TO BE PRINTED ON LOCAL TRUST HEADED PAPER

STOP-APE

**STOP**ping **A**nticoagulation for isolated or incidental subsegmental **P**ulmonary **E**mbolism

Patient information booklet

A close up of a sign

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**Introduction**

We would like to invite you to take part in our research trial, which is voluntary.

Before you decide to take part, we want you to understand why this research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and relatives if you wish.

To help you decide if you would like to take part in the trial, a member of our research team will run through all the information in this booklet with you and answer any questions you may have. Please ask us if there is anything that is not clear or if you would like more information.

The full title of the trial is:

**Stopping anticoagulation for isolated or incidental subsegmental pulmonary embolism**

This has been shortened to:

**STOP-APE**

**Pulmonary embolism overview**

**What is a pulmonary embolism?**

Pulmonary embolism (PE) is a condition, where blood clots cause a blockage of the blood vessels in the lungs. PEs are often caused by blood clots in the legs (deep vein thrombosis (DVT)) breaking off and travelling to the lungs. The symptoms of a PE depend on the size and location of the blood clot and can include breathlessness and chest discomfort.

**How is a pulmonary embolism diagnosed?**

PE is diagnosed by a scan of your lungs, which is most commonly a computed tomography pulmonary angiogram (CTPA). This gives doctors images of the blood vessels of your lungs (pulmonary arteries). A small PE in these blood vessels is called a “subsegmental pulmonary embolism” (SSPE). CT scans are not only done if a doctor thinks you may have a PE, and these SSPE can also be found on a CT scan which may have been done for other reasons and it may not have caused any symptoms.

**How is a pulmonary embolism treated?**

The standard treatment for PE includes anticoagulant drugs commonly referred to as “blood thinners”. Anticoagulants include a drug called warfarin, direct oral anticoagulant (DOACs) tablets, or a type of drug called “low molecular weight heparin” that is injected under the skin. These drugs stop new clots from forming while the body breaks down clots that may have already formed.

**What is the purpose of the study?**

As the CTPA scanning technology for PE has become more sensitive, smaller clots are being diagnosed. The CTPA scans are now able to detect smaller blood clots in blood vessels of the lungs; these clots are only a few millimetres in size and are the subsegmental pulmonary embolisms (SSPE).

The current standard treatment for pulmonary embolism is anticoagulant drugs. The aim is to reduce future blood clots (PEs and DVTs). However there is a very low risk of bleeding if you take anticoagulation drugs, and this can become serious in 1-2% (1-2 out of every 100) of people.

It is unclear though if the smaller clots, the SSPEs, require treatment with anticoagulation. These smaller PEs may be broken down by your own body without the need for any treatment. However we don’t know if there is still a risk of new clots forming after the original SSPE has gone. Patients with SSPE who are treated with anticoagulation could be more at harm due to the risk of bleeding than they are helped by preventing future blood clots.

This trial will compare the outcomes among people with SSPE who have no anticoagulation treatment with those that are anticoagulated. The results of this will help us find out which is the best treatment plan for patients with SSPE.

To help us answer this question STOP-APE will recruit 1466 patients diagnosed with SSPE from around 50 UK Hospitals.

**Why Have I Been Chosen?**

You have been invited to take part because you have been diagnosed with an SSPE and you do not need to be admitted to hospital.

**Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect the standard of care you receive.

**What will happen to me if I take part?**

After reading through the information in this booklet we will ask you to sign a consent form. We will then ask you some questions about your health, current medications you are taking and perform a short physical examination.

If you are pregnant or planning on conceiving you cannot take part in the trial and we will ask pre-menopausal women to take a pregnancy test.

**Testing for Deep Vein Thrombosis (DVT)**

Patients who also have DVT as well as a SSPE cannot take part in the trial. You may have already had a computed tomography (CT) scan or magnetic resonance imaging (MRI) scan that has confirmed you do not have a DVT.

If you haven’t had either of these we will ask you to consent to have an ultrasound scan of your legs to look for DVT. This is additional to standard care. This is a non-invasive, painless procedure that involves a small probe being placed up and down the leg to create pictures of the veins. If the scan of your legs shows a DVT then your medical team will discuss treatment options with you including anticoagulation.

If following this assessment, you have no DVT and you meet the other eligibility criteria you will be able to enter the trial. If you are still willing to take part in the trial you will be asked to sign a separate consent form. You will also complete a quality of life questionnaire. This is additional to standard care and will take around 5 minutes to complete.

