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24 July 2009

Dr Kate Pointon
Chairman
Nottingham Research Ethics Committee 1
1 Standard Court, Park Row
Nottingham
NG1 6GN

Dear Kate,

Re:**Prevention of Decline in Cognition After Stroke Trial (PODCAST): A factorial randomised controlled trial of blood pressure and lipid lowering.**
REC reference number: 09/H0403/71

I would be grateful if you and the Committee would consider the attached document relating to the PODCAST trial.

PODCAST addresses an increasingly important problem, namely the prevention of cognitive decline and dementia in patients with a recent stroke. The trial builds on existing scientific evidence that suggests, lowering blood pressure and probably lowering cholesterol reduces cognitive dysfunction. Because most patients with a recent stroke need active blood pressure lowering and/or cholesterol lowering, it would be unethical to compare active versus control (no treatment). As a result we will perform an intensity trial where all patients receive active management.

Using a partial factorial design all patients will be randomised to receive intensive versus guidelines blood pressure lowering, and those with a recent ischaemic stroke (not haemorrhagic) stroke will also be randomised to intensive versus guidelines cholesterol lowering. Guideline management will be performed according to NICE guidance, and as per routine practice. Patients randomised to intensive blood pressure lowering and/or intensive cholesterol lowering will receive active management in their local hospital/stroke research clinic.

As cognitive decline and dementia can take several years to develop, multiple follow-ups in the hospital/research clinic will be required to assess cognitive performance. An informant (someone close to the patient, e.g. partner, child, sibling, close friend) will also be recruited since it is vital that follow up is performed even if patients develop dementia – this practice is increasingly standard in dementia trials.

It is important to note that this is a management strategy trial, i.e. comparing intensive versus guideline management and is not specifically a drug treatment trial. As such, we have confirmed with the MHRA that PODCAST does not need MHRA approval.

Local investigators (who may be on a comprehensive Local Research Network programmed activity) and NIHR Stroke Research Network nurses based at hospital will manage these patients randomised to one or both intensive groups. Since guideline based therapy will in essence, be based on current community practice, the trial should impinge only in a minor way on General Practitioners.

We believe this trial addresses a critically important problem, namely the prevention of post stroke dementia and cognitive decline. The need for some form of treatment in patients and the long time over which dementia may develop means the study may be challenging to perform.

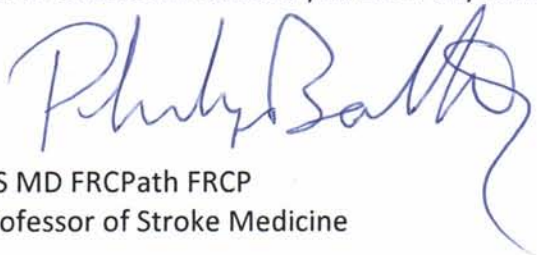
We urge the Committee to support the study but would be very happy to address their comments and suggested improvements to the design

Enclosures:

1. REC application form
2. 6 copies -Research Protocol version 1.0 July 24, 2009
3. Curriculum Vitae
4. Participant Information Sheet version 1.0 July 24, 2009
5. Relative Information Sheet version 1.0 July 24, 2009
6. GP information sheet version 1.0 July 24, 2009
7. Participant Consent Form version 1.0 July 24, 2009
8. Relative Consent Form version 1.0 July 24, 2009
9. Screening Consent Form version 1.0 July 24, 2009
10. Letter from funder- The Stroke Association UK
11. Letter from funder- The Alzheimer's Society UK
12. Letter from Sponsor-University of Nottingham
13. Statement of Indemnity Arrangements

Please do not hesitate to contact me should you need any further information.

Yours sincerely,



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