



## Trial Management Group Meeting # 25

11<sup>th</sup> December 2007

**Draft Minutes**

### 1. Those present

[Redacted]

### 2. Observers

[Redacted]

### 3. Apologies

[Redacted]

### 4. Announcements

- Welcome to [Redacted] and [Redacted] to their first TMG meeting.
- Thank you to [Redacted] for hosting this meeting and the TMG noted that the quality of the lunch set a new standard for the trial, which other centres would need to aspire to in future.
- The trial has recruited 399 participants with the 400<sup>th</sup> expected this week. Congratulations to all for reaching the two thirds recruitment mark.

### 5. Previous minutes of TMG # 24

**TMG #23 - ACTION 1:** [Redacted] will be sending the GET self help guide to MREC on Thursday of this week.

**TMG #23 - ACTION 2:** [Redacted] will be asking permission from REC for the list of approved self help guides to be added to the PACE trial website, this Thursday.

### 6. Matters arising from TMG # 25 not on the agenda



Correction to last minutes - Every *third supervision* of CBT is a full day of supervision (not every third week).

Page 2 – the word ‘paper’ should be corrected to ‘therapy’.

## **7. Recruitment (item #2)**

Recruitment is presently ahead of target for the whole trial.

At Bart’s a new doctor has started with the CFS team at Bart’s and recruitment at this centre is now improving, with four participants recruited in November.

█ reported that the cross-over period between research nurses at Edinburgh has allowed for a seamless transition and recruitment to remain steady.

King’s is hoping for seven new participants to be recruited by the end of January. Referrals at this centre are still lower than expected at this time. The centre staff are exploring other pools from which participants may be drawn.

Oxford are now fourteen over target. Randomisations are being paced so that therapists’ workload is kept at a maintainable level. A fourth doctor is now referring patients for PACE, whose CV will be sent to █.

**ACTION 1: █ will organise for this doctor’s CV to be sent to Bart’s.**

The Royal Free randomised 13 participants in November breaking all previous recruitment records for the trial. The TMG congratulated the centre team for this fantastic achievement.

The Bristol staff were congratulated for the impressive speed at which they joined PACE and have maintained their recruitment rate.

## **8. Budget and contract extensions**

The QMUL finance department have not yet sent out the research contract extensions before the end of December. The TMG expressed concern and dissatisfaction about the delay

We estimate that we will have met our target of 600 participants recruited by the end of November 2008. The TMG agreed that we should continue recruitment until this time even if we had reached 600 participants beforehand. Therapists contracts should run until September 2009 for PACE treatment and then centres need to locally determine additional salaried time for therapists to give post trial therapy. Research staff should remain



employed at least to the end of December 2009. By the middle of next year we should be able to be sure when we will meet our target of 600 participants

The TMG noted that the PACE team are a most effective and enthusiastic group of professionals and serious consideration should be given for keeping the team together beyond the PACE trial, by considering embarking on a new trial of CFS.

██████████ expressed serious dissatisfaction with the financial reporting as a whole both as a PI with responsibility for the grant and as a centre leader.

**ACTION 2: ██████████ will draft a letter on behalf of the TMG to express the dissatisfaction of the group with the delay over the extension of contracts from QMUL finance department.**

**ACTION 3: ██████████ to put our strategy of recruiting up to the end of November 2008 to the TSC for approval at its next meeting in April 2008, and ██████████ will give the Chair of the TSC advance notice of this.**

**ACTION 4: The PIs will consider the matter of a new trial in 2008 and will circulate a paper about this at one of the next two TMGs as well as the next TSC.**

#### **9. Update from Analysis strategy group (██████████)**

A final draft of the analysis strategy document will be prepared for the TMG in February 2008. If approved at this meeting it will be sent forward to the DMEC and TSC for comment.

**ACTION 5: ██████████ will prepare a presentation for the next TMG to give the group an idea of how the analysis strategy will be executed and what the key issues are and how we propose to resolve them.**

The summary information about trial staff intended for the main paper was discussed. This summarised information is often given in publications describing trials of therapies so that readers have some idea of the professional training of therapists. The analysis strategy group would like to record summary data of:

- years in practice since being awarded the primary relevant professional qualification (excluding career breaks if known),
- Profession
- start and stop dates of working on the trial

This information will be recorded anonymously and presented in summary narrative data form only. The TMG agreed to the recording of this information.



