

## SafeBoosC-III newsletter October 2021

Dear investigators

Welcome to the October 2021 issue of the SafeBoosC-III newsletter.

### **Mathias goes on paternity leave, Marie takes over as temporary trial manager**

From the 18<sup>th</sup> of October and until 15<sup>th</sup> of January, Mathias will be on paternity leave and Marie will take over as temporary trial manager. She will work directly through Mathias' e-mail account, so you should continue writing e-mails directly to him. Marie (and sometimes Mathias), will then reply. Mathias will stay in the loop and support Marie when needed.

We have always prioritized fast replies to your e-mails, most often within a few hours. However, as Marie is busy with a lot of other commitments – PhD student, medical student and project manager of the SafeBoosC-III follow-up study – it will be difficult to keep the same, short response time during Mathias' paternity leave. Instead, we aim to reply to all e-mails within the same day, and latest the day after. If you have an urgent matter that requires immediate action or advise from us, please call Mathias (+45 27142144) or Gorm (+45 40460747) directly. They will then take care of it.

### **Investigator Meeting in Copenhagen**

As mentioned in a previous e-mail, sent to you on 04-October, the next SafeBoosC Investigator Meeting will take place in Copenhagen **24-25 of March 2022**.

Again, we will cover the local costs, but you will have to provide your own transport. For investigators travelling from over-seas, i.e. China, India and USA, we will provide an extra night of accommodation.

As the previous meetings, the venue will be the conference hotel AC Bella Sky, which is in close proximity to the Copenhagen Airport. We will meet for dinner at 18 hours, have an evening session, say good night by the bar, have breakfast, a morning session, lunch, an afternoon session, and say goodbye at 16 hours.

The meeting will focus on completion of the SafeBoosC-III trial and the start-up of SafeBoosC-III follow-up study.

We are also in the process of finalising the SafeBoosC-IIIv protocol and have applied for funding at the Novo Nordisk Foundation, to cover central trial costs. We will get an answer to the application in December. If funding is granted, we intend to host a separate SafeBoosC-IIIv meeting the day before, i.e. from **23-24 of March 2022**, also at AC Bella Sky.

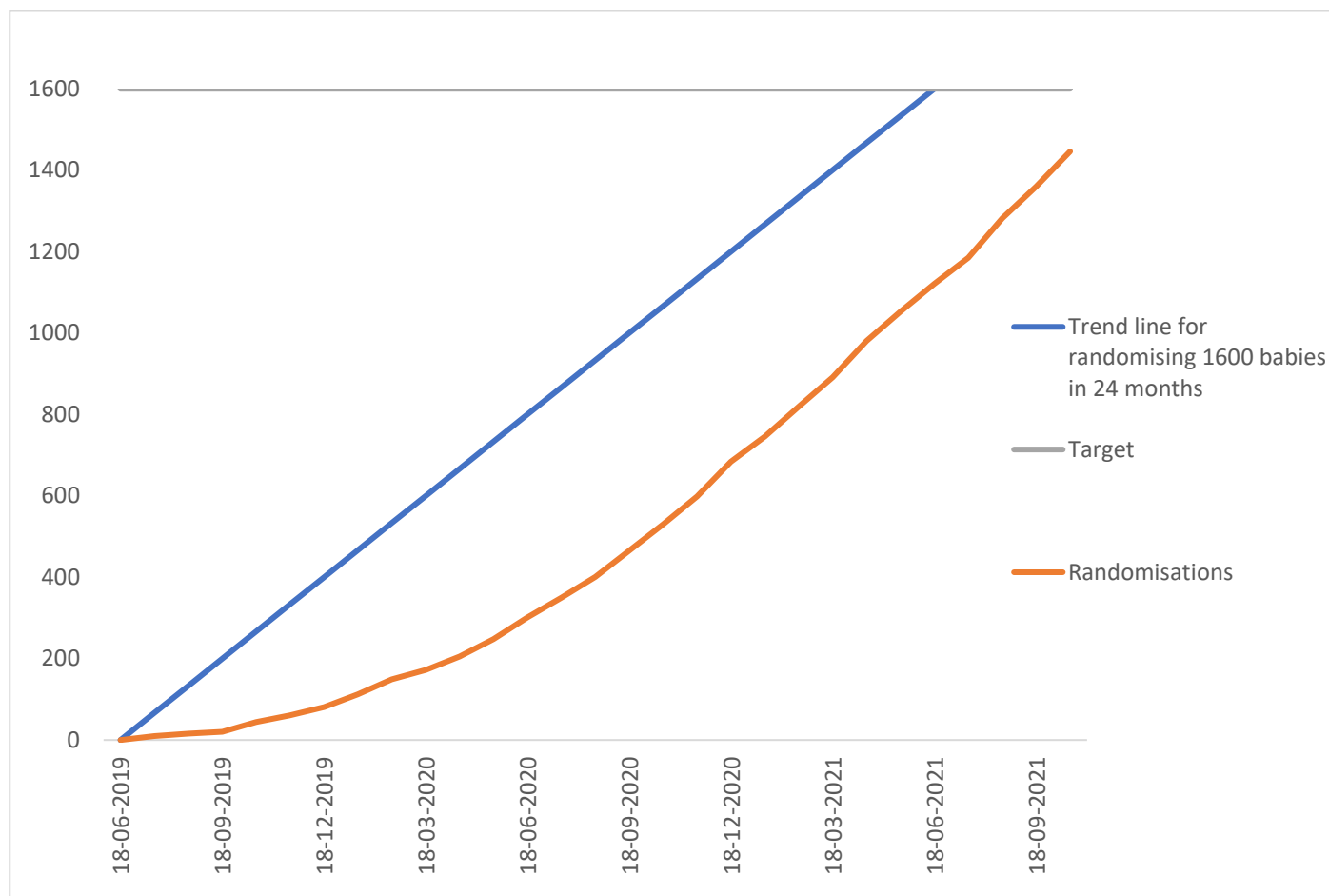
This means that investigators interested in, or planning to participate in SafeBoosC-IIIv, should also put a mark in their calendar for a potential meeting on 23-24 of March 2022, in the same format from 18 hrs to 16 hours the next day, leaving a couple of hours of fresh air for those taking part in both meetings

