



THE QUEEN'S ANNIVERSARY PRIZES FOR HIGHER AND FURTHER EDUCATION 2017

Increasing the trial process evidence base without increasing research waste

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NHS National Institute for Health Research

Trials Change Lives



Listen to the podcast

"Clinical trials are the backbone of primary research that informs clinical practice in the NHS in the UK" Prof Hywel Williams, Director, Health Technology Assessment Programme (NIHR)

Clinical Trials for the NHS

Photo reference, Queen's University Belfast

Trials– important but not always efficient



'There is a peculiar paradox that exists in trial execution - we perform clinical trials to generate evidence to improve patient outcomes; however, we conduct clinical trials like anecdotal medicine.'*

*Monica Shah in 'Site selection in global clinical trials in patients hospitalized for heart failure: perceived problems and potential solutions'. Heart Failure Review 2014; 19:135-52.

SWATs- why bother?



It is essential that trials are done in the most effective and efficient ways and one way to do this is to use the same types of evaluation to investigate and improve the processes of how we do randomised trials.



Mike Clarke, Belfast, UK

E.g. SWAT– financial incentives HSRU



GRADE LOW MODERATE HIGH

The key question now is-



Given what we know already, do we need to do another evaluation of a financial incentive?

The answer is important because if we keep doing evaluations willy-nilly, our attempt to reduce research waste will actually start to increase it.

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TRIAL FORGE GUIDANCE 2



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How to decide if a further Study Within A Trial (SWAT) is needed. DOI: <u>https://doi.org/10.21203/rs.1.1/v1</u>



- 1. Cumulated evidence
- 2. GRADE
- 3. Context
- 4. Balance-participants
- 5. Balance-host trial



1. Cumulated evidence: the cumulative meta-analysis shows that the effect estimate for each outcome essential to make an informed decision has not converged.





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Criterion met







1. GRADE: the GRADE certainty in the evidence for all outcomes is lower than 'high'.







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 Context: the range of host trial contexts evaluated to date does not translate easily to the context of the proposed SWAT.

P– Participants
I– Intervention
C– Comparator
O– Outcomes
T– Timing



- Six SWATs, all UK. Five done by the same group.
- Five in primary care, one in community.
- Three trials involved hypertension, one arthritis, one excess uric acid in urine, one smoking
- Five done in drug trials (comparators were an active drug). Other done in mobile phone supported smoking cessation intervention trial, comparator no support.
- All SWATs measured recruitment.
- Five SWATs involved a £100 (\$130) payment, higher than is usual in the UK at least.



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Criterion partially met, maybe





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Criterion not met

Do we need more evaluations of financial incentives for recruitment?



Users: trial teams

- Outcome: recruitment
- 1. Cumulated evidence: Criterion met
- 2. GRADE: Criterion met
- 3. Context: Criterion partially met, maybe
- 4. Balance– participants: Criterion partially met
- 5. Balance– host trial: Criterion not met

Do we need more evaluations of financial incentives for recruitment?



Users: trial teams

- Outcome: recruitment
- 1. Cumulated evidence: Criterion met
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- 5. Balance-host trial: Criterion not met

On balance, yes, more evaluations needed





- 1. We need more trial process evidence.
- 2. SWATs are one way of filling evidence gaps.
- 3. ..but we need to stop once the gap has been filled.
- 4. Avoiding that needs criteria; now we have some.
- 5. We aim to use the criteria in Trial Forge. Others can too.





If you have any further questions please contact: Shaun Treweek, HSRU, University of Aberdeen, UK Email: streweek@mac.com

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