Promoting Patient and Public Involvement in Clinical Trials at the Medical Research Council Clinical Trials Unit

Report of a workshop held on 20th June 2013

Introduction

2013 marks the centenary of the Medical Research Council (MRC). As part of the centenary celebrations, the MRC Clinical Trials Unit (CTU) organised a half-day workshop for UK patient groups with interests in the major research themes at the MRC CTU, as well as patients and members of the public who have been actively involved in our trials (for example as members of trial management groups). The workshop aimed to:

- facilitate ongoing and future patient involvement in CTU-led research
- encourage patients and the public to actively contribute to the development of our new studies and to discussions around our current and future research agenda
- enhance existing links between the MRC CTU and participating organisations and enable new relationships to be developed

An integral part of this workshop was the launch of a series of seven short films about clinical trials, which were made for the MRC Centenary. The films were used to give background information and to inform discussions during the afternoon. The films can be viewed on the MRC CTU website, at: http://www.ctu.mrc.ac.uk/resources/multimedia.aspx#generalvids. If you would like a copy of the films on DVD or a memory stick, please contact centenary@ctu.mrc.ac.uk

This report summarises some of the talks and discussions which took place at the workshop and describes the priorities for future activities identified by participants.

A list of those who came to the workshop is on page 8. Thanks to everyone for attending and to the MRC CTU staff who organised and took part in this workshop. The agenda for the workshop is on page 9.

About MRC CTU, our priorities and the importance of patient and public involvement

Max Parmar, Director of the MRC CTU, outlined the work of the MRC CTU, which is one of the UK’s leading centres for clinical research. Trials undertaken by the MRC CTU are typically large-scale. They are all independently reviewed and funded, and will take between five and ten years to complete. This means that a proportion of the MRC CTU’s work for the next five years has already been initiated. There is extensive collaboration with other research organisations, health organisations (such as hospitals) and patients and the public in this country and around the world – the Unit is currently working with people in 81 countries. The MRC CTU focuses on infectious diseases in children and adults, especially HIV and TB, and cancer.

In addition to clinical trials, the MRC CTU also undertakes other types of research, including observational studies, meta-analyses and methodology, which
looks at new ways of designing, running and analysing trials.

Three criteria are used to decide what research to take forward:

- **Novelty**: Does the research offer an opportunity to test new methods for carrying out trials?
- **Impact**: Does the trial have potential to make a difference internationally?
- **Need**: Why does the MRC CTU need to do this project?

Max stressed that patients and members of the public have already been involved in many MRC CTU trials and other types of research. Patient and public involvement (PPI) is key in future to ensure the right trials are designed and to help the Unit to undertake challenging and innovative trials.

The importance of PPI was also stressed by Richard Stephens, a patient member of the MRC CTU Protocol Review Committee and PPI Group.

In welcoming people to the workshop he stressed that the number of patients who take part in trials has more than doubled in the past five years (from just over 208,000 in 2007/2008 to over 595,000 in 2011/12). It has been shown that PPI can improve the quality of trials and the recruitment rates, thus giving the potential to maximise the impact on patients’ lives.

### Workshops about MRC CTU trials

In the first part of the afternoon, participants took part in one of three workshops focussing on different aspects of clinical trials:

- Where do ideas for trials come from?
- How trials are developed and run
- Communicating the results of trials and making a difference

A summary of key discussion points at each of these workshops is given below.

### Where do the ideas for trials come from?

This workshop began with the showing of the MRC CTU film about this topic\(^1\). People who took part in this discussion had concerns about whether people at grass roots level know enough about the MRC CTU or about trials to be able to come up with ideas for trials – it’s often easier for people to think about priorities for services.

