



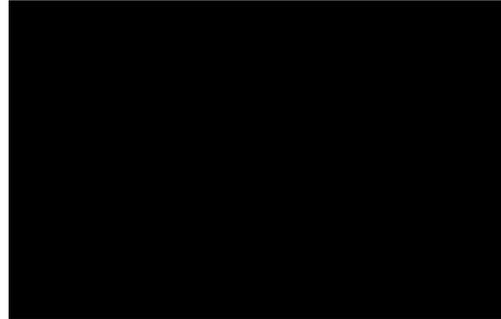
Trial Management Group Meeting #30
11th March 2009, [REDACTED]

Draft Minutes

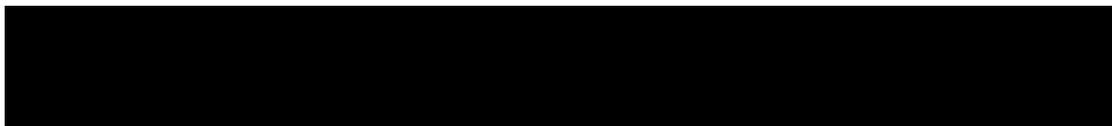
1. Welcome

Welcome to all present, with special congratulations to [REDACTED] who is
[REDACTED]

2. Those present



3. Apologies



4. Agreement of agenda

The agenda was agreed by all.

5. Previous minutes of TMG #29

All accepted at this meeting.

6. Ongoing actions from TMG #29

TMG #29 ACTION 29 ■ to communicate with ■ regarding current status of the 2.5 year follow up database.

TMG #29 ACTION 30: ■ to write to ■ to establish what needs to be done to the main database in order to incorporate the 2.5 year follow up data.

TMG #29 ACTION 35: The level of response and viability of the 2.5 year follow up study will be re-evaluated at the summer 2009 TMG.

TMG #29 ACTION 36: ■ to submit this study for ethics approval as soon as possible so that DNA collection can commence in current participants in advance of exiting the trial and staff contracts ending.

TMG #29 ACTION 37: ■ to write SOP for individual centre closedowns and both central and local archiving.

6b. Matters arising from TMG #29.

TMG #29 ACTION 4: Centre Leaders to forward this letter to their local R & D department to confirm the end of recruitment.

A copy of the letter notifying MREC of the end of recruitment has been sent by email to all RN/As.

ACTION 1: ■ will forward this email to all CLs who should ensure the letter has been circulated to their local R & D department.

TMG #29 ACTION 5: CLs should urgently apply to their local R & D departments for trial support costs under the R & D tranche for the year. This has to be started to be spent by April 09.

■ explained that LCRN funds provided to NHS Trust R & D departments specifically to support PACE should be used to support the infrastructure of the trial and not for general R & D purposes. This money can also be used to support the trial in any interim between grants. ■ explained that national funds were available from UKCRN when local R & D departments were unable to pass on the LCRN funds.

ACTION 2: ■ to circulate excel file of LCRN moneys to all centres.

ACTION 3: CLs to use this file to help apply for funds both through the LCRN and UKCRN.

TMG #29 ACTION 7: ■ to ask ■ whether ■ want to be involved with papers on heterogeneity and trial management.

████ is unable to continue with this paper due to other commitments. █████ will address this under WAPOC.

TMG #29 ACTION 8: All to speak to local staff and raise items for potential baseline papers for the next TMG.

████ suggested that █████ would like to write a paper about what APT is, discussing the links with other approaches and its use in fatigue generally. Co-writers for this paper would include █████ and █████. The TMG gave full support for this proposal.

A paper looking at training and competency across therapies on a rolling timescale throughout the trial was proposed. █████ suggested a title of 'Quality assurance of treatment delivery in a large multi-centre trial'.

ACTION 4: █████ to send a proposal for the potential APT paper to █████ as chair of WAPOC.

ACTION 5: The TLs agreed to discuss the training and competency paper further and would approach WAPOC with a bid later.

TMG #29 ACTION 15: █████ to ask MRC if any excess funds could be used to support the long term follow up study.

