TRIALS WITHIN COHORTS

"Staged-and-Tailored" Informed Consent Symposium

Wednesday 13th September 2023

10am-4pm GMT, 11am-5pm CEST, 5am-11am EST

Online

Sharing and exploring what is known about the use, acceptability, and efficiency of staged-and-tailored approaches to informed consent.

Scientific Organising Committee

UK: Dr Julia Wade, Professor Julius Sim, Beverley Nickolls, Dr Indrani Manoharan, Dr Clare Relton

Switzerland: Dr Alain Amstutz

The Netherlands: Dr Roxanne Gal, Dr Lois Daamen

USA: Dr Andrew Vickers

How do we talk to people about taking part in research?

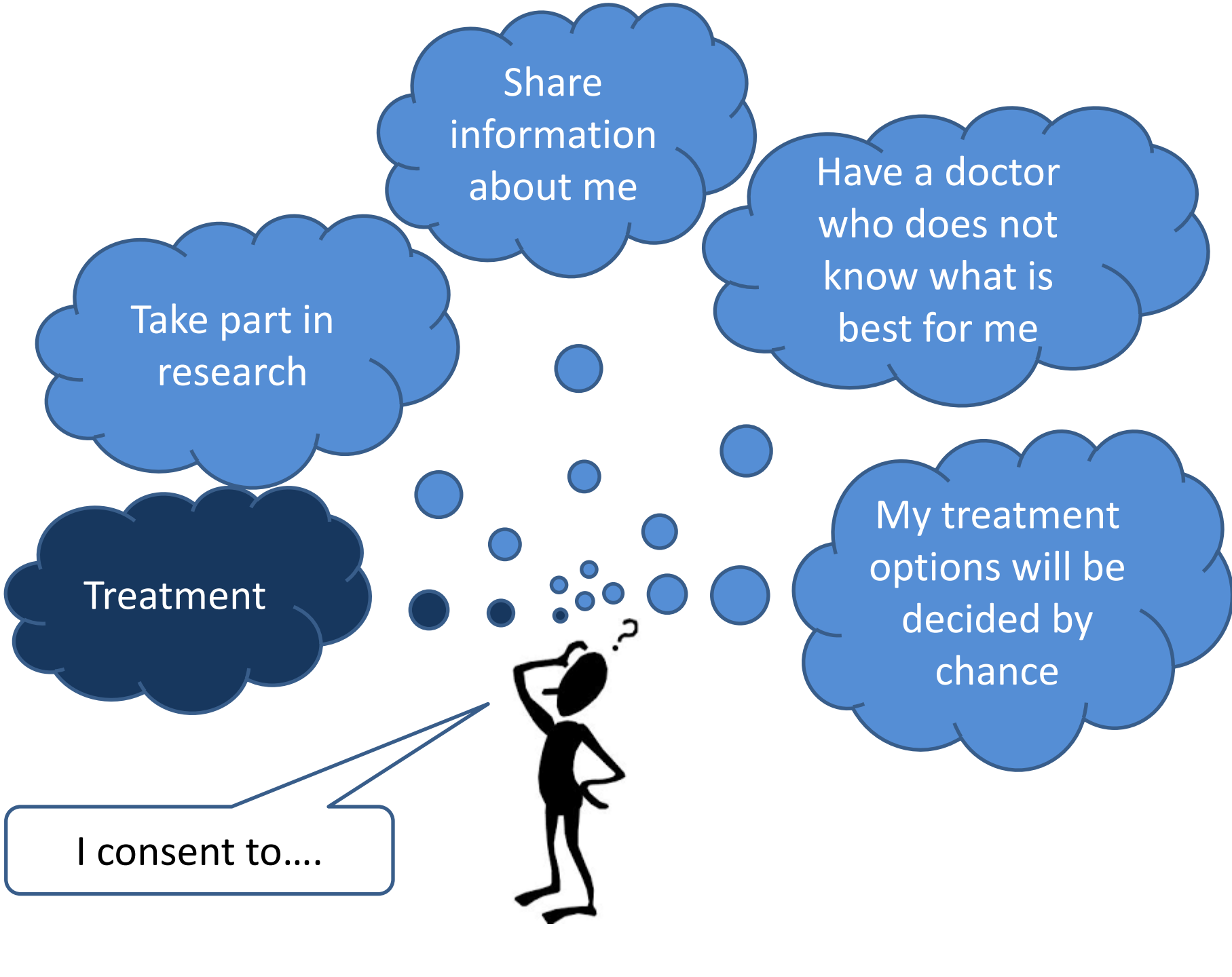
How do we ethically minimize participant (cognitive & emotional) burden and efficiently produce realtime results of use to trial stakeholders?