More detailed information, including a formal invitation, will be sent out in December, once we have received an answer to the SafeBoosC-IIIv funding application.

### Status on randomisations and trial preparations

As of the 18<sup>th</sup> of October, a total of 1446 babies have been randomised across 72 centres (fig. 1). The average randomisation rate across the last six months is 2.55 randomised babies per day. If we continue in a similar pace, we will complete recruitment by the end of 2021

**Figure 1.** Randomisations in the SafeBoosC-III trial



In **table 1** below, you will find an overview of the randomisations in each of the 72 centres up until 18<sup>th</sup> of October 2021.

**Table 1.** Open centres, randomisations and average randomisations per month since opening for randomisation, per centre up until 18th of October 2021.

Country	Centre	Randomised since	Randomisations
Austria	University Hospital Graz	Jun 2020	19
Belgium	UZ Leuven	Jun 2020	28
Belgium	Liege Rocourt	Jul 2020	22
Belgium	Grand Hospital de Charleroi	Jul 2020	14

Country	Centre	Randomised since	Randomisations
Belgium	AZ St. Jan University Hospital Brugge	Sep 2020	13
Belgium	CHU Tivoli	Sep 2020	18
Belgium	Liege Citadelle Hospital	Nov 2020	0
Czech Republic	The Institute for the Care of Mother and Child	Sep 2019	63
Czech Republic	Motol University Hospital	February 2021	8
China	Children's Hospital of Zhejiang, Hangzhou	Jan 2020	6
China	Children's Hospital of Fudan University, Shanghai	Jan 2020	35
China	Hainan Women and Children's Medical Center	Mar 2020	5
China	Guangzhou Women and Children's Medical Center	Mar 2020	2
China	Longgang District Central Hospital of Shenzhen	May 2020	10
China	The People's Hospital of Dehong	May 2020	3
China	Guangxi Maternal and Child Healthcare Hospital, Nanning	May 2020	7
China	Xiamen Children's Hospital	May 2020	4
Denmark	Rigshospitalet	Jun 2019	97
Denmark	Odense University Hospital	Dec 2019	12
Denmark	Aalborg University Hospital	Mar 2020	19
Denmark	Aarhus University Hospital	May 2020	19
Germany	Freiburg University Hospital	June 2020	13
Greece	Ippokrateion General Hospital of Thessaloniki	Oct 2019	35
Greece	University of Patras General Hospital	Jan 2020	12
Greece	Alexandra Univ. Hospital	Mar 2020	14
Greece	University Hospital of Heraklion	Mar 2020	8
India	St Johns Medical College Hospital, Bangalore	Jun 2020	5
Ireland	University Hospital Cork	February 2021	22

Country	Centre	Randomised since	Randomisations
Ireland	Rotunda Hospital Dublin	May 2021	11
Ireland	NMH Holles St	May 2021	11
Ireland	Coombe Univ. Hospital	May 2021	16
Italy	Fondazione IRCCS Cà Granda Ospedale, Milano	Nov 2019	41
Italy	Presidio Ospedaliero S. Anna, Turin	Aug 2020	10
Italy	Ospedale Filippo del Ponte, Varese	Oct 2020	7
Italy	Fondazione Policlinico Univ. A. Gemelli, Roma	Dec 2020	14
Norway	Oslo University Hospital	March 2021	25
Poland	Medical Center UJASTEK, Krakow	Jan 2020	37
Poland	Szpital Uniwersytecki, Kraków	Oct 2020	17
Poland	Warsaw University of Medical Sciences	Oct 2020	9
Poland	Poznan University of Medical Sciences	Mar 2020	33
Poland	Specialist Hospital No. 2 in Bytow	Feb 2020	6
Poland	Wroclaw Medical University	Apr 2020	1
Poland	Jan Biziel University Hospital	Sep 2020	3
Poland	Centre of Medical Postgraduate Education, Warsaw	May 2021	4
Spain	H. Univ. Juan XXIII de Tarragona Hospital	Feb 2020	18
Spain	La Paz University Hospital	Jul 2019	75
Spain	Hospital Clinic de Barcelona	Jul 2019	54
Spain	University Hospital 12 de Octubre	Jul 2019	64
Spain	Hospital de Sant Joan de Deu	Oct 2019	32
Spain	Hospital Clinico San Carlos	Sep 2019	35
Spain	Hospital Universitarie Puerta del Mar	Oct 2019	20
Spain	H. Universitario Marqués de Valdecilla	Dec 2019	21
Spain	H. U. Virgen de las Nieves, Granada	Jan 2020	14
Spain	C. U. Universitario de Santiago	Jan 2020	0
Spain	Hospital Miguel Servet	Apr 2020	1

