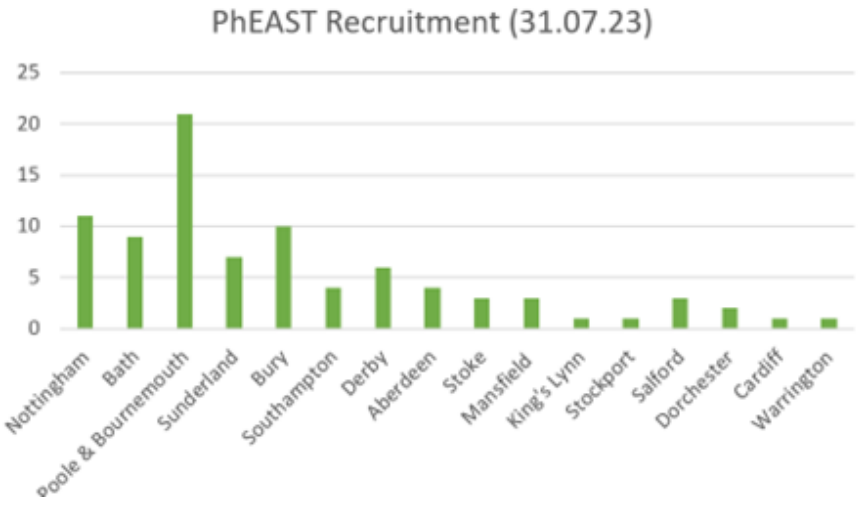
PHEAST NEWSLETTER | JULY 2023
PHEAST@NOTTINGHAM.AC.UK

Pharyngeal Electrical stimulation for Acute Stroke dysphagia Trial

PhEAST

Milestone Update



Well done to all our recruiting sites in July!
87 participants and 17 open sites!

Meet the team!

My name is Tiffany, I am the Senior Clinical Trials Manager working on the PhEAST trial. I qualified as a scientist; degree in Microbiology and biochemistry, PhD in wound healing in diabetes, worked in both pharmaceutical research and commercial clinical trials scientist, before moving into management. I've been in the Stroke Trials Unit now for coming up on 2 years, and very much enjoying the role. It's great seeing the progression of an idea, design of the trial, application, set up and on day 1 in January 2022, watching the trial commence, and subsequently grow and develop to where we are today. I hope you enjoy the PhEAST trial as much as we do here in Nottingham.
Dr Tiffany Hamilton - Senior Trial Manager

Associate PI Scheme

Funder Upate

Our stop-go meeting with our funder (NIHR HTA) went well, but they would like to reassess us at the beginning of 2024.

Our recruitment rate is behind and we need to improve this before then, so please work closely together with your team to screen and recruit patients into PhEAST.

Remember to get in touch with the trial team if there are any trials you think are impacting PhEAST recruitment, so we can look into co-enrolment with that trial.

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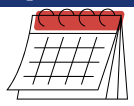
FAQs

Q: Can a patient go into the trial if they have a pharyngeal pouch?
A: No - pharyngeal pouch is an anatomical reason for dysphagia, and insertion of NG / trial NG can be tricky.
Q: What if a patient has had a very recent VFS/ FEES assessment close to the blinded assessment and/ or there are concerns around silent aspiration observed on some consistencies from the VFS/ FEES?
A: Bedside assessments should still be conducted if patient has had a recent VFS/ FEES. This may be to only review / check the recommendations for oral intake from the VFS/ FEES if there are recent concerns around silent aspiration or may involve upgrade or downgrade according to what the assessing SLT feels is appropriate at that point in time and according to the recommendations and future plans specified from the VFS/ FEES. This is to ensure all patients receive the same type of assessment around day 14.
Q: If a participant needs botox injections for excessive saliva, do they need to wait a certain amount of time post PES treatment? A: There are no known contraindications to this, but one of the know treatment effects is improved secretion management.

Best Practice Tips

- **Ensure you have all of the latest trial documents - there is a version control table on the PhEAST documents page**
- **Ask ward nurses and Drs to attend the catheter portion of the Phagenyx device training - this will come in handy if they are inserting catheters for you!**
- **Contact the trial team if you have any eligibility queries (or general queries) - we're more than happy to help!**
- **Input the data into the E-CRF as soon as possible after completion on paper as this is continuously monitored**
- **When a new member of staff starts in your team ensure they are trained using the latest version of the SIV slides - these are found on the trial documents page**

Upcoming Events



PhEAST - Investigator Meeting - Tuesday 15th August - 12.30pm -1.30pm BST

Amendments:

SA/07/23
Approved 25/04/2023
FOIS 3 to be included for entirety of enrolment window (days 4-31), use of independent physician consent allowed (if there is no NoK)

NSA/16/23
Approved 19/05/2023
Addition of two new sites and collection of discharge medication

NSA/16/23
Approved 15/06/2023
Addition of two new sites and change of PI at one site

Please ensure you are using the latest paperwork which can be found: https://stroke.nottingham.ac.uk/pheast/docs/

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