The TMG also discussed the pros and cons of using this information in the analysis itself, rather than just giving the information in narrative form. This would enable us to know whether there was any relationship between therapist factors, such as experience, and efficacy.

**ACTION 6:** [REDACTED] to summarize [REDACTED]'s email about therapist data for use in the analysis. [REDACTED] to forward this summary to [REDACTED] for [REDACTED] agreement that this summarizes the agreement of the TMG.

**ACTION 7:** [REDACTED] to forward this summary to the treatment leaders to take to therapists to learn their views.

**ACTION 8:** [REDACTED] to modify the forthcoming MREC amendment to the decisions made today regarding a separate MREC submission for analysing data on therapists variables against trial outcomes.

#### **10. Coding of adverse events**

A new coding of adverse events for the database has been introduced to all centres. Adverse events are coded by body system and double checked by PIs/CLs on a monthly basis. This will be formally established when new trial data management arrangements are in place following [REDACTED]'s departure.

#### **11. Ancillary studies**

**a) 2 year follow up (item #3)**

This will be sent to MREC for approval on Thursday.

**b) [REDACTED] supervision study (item #4)**

The TMG welcomed the full report and the proposed paper, and congratulated [REDACTED] on the work. The point was raised this should be copied to [REDACTED].

**ACTION 9:** [REDACTED] to send the supervision report/paper to [REDACTED] [REDACTED] for comment/review.

**ACTION 10:** [REDACTED] to send [REDACTED] new email address.

**ACTION 11:** Once the next draft is complete, [REDACTED] to send the draft to PIs. After this it will be sent to the TSC for their review and permission to publish. It is possible that the Chair of the TSC may take Chair's action over this to prevent delay to submission.

**c) King's study**

**ACTION 12:** [REDACTED] will write to [REDACTED] on behalf of the TMG enquiring after the progress of this study.



**d) Edinburgh study**

There is no available funding at this time for this study.

**ACTION 13: [REDACTED] to prepare documentation for a short protocol and consent for therapists.**

**e) SNP study**

The FINE trial are interested in joining data with PACE to join in the SNP study.

**ACTION 14: [REDACTED] will be meeting with [REDACTED] in February to discuss the SNP study further.**

**12. Vitamin D deficiency (item #5)**

This will be discussed at a later date.

**ACTION 15: [REDACTED] to add vitamin D deficiency to the next TMG agenda.**

**13. Data protection & Freedom of Information**

The TMG were confident that the current system is good and that the risk of DAR recordings being lost are low. However the study is controversial and and it would be disastrous if a recording was lost and then published without permission of the participant and clinician.

Risk assessment questions

What could go wrong?

What is the probability of it going wrong?

What would the impact be?

How would you answer those that would be most vociferous in criticizing such an event?

Can it be prevented?

The TMG agreed that, although the risk was very small, the consequence were sufficiently dire, that it agreed to tighten its procedure for circulating DAR recordings so that, from today, all recordings would be encrypted and sent by registered post.

**ACTION 16: [REDACTED] will alter the SOP and inform all staff that encrypting recordings is now mandatory and circulate this to all therapists, SSMC doctors, centre leaders and treatment leaders in the trial.**

**ACTION 17: [REDACTED] to ask MRC if [REDACTED] may send Fol summary presentation information to [REDACTED].**

**14. A review of the Chicago trial of Jason et al (item #6)**



Members of the TMG have reviewed this recently published RCT. The review will be sent to the DMEC and TSC for their information. This has not challenged PACE continuing.

The TMG discussed whether Lenny Jason should be approached for a copy of the data set to see if this would be useful for PACE analysis in the context of DMEC reports for future.

**ACTION 18: [REDACTED] to send the TMG review of the Lenny Jason paper to the DMEC and TSC for their information.**

**ACTION 19: [REDACTED] will write to Lenny Jason to ask if a copy of the data set might be obtained if no further publications are planned.**

### **15. Specific centre issues**

#### King's

Mary has reviewed the current rotation SSMC doctor's recordings. These are generally good with a few additional training issues required. The SSMC doctors will be encouraged to attend [REDACTED] clinic for training.

[REDACTED] is kindly covering the Royal Free for CBT.

The TMG would like to thank all staff who have provided cover for colleagues within and at other centres.

**ACTION 20: [REDACTED] to write to the TSC about staff cover achievements as part of the papers for the next meeting.**

#### Edinburgh

No issues to report

#### Bristol

No issues to report.

