

# Trial Management & Data Management

## Investigator Meeting

1<sup>st</sup> May 2015, University of Birmingham Medical School



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NHS Trust





# Common problems with ICFs

**STOP-ACEi Study**  
No.: ☐☐☐☐

**Participant Consent Form**  
Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) /  
Angiotensin Receptor Blocker (ARB) withdrawal in advanced renal disease;  
The STOP-ACEi Trial

**CONFIDENTIAL ONCE COMPLETED**

Please initial each box to confirm consent

- I confirm that I have read and understood the information sheet for the STOP-ACEi trial (version 2.2, dated 28<sup>th</sup> January 2014). I have had the opportunity to consider the information, ask questions and these have been answered satisfactorily. ☐
- I understand that my participation in this study is voluntary and that if I take part I am free to withdraw at any time without giving a reason, and without my medical care or legal rights being affected. ☐
- I understand that information about my progress will be supplied in confidence to the study coordinators at the Birmingham Clinical Trials Unit (BCTU) by my own doctors, for use in the STOP-ACEi trial. ☐
- I understand that relevant sections of my medical notes and data collected during the study may be looked at in confidence by responsible individuals from the BCTU, regulatory authorities or the NHS Trust, where it is relevant to my taking part in this research and to check that the trial is being carried out correctly. I give permission for these individuals to have access to my records. ☐
- I agree that a copy of this consent form will be faxed to the BCTU. ☐
- I understand that my GP will be informed of my participation in the STOP-ACEi trial. ☐
- I agree that I may be contacted by the research team in the future regarding further research that is linked to this study. ☐
- I agree to take part in the STOP-ACEi trial. ☐

In order to participate in the STOP-ACEi trial, consent to parts 1-8, above, is required. Points 9 and 10, below, are optional. You should only initial point 9 and 10 if you agree to them.

- I agree to my serum and urine samples being taken, stored and used for future analysis of biomarkers both within this study and in future related studies. Any such studies on these samples would require Research Ethics Committee approval. ☐
- I agree to the information held and maintained by The Health and Social Care Information Centre, together with current and future UK NHS bodies, being used in the future to provide information about my long-term health status and health care. For this purpose, I agree to BCTU holding my name, gender, date of birth and NHS number. ☐

Name of Participant \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_ Signature \_\_\_\_\_

STOP-ACEi Participant Informed Consent Form  
EudraCT Number: 2013-003798-82

Version 3.0, 14<sup>th</sup> May 2014  
Page 1 of 2

Trial ID not completed

ICF not on headed paper

Boxes ticked instead of initialled

Some required boxes not initialled

Clinician counter-signing ICF not on del. log.

Clinician counter-signing ICF on different date

Missing signatures / dates

Incorrect version no.



# CRFs and data entry

- CRFs are in your site file or can be downloaded from the trial website
  - CRF01 – Randomisation Form
  - CRF02 – Baseline assessment
  - CRF03 – Telephone follow-up
  - CRF04 – 3-monthly visits
  - CRF05 – Additional clinical visits
  - CRF06 – Lab results – used by central lab staff
  - CRF10 – SAE form
- Participant diaries are there to help fill in the AE and clinic visit parts of the CRFs
- Don't forget KDQOL-SF questionnaires

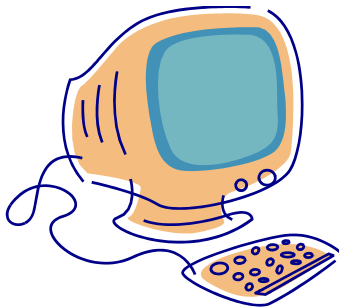


# CRFs and data entry

- Completed paper CRFs can be submitted to BCTU by post, fax or email



- Can enter data directly into online system – will check for errors / omissions



- Please keep originals of CRFs at site.
- Please contact BCTU if you have queries