What are the best approaches to optimise the informed consent process to improve recruitment of members of the public to randomised trials?

James Lind Alliance

Priority Setting Partnerships

Recruitment in Randomised Trials Top Priorities (priority setting in association with the JLA)


Share information about me
Have a doctor who does not know what is best for me
Take part in research
Treatment
My treatment options will be decided by chance
I consent to….

Informed consent

Research purpose & steps involved

Process of randomisation

Risks & benefits of taking part

Right to withdraw at any time

✓ Freely given

✓ Specific

✓ Informed

✓ Unambiguous

Confusion

Influence of context often ignored

Improving IC processes

Content of information (length, readability….)

Mode of delivery (paper, multimedia etc)

CONSORT Guidelines

"Describe whether and how consent was obtained"

CONSORT ROUTINE: Kwakkenbos 2021

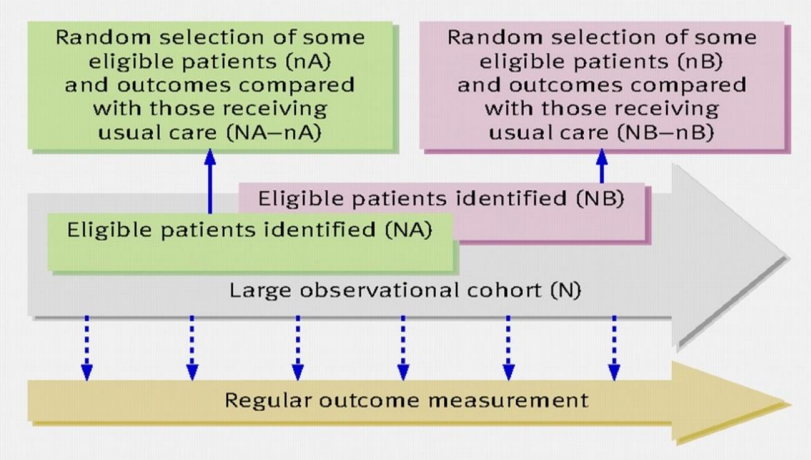
Core Outcome Sets for evaluating interventions to improve IC in clinical trials

ELICIT Study; Gillies et al 2021

Innovative Trial Designs

- TwiCs/ Cohort Multiple RCT - Patient-centred IC (Relton 2010)
- Staged-informed Consent in the Cohort Multiple RCT Design (Young-Afat 2016)
- Staged & Tailored IC approach (Nickolls & Relton)

Trials within Cohorts (TwiCs)



Cohort (new or existing) provide observational data from outset

For each trial

Intervention group

"You <u>have been</u> randomly selected intervention"