**Randomisation**

You will be randomly allocated to receive either anticoagulation treatment (the current standard of care) for at least 3 months or no anticoagulation treatment. You may have already taken anticoagulation drugs (for up to 1 week) that were prescribed to you when you first visited the hospital. If this is the case and you are allocated to the no treatment group you will stop taking this.

The process by which you will be placed in a group is known as randomisation. This process ensures there is an equal chance of being placed in either group and is the best way to ensure that there is a fair comparison between receiving anticoagulation treatment or not.

**CT scan reviews**

The radiology doctors at your hospital have identified that you have an SSPE. If the research team are satisfied you meet the eligibility criteria and you agree to participate in the trial you will be entered into the trial based on the diagnosis made at your hospital. However, the diagnosis of SSPE can be difficult to make.

Therefore as part of the trial we will ask for your consent to place your scan on a database for review by expert radiology doctors from a national centre for disease of lung blood vessels. The expert radiology doctors will verify your scan to ensure that it fits the criteria of an SSPE, providing the result as soon as possible, usually within 48 hours.

There are three possible outcomes following the review of the scans:

1. SSPE diagnosis is confirmed. If you have already entered the trial, you will continue to either take your anticoagulation treatment, or without treatment (depending on your allocation).

1. In the very unlikely event that the blood clots in your lung are bigger than a SSPE, a trial doctor will need to contact you to attend hospital as soon as possible to start taking anticoagulation drugs as per standard care if you are allocated to no treatment. They will also contact the research team looking after your care and the on call medical team at the hospital to make them aware.  If you have been allocated anticoagulation treatment you will continue to take it.  If you have not yet entered the trial you will no longer be eligible to participate.
2. There is no blood clot in your lungs. If this is the case and you are already taking part in the trial and allocated anticoagulation treatment you will be asked to stop taking it. If you have been allocated no treatment this will remain the case. If you have not yet entered the trial you will no longer be eligible to participate.

**Additional/optional research**

We will ask for your consent to store your scan at Royal United Hospitals Bath NHS Foundation Trust for the information to be used in further research studies.

An optional STOP-APE study element that we will ask your consent for, is to participate in an interview. We are looking to interview 30 participants to find out about your experience of the trial and treatments for SSPE. If you choose not to participate in the trial you are still able to consent to this additional research. If you consent to this additional research you may be interviewed by a researcher at a place that is convenient for you, either face-to-face in your own home or a hospital site, or by telephone/video call. The interview will take around one hour and will be recorded. It is up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time and without giving a reason. This will not affect the care you receive.

**Follow-up**

You will be monitored by phone calls from a member of the local research team. This will be at 4 weeks (which will be a quick check on whether you have had any problems) and then at 12 and 24 weeks.

The phone calls at 12 and 24 weeks will involve the research team asking you questions to review your progress. It should take about 15 minutes. You will also be asked to complete a quality of life questionnaire (EQ-5D-5L). At 52 weeks information will be gathered directly from your NHS digital medical records.

**What are the possible benefits to taking part?**

Although you may not receive any individual benefit from taking part in the trial, the information we get from the trial may help us to improve the way we manage patients with SSPE in the future.

**Will I receive any financial reimbursements for taking part?**

No financial reimbursements will be given to participants taking part in the trial.

**What are the alternatives to treatment?**

The only current treatment options for SSPE are either anticoagulation or no-anticoagulation, which this trial aims to assess.

**What are the potential risks of taking part?**

If you are allocated anti-coagulation treatment then the potential risks are the same as usual care which will have been discussed with you already by the doctors looking after you. You may experience bleeding from the anticoagulants, which can be minor like a small nose bleed or sometimes more severe (where you might need to come to hospital to have a blood transfusion).

If you are allocated to the no treatment group then you are less likely to have either bleeding as you will not be on anticoagulants, however you may get another blood clot in the lungs (PE) or legs (DVT).

You will be given a patient card that explains the symptoms to look out for which should prompt you to seek healthcare in case you have had another PE or DVT.

**Who is organising and funding the research?**

This study is being conducted in hospitals across the UK and is being co-ordinated by the Birmingham Clinical Trials Unit (BCTU) at the University of Birmingham.

The trial is being funded by a government body called the National Institute of Health Research (NIHR) Health Technology Assessment (HTA) programme. The research doctors will not receive a payment for including you in this study.

**Will my GP be informed?**

With your permission we will contact your GP to inform them of your involvement in the trial. They will be fully informed of your treatment plan. From time to time we may contact them as part of the trial to see if there have been any changes in your circumstances during the trial follow up period.