# Login

- You will need:
  - A Unique Username – BCTU will provide after SIV
  - A Unique Password – you will set
- No access until site fully approved
- Once you have your Username and you can set your password at:  
<https://www.trials.bham.ac.uk/password/>
- Activate your password by following instructions in e-mail.
- Check your 'Junk Email' folder
  - Can manually add [bctu-webadmin@contacts.bham.ac.uk](mailto:bctu-webadmin@contacts.bham.ac.uk) to your list of safe senders in your email clients
- Can then access the STOP-ACEi Online System at:  
<https://www.trials.bham.ac.uk/STOPACEi>



# Login

- <https://www.trials.bham.ac.uk/password/>

**BCTU User Account Management**

[Edit your account](#) [Help](#) [Contact](#)

**: Edit your account**

**Information**

We use the email address you registered with to verify your identity.

If you require further assistance with your BCTU user account please follow the links above for information and contact details.

**Request**

Please enter your email address here and choose an option below:

[Click here to set or change your password.](#)

Click [here](#) to request a username reminder

**Birmingham  
Clinical  
Trials  
Unit**



# Entering a patient

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DEMO – entering and randomising a patient to STOP-ACEi



# Online forms

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DEMO – Creating and completing a form online



# CRF return rates

Time-point	Form	Total Forms Due	Forms Not Expected	Returned		
				No.	% of due	% of expected
Baseline	Consent	48	-	48	100.0	100.0
	Baseline	48	-	46	95.8	95.8
	KDQOL-SF™	48	1	45	93.8	95.7
4-6 week	Phone FU	41	1	35	85.4	87.5
3 month	Follow-up	19	0	14	73.7	73.7
6 month	Follow-up	5	0	5	100.0	100.0
9 month	Follow-up	1	0	0	0.0	0.0
12 month	Follow-up	-	-	-	-	-
	KDQOL-SF™	-	-	-	-	-
15 month	Follow-up	-	-	-	-	-
18 month	Follow-up	-	-	-	-	-
21 month	Follow-up	-	-	-	-	-
24 month	Follow-up	-	-	-	-	-
	KDQOL-SF™	-	-	-	-	-
27 month	Follow-up	-	-	-	-	-
30 month	Follow-up	-	-	-	-	-
33 month	Follow-up	-	-	-	-	-
36 month	Follow-up	-	-	-	-	-
	KDQOL-SF™	-	-	-	-	-
Total for all forms		210	2	193	91.9	92.8



# Common issues with form completion

<b>Gastrointestinal</b>	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	– if yes, please provide details:	
Please only record GI symptoms that the responsible clinician considers significant				
	No	Yes	Date (dd/mmm/yyyy)	Details
Bloating, abdominal distention or abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Dyspepsia	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Gastritis	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Loose stools / diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Nausea / vomiting	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Ulceration	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
Other GI condition	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	

**Box ticked 'No'**

**Rest of this section can be left blank**



# Common issues with form completion

Gastrointestinal	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	– if yes, please provide details:	
Please only record GI symptoms that the responsible clinician considers significant				
	No	Yes	Date (dd/mmm/yyyy)	Details
Bloating, abdominal distention or abdominal pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.../.../...	...
Constipation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.../.../...	...
Dyspepsia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.../.../...	...
Gastritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30/JUN/2013	...
Loose stools / diarrhoea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.../.../...	...
Nausea / vomiting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.../.../...	...
Ulceration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.../.../...	...
Other GI condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	.../.../...	...

Box ticked 'Yes'

Please fill in a date and record any further information under Details

Ensure that all the other boxes are ticked 'No'



# Common issues with form completion

## Baseline Visit (CRF02)

EudraCT: 2013-003798-82      **CONFIDENTIAL ONCE COMPLETED**      Please answer all the questions

Trial Number:

**Part G: Medications**

**ESA dose**

Is the participant currently on ESA treatment? No ☐ Yes ☐

If yes, please provide details here:

Type	No	Yes	Please see list of possible options at end of this document.			
			Current dose	Unit	Current freq.	Route
Epoetin alfa (e.g. eprex)	<input type="checkbox"/>	<input type="checkbox"/>				
Epoetin beta (NeoRecormon®)	<input type="checkbox"/>	<input type="checkbox"/>				
Darbepoetin alfa (Aranesp®)	<input type="checkbox"/>	<input type="checkbox"/>				
Mircera	<input type="checkbox"/>	<input type="checkbox"/>				
Other, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>				

**Antihypertensive medications**

Please indicate what antihypertensive medications the participant was taking at the point of randomisation, i.e. before any trial-related changes.