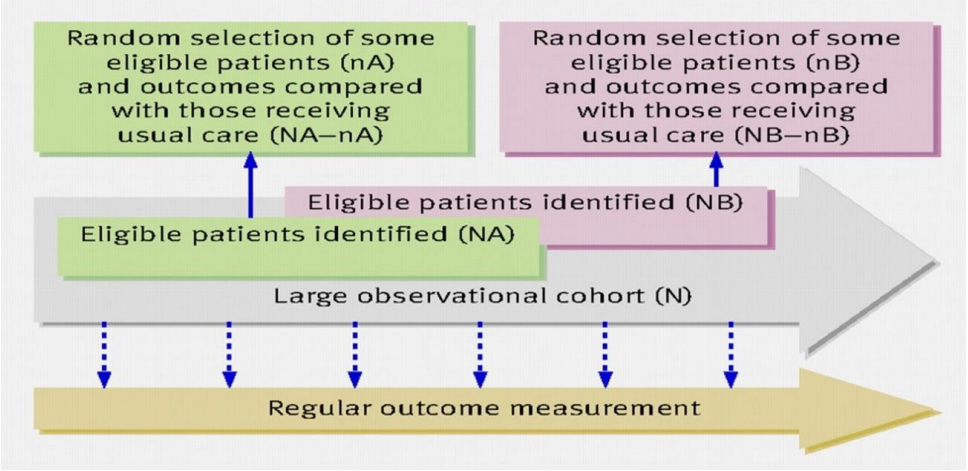
Control (usual care) group

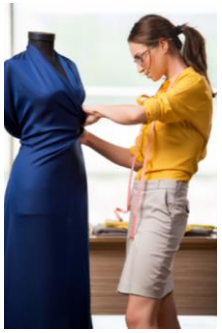
No recontact

TwiCs

"Patient centred IC"

"Replicate procedures that exist in routine health care, where patients receive information they need, at the time they need it."





Staged & Tailored Approach

Tailoring informed consent process to the needs of each group/patient

at each stage

“chunking it down”

Observing vs experimenting

Unavailable treatments

randomisation

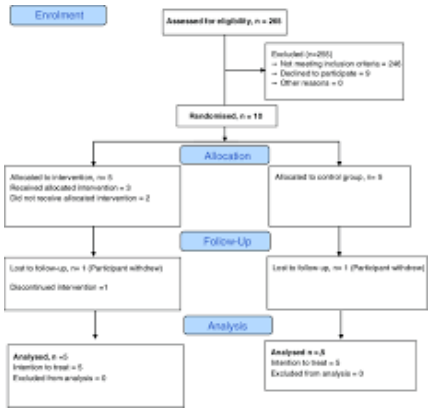
staged and tailored

Discussing IC

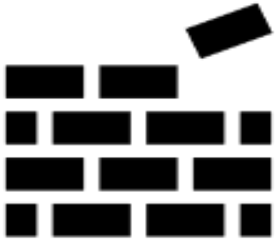
- Terminology
- Trial reports/ flow diagrams – lack detail

Pragmatic vs explanatory trials, Cohort multiple RCT design, Cohort embedded RCT design, Trials within Cohorts (TwiCs), Staged consent RCT design, Randomised consent design, Zelen design (single and double), Platform trials, Randomised registry trials, Comprehensive cohort trials, Standard of care (SOC), Treatment as usual (TAU)…..

Fully informed consent
Patient-centred consent
Tailored disclosure
Proportionate consent
Randomisation without consent
Broad consent
Pre randomisation broad consent
Just in time consent
Two stage consent
Delayed consent
Tiered-layered staged consent……



- Difficult to discuss

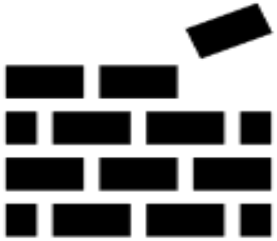


The Informed Consent Decisions & Choices (ICDC) Tool

- Mapping decisions and choices for participants and trial designers at every stage

Relton & Amstutz

Who gives Information	**What**
HCP	RQ & rationale
HC organisation - GP practice, hospital	Data collection/ use of data
Research organisation	Random selection to group
Trained non-HCP	Intervention
Government	Control (no exp intervention)
Media	Tests, Blood samples etc
Who gives Consent	**How**
Patient	F2F
Member of the public	Verbal
Research participant	Written
Group e.g. cluster guardian	Electronic: Written + signature/ thumbprint
Proxy - parent, carer	Phone
	Video
When	
Entry into system/ institution	**Where**
At risk of disease	Clinical setting
Disease onset/ diagnosis	Emergency treatment
Treatment onset	Non healthcare setting
Treatment failure	Other
Before randomisation	
After randomisation	
Before baseline data collection	
After baseline data collection	



EXAMPLE

Standard approach to informed consent

One single stage

STANDARD APPROACH

WHAT	WHEN	WHO
1. Contact by research team	Before	baseline data collection
2. Use of routinely collected and/or observational data	Before	random allocation
3. Provide additional data	Before	experimental tx delivery
4. Additional tests		
5. Receive experimental treatment		
6. Random allocation		