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**How have patients and public been involved in the trial?**

A clinical research ambassador group consisting of patients and members of the public as well as the charity Thrombosis UK helped to develop this research trial. A member of Thrombosis UK is also a co-applicant and will continue to be involved in the trial.

**Who has reviewed this trial?**

All research in the NHS is looked at by an independent group of people called a Research Ethics Committee (REC), to protect your interests. This trial has been reviewed and given favourable opinion by Wales REC 6 Research Ethics Committee.

**What happens to the results of the trial?**

The results and conclusions will be published in peer reviewed medical journals and presented at academic meetings. No individual will be identified in any publication. The research team will provide you with a summary of the trial results.

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**What happens when the research stops?**

Both during the trial and after, if you have another blood clot your doctors will assess you to decide if you need further or ongoing anticoagulation treatment.

**What happens if I do not want to take part?**

You may change your mind about taking part in any aspect of the trial at any time (before or even after you have started taking part in the trial) for whatever reason without having to justify your decision and it won’t affect the care you will receive from the medical staff. Exactly what happens if you change your mind (withdraw) depends on which parts of the trial you have agreed to and at what point you withdraw.

If you agree to take part in the trial and then wish to withdraw, you will be offered the standard treatment at your hospital. Data collected up until withdrawal will be used, anonymously as part of the final trial analysis. If you agree to continue you will be followed up at the 4,12,24 and 52 week time points as described previously. If you wish for no further data to be provided to the trial office then this will be respected and no further data will be collected.

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**What happens if something goes wrong?**

We do not envisage any problems occurring as a result of your participation in the trial. However, all patients are covered for negligent harm according to NHS indemnity guidelines.

If you have a concern about any aspect of this trial, you should ask to speak to a member of the research team who will do their best to answer your questions <insert contact number>. If you wish to complain about any aspect of the way you have been approached or treated during the course of this trial, the normal National Health Service complaints mechanisms will be available to you. Copies of these guidelines are available on request. If you wish to complain about how you have been treated during this trial please contact <insert service and contact number>.

**What happens if new information is available?**

Sometimes during the course of a trial, new information becomes available about the treatment that is being studied. If this happens, your trial doctor will discuss how this affects your care and participation in the STOP-APE trial. Your research doctor will tell you about the new information and discuss with you whether you want to continue in the trial.

If you decide to withdraw, your research doctor will make arrangements for your care to continue. If you decide you wish to continue in the trial, you may be asked to sign an updated consent form.

Your research doctor may also discontinue you from the trial if your safety is compromised at any time. If the trial is stopped for any reason, your doctor would, again, tell you and arrange for your continuing care.

**Will my taking part in this study be kept confidential?**

All information collected about you for this study will be subject to the General Data Protection Regulation and Data Protection Act 2018 for health and social care research and will be kept strictly confidential.

**How will we use information about you?**

The University of Birmingham is the Sponsor for this study and will be using information from your medical records in order to undertake this study and will act as the data controller for this study. This means that the University of Birmingham are responsible for looking after your information and using it properly. University of Birmingham and the NHS will keep identifiable information about you for at least 10 years after the study has finished, to allow the results of the study to be verified if needed. Information collected from you and your medical records will be used for this research project. This information will include your:

* Full name
* Date of birth
* Telephone contact number
* Ethnicity
* Sex
* NHS number
* Medical history

People who do not need to know who you are will not be able to see your name or contact details. Your data will have a unique study number instead and all information will be kept safe and secure. In the Trial Office, you will be identified using your unique study number. In routine communication between your hospital and the Trial Office, you will only be identified by study number, initials and partial date of birth*.*

All information collected by the Sponsor, including a copy of your signed consent form, will be securely stored at the Trial Office at the University of Birmingham on paper and electronically and will only be accessible by authorised personnel. The only people in the University of Birmingham who will have access to information that identifies you will be people who manage the study or audit the data collection process.

If consent is given, local research staff involved in the trial may access electronic data from your central NHS records. This will provide researchers with information that is routinely gathered and stored during your visits to primary care and hospital, and will allow researchers to find out about your health after the trial treatment has finished. By using routinely collected data we will be able to do this without needing to contact you further. In order to do this, we would need to send your name, gender, date of birth and NHS number with any request for information. In addition, your scans will be anonymised, meaning there will be no patient identifiers, and securely stored on a national database.