Category	No	Yes	Type/brand name	Please see list of possible options at end of this document.			
				Current dose	Unit	Current freq.	Route
ACE inhibitor	<input type="checkbox"/>	<input type="checkbox"/>					
ARB	<input type="checkbox"/>	<input type="checkbox"/>					
CCB	<input type="checkbox"/>	<input type="checkbox"/>					
Loop diuretic	<input type="checkbox"/>	<input type="checkbox"/>					
Thiazide diuretic	<input type="checkbox"/>	<input type="checkbox"/>					
Thiazide-like diuretic	<input type="checkbox"/>	<input type="checkbox"/>					
K <sup>+</sup> -sparing diuretic	<input type="checkbox"/>	<input type="checkbox"/>					
Mineralocorticoid Receptor Antagonist e.g. spironolactone	<input type="checkbox"/>	<input type="checkbox"/>					
Alpha blocker	<input type="checkbox"/>	<input type="checkbox"/>					
Beta blocker	<input type="checkbox"/>	<input type="checkbox"/>					
Methyldopa	<input type="checkbox"/>	<input type="checkbox"/>					
Moxonidine	<input type="checkbox"/>	<input type="checkbox"/>					
Hydralazine	<input type="checkbox"/>	<input type="checkbox"/>					
Other antihypertensive	<input type="checkbox"/>	<input type="checkbox"/>					

**Changes to prescription of antihypertensive medications**

Have there been any changes made to the antihypertensive medications prescribed to the trial participant following randomisation? No ☐ Yes ☐

If yes, please indicate what antihypertensive medications the participant was prescribed at the baseline visit. E.g. If the participant was randomised to the experimental arm (discontinue ACEi/ARBs), please indicate which other antihypertensives were started following randomisation.

Please enter data online at <https://www.trials.bham.ac.uk/STOPACEI> or return form to: STOP-ACEI Office, Birmingham Clinical Trials Unit, College of Medical & Dental Sciences, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK.

STOP-ACEI\_CRF02\_Baseline visit      Page 7 of 10      Version 1.1, 19 Dec 2014



# Common issues with form completion

Antihypertensive medications							
Please indicate what antihypertensive medications the participant was taking at the point of randomisation, i.e. before any trial-related changes.							
Category	No	Yes	Type/brand name	Please see list of possible options at end of this document.			
				Current dose	Unit	Current freq.	Route
ACE inhibitor	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
ARB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOSARTAN	10	mg	OD	0
CCB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AMLOPIDINE	5	mg	OD	0
Loop diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Thiazide diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Thiazide-like diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
K <sup>+</sup> -sparing diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Mineralocorticoid Receptor Antagonist e.g. spironolactone	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Alpha blocker	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Beta blocker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BISOPROLOL	5	mg	OD	0
Methyldopa	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Moxonidine	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Hydralazine	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Other antihypertensive	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

ARB included



# Common issues with form completion

## Baseline Visit (CRF02)

EudraCT: 2013-003788-82      CONFIDENTIAL ONCE COMPLETED      Please answer all the questions

Trial Number: ☐ ☐ ☐ ☐ ☐

...Changes to prescription of antihypertensive medications cont'd

Please see list of possible options at end of this document.