████ explained that █████ has replaced █████ as the PACE contact at the MRC. █████ has confirmed that potential under spend may be used to support the trial until 13th September 2010. This money may be transferred as appropriate, for example to support the 2.5 year follow up study. If funds are required after this time an application should be made to the MRC.

TMG #29 ACTION 17: All CLs to ensure that action is being taken in response to the monitoring visit reports.

The DMEC were happy that appropriate action is being taken to correct monitoring report findings.

ACTION 6: █████ to ensure centres are rectifying issues raised in the monitoring reports.

TMG #29 ACTION 20: █████ is in discussion with the MRC for advice on the issue of DAR encryption and transport

The MRC have not issued any further guidance. █████ confirmed that DARs are still being received for peer review. █████ reported (on behalf of █████ that the Royal Free are sending patient data by courier or by taxi (accompanied by a member of staff) if sent to a London location as per their local trust policy.

TMG #29 ACTION 24: All RN/As to ensure electronic visit schedules are completed by 26/01/09.

ACTION 7: ■ to check with ■ what information ■ needs regarding visit schedules and to follow this up with ■ and RN/As.

TMG #29 ACTION 25: All DMs should allocate the therapists at their centre a therapist identification number (TIN) and email these to ■ by 26/1/09.

ACTION 8: ■ to follow up Kings TINs.

TMG #29 ACTION 28: Homework compliance was discussed. ■ has emailed ■ with the database ■ has created for recording this. ■ will email this to the RN/As once the TINs have been created for them to complete.

This has been sent out to all centres. A deadline of September 2009 was set for this.

ACTION 9: CLs to ask therapists to complete homework compliance, and confirm this at local meetings.

TMG #29 ACTION 32: ■ to ensure that all RN/As are cross referencing medical notes and 2.5 year CRF and recording any discrepancies.

RNs have been reminded of this.

ACTION 10: CLs to ensure that cross referencing of medical notes and the 2.5 year CRF booklet is being carried out locally.

TMG #29 ACTION 34: ■ to look at ways to improve data collection, including holding a training day. To seek advice from ■ regarding Gulf war veterans' data collection.

A substantial amendment had been submitted to MREC to seek approval for the methods used to encourage return of the 2.5 year follow up booklets. It was proposed that after the booklet has been sent, this would be followed up by 2 letters and 2 phone calls if the booklet has still not been returned. MREC agreed that only one follow up letter could be sent and stated that no phone calls should be made.

■ explained that this amendment has been resubmitted, seeking approval for only one follow up letter in accordance with MREC feedback. ■ confirmed the committee's response should be received within the next week.

■■■■ explained that ■■■■ has in the past offered to attend MREC meetings but the committee declined. ■■■■ commented that it is worth noting for future studies that the consent form should state that participant's will be contacted by telephone.

It was felt that prohibiting the use of phone calls would greatly affect response rates and was against the PACE protocol. The group agreed on these grounds an appeal should be made.

[**Post meeting note:** Section 8.2 of the protocol states 'we will seek to obtain outcome data by use of either postal or e-mail questionnaires, supplemented by telephone calls if necessary']

ACTION 11: ■■■■ and ■■■■ to seek independent appeal from NRES against this judgment.

TMG #29 ACTION 37: ■■■■ to request that therapy leads send ■■■■ their training schedules.

■■■■ explained that some data had already been sent directly to ■■■■

ACTION 12: ■■■■ to clarify exactly what is required with ■■■■ before emailing all therapists to request training schedules.

7. Update from recent meetings

a) WAPOC

■■■■ will be chairing WAPOC. The procedures for this have been circulated and were approved by all present. A summary spreadsheet of papers which includes a short working title is in progress and the lead for each writing group should provide a progress update to ■■■■ one month before each WAPOC meeting. Any new proposals for papers should be submitted to ■■■■ as chair of WAPOC using a standardised summary sheet, which will include the title, writer, co-writers, data to be analysed and a paragraph summarising the paper. Proposed papers will be reviewed at the next WAPOC meeting.

ACTION 13: (carried across from WAPOC meeting) ■■■■ to circulate research paper summary sheet to TMG after approval from ■■■■ as chair

ACTION 14: ■■■■ to circulate a revised WAPOC summary table to the TMG.

