

REDUCe2

Palliative Long-term Abdominal Drains Versus Repeated Drainage in Untreatable Ascites Due to Advanced Cirrhosis: A Randomised Controlled Trial

RECRUITMENT UPDATE (28th February 2026)

257 Participants Randomised (83%)

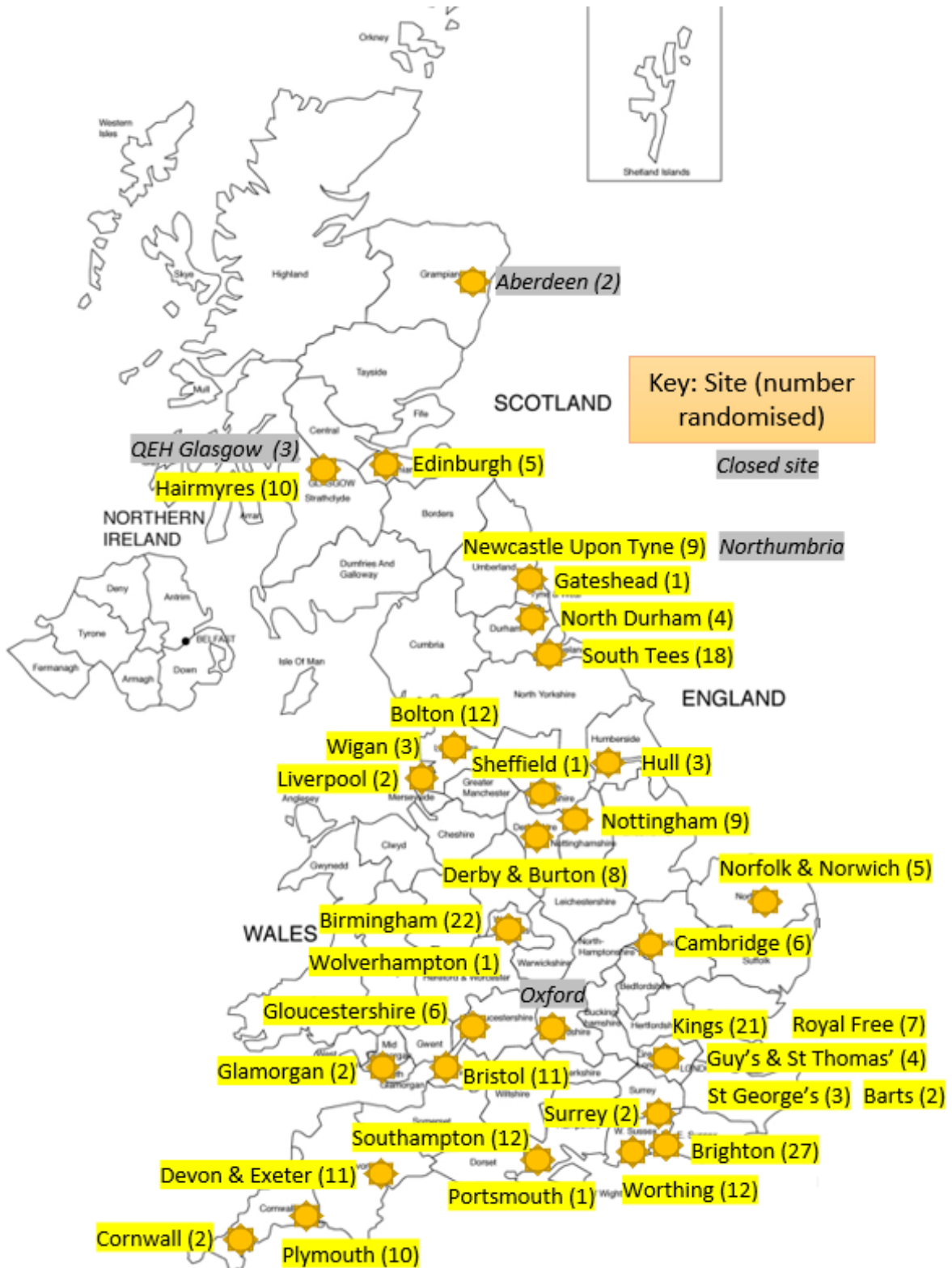


We can get there with your help!