Category	No	Yes	Type/brand name	Current dose	Unit	Current freq.	Route
ACE inhibitor	<input type="checkbox"/>	<input type="checkbox"/>					
ARB	<input type="checkbox"/>	<input type="checkbox"/>					
CCB	<input type="checkbox"/>	<input type="checkbox"/>					
Loop diuretic	<input type="checkbox"/>	<input type="checkbox"/>					
Thiazide diuretic	<input type="checkbox"/>	<input type="checkbox"/>					
Thiazide-like diuretic	<input type="checkbox"/>	<input type="checkbox"/>					
K <sup>+</sup> -sparing diuretic	<input type="checkbox"/>	<input type="checkbox"/>					
Mineralocorticoid Receptor Antagonist e.g. spironolactone	<input type="checkbox"/>	<input type="checkbox"/>					
Alpha blocker	<input type="checkbox"/>	<input type="checkbox"/>					
Beta blocker	<input type="checkbox"/>	<input type="checkbox"/>					
Methyldopa	<input type="checkbox"/>	<input type="checkbox"/>					
Moxonidine	<input type="checkbox"/>	<input type="checkbox"/>					
Hydralazine	<input type="checkbox"/>	<input type="checkbox"/>					
Other antihypertensive	<input type="checkbox"/>	<input type="checkbox"/>					

Other concomitant medications

Is the participant currently taking any other medications?      No ☐ Yes ☐

If yes, indicate what other medications the participant was on at the point of randomisation:

Category	No	Yes	Category	No	Yes	Category	No	Yes
Statin	<input type="checkbox"/>	<input type="checkbox"/>	Clopidogrel	<input type="checkbox"/>	<input type="checkbox"/>	Mycophenolate mofetil (MMF)	<input type="checkbox"/>	<input type="checkbox"/>
Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	Warfarin	<input type="checkbox"/>	<input type="checkbox"/>	Ciclosporin	<input type="checkbox"/>	<input type="checkbox"/>
Nitrate	<input type="checkbox"/>	<input type="checkbox"/>	Phosphate binders	<input type="checkbox"/>	<input type="checkbox"/>	Cyclophosphamide	<input type="checkbox"/>	<input type="checkbox"/>
Fibrate	<input type="checkbox"/>	<input type="checkbox"/>	Calcium/Vitamin D	<input type="checkbox"/>	<input type="checkbox"/>	Azathioprine	<input type="checkbox"/>	<input type="checkbox"/>
Ezetimibe	<input type="checkbox"/>	<input type="checkbox"/>	Bisphosphonate	<input type="checkbox"/>	<input type="checkbox"/>	Tacrolimus	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	Prednisolone	<input type="checkbox"/>	<input type="checkbox"/>	Methotrexate	<input type="checkbox"/>	<input type="checkbox"/>
Bicarbonate	<input type="checkbox"/>	<input type="checkbox"/>	Metformin	<input type="checkbox"/>	<input type="checkbox"/>	NSAIDs	<input type="checkbox"/>	<input type="checkbox"/>
Sulphonylurea, e.g. gliclazide	<input type="checkbox"/>	<input type="checkbox"/>	Sirolimus	<input type="checkbox"/>	<input type="checkbox"/>	Thiazolidinedione/glitazone	<input type="checkbox"/>	<input type="checkbox"/>
GLP-1 analogues/agonists, e.g. liraglutide, exenatide	<input type="checkbox"/>	<input type="checkbox"/>	SGLT2 inhibitor, e.g. dapagliflozin	<input type="checkbox"/>	<input type="checkbox"/>	DPP-4 inhibitor (incretins), e.g. sitagliptin, vildagliptin	<input type="checkbox"/>	<input type="checkbox"/>

Please detail any other medications the participant is currently taking. Only name/type is required.


Please enter data online at <https://www.trials.bham.ac.uk/STOPACEI> or return form to: STOP-ACEI Office, Birmingham Clinical Trials Unit, College of Medical & Dental Sciences, University of Birmingham, Edgbaston, Birmingham B15 2TT, UK.

