Welcome to the Integrated Research Application System

IRAS Project Filter

The integrated dataset required for your project will be created from the answers you give to the following questions. The system will generate only those questions and sections which (a) apply to your study type and (b) are required by the bodies reviewing your study. Please ensure you answer all the questions before proceeding with your applications.

Please complete the questions in order. If you change the response to a question, please select 'Save' and review all the questions as your change may have affected subsequent questions.

Please enter a short title for this project (maximum 70 characters)
TOPIC 2: Thoracic Epidural and Paravertebral Blocks In reducing CPTP

1. Is your project research?

(●) Yes ( ) No

2. Select one category from the list below:

( ) Clinical trial of an investigational medicinal product

( ) Clinical investigation or other study of a medical device

( ) Combined trial of an investigational medicinal product and an investigational medical device

(●) Other clinical trial to study a novel intervention or randomised clinical trial to compare interventions in clinical practice

( ) Basic science study involving procedures with human participants

( ) Study administering questionnaires/interviews for quantitative analysis, or using mixed quantitative/qualitative methodology

( ) Study involving qualitative methods only

( ) Study limited to working with human tissue samples (or other human biological samples) and data (specific project only)

( ) Study limited to working with data (specific project only)

( ) Research tissue bank

( ) Research database

If your work does not fit any of these categories, select the option below:

( ) Other study

2a. Will the study involve the use of any medical device without a CE Mark, or a CE marked device which has been modified or will be used outside its intended purposes?

( ) Yes (●) No

2b. Please answer the following question(s):

a) Does the study involve the use of any ionising radiation? ( ) Yes (●) No

b) Will you be taking new human tissue samples (or other human biological samples)? ( ) Yes (●) No

c) Will you be using existing human tissue samples (or other human biological samples)? ( ) Yes (●) No

3. In which countries of the UK will the research sites be located?*(Tick all that apply)*

- [x] England
- [x] Scotland
- [x] Wales
- [ ] Northern Ireland

3a. In which country of the UK will the lead NHS R&D office be located:

- (•) England
- ( ) Scotland
- ( ) Wales
- ( ) Northern Ireland
- ( ) This study does not involve the NHS

4. Which applications do you require?

- [x] IRAS Form
- [ ] Confidentiality Advisory Group (CAG)
- [ ] Her Majesty's Prison and Probation Service (HMPPS)

5. Will any research sites in this study be NHS organisations?

(•) Yes ( ) No

5a. Are all the research costs and infrastructure costs (funding for the support and facilities needed to carry out research e.g. NHS Support costs) for this study provided by a NIHR Biomedical Research Centre, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC), NIHR Patient Safety Translational Research Centre or Medtech and In Vitro Diagnostic Cooperative in all study sites?

Please see information button for further details.

( ) Yes (•) No

Please see information button for further details.

5b. Do you wish to make an application for the study to be considered for NIHR Clinical Research Network (CRN) Support and inclusion in the NIHR Clinical Research Network Portfolio?

Please see information button for further details.

(•) Yes ( ) No

The NIHR Clinical Research Network provides researchers with the practical support they need to make clinical studies happen in the NHS e.g. by providing access to the people and facilities needed to carry out research "on the ground".

If you select yes to this question, you must complete a NIHR Clinical Research Network (CRN) Portfolio Application Form (PAF) immediately after completing this project filter question and before submitting other applications. Failing to complete the PAF ahead of other applications e.g. HRA Approval, may mean that you will be unable to access NIHR CRN Support for your study.

6. Do you plan to include any participants who are children?

○ Yes ◉ No

7. Do you plan at any stage of the project to undertake intrusive research involving adults lacking capacity to consent for themselves?

○ Yes ◉ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. Intrusive research means any research with the living requiring consent in law. This includes use of identifiable tissue samples or personal information, except where application is being made to the Confidentiality Advisory Group to set aside the common law duty of confidentiality in England and Wales. Please consult the guidance notes for further information on the legal frameworks for research involving adults lacking capacity in the UK.

8. Do you plan to include any participants who are prisoners or young offenders in the custody of HM Prison Service or who are offenders supervised by the probation service in England or Wales?

