**RISP**

**Research Information Sheet for Practices**

**v1.0 (02 August 2016)**

**Children’s drops for ear pain in acute otitis media:**

**The CEDAR Randomised Controlled Trial and Observational Cohort Study**



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| **R&D assurances** | R&D assurance has been sought for all CCGs within the West Midlands CRN area. |
| **CPMS ID** | 30521 |
| **IRAS ID** | IRAS ID: 165404 |
| **Type of study** | Interventional RCT (cTIMP) with parallel observational cohort study |
| **Study design and background** | Individually pre-randomised, three arm (active ear drops + usual care, placebo ear drops + usual care, and usual care only (no drops)) superiority trial with cost-effectiveness analysis and cost-consequence study, and nested qualitative evaluation. Two control groups: (i) no drops + usual care (open design) and (ii) placebo ear drops + usual care. In addition, an observational prospective cohort study of children not included in the trial in order to assess external validity.Children within all 3 arms of the trial and in the observational study will continue to receive usual care, which may include a delayed antibiotic prescription. |
| **Study aim and objectives** | Primary: To investigate the clinical and cost-effectiveness of benzocaine/phenazone (‘active’ ear drops) compared to 'no drops' (usual care) for reducing antibiotic consumption in children aged between 12 months and 10 years presenting to primary care with AOM. Secondary: To investigate clinical and cost effectiveness of active compared to placebo drops for ear pain. |
| **Primary care organisation target** | 6 RCT children per practice per winter season (12 in total over the 2 winter seasons of recruitment). No set sample size for the OCS, but the number of children recruited to the OCS should not exceed the number recruited to the RCT. Practices are asked to recruit children to the RCT in preference to the OCS. |
| **Duration of study recruitment**  | The 3 arm trial will run from October 2016 to March 2018 (but may continue to June 2018). |
| **Research reimbursements** | Primary care sites will be reimbursed for their time participating in this research as follows. Research costs will be paid directly by the study team, monthly on completion of the task. Service support will be paid in line with local processes for the CRN. The total reimbursement to be received by the site (i.e. the sum of research, support and treatment costs) is shown in bold underlined text. Service Support costs have been approved by the lead CRN in England (West of England) and are also approved for the West Midlands CRN.* Single payment of **£552.04** for study training, of which 50% to be reimbursed after recruitment of first participant to the RCT, and 50% to be reimbursed after recruitment of the next 2 participants to the RCT (i.e. after recruitment of 3 participants in total)
* **£27.45** (of which £5.49 research costs, and £21.96 service support) for pre-season awareness-raising Docmail mailout of study invitation letters (maximum of 2, at the start of each winter season of recruitment).
* **£126.16** (of which £30.16 research costs, £93.33 service support, and £2.67 treatment costs) for recruitment of one child into the RCT (target = 6 children per winter season/year; 12 children if participating for 2 winter seasons: no upper limit to the number of children that can be recruited by a site to the RCT).
* **£38.62** (of which £16.47 research costs and £16.99 service support) for recruitment of one child into the OCS (no target, but the number of children recruited to the OCS should not exceed the number recruited to the RCT).
* **£16.47** for completion of a review of the child’s primary care medical notes at 3 months post-randomisation (one for each child recruited to RCT and OCS).
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| **Excess treatment costs agreed by CCG** | Approval of the ETCs is still pending for West Midlands CRN.  |
| **Eligibility criteria** | Detailed exclusion criteria and advice will be provided to all recruiting clinicians and parents).**Inclusion*** Child aged between 12 months and 10 years
* Child presenting within 1 week of AOM symptoms
* Parent/legal guardian available to give consent
* Parent-reported ear pain in 24 hours pre-enrolment (or parent-suspected pain if child too young to report pain)
* Clinician diagnosis of AOM (although not an entry criterion, clinicians will be asked to report the presence of otoscopic evidence of acute tympanic membrane inflammation)
* Child is immunocompetent
* Child does not need immediate (same day) antibiotics (delayed antibiotics are fine)
* Children with learning difficulties are included in this study

