



Trial Management Group Meeting # 18

8th February [REDACTED]

Draft Minutes

1. Those present

[REDACTED]

2. Apologies

[REDACTED]

3. Agreement of agenda

Agenda agreed with the addition of "Subvention" to item #15.

4. Previous minutes

Minutes of last meeting accepted.

5. Previous minutes of TMG # 17

Contracts signed

Edinburgh and King's contracts have been signed and copies are held at the PTCC.

Contracts awaiting signature

Oxford have asked for some minor changes to the wording of the contract, which have been agreed, and the contract has now been sent to the relevant NHS Trust for agreement...

Royal Free have the contract and QMUL finance department are waiting for feedback/signature.

PI/CL agreements

Some have been returned; [REDACTED] will contact those clinicians again for whom signed agreements are still outstanding.

ACTION 1: [REDACTED] to contact any PI/CL that has not yet returned a signed PI/CL agreement.

Publication of protocol

This has been deferred due to changes to the protocol submitted to MREC.

Red and black books

These were considerably more complete at last check.

Doctors SOPs

■ has revised as per requests at last TMG, ■ reviewing before distribution.

SCID

■ is revising this in time for the second wave centres.

Dinner for SSMC docs

This has not yet been arranged. There is concern that it may be difficult to get doctors to commit to a PACE team dinner especially as this will involve travel for doctors from farther centres.

A lunch is suggested rather than a dinner at each local centre however the disadvantage to this is that doctors between centres would not have an opportunity to meet.

It is thought that four months notice would probably be needed.

ACTION 2: PIs and ■ to arrange a date for a SSMC meeting and a meal, and all PIs/CLs to encourage staff to attend.

Correction to previous minutes – TSC#17: ACTION 8 should have been for ■ not ■.

Bart's psychiatry and infectious diseases services merging

The TSC has been informed that the two Bart's CFS services have now merged. Bart's now runs as one double centre rather than two separate centres.

Self help reading list for SSMC doctors

ACTION 3: ■ to circulate the self help reading list for SSMC doctors to all TMG members.

Data collected retrospectively

Where CRF data is collected late, a standardised method for dealing with this needs to be established.

ACTION 4: ■ to ask Bart's Research Nurse whether the data was collected on how the patient felt at the time or retrospectively.

ACTION 5: [REDACTED] to establish a standard rule for collecting data outside of time points (i.e. where data is found to be missing), to circulate this all RN/As and to update the SOP accordingly.

6. Recruitment

Edinburgh were congratulated by the TMG for being the fastest recruiting centre for the last three months.

Where therapists are not currently receiving any new randomised patients they should take on other non-randomised patients for practice.

Bart's are currently limited by referrals but it is recognised that this is a fluctuating state.

TMG were pleased with recruitment and think all centres are doing very well.

7. Second wave centres

a) Staff recruitment (therapists and research staff)

Therapists:

APT – All staff recruited.

CBT – All staff recruited.

GET – There is no therapist for Barts II after several rounds of advertising. A national advert will soon be placed but, [REDACTED] at Barts I has the capacity, and has agreed to cover Barts II in the meantime.

The [REDACTED] in August. Contingencies are being discussed, but a second GET therapist is likely to be needed for King's especially as this centre is likely to increase capacity soon. Additionally, a PACE therapist of another discipline could be trained to cover in the meantime.

ACTION 6: [REDACTED] to investigate ways of covering this eventuality.

Research nurses – The Royal Free are advertising again for this post. All other staff are in place.

Data Managers – The advert for this post at Oxford has been delayed by the financial contract status at this centre. All other staff are in post.

b) Therapist training (including timing, duration, and training patients)

APT – The Royal Free and Oxford therapists are nearing competence and should be competent by mid/end March. The Bart's II therapist has not yet started in post and it is anticipated that competence will be achieved by June. In the meantime, the Barts I therapist will be asked to cover.

ACTION 7: ■■■ to ask Bart's APT therapist to cover the gap in APT.

The APT team are sharing tapes between each other for group supervision and support.

CBT – Second wave training is going well but an increase by a few days has been needed due to staff being less experienced. It is anticipated that competence will be achieved by all three second wave CBT therapists in mid/late March.

GET – Training is progressing. It is anticipated that competence will be achieved by early March for Edinburgh and the Royal Free. The Oxford therapist started later and so will take slightly longer to reach competence – end March/early April. ■■■ as a covering therapist will be assessed for competence after this time. ■■■ and ■■■ are leading on some training sessions to help with their Agenda for Change assessments.

Within the GET team, small projects have been set up with each therapist leading on a project, and thereby leading as a resource for that issue for the others.

c) Doctor training

Oxford training will be taking place 20th February 2006 at the MRC CTU led by ■■■.

■■■ has already been trained.

■■■ is not required to complete this as the SSMC lead does not need formal training.

