship exists with the trial intervention.

For your convenience, we have recently issued some guidelines on SAE reporting to facilitate this evaluation. Criteria which necessitate an SAE report are the following: any adverse event, which results in death, is life-threatening, requires inpatient hospitalization, results in persistent or significant disability or incapacity, requires medical or other intervention.

We remind you to report all SAE via fax to Heidelberg. So far, the frequency of SAE reported is quite different from one trial site to the other, thus it may be possible that we have some under reporting. Please keep in mind that all adverse events that fulfil the mentioned criteria need to be reported, even when they are not related to the trial intervention.

With kind regards from Heidelberg

The DISPACT Steering Committee and the DISPACT Team at the SDGC