○ Yes ◉ No

9. Is the study or any part of it being undertaken as an educational project?

○ Yes ◉ No

10. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs?

○ Yes ◉ No

11. Will identifiable patient data be accessed outside the care team without prior consent at any stage of the project (including identification of potential participants)?

○ Yes ◉ No

NOTICE OF SUBSTANTIAL AMENDMENT

Please use this form to notify the main REC of substantial amendments to all research other than clinical trials of investigational medicinal products (CTIMPs).
The form should be completed by the Chief Investigator using language comprehensible to a lay person.

Details of Chief Investigator:

	Title	Forename/Initials	Surname
	Prof	Fang	Gao Smith
Work Address	Birmingham Clinical Trials Unit		
	Institute of Applied Health Reserch		
	University of Birmingham		
PostCode	B15 2TT		
Email	f.g.smith@bham.ac.uk		
Telephone	01213713243		
Fax			

For guidance on this section of the form refer to the guidance

Full title of study:	A Randomised Controlled Trial to investigate the effectiveness of ThOracic Epidural and Paravertebral Blockade In reducing Chronic Post- Thoracotomy Pain: 2
Lead sponsor:	University of Birmingham
Name of REC:	North of Scotland REC1
REC reference number:	18/NS/0110

International Standard Randomised Controlled Trial Number (ISRCTN):	
ClinicalTrials.gov Identifier (NCT number):	

Additional reference number(s):

Ref.Number Description	Reference Number

Name of lead R&D office:	Heart of England NHS Foundation Trust
Date study commenced:	03/01/2019
Protocol reference (if applicable), current version and date:	1a, 12/10/2018
Amendment number and date:	Substantial Amendment 1, 04/03/2019

Type of amendment

(a) Amendment to information previously given in IRAS

(•) Yes ( ) No

If yes, please refer to relevant sections of IRAS in the "summary of changes" below.

(b) Amendment to the protocol

(•) Yes ( ) No

If yes, please submit either the revised protocol with a new version number and date, highlighting changes in bold, or a document listing the changes and giving both the previous and revised text.

(c) Amendment to the information sheet(s) and consent form(s) for participants, or to any other supporting documentation for the study

(•) Yes ( ) No

If yes, please submit all revised documents with new version numbers and dates, highlighting new text in bold.

Is this a modified version of an amendment previously notified and not approved?

( ) Yes ( ) No

Summary of changes

Briefly summarise the main changes proposed in this amendment. Explain the purpose of the changes and their significance for the study.
If this is a modified amendment, please explain how the modifications address the concerns raised previously by the ethics committee.
If the amendment significantly alters the research design or methodology, or could otherwise affect the scientific value of the study, supporting scientific information should be given (or enclosed separately). Indicate whether or not additional scientific critique has been obtained.

List of changes from protocol V1 to V2
• Update DMC membership
• Update to TSC membership
• Update to TMG and collaborators
• Update of trial office contact detail
• Update to trial summary so it is consistent with updates to other sections
• Update to trial schema
• Update to funding and support in kind section
• Update eligibility criteria for clarity (section 4.2)
• Removal of statement that patient will be approached at least 24 hours prior to surgery as this was stated in error (section 1.2.3)
• Clarification that EQ5D5L will be collected at 3 months (section 2.2.3)
• Removal of statement that QRI consent forms will be shared with QRI team in Bristol (section 5.1.2)
• Clarification that patient should ideally be randomised on day of surgery or the working day prior to surgery (section 6.2.2)
• Removal of unnecessary statement: 'Details of the anaesthesia used during the intervention will be recorded on the appropriate CRF to confirm that they comply with above schedules' (section 7.2)
• Correction of VAS scores in secondary outcome measures for incidence of severe and moderate pain (section 8.2):
• Correction of acute phase outcome in table 8.2 in line with patient completed booklet content
• Addition of section 8.3 to outline study procedures
• Update of schedule of assessments to extend baseline assessments to up to 28 days prior to intervention, addition of medical history at baseline, addition of day 0 column for clarification, addition of notes for clarity.
• Removal of statement 'The participant wishes to withdraw completely (i.e. from trial treatment and all follow up) and is not willing to have any of their data, including that already collected, to be used in any future trial analysis' in section 8.5
• Update to AE definitions table for clarity (section 9.1)
• Addition of section 9.5 reporting period to make it clear that reporting period of SAEs is from date of intervention to