#### Oxford

[REDACTED] has left but CBT is being kindly covered two days a week by [REDACTED] from Edinburgh. [REDACTED] has expressed an interest in working on a sub study for PACE.

For staff that would like to lead on their own research projects using PACE data, staff should prepare a brief outline of the research question they would like to address and consider making preparations to begin research (i.e. write a literature review), once the TMG have approved the study in principle (see protocol for additional PACE studies). Baseline data should be available in January 2009. It was noted that there would need to be data cleaning and



lock on the baseline data before this was released to anyone for use in sub-studies. Although it may be possible to publish baseline data studies with approval of the TMG and TSC, no subsidiary reports containing outcome data can be published until after the main trial paper has been published.

**ACTION 21: [REDACTED] will re-circulate the ancillary studies TMG protocol to the TMG.**

#### Bart's

[REDACTED] is leaving PACE.

[REDACTED] has kindly offered to cover the [REDACTED] role for the trial as an interim solution. [REDACTED] is able only to provide limited cover for trial [REDACTED] within [REDACTED] existing hours. Since the last TMG [REDACTED] has reconsidered the viability of doing this job remotely and has [REDACTED] in the [REDACTED] making cover still possible but even more limited.

[REDACTED] is leaving Bart's. [REDACTED] is covering for the time being.

[REDACTED] is the new GET therapist at Bart's covering [REDACTED] sabbatical.

[REDACTED] is covering both Bart's CBT posts.

#### Royal Free

[REDACTED] is leaving the Royal Free and another APT therapist already employed in the RF CFS service has been recruited to PACE.

[REDACTED] has been recruited as the new GET therapist for the RF. [REDACTED] was previously employed to PACE for [REDACTED].

The Royal Free have now recruited a data manager, who is due to start in January.

## **16. Therapy/treatment arm issues**

#### Cross cover and new training issues

The TMG noted that some therapists were keen to learn and achieve competence in another therapy, as part of developing their skills both within the PACE trial and in regard to their future careers.

**ACTION 22: [REDACTED] to write to all PIs/CLs and ask what potential new staff training and cross cover training needs and interests exist and collate this information for the PIs and TLs.**

It was noted that a balance needs to be struck between enthusiasm of therapy staff and availability of treatment leaders' time.



### **17. Update on RN/A and DM training days and issues raised**

A successful two day meeting was held at Bart's in October led by [REDACTED], [REDACTED] and [REDACTED]. It was agreed that this was a very useful day and this will be repeated on a regular basis.

**ACTION 23: PIs/CLs to check that research staff have sought Caldicott Guardian/Data Protection officer for a database linking PINs with names and addresses to facilitate mail outs including the 30 month year research booklets.**

**ACTION 24: [REDACTED] to inform all research staff that centre minutes do still need to be sent to [REDACTED] on a monthly basis but that these will be forwarded to the three PIs only.**

**ACTION 25: [REDACTED] to inform RNs/DMs that the TMG supports regular peer days and that the research team can lead on arranging these themselves.**

### **18. Availability of SSMC sessions within one month of randomisation**

The TMG understood that not all participants are being seen within one month of randomisation. This is a protocol violation and all were reminded that this is to be avoided wherever possible. It was noted that resource issues can make this difficult at some centres.

Similarly, it was noted that not all centres have resources to offer a further doctor's appointment after 52 weeks. All agreed it was important to try to organise these for accurate CGI data. If CGI data is recorded before 52 weeks, doctors are asked to re-check the data after 52 weeks and review for any changes. Discussion of further treatment should also take place after 52 weeks.

### **19. Confirmed dates and venues for TMG meetings in 2008:**

- a) Wednesday 13<sup>th</sup> February 2008, [REDACTED]
- b) Thursday 8<sup>th</sup> May 2008, [REDACTED]
- c) Wednesday 17<sup>th</sup> September 2008, [REDACTED]
- d) Thursday 4<sup>th</sup> December 2008, [REDACTED]

20. It was noted that the DMEC will meet at 1.15pm (lunch) followed by a 1.45pm start on Tuesday 4<sup>th</sup> March at [REDACTED]

21. It was noted that the TSC will meet at 1pm (lunch) followed by a 1.30pm start on Wednesday 9<sup>th</sup> April at [REDACTED]





## Summary of Action Points

### PIs/CLs

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