**Exclusion*** Requires immediate hospitalisation
* Requires same day oral or topical antibiotic treatment for AOM or is already receiving a course of antibiotic treatment
* Otorrhoea, glue ear, suspected tympanic membrane perforation or grommets in situ
* Normal ear drum on examination
* Child has proven alternative source of pain, more severe than the AOM symptoms
* Child has known sensitivity to trial medicine (Auralgan) or to its ingredients (benzocaine, phenazone, glycerine, hydroxyquinoline sulphate) or similar substances, e.g. other ester-type anaesthetics such as procaine or tetracaine
* Known porphyria or hemoglobinopathy or glucose-6-phosphate dehydrogenase deficiency or methaemaglobinaemia, i.e. child is at increased risk of benzocaine-induced methemoglobinemia
* Current use of sulphonamides or antimalarials or hyaluronidase or St John’s Wort
* Child has a hearing aid and parent feels hearing aid should remain in place in the AOM ear
* Child has taken part in any drug trial within the last 3 months or any AOM-related research within the last 30 days.
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| **Study activities** |
| **Primary care organisation activities** | * GCP-trained GP and / or nurse practitioner who see children with ear pain to be trained in the study protocol procedures (2 hours for study training and 1 hour to become familiar with the key documents). Clinicians who take consent to read the study protocol in full and read the assurance letter.
* Set-up: providing appropriate documentation (signed, dated CV and recent GCP certificate – within 5 years, or less if this is in line with local R&D requirements) and receiving training (any member of practice staff who will be involved in: (i) assessing the child’s eligibility; (ii) taking consent; (iii) administering the trial medicines.
* A practice administrator working with the clinicians to ensure the site file is kept in order and the delegation and screening logs are completed.
* **Note:** this study may work best in a practice where a triage system is run, so that eligible patients can be given appropriate time with the recruiting clinician. We suggest 45 mins for the first recruit, and half an hour for subsequent recruits.
* Identifying and recruiting participants within the GP consultation: explaining the study; taking informed consent (including assent from children who are old enough to understand what is being asked of them within the study; completing the CRF; authorising the trial prescription; giving the parent a pre-randomised patient pack; explaining to the parent how to administer the trial ear drops (if received) and how to complete the Symptom and Recovery Questionnaire.
* Completing a review of the child’s primary care medical notes at 3 months following recruitment.
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| **Patient involvement** | * Parents of children randomised to receive ear drops, will be asked to administer the ear drops according to the MHRA-approved instructions on the medicine label and the REC-approved trial instructions for parents.
* All parents will be asked to complete a daily symptom and recovery questionnaire about their child’s illness for 8 days. Each day should take approximately 10 minutes to complete.
* Parents will receive 4 telephone calls over the first 8 days, from the trial Research Nurse, to help them to complete the daily symptom questionnaire. If the child’s ear pain continues after 8 days (~ 10% of children), the parent will be asked for permission to be phoned twice weekly until the child’s ear pain is completely better (up to a maximum of 28 days).
* The parent will be sent a questionnaire about the child’s hearing-related quality of life 3 months after study entry, which should take approximately 10 minutes to complete.

Travel expenses will be reimbursed but we do not expect that parents will incur travel expenses as a result of study participation.To thank parents for their time, they will receive £15 of High Street vouchers sent from the Bristol trial centre: £5 on joining the study, £5 on completion of the 8 days of the symptom questionnaire, and a final £5 when the 3-month questionnaire is completed. |
| **What are the likely benefits to the patient/primary care organisation?** | Participation will help research to improve future treatment for children with ear pain. The NHS has paid for and approved this study because evidence suggests the treatment might be effective in reducing antibiotic consumption and treating ear pain. Although we cannot promise any direct benefit to child or parent, we believe that the active trial treatment may help to relieve the child’s symptoms.  |
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| **For office use only** |
| **CRN contact** | Name: [please add contact name], Research OfficerEmail: [please add contact email]Telephone: [please add contact telephone number] |
| **RSI Contract** | This recruiting study will be on the NIHR Portfolio and therefore count towards the RSI. |