# Visits

# All visits

- **Participant Transport**

Participants should be offered a taxi to bring them to the appointment and return them home. This has been proven to help recruitment and retention of trial participants.

An account should be set up with a local taxi company for this as per local practice.

Alternatively, participants wishing to use public transport should have their cost reimbursed or petrol paid. This should be done as per local procedure e.g. from petty cash or by completing a travel expense form.

- **Participant Identity**

Participant identity should be checked at each visit. Some examples of identification are listed below:

- Passport
- Driving licence
- Current matriculation card
- Young person's or senior citizen's railcard
- Proof of Address
- National Insurance Card
- CHI Number/Medical Card

# All visits

- **Participant trial ID**

All participants consented to the trial should be allocated a participant ID number.

Participant ID numbers are made up of four numbers:

First two numbers to indicate the site and

Last two indicate the participant number at that site.

E.g. 01-01 is the first participant at site one.

Use participant ID numbers in order

Ensure site ID is correct for your site.

If participant fails screening, and does not go on to randomisation, their participant ID number should not be re-used.

- **Worksheets**

Worksheets will be provided to facilitate data collection
Their use is not mandatory
If worksheets are used to record source data, they must be filed in the medical notes.

| Type of visit | Screening V1 | Baseline and randomization V2 | Treatment phase V3 | Treatment phase V4 | Treatment phase V5 | Treatment phase V6 | End of Treatment Assessments V7 | Post treatment assessment 1 V8 | Post treatment assessment 2 V9 | Unscheduled visit Assessments |
|---|---|---|---|---|---|---|---|---|---|---|
| Timeline | -35 days prior to baseline | Day 1 | Day 7 ±2 | Day 14 ±2 | Day 28 ±2 | Day 56 ±2 | Day 84 ±2 | Day 112 ±4 Phone call | Day 168 ±4 | As Required |
| Informed Consent | X | | | | | | | | | |
| Inclusion/Exclusion Criteria | X | X | | | | | | | | |
| Medical History | X | | | | | | | | | |
| Physical Examination | X | | | | | | | | | X |
| Record Concomitant Medications | X | X | X | X | X | X | X | | X | X |
| Record Adverse Events | | X | X | X | X | X | X | X | X | X |
| Height & weight | X | | | | | | | | | |
| Check Vital Signs | X | X | X | X | X | X | X | | X | X |
| ECG | X | | | | | | | | | |
| Pregnancy Test - serum | X | | | | | | | | | |
| Pregnancy Test - urine | | X | | | X | X | | | X | |
| FBC, U&E, LFT | X | | | | X | X | X | | X | |
| Research bloods | X | X | X | X | X | X | X | | X | X |
| Sputum for P. aeruginosa | X | | | | | | | | | |
| Research sputum | | X | X | X | X | X | X | | X | X |
| Standard Spirometry | X | | | | X | X | X | | X | |
| Questionnaires | X | X | | X | X | X | X | | X | X |
| Exacerbation recording | | X | X | X | X | X | X | | X | |
| Randomisation | | X | | | | | | | | |
| Trial medication | | X | | | X | X | | | | |
| Vital signs | | X | | | X | X | | | | |

## Visit 1- Screening (approx. 1-2 hours)

- Establish participant identity
- Informed consent
- Medical history including concomitant medication check
- Physical examination (doctor)
- ECG
- Full blood count, urea & electrolytes and liver function tests (local NHS labs)
- Serum pregnancy test, if required (local NHS labs)
- Research blood samples
- Sputum sample for *P. aeruginosa* testing (local NHS labs)
- Spirometry
- Questionnaires

- ECG and all NHS lab results to be reviewed by doctor on Delegation Log
- If found to be ineligible, all procedures except blood and sputum sample collection should be completed, if participant agreeable.
- Where an ineligible participant's medical condition or concomitant medications change sufficiently so that they are deemed potentially eligible for the trial, they may be rescreened.
  - Must receive a new copy of the PIS, be re-consented and given a new Participant ID number.
- Details of **all** participants **consented** to the trial to be recorded on the Enrolment and Randomisation Log.

## Arranging next visit – timelines (inclusion criteria)

Ensure that the following timelines will be met on the day of visit 2:

- A sputum sample that is culture or PCR positive for *P. aeruginosa* sent at the screening visit and within **35 days** of randomization.
- *P. aeruginosa* in sputum, bronchoalveolar lavage or another airway sample at least once in the **24 months** prior to screening*
- Ensure Glomerular filtration rate (eGFR) below 25ml/min/1.73m$^2$ **at screening**.
- Ensure a negative serum pregnancy test **at screening** for women of childbearing potential.

*Where the participant does not have a record of *P. aeruginosa* in sputum, bronchoalveolar lavage or another airway sample at least once in the 24 months prior to screening, a sputum sample will be taken for culture at the screening visit, a further sample will be collected at least 21 days after screening. Both of these samples must have evidence of P. aeruginosa growth for eligibility.