Films about trials and their results are a great way to inform and engage people and may get them thinking of their own ideas too. Other ideas for encouraging people to come up with ideas for trials included:

- An “Innovation Day”, where members of the public are invited to discuss new ideas.
- Bringing people together to discuss experiences of taking part in trials (e.g. through focus groups) may encourage trial participants to talk about ideas for trials

\(^1\) Pieces of the Puzzle: Where do ideas for clinical trials come from? At [http://youtu.be/nLXwKBKUF5Q](http://youtu.be/nLXwKBKUF5Q)

### How trials are developed and run

This workshop began with the showing of the MRC CTU film about this topic\(^2\). This and the other films shown at the workshop made people in this session aware that many MRC CTU trials are run in a number of countries. This is not always obvious to patients and patients’ groups. Participants were particularly interested in how the films could be used after the centenary event. For example, could they be shown to older school children and/or medical students to inform them about clinical trials and how they are developed and run?

It was noted that people may not be aware that overseas aid has a direct impact on the UK. Paediatric HIV research is done by the MRC CTU in Africa as numbers are too small in the UK. The results can then be applied for similar populations within the UK to their benefit.

\(^2\) The MRC Clinical Trials Unit: How do we turn an idea into a trial? At [http://youtu.be/BF_xBrierYs](http://youtu.be/BF_xBrierYs)
Communicating the results of trials and making a difference

This workshop began with the showing of the MRC CTU film about this topic. Some of the ways the MRC CTU currently tells patients and the public about the results of our trials are:

- A summary of the results in plain English, which is available on our website
- Publishing the results in an ‘open access’ (i.e. free to read online) journal
- Clinicians feed back results to patients who have taken part in a trial – sometimes using a letter we have prepared
- Through the media
- Websites about specific disease or conditions and the website of health charities

Some of the questions discussed in this workshop included:

- We need to think about why we want to disseminate the information – this should help us pitch it correctly
- What should we do when clinicians don’t or can’t give feedback to patients?
- How do you communicate ‘bad results’ to patients?
- What is the review process for lay summaries?
- How can we speed up the impact of results, so that they can make a difference in practice?

Workshops about current and future research

Later in the afternoon participants took part in one of five workshops to listen to information about the MRC CTU’s current research, our plans for the future, and to tell us about their research priorities. These workshops covered the following areas:

Genitourinary cancer

This workshop was facilitated by Angela Meade and Matt Sydes, Senior Scientists at the MRC CTU.

This workshop began with a discussion about two trials in kidney cancer. The SORCE trial, which is currently recruiting patients, was described. This trial has been designed to discover whether taking a drug called Sorafenib after surgery to remove a tumour in the kidney can reduce the risk of kidney cancer returning.

The group also discussed the design of a proposed future kidney cancer trial called RAMPART. This trial will have a multi arm multi stage (MAMS) adaptive trial design. This type of trial is important for the future, as it allows important questions to be answered with fewer patients and in less time. It may also lead to trial arms that aren’t showing a benefit being stopped earlier, as there would be other trial arms that patients could enter if one arm is stopped.

The current prostate trials (STAMPEDE, PATCH, RADICALS and PROMIS) were discussed. Before STAMPEDE started recruiting, the patient representatives on the trial management group were vital in deciding whether the benefits outweighed the risks of one of the trial drugs and whether to wait to start recruiting while the drug was investigated further.

Matt explained about why we need different sample sizes in different trials. The smaller the difference between the two groups that you are looking for, the higher number of patients you will need to answer the question.

The importance of following patients up in full and on schedule was discussed – this helps to eliminate bias and provides more accurate data. The group suggested emphasising that the patient’s information is much more valuable if they adhere to the trial schedule in full. They recognised that it is challenging to balance the need to convey this message whilst also ensuring the patient is aware that they have the right to withdraw from the trial at any point.