STOP-ACEI\_CRF02\_Baseline visit      Page 6 of 10      Version 1.1, 19 Dec 2014



# Common issues with form completion

...Changes to prescription of antihypertensive medications cont'd							
Category	No	Yes	Type/brand name	Please see list of possible options at end of this document.			
				Current dose	Unit	Current freq.	Route
ACE inhibitor	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
ARB	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
CCB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AMLOPIDINE	5	mg	OD	O
Loop diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Thiazide diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Thiazide-like diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
K <sup>+</sup> -sparing diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Mineralocorticoid Receptor Antagonist e.g. spironolactone	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Alpha blocker	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Beta blocker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BISOPROLOL	5	mg	OD	O.
Methyldopa	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Moxonidine	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Hydralazine	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Other antihypertensive	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

ARB now  
ticked 'No' as  
patient was  
randomised to  
the stop arm  
of the trial

Fill in the rest of the table to show the  
medications the patient is still taking



# Common issues with form completion

## Pre-randomisation

Antihypertensive medications					
Please indicate what antihypertensive medications the participant was taking at the point of randomisation related changes.					
Category	No	Yes	Type/brand name	Please see list of possible options	
				Current dose	Unit
ACE inhibitor	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
ARB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOSARTAN	10	mg
CCB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AMLOPIDINE	5	mg
Loop diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Thiazide diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Thiazide-like diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
K <sup>+</sup> -sparing diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Mineralocorticoid Receptor Antagonist e.g. spironolactone	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Alpha blocker	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Beta blocker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BISOPROLOL	5	mg
Methyldopa	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Moxonidine	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Hydralazine	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Other antihypertensive	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

(Page 7 Baseline Visit CRF)

## After being randomised to the stop arm of the trial

...Changes to prescription of antihypertensive medications cont'd					
Category	No	Yes	Type/brand name	Please see list of possible options	
				Current dose	Unit
ACE inhibitor	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
ARB	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CCB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AMLOPIDINE	5	mg
Loop diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Thiazide diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Thiazide-like diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
K <sup>+</sup> -sparing diuretic	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Mineralocorticoid Receptor Antagonist e.g. spironolactone	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Alpha blocker	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Beta blocker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BISOPROLOL	5	mg
Methyldopa	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Moxonidine	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Hydralazine	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Other antihypertensive	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

(Page 8 Baseline Visit CRF)



# Common issues with form completion

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The following results and assessments are only required at **baseline** and then again at **months 12, 24 and 36**:

- Weight
- C-reactive Protein (CRP)
- Sample Tracking
- Six-Minute Walk Test
- 12-Lead ECG
- KDQOL-SF questionnaires



# STOP-ACEi website

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## STOP-ACEi

STOP-ACEi is a national multi-centre randomised controlled trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced renal disease.

### Trial details

**Full Title:** Multi-centre Randomised Controlled Trial of Angiotensin Converting Enzyme inhibitor (ACEi) / Angiotensin Receptor Blocker (ARB) withdrawal in advanced renal disease

**Short Title:** The STOP-ACEi Trial

**Aim of the study:** To test the hypothesis that stopping treatment with ACEi, ARB or a combination of both, compared with continuing on these treatments, improves or stabilises renal function in patients with progressive stage 4 or 5 Chronic Kidney Disease (CKD).

**Study design:** Open-label randomised controlled trial (RCT).

**Sample size:** 410 patients will be recruited into the study (205 in each arm) over a 2 year period.

**Study Duration:** The accrual period is for 2 years and all patients will be followed up for 36 months. The end of trial will be 6 months after the last data capture. The total study duration is 6 years.

**Timeframes:** NIHR/MRC EME programme grant start date: 1<sup>st</sup> February 2014. Trial set up will take place in 6 months, recruitment will take 24 months, all patients will be followed up for 36 months and 6 months has been allocated for data analysis and report writing. We aim to recruit the first participant in April/May 2014.