Country	Centre	Randomised since	Randomisations
<b>Spain</b>	Hospital de Cruces	Jan 2021	4
<b>Switzerland</b>	Zürich University Hospital	Dec 2019	37
<b>Switzerland</b>	Luzerner Kantonsspital	Jan 2020	41
<b>Switzerland</b>	Geneva University Hospital	May 2020	11
<b>Switzerland</b>	Lausanne University Hospital	Sep 2020	20
<b>Turkey</b>	Gazi University Hospital	Jan 2020	15
<b>Turkey</b>	Marmara University Hospital	Jan 2020	31
<b>Turkey</b>	Uludag University Hospital	Jan 2020	43
<b>Turkey</b>	Kanuni Sultan University Hospital	Jan 2020	11
<b>Turkey</b>	Bilkent Integrated Health Care Campus	Jan 2020	37
<b>Turkey</b>	Basaksehir City Hospital	Jan 2021	10
<b>United Kingdom</b>	Royal Hospital for Children, Glasgow	Feb 2021	16
<b>United Kingdom</b>	NHS Lanarkshire Hospital, Wishaw	March 2021	7
<b>United States</b>	University of Utah, Division of Neonatology	Jun 2020	24
<b>United States</b>	Loma Linda University Hospital	Sep 2020	33
<b>United States</b>	UT Southwestern Medical Center, Dallas	Oct 2020	6
<b>United States</b>	Washington Univ. Hospital	June 2021	10
<b>Total</b>			1446

### **The SafeBoosC-III two-year follow-up study**

The first participants have reached two years of corrected age in three centers across Spain and Denmark. Three more centers will start following up participants this fall. We would like to remind you, that the follow up study relies on routine clinical data from health care records as well as a parental questionnaire. The parental questionnaire should be answered when the child is between 23,5-27,5 months of corrected age. The parental questionnaire is web-based, multilingual and Marie will supply you with a link/QR code, that you can give parents. It is important that the parents also receive the SafeBoosC-III trial participant ID/study ID, as this is the only way we can identify the participants. We encourage principal investigators to think about the workflow of the parental questionnaires as well as how they plan to contact the parents early in the process to limit loss to follow up.

### **SafeBoosC-IIIv**

The protocol is now in the final phase, and we expect it to be submitted for ethical approval in Denmark during November once the steering committee have approved it. The work with writing the protocol article will be started in November.

If any of you are interested in hearing more about the trial up front, please do not hesitate to contact the trial manager Maria Vestager ([maria.vestager.jensen.03@regionh.dk](mailto:maria.vestager.jensen.03@regionh.dk)).

### **Data quality monitoring report**

The fifth round of central data quality monitoring was conducted throughout September. The full report, including identified deviations in data entries and quality deficiencies, as well the principal investigators response to inquiries on these are available at [safeboosc.eu](http://safeboosc.eu):

<https://www.rigshospitalet.dk/english/departments/juliane-marie-centre/department-of-neonatology/research/SafeboosC-III/Documents/data-quality-report-02-sep-2021.pdf>

### **Data completion monitoring report**

In the link below you will find the central monitoring report on data completion from September 2021.

<https://www.rigshospitalet.dk/english/departments/juliane-marie-centre/department-of-neonatology/research/SafeboosC-III/Documents/data-completion-report-14-oct-2021.pdf>

For the end-of monitoring forms, serious adverse reactions forms (SAR) and 36 weeks follow-up forms, completion of data entries is rather stable (1% decrease in completion of the SAR and 36 weeks follow-up, unchanged completion of the end-of-monitoring form).

Completion of the blinded follow-up form has increased to 89% (+1%), but it is unfortunately still much lower than for the other data forms and far from the 'less than five percent' missing data, which we aim for. As in the preceding months, it is a smaller group of centres that accounts for the majority of the incomplete blinded-follow-up forms.

Investigators with missing data entries have been contacted and urged to complete data entries.

Thank you for your time,  
Gorm, Marie, Maria and Mathias