Gynaecological cancer

This workshop was facilitated by Jane Hook, Research Scientist at the MRC CTU. She gave an overview of the current MRC CTU trials in gynaecological cancer. The group discussed the proposed ICON8B trial, which hopes to look at whether combining a drug called bevacizumab with more intensive weekly combination chemotherapy may be more effective than either strategy on its own for women with advanced ovarian cancer. The application for funding to run this trial is currently with Cancer Research UK. There was some discussion about whether patients would be keen on the schedules of treatment being planned for

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3 The MRC Clinical Trials Unit: Sharing the results of trials. At [http://youtu.be/A972brlicYo](http://youtu.be/A972brlicYo)
ICON8B, given that they are quite intensive. There was also some discussion about using lessons learned from the ICON8 trial, and about speaking to patients about their views on treatment-related side effects. This discussion extended to consider whether the MRC CTU should think more broadly about survivorship issues in gynaecological cancer trials, for example by embedding social studies or some qualitative research within our future trials.

Jane talked about previous ideas around producing a patient information DVD and there was enthusiasm within the group about that.

The group also talked about the experience of patient representatives on MRC CTU trial management groups. People said they preferred being involved in face to face meetings rather than teleconferences, as they felt more able to contribute. They also said that staff they had been in contact with at the MRC CTU had been very helpful.

Jane advised that the MRC CTU would aim to make results from the CHORUS trial (which is looking at whether to give women chemotherapy before they have an operation to remove a tumour in the ovary) available through a number of ovarian cancer charities - e.g. Ovacome, Ovarian Cancer Action and Target Ovarian Cancer.”

An overview of cancer trials at the MRC CTU

This workshop was facilitated by Max Parmar, Director of the MRC CTU. The group discussed whether the portfolio of cancer trials has the right balance between prevention, diagnosis, care and treatment. It was agreed that the MRC CTU is right to run cancer trials that pharmaceutical companies are unlikely to run. Quality of life was seen to be an important aspect of trials, as patients are now living longer and therefore have to deal with long-term side effects.

The group felt that trials focussing on prevention and awareness will also become more important in future. They felt that future studies in disease prevention may cross over to other diseases e.g. cardiovascular disease. Personalised treatments and trials in rarer cancers may also be a focus in the future.

It was suggested that new and innovative ways of involving patients and the public could help to ensure MRC CTU trials have the appropriate impact. Social media was seen to be key for this sharing of information, rather than just the use of static websites. The #patientleaders weekly conversation on Twitter could be a useful model – provided there was potential for real dialogue, rather than just tokenism.

Adult HIV

This workshop was facilitated by Kholoud Porter, Professor of Epidemiology at the MRC CTU. She began the session by giving a summary of the current adult HIV trials at the MRC CTU. The group then focussed on what should be researched in future, and covered the following areas:

Vaccines

- A vaccine for HIV was discussed. Although thought to be highly desirable, it is a huge challenge and likely to be at least 10 years away.

Diagnosis and prevention

- The START trial aims to find out if it is better for people with HIV to start anti-HIV drugs (called antiretroviral treatment or ART) earlier than current practice. The group talked about when ART should be started. Currently treatment is usually recommended to begin when a patient’s CD4 count falls below 350. Workshop participants discussed using treatment as prevention and whether testing and treating immediately was a viable option. Results of the START trial are eagerly awaited. The group recognised that there are also psychological benefits from treating early – for example a reduction of guilt/fear about the risk of onward transmission.

- Participants also discussed the use of the ART drug Maraviroc for Pre-Exposure Prophylaxis (PrEP) - studies on PrEP consistently showed problems with adherence - does this raise concerns for future studies? What about the impact of treatment as prevention?

Treatment and Management

- There was some discussion about “functional cures” which are in the early days of development, as well as “post-treatment controllers”. This term refers to those patients who received HIV treatment very soon after initial infection. There are reports that in some cases, even when treatment in these patients is stopped, they continue to suppress the virus. The group felt this merited further study.
The group suggested it would be helpful to look into alternatives for the ART drug Efavirenz. This drug, which is one of the recommended drugs for first-line therapy, is coming off patent very soon, so is likely to become more widely used. However, Efavirenz is not well tolerated by a significant minority of people. So are there alternative regimens that can be used for first-line therapy that are safe and effective? A trial looking at this would be very helpful.

