Scotland A Research Ethics Committee

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NHS SCOTLAND

Professor Philip Bath
The Stroke Association Professor of Stroke Medicine
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Date: 28 September 2009
Your Ref.:
Our Ref.: 09/MRE00/65

Enquiries to: Walter Hunter
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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: **09/MRE00/65**

The Scotland A Research Ethics Committee reviewed the above application at the meeting held on 24 September 2009.

Ethical opinion

The Committee considered whether it was appropriate for them to review this study given that at the time of recruitment all the participants would have given their own informed consent. It was clear from the application that adults lacking capacity would be excluded. While it was accepted that during the study some of the participants could lose capacity this was not usually a reason for invoking MCA or AWI in Scotland status, since the patients had already consented to participate. The Committee agreed that as the study already has had an ethical review by Nottingham 1 REC there was no need for Scotland A REC to undertake a further review as Nottingham would assume the role of main REC for the whole of the UK.

The Committee did however consider that it was valid for them to offer comments to yourself and Nottingham 1 REC given that they had been allocated this application for review. These were:

1. There was concern over the study entry criteria, which allow blood pressure of 170mmHg, despite evidence from trials such as PROGRESS that lowering of BP

even within the normal range confers lower recurrent stroke risk i.e. at least the entry BP should lie within the recommended limits e.g. systolic below 140 mmHg as per NICE guidance.

2. The inclusion and exclusion blood pressure criteria conflict with each other.
3. Concern over the implication that atorvastatin would be restricted to the aggressive treatment group, since atorvastatin 80mg was one of the standard treatments that was used by many stroke physicians; was supported by a large RCT; and was specifically recommended for consideration under SIGN guidelines (more prominently than simvastatin 40mg). If specific drug therapy was required for one or more groups, then this becomes a CTIMP.
4. If the above concerns were allowed to stand by Nottingham 1 REC, then potential participants should be informed of recommended treatment and permitted to take an informed choice.
5. Most secondary prevention trials have found reduction in recurrent stroke risk before effects on myocardial infarction or cognitive function have occurred; it would not be reasonable to continue the trial if significant differences in stroke recurrence ($p<0.05$) favour the aggressive treatment group(s) within either arm of the study even though the primary endpoint may not have been reached.
6. Scotland A REC would have been prepared to approve only for a fixed pilot sample of 600 initially, pending evidence of enrolment rates and the achieved difference between groups in blood pressure and cholesterol, since the full study may prove impractical and underpowered.
7. There seems to be no barrier to continuation of the allocated treatment at the end of the study followed by a rapid switch to whichever option has proven better as soon as results were announced. It was an open label study, and so there was no issue over supply of medication.

Adults with Incapacity (Scotland) Act 2000

The Committee did not approve this research project for the purposes of the Adults with Incapacity (Scotland) Act 2000 given the intention that all potential participants at the outset must have the capacity to give informed consent.

Membership of the Committee

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

NHS
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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.

REC reference number: 09/MRE00/65-Please quote this number on all correspondence

Yours sincerely

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cc: Paul Cartledge
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Attendance at Committee meeting on 24 September 2009

Committee Members:

Name	Profession	Notes
Professor K Lees	Consultant Physician/Clinical Pharmacologist (Chairman)	
Dr M Booth	Consultant Anaesthetist (Vice Chairman)	
Professor R Anderson	Consultant in Reproductive Medicine	
Miss R McInnes	Lay	
Mr L Moffat	Consultant Urologist	
Mrs A M Peffer	Lay	
Mrs F Pfab	Statistician	
Dr R Quigley	General Practitioner	
Dr A Richardson	Consultant Clinical Psychologist	
Dr C Selby	Consultant Physician	
Miss F Sloan	Lay	
Mrs M Sweetland	Statistician	
Mrs M Thomson	Lay	
Professor N Webster	Honorary Consultant Anaesthetist	

Apologies

Dr S Gregory	Qualitative Researcher
Mrs A Macpherson	Lay
Canon M McManus	Lay
Dr A Munro	Retired General Practitioner
Mrs W Nganasurian	Lay
Professor J Webster	Consultant Physician/Clinical Pharmacologist

Also in attendance:

Name	Position (or reason for attending)
Mr W Hunter	Senior Committee Co-ordinator
Dr A Bailey	Scientific Officer