The TSC is to approve the final strategy on April 29th and then the ASG will become the WAPOC.

b) DMEC

■■■■ has stood down as the chair of the DMEC. ■■■■ has kindly agreed to take on the role of Chair.

It was reported that DMEC were happy with the trial's progression. Oxford and the Royal Free were congratulated on catching up on recruitment. The Royal Free were also praised for their efforts in catching up with data entry. There were no concerns with the safety data for the trial and the low number of withdrawals and missing data was commended. The committee made the following recommendations:

1. A descriptive summary of SAEs should be presented along with the figures when these results are published.
2. All SAEs for elective surgery should be revisited. If known prior to randomisation the event does not meet the definition of an SAE.
3. All SAEs should be checked for clarity prior to independent review
4. Non serious and serious data queries should be renamed problematic and non-problematic.
5. NSAEs should be recorded retrospectively at King's using data collected on other CRFs and in the medical notes.

ACTION 15: HB to ensure recommendations from DMEC are actioned.

The DMEC felt that no further meetings were required but asked to receive the following three tables in September:

1. Number of participants experiencing serious deterioration
2. Total number of withdrawals
3. Number of SAEs, SARs and SUSARs by randomised group

This information should be provided again at the end of the trial. It was decided that the TSC should decide whether these arrangements are acceptable.

ACTION 16: [REDACTED] to email [REDACTED] to check that the TSC are happy for the DMEC to remain as a virtual committee until the last patient reaches their 52 week visit.

8. Baseline data – data lock and papers.

[REDACTED] updated that baseline data has been fully checked at Barts and Oxford. 50% of Kings, Royal Free and Edinburgh data has been checked, with only Bristol remaining to be checked. It is hoped that this will be completed by the end of March, with all DQS sent out by this time.

It was decided that DMs will have two weeks in which to resolve these queries.

[REDACTED] will require one week to perform [REDACTED] higher level checks and DMs will be asked to resolve any resulting queries as quickly as possible. The status of this will be reviewed and reported to the TSC on 29th April.

[REDACTED] commented that due to staff changeover at King's it would be difficult to meet the deadline for resolving data queries. It was agreed that [REDACTED] would enter new data and [REDACTED] could prioritise data checking. [REDACTED] will assist with [REDACTED]'s training and help [REDACTED] to resolve these queries as quickly as possible.

It was noted that one of the papers would require actigraphy data which is not recorded at baseline.

ACTION 17: ██████ to ensure DMs and CLs are aware of the deadline and urgency of baseline data.

ACTION 18: █████ and █████ to help new King's staff to resolve queries.

█████ suggested that writers could work with pre-release data. This approach was not favoured due to the risk of using the wrong version and the additional work this would create. It was agreed that writers could work on the introduction and method sections ahead of data lock.

ACTION 19: Writing groups should apply to █████ if they can make a good case for receiving preliminary data before the data lock.

9. Data checking status

█████ reviewed SOP guidelines for the group. SOP 13.16.10 was discussed. It was agreed that the first ten queries for each Data Manager should be checked against the database and then a random selection should also be checked to ensure all data queries have been resolved adequately. Data queries and their solutions will be recorded on an Excel spreadsheet set up by █████.

10. Substantial amendments

This had already been discussed under matters arising from #29 minutes. It was also noted that ██████ received approval for her study.

11. Measurement and analysis of therapeutic alliance as a measure of outcome.

█████ will now present this in June. █████ noted that studies have shown expression of emotion is a good predictor of outcome. █████ agreed with this in APT. █████ also commented that the allocated budget of £20,000 would not be enough to look at therapist's integrity. This issue to be returned to at the next TMG.

ACTION 20: █████ to circulate paper prior to █████ presentation in June.

12. Non-serious adverse events monitoring

ACTION 21: █████ to arrange for three independent doctors (approved by █████ and █████) to look at the NSAE and SAE logs to ensure that these are not SARs.

