Title

|  |  |
| --- | --- |
| **Study Title** |  |
| **Chief investigator** |  |
| **Trial Sponsor** | **Papworth Hospital NHS Foundation Trust**Research & Development Unit, Papworth Hospital, Cambridge CB23 3RETel: 01480 364143 Fax: 01480 364550  |
| **Trial Funder** |  |
| **Co-investigators** | Name | Site |
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|  |  |
| **Study location** | Multicentre |  |

# Protocol Version Control Table

# Study Synopsis

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| --- | --- |
| **Title** |  |
| **Sponsor** | Papworth Hospital NHS Foundation Trust |
| **Medical condition** |  |
| **Purpose** |   |
| **Primary objective** |  |
| **Secondary objectives** |  |
| **Trial design** | Multi-centre, open-label, randomised controlled trial |
| **Study Endpoints** |  |
| **Sample size** |  |
| **Eligibility criteria** | ***Inclusion Criteria:******Exclusion Criteria:*** |
| **Screening and Enrolment** |  |
| **Baseline & Randomisation** |  |
| **Interventions** |  |
| **Follow up** |  |
| **End of Study** |  |
| **Procedures for safe monitoring** |  |
| **Criteria for modifying or discontinuing allocated intervention** |  |

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# Introduction

## Background

## Rationale

## Expected Output of Research/Impact

# Trial Objectives

## Primary Objective

## Secondary Objectives

## Study End Points (*with details of how they will be measured*)

### Primary Endpoint

### Secondary Endpoints

# Trial Design

## Statement of design

E.G This is a multi-centre, open-label, randomised controlled ……

## Study Setting

## Sample Size (including how calculated, with refs)

# Participant Recruitment, Randomisation and Follow up

## Study Population and eligibility

***Inclusion Criteria:***

***Exclusion Criteria:***

## Participant identification and informed consent procedure

## Randomisation

**Randomisation process**

**Randomisation issues (*if appropriate, e.g. delays/cancelled surgery)***

## interventions

***Describe both arms in detail – note similarities and differences***

**Criteria for modifying or discontinuing allocated intervention**

## Participant follow up

Describe patient follow up here and then complete table below (Table 1).

**Table 1 Schedule of Events**

*(CJF: I have left an old version for information – so you can edit as needed)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specific Activity**  | **Undertaken by**  | **Screening** | **BaselineRando-misation** | **Intervention** **(0-3 weeks post randomisation)** | **6 weeks**+/-**1 week**  | **3 month****+/-1 week** | **6 months****+/-1 weeks** | **12 months****+/-1 weeks** |
| Identify potential participant |  Local MDT | **X** |  |  |  |  |  |  |
| Eligibility check (exclusions)  |  Local MDT | **X** |  |  |  |  |  |  |
| Approach potential participant to discuss study |  Local PI | **X** |  |  |  |  |  |  |
| Take informed consent |  Local PI |  | **X** |  |  |  |  |  |
| Baseline clinical data collection, including inclusion and exclusion criteria | Local Research Nurse |  | **X** |  |  |  |  |  |
| Randomisation (web or telephone) | Local Research Nurse |  | **X** |  |  |  |  |  |
| VATS-PD or IPC | Appropriate clinician identified by local PI |  |  | **X** |  |  |  |  |
| VAS Scores for dyspnoea and chest pain | Patient daily for 6 weeks then weekly until 12 months |  | **X** | **X** | **X** | **X** | **X** | **X** |
| EQ-5D & EORTC QLQ-C30 | Patient B/L, intervention day, 6 weeks, 3, 6, 12 months  |  | **X** | **X** | **X** | **X** | **X** | **X** |
| Review/reporting of patient AEs/SAEs | Local Research Nurse |  | **X** | **X** | **X** | **X** | **X** | **X** |
| Qualitative interviews | Local Research Nurse |  |  |  | **X** |  |  |  |
| Clinical Follow up data | Local Research Nurse |  |  |  | **X** | **X** | **X** | **X** |
| Health Service and Resource use data | Local Research Nurse |  |  | **X** | **X** | **X** | **X** | **X** |

# Data Handling and Record keeping

The trial will be conducted according to the Good Clinical Practice and Standard Operating Procedures of Papworth Trials Unit Collaborative (PTUC) to ensure the monitoring and safety of trial participants and data validity.

## Data collection, management and analysis

To be agreed with Jo Steele – Data Manager, as per costs agreed with Vikki Hughes

## Screening and recruitment

## Baseline and clinical follow up data

**Baseline data** will be collected: *Describe here*

**Follow up Data** will be collected: *Describe here*

## Quality of Life

## Recording and management of Adverse Events

Need to decide on these issues

All Serious Adverse Events (SAE) occurring between randomisation and the end of follow-up will be recorded in the patient’s hospital record and submitted, within 24 hours of the site becoming aware, to Papworth Trials Unit Collaboration using an SAE form.