People with HIV are living for longer and so experiencing co-morbidities (cancer, diabetes, etc.). The group discussed the need for more research into the management of people living with complex multiple conditions. A significant area of concern is cognitive impairment and the onset of early dementia. Results from the PIVOT trial may shed some light on this (PIVOT is comparing the use of a single type of anti-HIV medication called protease inhibitors, with ART), but more work may be needed in this area.

There was a suggestion for observational studies about long-term issues related to HIV, given that long-term side-effects of the newer HIV drugs may not yet have manifested themselves. Could patient information from GP records be made easily available and used for large-scale studies?

Health services research
- There was much discussion about “normalising” HIV care - should/could specialist GPs take the lead role for long-term “uncomplicated” HIV care? There are many concerns about this, both from the patient view and also from some GPs and HIV consultants. One suggestion was to do some research to try to define the “best” care model for long-term HIV care.

Paediatric HIV
This workshop was facilitated by Di Gibb, Professor of Epidemiology at the MRC CTU.
This group stressed the importance of involving children and young people in the design of clinical trials that are aimed at this age group. This can be challenging to do in more than a token way. Are steering committees the best place for this? They can be boring, but having children or young people as part of a steering committee does make researchers reflect on the process and content of such meetings.

The BREATHER trial is a good example of how involvement can be done. BREATHER is looking at whether young people on antiretroviral therapy can take their treatment for 5 days and then have 2 days off, to help with adherence. When the trial was being designed groups of young people worked together to complete a questionnaire, which included questions on which days off would be best, and whether they would come to clinics or preferred home visits for blood tests. They also held a workshop, and have focus groups of young people as part of the qualitative component of the research.

The Children’s HIV Association (CHIVA) support camp and the Medicines for Children Research Network youth group may be potential forums for getting children and young people’s input into trial design. The group felt that the MRC CTU film on what randomised controlled trials are and why they are important is very clear, and could be used with young people to help them understand about trials.

The group also discussed how to communicate the results of trials to young people. The CHIVA website has a private section for children and young people living with HIV, and there is a monthly forum. This could be a good mechanism for reaching children and young people in the UK who are living with HIV. CHIVA could advise on whether content is appropriate for the audience. Positively UK’s magazine and website may also be a useful channel.

The future of PPI at MRC CTU
In the final session of the workshop Claire Vale, senior scientist at the MRC CTU talked about the work of the MRC CTU PPI Group. The Group has developed:
- Guidance for trial managers
- An induction pack for patients who get involved in MRC CTU trial management groups
- Research about how patients are involved in trials at the MRC CTU
- A policy on PPI
All of this information is available on the MRC CTU website.

There were suggestions about how PPI could be further developed across the MRC CTU:

- People recognised the commitment of Max Parmar, the MRC CTU’s Director, to PPI. They asked if this commitment was shared by other senior staff. Many senior staff attended the workshop and described how they are actively involved patients and the public in their work.

- It was suggested that it would be valuable to collect some case studies of how PPI has made a difference at the MRC CTU. This might influence researchers in other clinical trials units to develop PPI further.

- It was also suggested that it might be useful to make links with Healthwatch England.

Reflections after the workshop

We asked patients and patient representatives who came to the workshop to complete an evaluation form. Key findings were:

- Everyone who completed a form said that they found the workshop useful. Over two thirds of respondents said it was very useful.

- Two thirds of respondents felt strongly that the workshop had enabled them to find out more about the MRC CTU.

- More than half of the respondents said that they were more interested in getting involved with the MRC CTU following the workshop.

The main negative comments about the workshop related to the fact that the sessions were too full, too short, or drifted away from the main point.

We asked people what action they wanted the MRC CTU to take following the workshop. In the table on the next page we have summarised the most common suggestions and our response.

