



# BULLETIN

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[www.utoronto.ca/miru/eecv2](http://www.utoronto.ca/miru/eecv2)

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## OVERALL TOTAL: 219

### TOTAL FOR THIS MONTH: 33

## Welcome to EECV2!

We are pleased to announce that two more sites have now joined us! We now have 47 collaborating centres! A very warm welcome goes out to:



- Dr Antonio C Ayub and Mrs Simone Guimaraens Moreira at the ISCMPA-Maternidade Mario Totta, *Porto Alegre*, BRAZIL
- Dr Simone E Buitendijk and Ms Marlies Rijnders at TNO Prevention and Health, *Leiden*, THE NETHERLANDS

We are pleased to have these new centres collaborating with us to help answer the very important question of best timing for ECV!

## Attention UK Sites – We have MREC Approval!

Thanks to the efforts of Mr Derek Tuffnell and Ms Diane Farrar from Bradford Royal Infirmary, we now have MREC approval for the EECV2 Trial in the United Kingdom. Specific information about LREC is available in the UK specific Interested Centre Package.



*Let's try to make  
250 by the end of  
December!*

## Recruitment

(planned enrolment of 1460)

as of November 30, 2005

COUNTRY	Annual Goal	Dec 2004	Jan - Jun 2005	Jul - Aug 2005	Sept 2005	Oct 2005	Nov 2005	Grand Total
AUSTRALIA	39		17	18	6	9	8	58
CHILE	43		10	12	4	14	4	44
THE NETHERLANDS	12		11	7	5	2	3	28
CANADA	56	1	11	1	3	1	9	26
ISRAEL	38		8	3	1	2	2	16
JORDAN	14		6	3	2	1	1	13
IRELAND	19				6	1	3	10
ARGENTINA	10		5	3		1		9
USA	10		1	1	2	1	2	7
GERMANY	9			1	1	2		4
EGYPT	20		1	2				3
SPAIN	10						1	1
<b>Total</b>	<b>280</b>	<b>1</b>	<b>70</b>	<b>51</b>	<b>30</b>	<b>34</b>	<b>33</b>	<b>219</b>

### CENTRES BY COUNTRY

(Shaded area is prior to start-up)

#### AUSTRALIA

Box Hill, Box Hill	5		4	8	2	6	4	24
Toowoomba Base Hospital, Toowoomba	3		10	3	1	1	1	16
St George, Sydney	6		1	4		1	1	7
Royal Prince Alfred, Sydney	9		2	2	1		2	7
Royal Women's, Carlton	11				2	1		3
Townsville Hospital, Townsville	5			1				1

#### CHILE

Padre Hurtado, Santiago	17		3	9	3	7	3	25
Universidad Catolica, Santiago	7		4	3		3	1	11
Clinico san Borja, Santiago	19		3		1	4		8

#### THE NETHERLANDS

Atrium Medical Centre, Heerlen	5		8	5	4			17
Academisch Ziekenhuis, Maastricht	3		3	2	1	1	2	9
Sint Lucas Andreas Ziekenhuis, Amsterdam	4					1	1	2

#### CANADA

Children's and Women's Health Centre of BC, Vancouver	18	1	9	1		1	3	15
Sunnybrook & Women's College, Toronto	10		2		1		1	4
Lion's Gate, Vancouver	4				1		1	2
Royal Alexandra, Edmonton	10						2	2
Regina Health Region, Regina	8						1	1
North Bay General, North Bay	2						1	1
St Paul's, Vancouver	4				1			1

#### ISRAEL

Meir Hospital, Kfar Saba	14		3	1		1	2	7
Edith Wolfson, Holon	9		4		1	1		6
Ma'ayney-Hayeshua, Bnai Brak	15		1	2				3

Annual Goal	Dec 2004	Jan - Jun 2005	Jul - Aug 2005	Sept 2005	Oct 2005	Nov 2005	Grand Total
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#### JORDAN

Islamic, Amman	14		6	3	2	1	1	13
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#### IRELAND

Coombe Women's, Dublin	19				6	1	3	10
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#### ARGENTINA

Posadas, Buenos Aires	10		5	3		1		9
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#### USA

University of Iowa, Iowa City	4		1	1			2	4
University of South Carolina, Columbia	6				2	1		3

#### GERMANY

Charite Universitätsklinikum, Berlin	9			1	1	2		4
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#### EGYPT

Assiut University Hospital, Assiut	20		1	2				3
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#### SPAIN

University of Barcelona, Barcelona	10						1	1
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Centres awaiting first patient: [COUNTRY: Hospital, City (annual goal)] [month/year start-up package sent]