It is recognised that there will be heterogeneity in the SSMC arm. The physician's approach is different to the psychiatrist's approach in a clinic assessment and sessions vary accordingly.

At present we are not recording which doctors give SSMC to which participants. There is a need to record this. Also, the background of the doctors will differ.

ACTION 8: ■■■ to ask RNs to use the visit schedule forms to record the names of the doctors that saw the participant at each SSMC visit.

■■■ to:

- i. expand the visit schedule form
- ii. alter the SOP to allow this information to be added in.

d) Research staff training

Data Manager training

■■■ has spent some time with the Royal Free data manager.

ACTION 9: [REDACTED] to set a date for Data Manager training to be determined by the Oxford appointment for this post.

Research Nurse

[REDACTED] has now started at Oxford and is arranging visits to shadow first wave centre nurses.

ACTION 10: [REDACTED] to set a date for Research Nurse training to be determined by the Royal Free appointment for this post. This date should be late Feb/early March to allow [REDACTED] to be able to lead on some of this training.

ACTION 11: [REDACTED] to speak to [REDACTED] to check if [REDACTED] is able to cover Barts II APT temporarily whilst [REDACTED] achieves competency.

Target dates and process for starting recruitment

The estimated start date for recruitment is the end March/beginning April.

8. Database: completeness of data entry so far

Data entry is still behind. The data cleaning process takes quite a long period of time. Once the final database has been released we will have a clearer idea of the status of the data.

Some repeat errors were identified and feedback will be given at the next RN/A training day.

ACTION 12: [REDACTED] to remind King's for data.

ACTION 13: All RN/As and Data Managers (first and second wave) to attend training for RN/As.

ACTION 14: [REDACTED] to contact [REDACTED] for CSRI training.

ACTION 15: [REDACTED] to lead on therapy homework adherence database.

ACTION 16: [REDACTED] to lead on the actigraphy database.

ACTION 17: [REDACTED] to lead on database for collecting doctors' names.

[REDACTED] and [REDACTED] will shortly be meeting to finalise the last stage of de-bugging of the main trial database and it is anticipated that the final version will be released shortly afterwards.

9. TSC – update on meeting 23.01.2006

- a) Changes to eligibility criteria
- b) Increasing patient recruitment areas

A summary of the TSC meeting was given including the next submission to be made to MREC to alter eligibility criteria and increase the catchment area from which patients can be recruited.

ACTION 18: ■ when MREC approval given, to inform all centres (release protocol version 5.0) of the changes to eligibility criteria and place a note into the red and black book to inform doctors.

Increasing recruitment at King's

ACTION 19: ■ to write to the MRC to request permission to increase resources to allow King's centre to recruit faster in the next two years.

ACTION 20: PIs will further discuss logistics of increasing King's capacity by 50 or 60 per cent.

ACTION 21: ■ to revise recruitment targets if/when centres increase capacity earlier than year 3 of recruitment.

10. FINE TSC

■ fed back on the FINE TSC meeting. FINE are finding it more difficult to recruit because they are reliant on referrals from primary care. Options are being considered to address this. Otherwise the trial is going well.

11. Operational definition of serious deterioration

TSC recommended that this issue be discussed further with the DMEC. The TSC recommended that we considered changing these criteria so that a participant must meet at least two out of four criteria for deterioration. The TSC were concerned that people were not over-judged as having deteriorated. The criteria originally proposed to the TSC were as follows:

A significant deterioration is defined as a categorical change in one or more of the following measures within the 52 weeks after randomisation:
1. SF36 physical function sub-scale diminishing by 20 or more points between any two adjacent assessment interviews
2. A self-rated CGI change score of 6 or 7 ("much worse" and "very much worse") at any assessment interview
3. A drop-out from treatment due to a participant's reported worsening of their condition, which is attributed to treatment received, at any stage of active treatment (between the first and last (booster) sessions)
4. A serious adverse reaction, as defined in the protocol

The TMG proposed altering the wording of item 3 to "A drop out from treatment due to the participant's reported worsening of their condition".

The TMG discussed the following:

One of items 1 and 2 plus one of 3 or 4.

3 or 4 alone if patient refuses to give data on 1 or 2.

ACTION 22: There was no consensual view, and the TMG agreed to the PIs discussing this further with the DMEC, but to leave the final decision to the DMEC.

12. Authorship on the published protocol

The TMG decided that authorship should be listed as the PACE trial writing committee (PIs, statisticians, TM) on behalf of the TMG (listed beneath).

ACTION 23: ■ to contact TSC and DMEC to ensure that they are happy to be named and acknowledged in the published protocols.

13. Newsletters for patients

ACTION 24: ■ to send proposed patient newsletter article headings out to all staff and request copy.

