Staphylococcus aureus Network Adaptive Platform trial (SNAP)

Introduction

SNAP is an adaptive platform trial that aims to improve treatment outcomes for patients with *Staphylococcus aureus* blood stream infection (SAB). The trial will recruit patients across Australia, New Zealand, Canada, Singapore, Israel and the United Kingdom. The first sites will open in late 2021 and will recruit up to 7,000 patients over 4-5 years.

SNAP is designed as a pragmatic clinical trial embedded in routine care. Initially, there are three treatment domains – Antibiotic Backbone, Adjunctive Treatment, and Early Oral Switch. There are 3 'silos' representing the various susceptibilities:

Silo	Antibiotic Backbone Domain	Adjunctive Treatment Domain	Early Oral Switch Domain
PSSA	(Flu)cloxacillin* Penicillin	Clindamycin vs No clindamycin*	*Stable at day 7*** Switch to oral for or stay on IV for clinician-determined total duration *Stable at day 14*** Switch to oral for or stay on IV for clinician-determined total duration
MSSA	(Flu)cloxacillin* Cefazolin		
MRSA	Vancomycin* vs Vancomycin plus cefazolin		

*=Comparator/control group **Stability criteria different at days 7 and 14. Must have cleared bacteraemia, be afebrile, be tolerating oral intake and likely to adhere to oral Rx.

SNAP uses an innovative simplified consent process with a concise Patient Information and Consent Form (PICF), incorporating links to the SNAP website, which contains multimedia content for patients wanting further details. To learn more about adaptive trials in general we recommend watching this explanatory video, and viewing these resources for further information about *S. aureus* bacteraemia, the SNAP Trial, and its domains.

Sponsor

The global and Australian sponsor for SNAP is the University of Melbourne.

Funding

SNAP is funded by grants from the National Health & Medical Research Council (Australia), the New Zealand Health Research Council (NZ), the Canadian Institutes of Health Research (Canada), and the National Institute of Health Research (UK).

Sites will receive reimbursement in the form of a per-patient payment. This will be around $500 per patient but will vary depending on which domains are completed for each participant.

Database

The SNAP database uses Spinnaker, developed by Spiral Software (NZ), who also provide the databases for the CAMERA2, REMAP-CAP and ASCOT trials.

Patient Pathway

Figure 1 presents the participant pathway. Patients will first be screened for eligibility into the SNAP core platform. Following the consent process, each patient will be assessed for domain eligibility using domain-specific inclusion/exclusion criteria. Randomisation will occur at platform entry (day 1), however reveal of allocation will not occur unless, and until, domain eligibility has been met. Patients who are not eligible or do not consent to the platform may be approached for inclusion in the SNAP registry, which will collect a minimal dataset. Those randomised in the platform will have routine clinical data collected whilst in hospital and vital status will be determined for day 90 (the primary outcome).

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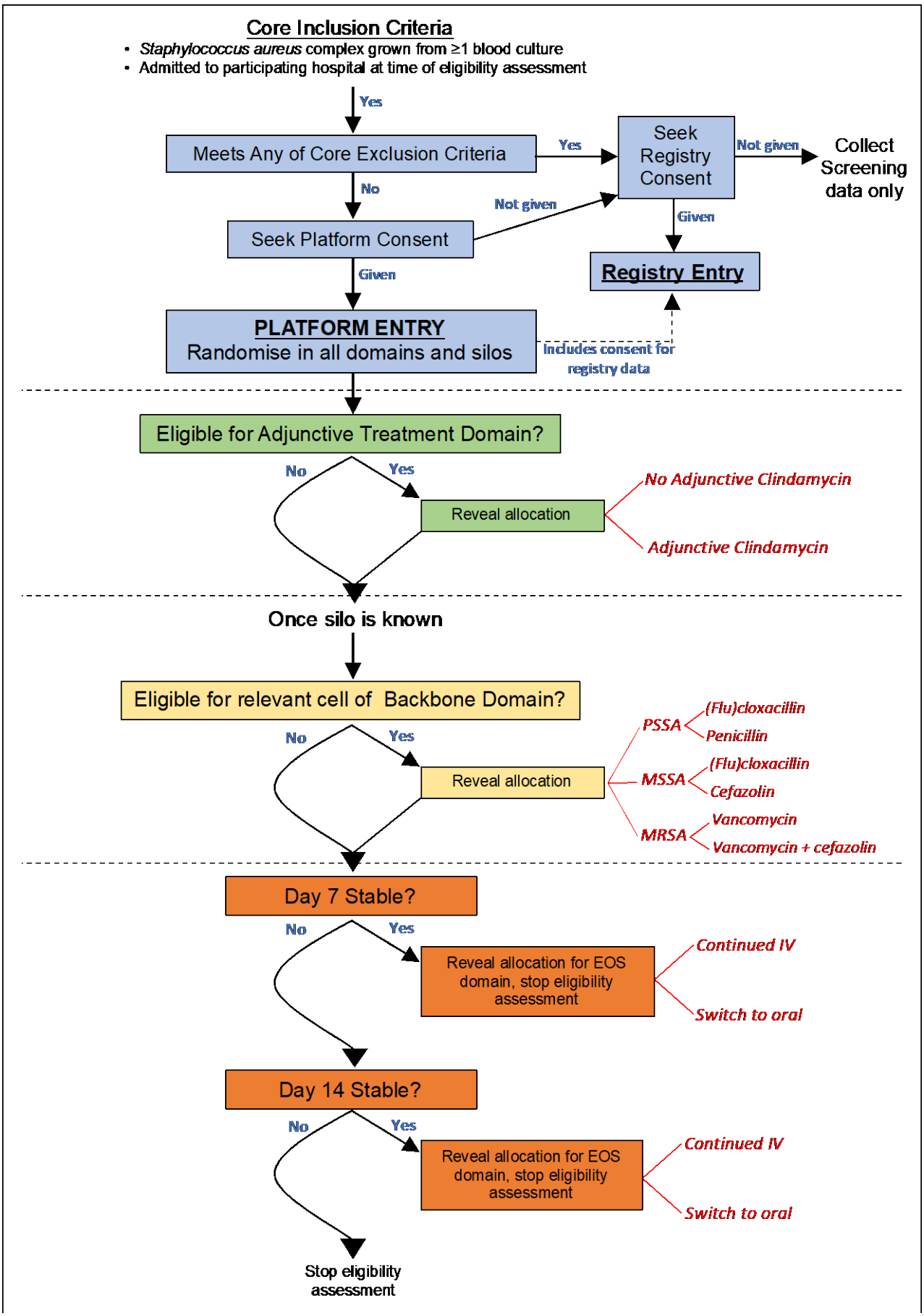

Figure 1 Patient Pathway