The audio recordings from the interview will be transcribed by a transcription company which has been approved for transcription of medical data. If you agree to take part in the interview study, your name will not be on the recording and we will remove your name from the interview transcripts to keep your identity confidential. Direct quotes may be used in publications but these will be numbered and anything that could identify you will be removed. Nothing that you say will be fed back to the doctors and nurses involved in your care as coming from you.

At the end of the study, any transcriptions made of your recordings will be made “Controlled Access”. This means that transcripts will be stored in an online database, which can be accessed by approved individuals who are interested in conducting their own analyses of the data. These individuals will have to submit an application to do this, which will be assessed by an independent committee. We will therefore have no control over how these data are used in the future. However, all data will be anonymised before they are made available, and there will be no way to identify you or any other individuals mentioned in your interviews/appointments. Sharing access of research data and findings is considered good research practice and is a requirement of many funding bodies and scientific journals. Sharing data helps to maximise the impact of money invested into conducting research studies and can encourage new avenues of research.

**What are your choices about how your information is used?**

You can choose to stop taking part in the trial at any time, without giving a reason, but we will keep information about you that we already have. We would like to continue collecting information about your health from your central NHS records. If you do not want this to happen please let us know and we will ensure that this data is not collected. We need to manage your records in specific ways in order for the research to be reliable. This means that we won’t be able to let you see or change the data we hold about you. If you agree to take part in this study, you will have the option to take part in future research using your data saved from this study. To safeguard your rights, we will use the minimum personally identifiable information possible. You can find out more about how your information will be used at <https://www.birmingham.ac.uk/privacy/index.aspx>.

The NHS and the University of Birmingham will use your name and contact details to contact you about the research study, and make sure that relevant information about the study is recorded for your care, and to oversee the quality of the study. Individuals from the University of Birmingham and regulatory organisations may look at your medical and research records to check the accuracy of the research study. The study team at your hospital will pass these details to University of Birmingham along with the information collected from you and your medical records. The people who analyse the information will not be able to identify you and will not be able to find out your name or contact details.

From time to time, we may be asked to share the study information (data) we have collected with researchers running other studies in this organisation and in other organisations so that they can perform analysis on the data to answer other important questions about SPPE. These organisations may be universities, NHS organisations or companies involved in health research and may be in this country or abroad. Any such request is carefully considered by the study researchers and will only be granted if the necessary procedures and approvals are in place. This information will not identify you and will not be combined with other information in a way that could identify you. The information will only be used for the purpose of health research, and cannot be used to contact you or will affect your care. It will not be used to make decisions about future services available to you, such as insurance. Once the study has been completed your data will be kept for further analysis. Our reports will be written in a way that no-one can work out that you took part in the study. Under no circumstances will you be identified in any way in any report, presentation or publication arising from this or any other study.

All individuals who have access to your information have a duty of confidentiality to you. Under the provisions of the General Data Protection Regulation (GDPR) 2018, you have the right to know what information the Trial Office has recorded about you. If you wish to view this information, or find more about how we use this information, please contact the University of Birmingham’s Data Protection Officer at the address below.

**Where can you find out more about how your information is used?**

If you would like more information on your rights, would like to exercise any right or have any queries relating to our processing of your personal data, or if you wish to make a complaint about how your data is being or has been processed, please contact:

**The Data Protection Officer, Legal Services, The University of Birmingham, Edgbaston, Birmingham B15 2TT  
Email: dataprotection@contacts.bham.ac.uk  
Telephone: +44 (0)121 414 3916**

You can also find out more from [www.hra.nhs.uk/information-about-patients/](https://www.hra.nhs.uk/information-about-patients/) and by reading the information available here [**www.hra.nhs.uk/patientdataandresearch**](http://www.hra.nhs.uk/patientdataandresearch)**.**

**Where can I get further information about the trial?**

For queries about the trial or for further information please contact:

<Insert local PI name>, Telephone <insert local PI contact details>, **STOP-APE** Principal Local Investigator.

For queries about the interview study please call Dr Agnieszka Ignatowicz, Telephone: 0121 414 7865.

The **STOP-APE** trial co-ordinating centre is located at the Birmingham Clinical Trials Unit, Institute of Applied Health Research, University of Birmingham, Edgbaston, Birmingham B15 2TT.

Tel: 0121 415 9120, Fax: 0121 415 9135, Email: **stop-ape@trials.bham.ac.uk**.

Thank you for considering participation in this trial.

You will be given a copy of this information sheet and your signed consent form to keep if you decide that you wish to take part in the trial.