**2 more participants per site and we'll
smash it!!!**

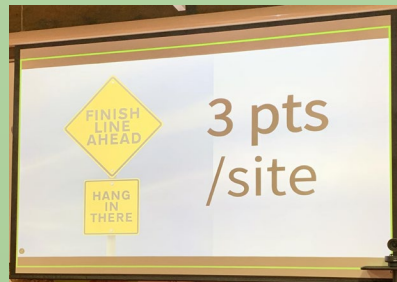


SITE NEWS





NEWS



Sumita and Yaz gave a presentation about the study at the **BASL Palliative Hepatology SIG Meeting** in Birmingham in December. There was a good attendance both in person and online.



Meet the Team.....

Wrightington, Wigan and Leigh Teaching Hospitals NHS FT

The purpose of research project is to assess if the new way of managing the build-up of fluid in the abdomen due to severe liver disease (ascites) using LTAD is an acceptable and effective method which would help patient to stay at home and be looked after by community team of nurses instead of going to hospital every 2 weeks to have fluid drained (a large volume paracentesis – LVP). It was a huge opportunity for our trust to set up the first palliative study in hepatology so that our patients could take part in the study and help to identify if the patient with Long-term abdominal drain could have better quality of life while being cared at home. The study is led by our gastroenterology consultant Dr Uche Nosegbe, palliative team of nurses Katie Ramsden and Vicki Haselden, Research Delivery Team - Natalia Waddington, Emma Robinson, our hepatology specialists' nurses. We are grateful to outpatient who agreed to take part and contribute to so important national study

- **Natalia Waddington**

Vicki Haselden and I became interested in Reduce2 after attending BASL SIG meetings yearly. We were already reviewing patients in PIU whilst they are having their LVP day case drainage and saw the potential benefits the trial could have on our patients. Seeing the impact and difficulties our patients had in the lead up to LVP when their ascitic fluid was building up in both palliative care and previously working on an acute gastroenterology ward was one of the reasons we suggested joining the trial. Knowing our patients well has really helped to build relationships. There have been challenges along the way, but we have had very good support from our research nurses Natalia and Emma, members of the gastro team especially hepatology nurses and gastro ACP.



Meet the Team.....

Wrightington, Wigan and Leigh Teaching Hospitals NHS FT

Our PI Dr Nosegbe has been very proactive throughout. Although we are new to the trial and there has been difficulties, the feedback from patients who have the long-term indwelling drain inserted is that quality of life is improved immensely. We hope to continue this practice and hopefully offer this service to more patients in the future.

- **Kate Ramsden & Vicki Haselden**

For all of us clinicians we aim to practice medicine based on principles of compassion, knowledge and patient focus. Being part of this groundbreaking national collaborative trial (REDUCEe2) has allowed us to centre care towards qualitative treatment of patients with end stage liver disease. Its very structure with regards patient expectations and experiences has streamlined local processes of evaluating patients with intractable ascites, allowed us to develop closer links with our interventional radiologists and reiterated the importance of clinical research in day-to-day practice. It has been a privilege to have been selected as a site for the trial, and we have benefited greatly from the close communication and guidance we have received from the trial leads. I would like to take this opportunity to thank our Palliative Care Nurses Kate Ramsden and Vicki Haselden, Hepatology Specialist Nurses Rachel Jones and Claire Reddington alongside our Research Delivery Team members Natalia Waddington and Emma Robinson for their dedication, enthusiasm and diligence regards REDUCEe2.

Finally, it would be amiss of us not to thank all our patients who have taken part in the trial – their experiences will be carried forward in all our ongoing practice.

- **Dr Uche Nosegbe**





New UK regulations from April 2026

New regulations for running clinical trials in the UK will start on 28 April 2026. From this date, compliance with the [ICH GCP E6 \(R3\) principles \(.PDF\)](#) will be a legal requirement for all clinical trials involving medicinal products (CTIMP) under UK legislation.