We also asked some of the senior staff who attended to give us their views about the workshop. Here is a selection of their comments:

“I enjoyed the afternoon. I thought this was an interesting mix of people. We were talking about losses to follow-up and people urged us to be more explicit in patient information sheets about how if we don’t get outcome data then patients don’t contribute to the study results. We always say you can leave at any time, which is right of course. But we don’t put enough emphasis on the need for good follow-up as per protocol.”

“It’s always interesting to spend time with the patient reps. We need to continue to reinforce our links. Have at least one, perhaps two, consumers on each TMG. Perhaps we should consider whether consumers should be on other committees. Overall I went away feeling very positive about the day.”

“I think there was one particular key thing that came out of it for me. When we discussed the impact that complete withdrawal (from treatment and further data collection) could have on the trial, as opposed to withdrawal from treatment only while continuing follow-up, the participants in our group were adamant that we should make this clearer to patients, feeling more of them would be willing to continue data collection in at least some form if they were aware that their experiences (good and particularly bad) might otherwise not be well represented.

As to what we should prioritise, I think there is an ongoing need to remind people of the benefits of patient involvement particularly around dealings with ethics committees, and adding to case studies of where it has been particularly beneficial.”

“T’m aware that within TB research, which has taken a back seat for many years, PPI is an area that needs to be developed. Hopefully we can progress and next time we have a meeting of this kind at the MRC CTU the TB research community will be able participate more actively.”

Next steps

We are committed to continuing to develop PPI at the MRC CTU. As a next step, Max Parmar, our Director, will be meeting with members of the MRC CTU PPI Group (including patient members) to agree priorities for action in response to this workshop.
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<thead>
<tr>
<th>What people suggested</th>
<th>MRC CTU response</th>
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<tbody>
<tr>
<td>Produce and circulate a summary of the discussions on the day</td>
<td>This report is being sent to everyone who attended and placed on our website</td>
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<td>Make the films more widely available</td>
<td>The films are available to view online at <a href="http://www.ctu.mrc.ac.uk">www.ctu.mrc.ac.uk</a> and we have also disseminated them widely, for example through INVOLVE and our Twitter feed. If you would like a copy of the films for yourself or your organisation, please contact <a href="mailto:centenary@ctu.mrc.ac.uk">centenary@ctu.mrc.ac.uk</a></td>
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<tr>
<td>Consider more frequent (annual) PPI events</td>
<td>We are currently exploring whether and how this is possible. We are already holding annual meetings with patient groups with a focus on specific conditions (e.g. prostate cancer, gynaecological cancer) and will explore whether we could extend this to other relevant conditions.</td>
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<td>Consider engaging with more organisations / work more closely with those where links are already established.</td>
<td>We will work to do this and have noted some of the organisations suggested by people who came along to the workshop.</td>
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## Attendance list

