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23 SEP 2009

National Research Ethics Service

Nottingham Research Ethics Committee 1
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Nottingham
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Telephone: 0115 8839368
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21 September 2009

Professor Philip Bath
Professor of Stroke Medicine
Division of Stroke Medicine
CSB, City Hospital
Nottingham
NG5 1PB

Dear Professor Bath,

Study Title: **Prevention Of Decline in Cognition After Stroke Trial (PODCAST): A factorial randomised controlled trial of intensity versus guideline lowering of blood pressure and lipids.**

REC reference number: **09/H0403/71**

Protocol number: **1.0**

The Research Ethics Committee reviewed the above application at the meeting held on 08 September 2009. Thank you for attending with Dr Sandeep Ankolekar to discuss the study.

Documents reviewed

The documents reviewed at the meeting were:

Document	*Version*	*Date*
Protocol	1.0	24 July 2009
Investigator CV		
REC application	18461/51865/1/950	24 July 2009
Participant Information Sheet: Relative (if participant loses capacity to maintain consent)	1.0	24 July 2009
Participant Information Sheet	1.0	24 July 2009
GP/Consultant Information Sheets	1.0	24 July 2009
Evidence of Insurance		05 August 2008
Letter from Sponsor		24 July 2009
Participant Consent Form: Screening	1.0	24 July 2009
Participant Consent Form: Relative (if participant loses capacity to maintain consent)	1.0	24 July 2009
Participant Consent Form	1.0	24 July 2009
Letter from Funder: The Alzheimer's Society		05 February 2008
Letter from Funder: The Stroke Association		29 January 2009

Provisional opinion

Discussion / Clarification:

- You clarified that the upper limit of blood pressure will be 170 systolic; the lower limit will be 120.
- You explained that participants will be recruited from both stroke clinics and wards; most of them will be inpatients. You are confident that you will manage to secure 75-80% of patients that have suffered an ischaemic stroke in Nottingham.
- You underlined the fact that the study is driven by its inclusion / exclusion criteria so it is unlikely that participants will overlap and have both high blood pressure and cholesterol levels.
- You confirmed that the guideline group will be driven by standard practice; the participants' GP will decide whether they receive treatment or not.
- The Committee asked whether you felt that three years would be long enough to obtain the necessary data from 600 patients; you responded that these first three years simply amount to the start up / feasibility phase of the study. Your team are attempting to establish whether the study is even achievable as opposed to finding out if it is possible to reduce cognitive decline. The questions under scrutiny in this feasibility phase are: can the study actually been done: can participants be recruited; can cognition be measured? The main phase of the study would begin after these initial three years therefore participants could be enrolled for up to seven to eight years.
- You confirmed that the method of assessing participants' cognition is evidence based; you will be utilising questionnaires followed by telephone assessments.
- The Committee enquired as to what would happen about the telephone assessment if the participant was hard of hearing; you stressed that it is important to include the telephone assessment so that there is a central, blinded component to the assessments. A relative / friend of the participant will be involved at the clinic and on the telephone so that an attempt can be made to address any complications / anxiety participants might experience with their assessment.
- You confirmed that a minority of participants may find some of the questions asked (both at the clinic and over the telephone) distressing but underlined that the interviewer will be trained in how to deal with the situation as and when necessary.
- The Committee indicated that they will require copies of the questionnaires mentioned in the documentation; you agreed that these will be submitted and pointed out that these have been validated for use with deaf participants.
- You clarified that the genetic sub study will only be carried out at a sub-set of hospitals.
- You confirmed that if participants do not have the capacity to consent at the beginning of the study then they will not be eligible to take part.

- The Committee enquired whether or not the funding has been found for the participants' additional brain scans; you confirmed that this has not yet been secured but will only be necessary in two to three years time.

- The Committee informed you that procedure should be expanded on in the PIS, eg. what will happen to tissue samples, where they will be stored, will they be sold to other companies etc.