All recorded SAEs will be reported to the Sponsor and the Data Monitoring Committee (DMC). If an SAE occurs that is considered to be both unexpected and related to the study protocol (SUSAR), it will be reported within 24 hours of recognition.

Non-serious Adverse Events will be not be recorded or reported for the XXXXX trial, unless they form part of the clinical event dataset.

The Sponsor will report any SUSARs to the Research Ethics Committee within 15 days of their knowledge of the event and local PIs will be notified.

Details of Expected Adverse Events are listed in Appendix 2.

## Resource Use Data

## Data Monitoring plans

# Statistics

Statistical analysis will be carried out by ???

**Primary analysis**

**Secondary analyses**.

# *Health Economics*

*Delete if not appropriate*

# Project Management

## Research Management and governance

The Senior R&D Manager based at Papworth Trials Unit Collaboration (PTUC) will oversee the study.

The Trial Manager(s) will co-ordinate all trial-related activities across the participating sites, monitor progress against the project milestones and manage the finances.

Statistics and data management activities will be carried out by XXXXXXXXXXX in collaboration with PTUC.

## Study Registration

The study will be registered with an International Standard Randomised Controlled Trial Number (ISRCTN) and/or with ClinicalTrials.gov.

## Trial Management Group (TMG)

A TMG responsible for day-to-day running of the study will meet at least every 3 months by teleconference to discuss recruitment, safety, data management and local site issues.

The TMG will comprise the Chief Investigator, co-applicants, the trial manager, statistician, data manager and representatives from each site.

## Data Monitoring Committee (DMC)

Annual DMC meetings will review progress against the agreed milestones, recruitment and safety. The committee will consist of experienced, independent personnel.

The DMC will meet after the first 15 patients are randomised to review the data for safety. Meetings will be held as necessary should urgent issues arise.

The DMC will develop a charter that describes the framework within which it will operate. The independent members will comprise a statistician (Chair), a surgeon, an oncologist and a respiratory physician.

## CRN Eastern (if study is on portfolio)

Our primary linkage will be with Division 1 of the Eastern Clinical Research Network (CRN).

# Ethical & Research Governance approvals UK sites

# (need to add plan/statement for non-uk sites if any)

## Initial REC and HRA Approval

The protocol and all patient-facing documentation will be submitted to a Research Ethics Committee (REC) and for Health Research Authority (HRA) approval prior to study commencement. HRA Approval is the process for the NHS in England that brings together the assessment of governance and legal compliance with the independent REC opinion provided through the UK research ethics service.

## Site Capability and Capacity

HRA approval replaces the need for local checks of legal compliance and related matters by each participating organisation in England. This allows participating organisations to focus their resources on assessing, arranging and confirming their capacity and capability to deliver the study. The Trial manager will work with the Sponsor to assist local sites with study set up in line with the HRA approval process.

## Protocol amendments

Substantial amendments to the protocol and any patient-facing documentation will be submitted to a Research Ethics Committee (REC) and Health Research Authority for approval prior to implementation.

Amendments may only be implemented after a copy of the HRA approval letter has been obtained and local R&D departments have confirmed capacity to accommodate the amendment at that site.

Amendments intended to eliminate an immediate hazard to subjects may be implemented prior to receiving REC approval. However, in this case, approval must be obtained as soon as possible after implementation.

# Insurance

UK Centres will be covered by NHS indemnity for negligent harm providing researchers hold a contract of employment with the NHS, including honorary contracts held by academic staff.

# Publication Policy

The findings of this research will be disseminated in a variety of ways …..*describe plan*

# References

# Appendix 2: Definitions of Adverse Events

## Adverse Event (AE)

Any untoward medical occurrence or effect in a patient treated on a trial protocol, which does not necessarily have a causal relationship with this treatment.

## Serious Adverse Event

An adverse event that:

* Results in death
* Is life threatening
* Requires admission to hospital or prolongation of hospitalisation
* Results in persistent or significant disability/incapacity
* Is otherwise medically significant
* Return to theatre or ITU

## Expected morbidity

### Expected morbidity following XXXX intervention can include:

* List any expected adverse events related to the intervention
* List expected adverse events related to surgery/patient condition

As with all major surgery there is also a risk of death. The risk of in-hospital death with for the XXXXX trial is expected to be xx%

All in hospital deaths will be reviewed by the Data Monitoring Committee.