14. Budgets

A meeting was recently held with QMUL finance department. The finance department are in the process of tidying the PACE budgets and ensuring any unpaid invoices are rapidly processed.

15. Feedback from treatment leaders meeting, held this morning

This meeting concentrated on two main discussions:

a) ■ proposed ancillary study (discussed under item 15 below)

b) Publication of the treatment manuals in advance of the final analysis

The TMG statisticians had concerns about publication of the manuals in advance of the final result of the trial.

Arguments for publication:

- NICE have asked for the PACE GET manuals to be published in the hope that it would prevent poor practice.
- Publication would demonstrate transparency about what we are doing.

PIs/TLs had suggested publishing the manuals with a caveat of what evidence existed for efficacy but also that current research is taking place for which the results are not yet known.

Arguments for publication:

- Concerns that patients using these texts would increase the placebo effect of the trial.
- Concerns that the trial results may be negative for a treatment and that the publications will be redundant or potentially dangerous.

- Concerns relating to whether activists against the trial might try to use the published manuals to attack the trial.

ACTION 25: [REDACTED] and [REDACTED] will write a brief summary of their concerns, to be addressed by the treatment leaders ([REDACTED]), with a view to this issue being discussed again at the next TMG.

16. Ancillary studies

- a) [REDACTED] qualitative study of supervision
- b) Others

Correction to minutes of TMG#17, 15 d) experience of supervision in a research study.

[REDACTED] recommended getting further advice from a qualitative researcher. Funding was discussed

The four phases were explained and discussed:-

1. To explore and revise the methodology
2. To devise a methodological tool
3. To pilot the tool
4. To implement the tool

ACTION 26: TMG agreed to support of this study in principle. Therefore, this will be recommended for TSC approval by [REDACTED]. Written feedback was requested from the TMG by [REDACTED] – to be completed by next TMG on April 26th or 12th July at the latest.

Genomics study

Response to MRC needs to be made by Friday. At present, the study has a reviewer score of 8/10

17. Monitoring visits by [REDACTED] with PI and/or CL

Dates to be set by [REDACTED] with PIs and CLs.

[REDACTED] will visit Bart's and monitor with [REDACTED]

ACTION 27: [REDACTED] to contact PIs for dates and venues for monitoring visits.

18. PACE team day

- a) Staff feedback from the last day

Responses to issues raised are either completed or ongoing.

- b) Planning for the next day

ACTION 28: [REDACTED] will lead on the academic content for the day, and welcomed suggestions.

19. Any other business

a) Timing of last SSMC session

Discussion of issue as to when the SSMC doctor can discuss with the participant whether they need more treatment.

The TMG agreed that this discussion must take place after 52 weeks in order not to influence final assessment ratings.

ACTION 29: ■ to inform all research teams (via PIs and RN/As) and amend the SOPs (SSMC doctors and nurses) that the discussion as to any need for further therapy must not take place before the 52 week follow up.

b) Sound recordings

i. Should central storage be a DM task?

ACTION 30: CLs to identify a named person at their centre who will take overall responsibility for storage of sound recording data.

ii. WinZip requirements

ACTION 31: CLs to ensure that at least one machine at each centre has WinZip to allow recordings to be encrypted. It is recommended that this be on the machine of the person responsible for all recordings. A university machine is advised to bypass Trust rules about downloading new software on to NHS machines.

iii. Where/how are staff currently storing their recordings?

ACTION 32: CLs to ensure that they know where recordings are being stored and that they are encrypted, their location is secure and that memory sticks, laptops or other insecure media are not used.

20. Dates and venues for meetings in 2006

A request had been made to hold some TMGs on a day other than Wednesday.

■ (provisional)	Wednesday, Apr 26 th
■ (confirmed)	Wednesday, July 12 th
■ (provisional)	Thursday, Oct 12 th

ACTION 33: ■ to confirm with ■ and ■ these dates for meetings at their centres.

Summary of Action Points

All TMG

ACTION 26: TMG agreed to support of this study in principle. Therefore, this will be recommended for TSC approval by [REDACTED].

Written feedback was requested from the TMG by [REDACTED] – to be completed by next TMG on April 26th or 12th July at the latest.

All Centre Leaders

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All RN/As and Data Managers

ACTION 13: All RN/As and Data Managers (first and second wave) to attend training for RN/As.

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ACTION 2: PIs and [REDACTED] to arrange a date for a SSMC meeting and a meal, and all PIs/CLs to encourage staff to attend.

ACTION 6: [REDACTED] to investigate ways of covering this eventuality.

ACTION 15: [REDACTED] to lead on therapy homework adherence database.

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ACTION 22: There was no consensual view, and the TMG agreed to the PIs discussing this further with the DMEC, but to leave the final decision to the DMEC.

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ACTION 28: [REDACTED] will lead on the academic content for the day (PACE social day), and welcomed suggestions.