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[STOP-ACEi Protocol v3.0 \(14th May 2014\)](#)

[STOP-ACEi Online Randomisation and Data Entry](#)

[Contact the STOP-ACEi trial team](#)

**Chief Investigator:** Prof Sunil Bhandari



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## Trial Documentation

These documents are for use by collaborators involved in the STOP-ACEi trial. They are the property of the University of Birmingham and Hull and East Yorkshire Hospitals NHS Trust and do not constitute any form of advice to participants.

Please see links below to download STOP-ACEi documentation.



[Print this page](#)



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### STOP-ACEi Protocol and REC-approved study documents

[Open all sections](#) —

#### STOP-ACEi Protocol

[STOP-ACEi Protocol, V3.0, 14th May 2014](#)

#### STOP-ACEiPIS, GP Letters & Consent Form

[STOP-ACEi Participant Information Sheet, V2.2, 28th January 2014](#)

[STOP-ACEi Participant Consent Form, V3.0, 14th May 2014](#)

[STOP-ACEi GP Letter - Treatment Continuation, V2.0, 6th January 2014](#)

[STOP-ACEi GP Letter - Treatment Discontinuation, V2.0, 6th January 2014](#)

#### STOP-ACEi Other REC-approved documentation

[STOP-ACEi Letter to accompany PIS, V1.0, 1st November 2013](#)

[STOP-ACEi Participant Advice Letter - Treatment Continuation, V1.0, 1st November 2013](#)

[STOP-ACEi Participant Advice Letter - Treatment Discontinuation, V1.0, 1st November 2013](#)

[STOP-ACEi Participant Diary, V1.0, 1st November 2013](#)

[STOP-ACEi Clinic Poster, V2.0, 6th January 2014](#)

[STOP-ACEi Advertising Text, V1.0, 1st November 2013](#)

#### Version history

[List of current documents and amendment log, last updated 11 Dec 2014](#)

[STOP-ACEi CRFs and KDQOL-SF™ questionnaire](#)





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## Recruitment

Last updated 23 April 2015

STOP-ACEi is open to recruitment.

STOP-ACEi aims to recruit 410 patients over a period of 2 years from approximately 20 centres across the UK.

Date first participant randomised 11 Jul 2014

Total recruitment to date 49

Total number of centres with full approval to take part in STOP-ACEi 18



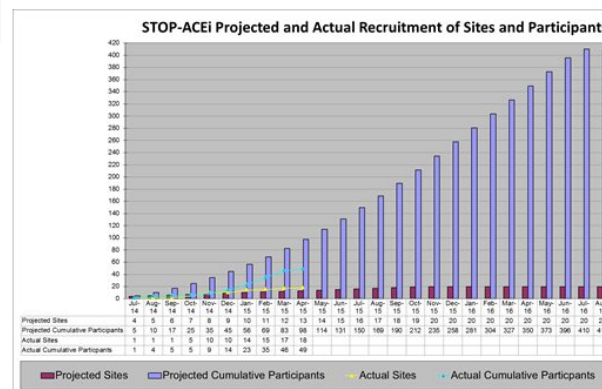
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## STOP-ACEi Patient Recruitment



[Click here](#) for a larger image of the recruitment graph.

[STOP-ACEi Patient Recruitment by Centre](#)





# Contact details

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Trial website: [www.birmingham.ac.uk/STOPACEi](http://www.birmingham.ac.uk/STOPACEi)

Online Randomisation and data entry system: [www.trials.bham.ac.uk/STOPACEi](http://www.trials.bham.ac.uk/STOPACEi)

E-mail: [STOPACEi@bham.ac.uk](mailto:STOPACEi@bham.ac.uk)

Telephone: 0121 415 9133

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B15 2TT

STOP-ACEi staff: Marie Valente, Trial Coordinator  
Jamie Godsall, Data Manager  
Liz Brettell, Renal Trials Manager



# Questions & Suggestions

## Questions & Suggestions

If you have a question, suggestion or anything you would like discussed during the open discussion session (14:15-15:00) please write it in the space below and then post it in the questions box.



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Name (optional): .....

If we don't get chance to discuss your question we will contact you after the event.