These changes will have a significant impact on how we conduct and manage clinical trials to:

- ensure patients and their safety are at the focus of all clinical trials and bring the benefits of clinical trials to everyone
- create a proportionate and flexible regulatory environment
- cement the UK as a destination for international trials
- provide a framework which is streamlined, agile and responsive

All site staff should complete the new online ICH GCP E6 (R3) Refresher Course by the end of April 2026 - <https://learn.nihr.ac.uk>
Please email updated certificates to reduce2@bsms.ac.uk

The study is featured in the online training course as an example of a Decentralised Clinical Trial highlighting the collaboration between sites and the RDN Agile Delivery Research teams

Decentralised Clinical Trials

Traditional clinical trials usually require participants to visit specific clinical sites for screening, treatment and follow-up. Decentralised Clinical Trials (DCTs) use digital technology and/or remote methods to conduct some or all trial activities outside conventional clinical settings. The REDUCE2 study is a powerful and highly relevant example for anyone learning about decentralised trials because it showcases the core principles, benefits and challenges of this modern approach in a real-world, high-stakes context.



Top Tips & FAQs

There's a comprehensive FAQ section on our website -

<https://www.reduce2.co.uk>

Data entry

Adverse Events

Please ensure AEs / ARs / SAEs & SARs are fully documented in eCRF – especially:

- ❖ Event description (death is an outcome (fatal) rather than an event)
- ❖ Severity
- ❖ Related to LVP or LTAD
- ❖ Was this considered serious?
- ❖ Why was the event / reaction considered serious?

Withdrawals

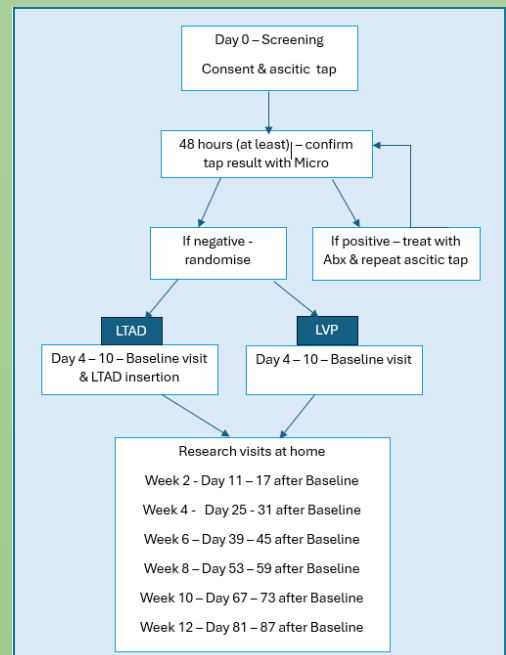
Ensure that any withdrawals whether due to death or other reason are documented on the **Withdrawal** page – plus let the study team know so we don't chase for missing data.

Timings of the Ascitic Tap.....

Taps ideally should be taken at the screening visit. Remember to request a protein measurement.

The ascitic tap result should be confirmed after 48 hours (at least) with Micro and if **negative** then the patient can be randomised.

The Baseline visit date should be calculated from **date of the ascitic tap** (not when the result was confirmed).



Fortnightly research visits (Weeks 2 to 12)

These should be performed at the patient's normal place of **residence in both groups**. The exception being if the LVP coincides with the visit – in which case this can be done whilst the patient is in hospital.



KEY CONTACTS

General study queries & Sealed Envelope password resets:

Alison Porges (Trial Manager) reduce2@bsms.ac.uk

Tel: 07721 860469

Dr Yaz Haddadin (Clinical Research Fellow): yazan.haddadin@nhs.net

Tel: 07881 326775

eCRF queries or password resets:

Gina Richards (Data Manager): G.Richards@bsms.ac.uk

Debbie Lambert (Database Manager): D.Lambert@bsms.ac.uk

or general email bsctudata@bsms.ac.uk

Database for SFLDQoL & CRRS Questionnaires & Interviews:

SHORE-C Team: shorec-reduce2@sussex.ac.uk

Tel: 01273 873019

Additional blood kits (please allow 2 weeks):

Dominika Wlazly: dominika.wlazly@nhs.net or uhsussex.crf.lab@nhs.net

Additional Rocket Medical LTAD Insertion Kits & Drainage Bags / Bottles:

Customer Services: customerservices@RcoketMedical.com

Additional BD (PeritX) LTAD Insertion Kits & Drainage Bottles:

Contact your local BD rep



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Website - <https://www.reduce2.co.uk>

Next Newsletter will be May 2026