- The Committee queried the fact that participants will be referred back to standard care after three years; what if they had experienced cognitive decline? You reassured the Committee that you will not be testing for cognitive decline at three years; the first feasibility phase is simply to see if the data can be collected.

- The Committee queried whether the PIS had been trialled with a service user group; you confirmed that it had not but has been reviewed by the Alzheimer's Society group. The Committee mentioned that they were concerned about the length of the PIS and suggested that you rewrite it, splitting it into two parts, one of which giving a summary of the information and the other providing further explanation of this.

- You agreed that participants may not be aware that up to 30% of stroke patients go on to develop dementia and it may come as a shock to them. You will attempt to attenuate the shock through a two part assessment: firstly, consent will be sought in hospital during the initial three to seven month period after stroke and provide further explanation of the study. Secondly participants will have a simple phone screening to test cognition; only upon passing this will they be invited to follow up at the clinic and formally entered into the study. You agreed to re-look at the tone of the language used and where possible make this less frightening.

- The Committee drew attention to the fact that no peer reviews had been submitted; you agreed to submit these.

- You agreed to submit an in date insurance certificate; this was simply an administrative oversight.

The Committee would be content to give a favourable ethical opinion of the research, subject to receiving a complete response to the request for further information set out below.

The Committee delegated authority to confirm its final opinion on the application to the Vice-Chair.

Further information or clarification required

1. The Committee request the following modifications to the Participant Information Sheet (PIS):-

   - The document should be rewritten and split into two parts: firstly a summary of the study followed by a second part providing a more detailed explanation

   - Information about exactly what will happen to tissue samples should be included eg. what will happen to tissue samples, where they will be stored, will they be sold to other companies etc.

2. A copy of any peer reviews should be submitted to the Committee.

3. Copies of all questionnaires / surveys to be used should be submitted to the Committee.

When submitting your response to the Committee, please send revised documentation where appropriate underlining or otherwise highlighting the changes you have made and giving revised version numbers and dates.

The Committee will confirm the final ethical opinion within a maximum of 60 days from the date of initial receipt of the application, excluding the time taken by you to respond fully to the above points. A response should be submitted by no later than 19 January 2010.

Membership of the Committee

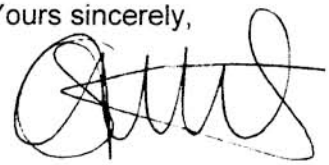
The members of the Committee who were present at the meeting are listed on the attached sheet.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

09/H0403/71	**Please quote this number on all correspondence**

Yours sincerely,



PP **Mr Robert Johnson**
Vice-Chair

Email: susie.cornick-willis@nottspct.nhs.uk

Enclosures: *List of names and professions of members who were present at the meeting and those who submitted written comments.*

Copy to: *Mr Paul Cartledge - University of Nottingham*
R&D Department for NHS care organisation at lead site - NUH (via email)
Mr Walter Hunter - Coordinator, Scotland A REC

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Attendance at Committee meeting on 08 September 2009

Committee Members:

Name	*Profession*	*Present*	*Notes*
Mr Alastair Allen	Lay Member	No	
Dr W P Bouman	Consultant Psychiatrist	No	
Professor Cris S Constantinescu	Consultant Neurologist	No	
Ms H Crow	Research Midwife	Yes	
Mr Robert Johnson	Research Co-ordinator	Yes	
Rev Keith Lackenby	Lay member	Yes	
Mr J Merrills	Barrister / Pharmacist	No	
Mr Robert Oldroyd	Lay member	Yes	
Dr N Philips	General Practitioner	No	
Miss Jayne Platts	Research Midwife	Yes	
Dr K Pointon	Consultant Radiologist	No	
Mr Ian Thompson	Lay member	Yes	
Ms Margaret Vince	Lay Memebr	Yes	
Mrs Shirley E White	Lay member	Yes	

Also in attendance:

Name	*Position (or reason for attending)*
Miss Susie Cornick-Willis	Administrative Officer

Written comments received from:

Name	*Position*
Mr Alastair Allen	Lay Member
Dr W P Bouman	Consultant Psychiatrist