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Matthew Baker</td>
<td>National Cancer Research Institute (NCRI) Lung Clinical Studies Group</td>
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<tr>
<td>Lindy Berkman</td>
<td>MRC CTU Add Aspirin trial patient rep</td>
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<tr>
<td>Sarah Burdett</td>
<td>MRC CTU</td>
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<tr>
<td>Eva Burnett</td>
<td>MRC CTU ovarian trial patient rep</td>
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<tr>
<td>James Carpenter</td>
<td>MRC CTU</td>
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<tr>
<td>Abi Carter</td>
<td>CHIVA (Children’s HIV Association)</td>
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<tr>
<td>Ben Cromarty</td>
<td>MRC CTU PIVOT trial patient rep</td>
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<tr>
<td>Anne Croudass</td>
<td>Cancer Research UK</td>
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<td>Robert Fieldhouse</td>
<td>Baseline</td>
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<td>Naomi Gay</td>
<td>Cancer Research UK</td>
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<td>Di Gibb</td>
<td>MRC CTU</td>
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<td>Bec Hanley</td>
<td>MRC CTU</td>
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<tr>
<td>Pat Hanlon</td>
<td>MRC CTU SORCE trial Patient Rep</td>
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<tr>
<td>Shirley Harrison</td>
<td>NCRI Lay Board Member</td>
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<td>Jane Hook</td>
<td>MRC CTU</td>
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<tr>
<td>Robert James</td>
<td>UK CAB (Community Advisory Board)</td>
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<td>Mairead MacKenzie</td>
<td>MRC CTU Add Aspirin trial patient rep</td>
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<td>Sue Mannix</td>
<td>MRC CTU ovarian trial patient rep</td>
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<tr>
<td>Lee Mariott-Dowding</td>
<td>James Whale Fund for Kidney Cancer</td>
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<td>Angela Meade</td>
<td>MRC CTU</td>
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<td>Sarah Meredith,</td>
<td>MRC CTU</td>
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<tr>
<td>Robin Millman</td>
<td>MRC CTU prostate TMG member</td>
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<td>Claire Murphy</td>
<td>MRC CTU</td>
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<td>Angelina Namiba</td>
<td>Positively UK</td>
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<td>Andrew Nunn</td>
<td>MRC CTU</td>
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<td>Max Parmar</td>
<td>MRC CTU</td>
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<td>Mark Platt</td>
<td>UK-CAB</td>
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<td>Kholoud Porter</td>
<td>MRC CTU</td>
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<td>Karen Scott</td>
<td>MRC CTU</td>
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<td>Toni Sidwell</td>
<td>The Brain Tumour Charity</td>
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<td>Annabelle South</td>
<td>MRC CTU</td>
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<td>Ben Spittle</td>
<td>MRC CTU</td>
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<td>Sally Stenning</td>
<td>MRC CTU</td>
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<tr>
<td>Richard Stephens</td>
<td>NCRI Consumer Liaison Group</td>
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<td>Derek Stewart</td>
<td>NIHR Clinical Research Network</td>
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<td>Theresa Sumner</td>
<td>Health Technology Assessment Programme / NETSCC</td>
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<tr>
<td>Matt Sydes</td>
<td>MRC CTU</td>
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<td>Jayne Tierney</td>
<td>MRC CTU</td>
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<td>Claire Vale</td>
<td>MRC CTU</td>
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<tr>
<td>Denise Ward</td>
<td>MRC CTU</td>
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<tr>
<td>Maggie Wilcox</td>
<td>Independent Cancer Patients Voice (ICPV)</td>
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<tr>
<td>Gaynor Young</td>
<td>NIHR University of Southampton</td>
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Agenda

12.30pm  Lunch on arrival

1.30pm  The Medical Research Council Clinical Trials Unit (MRC CTU) and our research

Welcome (Max Parmar, Director, MRC CTU)

• Introduction to the MRC CTU

Public and Patient Involvement at the MRC CTU (Richard Stephens, Chair, National Cancer Research Institute Consumer Liaison Group)

• Aims of the workshop

We’ll show you two short films about clinical trials and the work of the MRC CTU.

2.00pm  About MRC CTU trials

A choice of 3 workshops focussing on different aspects of clinical trials: Find out more about how we work and how patient and public involvement makes a difference

• Where do ideas for trials come from?
• How trials are developed and run
• Communicating the results of trials and making a difference

2.45pm  Tea / Coffee Break

3.00pm  Our research

Hear about our current research, our plans for the future, and tell us about your research priorities. A choice of workshops:

• Genitourinary cancer
• Gynaecological cancer
• An overview of cancer trials at the MRC CTU
• Adult HIV
• Paediatric HIV

These workshops will be participative; we want to hear from every voice in the room.

4.00pm  We need your help!

The future of PPI at the MRC CTU: a discussion, chaired by Max Parmar

• How can we help people to get involved in future?
• How can we (as organisations / individuals) best work together in the future?
• How do we ensure active and relevant involvement in our research?

Time for questions and for your suggestions.

4.30pm  Summing up

4.45pm  Close