Target population

Everything to Everyone Up Front (EEUF)

EXAMPLE 

Staged & tailored approach to informed consent - Hospital setting

STAGE 1 of 2

WHAT	WHEN		WHO (Tailored)
1. Contact	Before	baseline data collection	Pancreatic cancer patients at Dutch cancer centres
2. Use of routinely collected and/or observational data	Before	random allocation	
3. Provide additional data	Before	experimental treatment delivery	
6. Future randomisation			
7. SOC w/o further notice (control group only)			

Cohort: The Dutch Pancreatic Cancer Project (PACAP)

Daamen et al

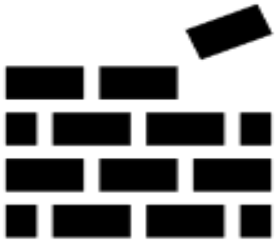
STAGE 2 of 2

WHAT	WHEN			WHO (Tailored)
1. Contact	Before	After	baseline data collection	Pancreatic cancer patients at Dutch cancer centres
2. Use of routinely collected and/or observational data	Before	After	random allocation	Already consented to 1
3. Provide additional data	Before		experimental treatment delivery	Already consented to 2
5. Receive experimental treatment				Already consented to 3
6. Future randomisation				Already consented to 6
7. SOC w/o further notice (control group only)				Already consented to 7

Cohort: The Dutch Pancreatic Cancer Project (PACAP)

RCT: Recurrent Disease Detection After Resection of Pancreatic Adenocarcinoma Using a Standardized Surveillance Strategy

Daamen et al



EXAMPLE

Staged & tailored approach to informed consent - Community setting

STAGE 1 of 3

WHAT	WHEN		WHO (Tailored)
1. Contact	Before	baseline data collection	General/HC system members
2. Use of routinely collected and/or observational data	Before	random allocation	
	Before	experimental treatment delivery	

8. Other: information *'to look at the benefit of health treatments'*

Cohort recruitment: South Yorkshire Cohort (Yorkshire Health Study)

STAGE 2 of 3

WHAT	WHEN		WHO (Tailored)
1. Contact	Before	baseline data collection	General/HC system members
2. Use of routinely collected and/or observational data	Before	random allocation	People with depression/anxiety
	Before	experimental treatment delivery	Already consented to 1
			Already consented to 2

8. Other: information 'to look at the benefit of health treatments'

Cohort recruitment: South Yorkshire Cohort (Yorkshire Health Study)

Sub-Cohort recruitment: South Yorkshire Cohort (Yorkshire Health Study)

STAGE 3 of 3

WHAT	WHEN			WHO (Tailored)
1. Contact	Before	After	baseline data collection	General/HC system members
2. Use of routinely collected and/or observational data	Before	After	random allocation	People with depression/anxiety
5. Receive experimental tx	Before		experimental tx delivery (intervention)	Already consented to 1 Already consented to 2 Already consented to 8

8. Other: information 'to look at the benefit of health treatments'

Cohort recruitment: South Yorkshire Cohort (Yorkshire Health Study)

Sub-Cohort recruitment: South Yorkshire Cohort (Yorkshire Health Study)

RCT: DEPSY 1st RCT within the South Yorkshire Health Study Cohort

1000	**Overview and Introduction to Staged & Tailored Informed Consent (Relton)**
REAL WORLD EXAMPLES	
1015	**A. Reviews of published studies**
1035	**B. Hospital settings**
1035	**KEYNOTE TALK - *Netherlands (Lenny Verkooijen)***
1145	**C. Community & criminal justice settings**
1235	**L U N C H B R E A K** (30 mins)
1305	**USA** - example
1315	**Breakout session I -** *What did we learn? What questions do we have?*
1335	**THINKING**
1335	**KEYNOTE TALKS - *USA & UK (Scott Kim & Julius Sim)***
1500	**Breakout session II** - *What did we learn? What questions do we have?*
1515	**PANEL DISCUSSION**
1600	Close