## Arranging next visit – timelines (exclusion criteria)

Ensure that the following timelines will be met on the day of visit 2:

- NO recent significant **haemoptysis** (a volume requiring clinical intervention, within the previous **4 weeks** prior to screening).
- NO treatment with **long term inhaled, systemic or nebulized anti-pseudomonal antibiotics** which are newly initiated within the previous **3 months** prior to screening. Participants who are receiving stable chronic inhaled/nebulized antibiotics with no planned changes to treatment during the trial are eligible. Treatment with systemic macrolide or other oral prophylactic antibiotics are allowed, providing a stable dose, and initiation of treatment is at least 3 months prior to screening and maintained throughout the study.
- NO chronic treatment with **cyclical doses of inhaled or nebulized antibiotics** e.g 28 days on and 28 days off at the time of screening. Participants receiving such medications who wish to participate in the trial must agree to discontinue such treatments for the duration of the trial and be **28 days** free from antibiotic therapy at the randomization visit
- NO receipt of **antipseudomonal antibiotics for an exacerbation** during the **screening period**. Patients receiving antipseudomonal antibiotics during the screening period may prolong the screening period to a maximum of 60 days and may be randomized provided they have a positive sputum sample for *P. aeruginosa* following cessation of antibiotic therapy. All eligibility criteria must be met prior to randomisation, re-screening procedures to assess eligibility may be required.
- NO treatment with **immunosuppressives** within previous **6 months** prior to screening.
- NO use of any **investigational drugs** within five times of the elimination half-life after the last trial dose or within **30 days**, whichever is longer.

## Visit 2 – Day 1, baseline/randomisation, trial medication, 1st dose (approx. 5 – 6 hours)

**Up to 35 days after visit 1**

- Establish participant identity
- Inclusion/exclusion criteria check
- Adverse event recording
- Concomitant medication check
- Vital signs
- Urine pregnancy test, if required
- Exacerbation recording
- Eligibility confirmed by delegated doctor
- Randomisation
- Pre-dose research blood samples
- Sputum samples
- **Pre-dose anti-histamine**
- **Administration of trial medication (240 mins)**
- Vital signs during administration
- Questionnaires
- **Post-dose observation (30 mins**)
- Post-dose research blood samples

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Participants should be offered refreshments/snack

- All NHS lab results must be reviewed by doctor on Delegation Log
- Eligibility to be assessed once all blood and sputum results have been reviewed
- Assessment of eligibility must be carried out by doctor on Delegation Log
- Date of randomisation should be added to the Enrolment and Randomisation Log.

**Slide 8**

**GM(0** Is vital signs during administration done once or multiple times?
Gillian Martin (Staff), 2023-03-06T16:38:26.438

**MB(0 0** Described in IMP administration
Margaret Band (Staff), 2023-04-20T15:55:53.697

## Visit 3 – Day 7 +/- 2 days (approx. 45 min)

- Establish participant identity
- Adverse event recording
- Concomitant medication check
- Vital signs
- Exacerbation recording
- Research blood samples
- Sputum samples

## Visit 4 – Day 14 +/- 2 days (approx. 45 min)

- Establish participant identity
- Adverse event recording
- Concomitant medication check
- Vital signs
- Exacerbation recording
- Questionnaires
- Research blood samples
- Sputum samples

## Visit 5 – Day 28 +/- 2 days trial medication 2nd dose (approx. 5 – 6 hours)

- Establish participant identity
- Adverse event recording
- Concomitant medication check
- Vital signs
- Exacerbation recording
- Urine pregnancy test, if required
- Confirmation to receive trial medication by delegated doctor
- NHS blood samples
- Pre-dose research blood samples
- Sputum samples
- Spirometry
- **Pre-dose anti-histamine**
- **Administration of trial medication (240 mins)**
- Vital signs during administration of trial medication
- Questionnaires
- **Post-dose observation (30 mins**)
- Post-dose research blood samples

Participants should be offered refreshments/snack

## Visit 6 – Day 56 +/- 2 days trial medication 3rd dose (approx. 5 – 6 hours)

- Establish participant identity
- Adverse event recording
- Concomitant medication check
- Vital signs
- Exacerbation recording
- Urine pregnancy test, if required
- Confirmation to receive trial medication by delegated doctor
- NHS blood samples
- Pre-dose research blood samples
- Sputum samples
- Spirometry
- **Pre-dose anti-histamine**
- **Administration of trial medication (240 mins)**
- Vital signs during administration of trial medication
- Questionnaires
- **Post-dose observation (30 mins**)
- Post-dose research blood samples

Participants should be offered refreshments/snack

## Visit timelines

- If a patient is too ill to attend visit 5 or 6 to receive trial medication, the visit may be delayed by up to 7 days
- The next visit should be calculated from the delayed visit date.
- If a delay of more than 7 days occurs, the scheduled visit should take place but no trial medication will be given. Subsequent visits will take place as originally scheduled.
- Missed assessments or missed trial medication will not be reported as breaches when this is due to participant choice or a clinical decision.

## Visit 7 – Day 84 +/- 2 days (approx. 45 mins)

- Establish participant identity
- Adverse event recording
- Concomitant medication check
- Vital signs
- Exacerbation recording
- Urine pregnancy test, if required
- NHS blood samples
- Research blood samples
- Sputum samples
- Spirometry
- Questionnaires

## Visit 8 – Day 112 +/- 2 days Telephone call (approx. 10 mins)

- Establish participant identity
- Adverse event recording

## Visit 9 – Day 84 +/- 2 days (approx. 45 mins)

- Establish participant identity
- Adverse event recording
- Concomitant medication check
- Vital signs
- Exacerbation recording
- Urine pregnancy test, if required
- NHS blood samples
- Research blood samples
- Sputum samples
- Spirometry
- Questionnaires

## Unscheduled visits – As required (approx. 45 mins)

Where clinically indicated

- Establish participant identity
- Adverse event recording
- Concomitant medication check
- Vital signs
- Exacerbation recording
- Physical examination (by doctor on Delegation Log)
- Urine pregnancy test, if required
- NHS blood samples as clinically indicated
- Research blood samples
- Sputum samples
- Questionnaires