AUSTRALIA: West Gippsland Healthcare Group, *Warragul* (2) [03/05] USA: Maricopa, *Phoenix* (10) [04/05]; ISRAEL: Soroka Medical Center, *Beer Sheva*, (30) [06/05]; POLAND: Polish Mother's Memorial, *Lodz* (9) [03/05], Medical University of Gdansk, *Gdansk* (5) [09/05]; BRAZIL: University of Campinas, *Campinas* (8) [04/05]; ISCMPA-Maternidade Mario Totta, *Porto Alegre* (12) [11/05]; HUNGARY: University of Debrecen, *Debrecen* (7) [04/05]; PORTUGAL: Distrital de Faro, *Faro* (7) [04/05]; ARGENTINA: Hospital Ramos Mejia, *Buenos Aires* (6) [05/05], Hospital Avellaneda, *Tucuman* (10) [08/05]; CANADA: Ottawa Hospital - General Campus, *Ottawa* (10) [08/05], Royal Columbian, *New Westminster* (7) [08/05], Mount Sinai, *Toronto* (16) [09/05], St Michael's Hospital, *Toronto* (7) [10/05], CRHA, *Calgary* (25) [10/05]; THE NETHERLANDS: TNO Prevention and Health, *Leiden* (4) [11/05]



## Recruitment Excellence!

This month we are recognizing centres with their **first** recruit - Congratulations to:

- Dr Miriam Muñoz at the University of Barcelona, *Barcelona*, SPAIN
- Dr Ramesh Kulkarni and Ms Joanne Laplante at North Bay General Hospital, *North Bay*, CANADA
- Dr George Carson and Ms Leanne Fontaine at Regina Health Region, *Regina*, CANADA

### Special recognition to centres who have met their Annual Recruitment Goal recently:

- Dr John R Neil and Ms Joanne Baumgartner at Box Hill Hospital, *Box Hill*, AUSTRALIA
- Dr Greg K Davis and Ms Lynne Roberts at St George Hospital, *Sydney*, AUSTRALIA
- Dr Frans Smits and Dr Florian ten Cate at Academisch Ziekenhuis, *Maastricht*, THE NETHERLANDS
- Dr Janet I Andrews and Ms Karen Johnson at the University of Iowa, *Iowa City*, USA

## Webpage for Parents & Families!

We now have an EECV2 webpage for parents & families. We invite you to have a look!

<http://www.utoronto.ca/miru/eev2/pat>

You may want to tell potential candidates about the webpage. The information provided is a combination of what is in the patient information sheet and the patient brochure.





## But... Won't my baby turn by itself?

The question as to the likelihood of a breech fetus at 34 weeks gestation turning to cephalic spontaneously before birth has been raised in discussions of the Early ECV2 Trial at rounds presentations as well as at our recent collaborators' meeting in the UK.

To answer this question we can look at the literature that has used ultrasound monitoring of breech pregnancies where no ECV is used. Here we find that the rates of breech presentation at 34 weeks are estimated to be about 6% of the population, and by term to be 4%. Thus we see that of babies that are in a breech presentation at 34 weeks gestation, about 1/3 may spontaneously convert to cephalic presentation.<sup>1</sup> Several factors are likely to influence the rates of spontaneous version. Nulliparous women, those with a frank breech or women who have had a prior breech at birth are less likely to experience spontaneous version, and multiparous women have a much higher likelihood of spontaneous version.<sup>2</sup>

We have some additional information that helps us to understand the rates of spontaneous version from our pilot study. In the early ECV pilot trial, of the 116 women randomised to the delayed ECV group (where ECV was done between 37 weeks 0 days and 38 weeks 0 days), 19 (or 16 %) turned spontaneously, and of the 116 women randomised to the early ECV group 10 (or 8%) turned spontaneously before an ECV was done.

<sup>1</sup> Hughey MF. Fetal position during pregnancy. Am J Obstet Gynecol. 1985; 153:885-6.

<sup>2</sup> Westgren M, Edvall H, Nordstrom L, Svalenius E, Ranstram J. Spontaneous cephalic version of breech presentation in the last trimester. Br J Obstet Gynaecol. 1985; 92:19-22.



## European Collaborators' Meeting ... A success!

We are very pleased to report that the joint Twin Birth Study and EECV2 Trial meeting in London, England November 10<sup>th</sup> to 12<sup>th</sup>, 2005 was a great success! We enjoyed meeting our European Collaborators and the meeting generated some excellent discussion and ideas.

The talks about recruitment strategies presented by Dr Mijntje Pieters (Atrium Medical Centre), Ms Karen Canning (Coombe Women's Hospital) and Ms Diane Farrar (Bradford Royal Infirmary) were excellent! We will include some of their ideas in up-coming newsletters. We hope that they will be useful to all centres for recruitment. Thank you to all for your participation and contribution to making this meeting a success!

## Patient Study Numbers!



When we send your supplies of data booklets, you will notice that we have pre-numbered the Entry Forms with the Patient Study Number. We do this because it is very important that there are no duplicate numbers in the study. Please do not change the numbers on the Entry forms. It does not matter in what order you use the forms: that is, if you recruit a patient using Entry form xxx-xxx-005 *before* you have used xxx-xxx-003, that is not a problem.



## EECV2 Out & About in November...



Apart from our recent meeting in London, England our principal investigator Eileen Hutton has also been presenting the EECV2 study at other meetings in Canada. We had a very useful meeting of investigators and coordinators from the Vancouver area, including Children's & Women's Health Centre of BC, Lion's Gate Hospital, St. Paul's Hospital and Royal Columbian Hospital. Eileen was also in Halifax, Nova Scotia at the IWK Health Centre presenting rounds at the departments of OB/Gyn and Family Practice.