30 days after intervention
• Update to adverse events requiring reporting in TOPIC 2 section to list that complications of regional anaesthesia are be collected as part of the targeted AE dataset. (section 9.3)
• Updates to expedited and non expedited reporting sections for clarity (sections 9.4.2 and 9.4.3)
• Update to assessment of relatedness to make it clear that PI or medically qualified delegate should define severity and causality of SAE (section 9.7)
• Update to protocol defined expected AEs section to clarify that expected pulmonary complications are defined in appendix E (section 9.8.1)
• Update to source data definition table (section 10.1)
• Update to data collection form tables to reflect full CRF, insertion of statement that CRF will be electronic records rather than paper (apart from patient completed booklets and serious adverse event forms), insertion of statement describing use of paper forms as worksheets for clarity. Addition of section detailing expectations for data return and escalation process if data is not returned according to the expected timeframe (section 10.2),
• Update to data management (Section 10.4) to clarify which data will be entered electronically at site and which data will be paper based and entered at the trial office. Clarification regarding self-evident corrections that can be performed at the trial office.
• In the initial IRAS application section A27-1 stated “Patients who appear to fulfil the inclusion criteria will have their eligibility confirmed by medically qualified personnel with access to, and a full understanding of, their medical history.” This is a standard statement for a CTIMP application and was entered into this section in error. The correct process is as per protocol: “Eligibility will be formally confirmed by the PI, or delegate, at site who has access to, and a full understanding of, the patient’s medical history”
• In the initial IRAS application section A13 stated: “The only pre-operative change to the patient pathway in TOPIC 2 is that the patient will be approached during pre-operative assessment at least 24 hours prior to surgery”, section A30-1 stated: “The participant will be given a minimum of 24 hrs to read the PIS and to discuss their participation with others outside of the site research team” and section A31 stated: “A decision to consent to the QRI part of TOPIC 2 can occur on the same day that the information is given but consent to the main trial should be at least 24 hours after being provided with the patient information sheet”. These statements are not correct and do not reflect the approach/consent process detailed in the protocol which does not specify the 24 hour timeframe.

Trial summary has been updated to reflect eligibility criteria, trial schema and schedule of assessments as per protocol V2.0.

GP letter has been updated to correct the trial mailbox email address and addition of REC details.

TOPIC2 trial PIS has been updated to remove duplicate section "what happens when the research study stops" and insertion of REC name.

TOPIC2 audio recording discussions and interviews PIS has been updated to correct "who do I contact if I want further information or have concerns" section to include local PALS details as the former version incorrectly stated referred patient to page 1 and insertion of REC name.

Any other relevant information

Applicants may indicate any specific issues relating to the amendment, on which the opinion of a reviewing body is sought.

List of enclosed documents

Document	*Version*	*Date*
Protocol	2.0	04/03/2019
Trial Summary	2.0	04/03/2019
GP Letter	2.0	04/03/2019
Trial PIS	3.0	04/03/2019
Audio-recording discussions and interviews PIS	3.0	04/03/2019

Declaration by Chief Investigator

1. *I confirm that the information in this form is accurate to the best of my knowledge and I take full responsibility for it.*
2. *I consider that it would be reasonable for the proposed amendment to be implemented.*

This section was signed electronically by Professor Fang GAO smith on 22/03/2019 16:38.

Job Title/Post:	Professor of anaesthesia, critical care and pain
Organisation:	University of Birmingham
Email:	f.g.smith@bham.ac.uk

Declaration by the sponsor's representative

I confirm the sponsor's support for this substantial amendment.

This section was signed electronically by Dr Birgit Whitman on 25/03/2019 09:21.

Job Title/Post:	Deputy Research Governance Officer
Organisation:	University of Birmingham
Email:	researchgovernance@contacts.bham.ac.uk