13. Competency check of SSMC DARs

This was discussed in great detail. Competency has been measured in therapist recordings with an agreed scale approved but this has not taken place for all the doctors in the trial. [REDACTED] and [REDACTED] have delivered training on SSMC and all doctors have been issued with a manual. Most but not all centre SSMC doctors have received this training. It was considered important to describe how SSMC was actually implemented to potential readers. [REDACTED] has kindly offered to carry out the competency measure on a random sample of tapes and [REDACTED] will assist. [REDACTED] commented that there will be a selection bias, as a level of competence can be inferred from whether or not a DAR recording is available for review.

ACTION 22: [REDACTED] and [REDACTED] to perform a preliminary look at a few tapes and rate according to the established scale. This will be done in time for review in June.

14. Final PACE team day 2009

This is on Wednesday 17th June 2009. Topics for presentation during the academic morning were discussed. The following were suggested:

- a) [REDACTED] supervision study.
- b) [REDACTED] to present on her PhD
- c) [REDACTED] to present on secondary fatigue.
- d) FINE preliminary results.

ACTION 23: [REDACTED] and [REDACTED] to draw up a programme.

Two suggestions were made for the social afternoon:

- a) Treasure hunt around London.
- b) Boat trip to Hampton Court.

ACTION 24: [REDACTED] to organise the afternoon activities.

15. Specific centre issues

Oxford: Therapists are hoping to continue the service beyond PACE.

Kings: Welcome [REDACTED] as RA and [REDACTED] as DM.

Therapy is going well.

Issues highlighted through monitoring visits are being rectified.

Edinburgh: Therapists are reducing hours and it is expected that they will therefore be able to provide secondary therapies for PACE participants.

Royal Free: [REDACTED] has started as the new GET therapist.

[REDACTED] has finished.

All PACE therapists have been included in next year's budget so they will be able to continue in the fatigue service.

Bristol: All is fine.

Bart's: All is fine.

16. Therapy/Treatment arm issues

Future need for supervision was discussed. It was reported that therapists have found the supervision very helpful. [REDACTED] commented that the great strength of the PACE trial is the quality of supervision and special thanks was given to TLs for achieving this. Supervision is to be decreased due to reduced numbers of participants.

It was decided that supervision should continue until September with extension until next Spring where needed for PACE secondary therapies. The possibility of secondary therapy supervision should be organised locally if needed. This is especially important in centres without a CFS service. If TLs feel unable to continue with supervision this should be discussed with [REDACTED] and [REDACTED].

The GET self-help guide has secured funding and is in progress. On completion this will be circulated to the TMG and uploaded to the Bart's website.

ACTION 25: CLs to negotiate supervision post PACE with TLs as required (outside of PACE funds)

17. CFS/ME Clinical & Research Network & Collaborative (CCRNC) 2009 Conference (Milton Keynes 23rd-24th April)

[REDACTED] poster will be displayed at the conference. [REDACTED] will be offered the opportunity to present this but if [REDACTED] declines, [REDACTED] has offered to take [REDACTED] place.

ACTION 26: [REDACTED] to check whether [REDACTED] wishes to present [REDACTED] poster at the conference and feedback to [REDACTED]

18. Any other business

There was no other business to discuss.

19. Dates for your 2009 diaries

Wednesday 29th April, 11am (Analysis strategy) 1pm: TSC [REDACTED] observers welcome)

Tuesday 23rd June, 1pm lunch, 1.30 – 4.30pm: TMG ([REDACTED])

Wednesday 4th November, 1pm lunch, 1.30 - 4.30pm: TMG ([REDACTED] observers welcome)

ACTION POINT SUMMARY LIST

All

TMG #29 ACTION 35: The level of response and viability of the 2.5 year follow up study will be re-evaluated at the summer 2009 TMG.

Pis/CLs

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ACTION 3: CLs to use this file to help apply for funds both through the LCRN and UKCRN.

ACTION 9: CLs to ask therapists to complete homework compliance, and confirm this at local meetings.

ACTION 10: CLs to ensure that cross referencing of medical notes and the 2.5 year CRF booklet is being carried out locally.

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[REDACTED]

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Treatment Leaders

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ACTION 8: █████ to follow up Kings TINs.

Writing Groups

ACTION 19: Writing groups should apply to █████ if they can make a good case for receiving preliminary data before the data lock.

Research Nurses/Assistants

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██████████

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