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)
Achilles Tendinopathy Management

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
- [ ] Scotland
- [ ] 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 review bodies are you applying to?

- [ ] HRA Approval
- [x] NHS/HSC Research and Development offices
- [ ] Social Care Research Ethics Committee
- [x] Research Ethics Committee
- [ ] Confidentiality Advisory Group (CAG)
- [ ] National Offender Management Service (NOMS) (Prisons & Probation)

For NHS/HSC R&D offices, the CI must create Site-Specific Information Forms for each site, in addition to the study-wide forms, and transfer them to the PIs or local collaborators.

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

(•) Yes ( ) No

5a. Are all the research costs and infrastructure costs for this study provided by an NIHR Biomedical Research Centre, NIHR Biomedical Research Unit, NIHR Collaboration for Leadership in Health Research and Care (CLAHRC) or NIHR Research Centre for Patient Safety & Service Quality in all study sites?

( ) Yes (•) No

If yes and you have selected HRA Approval in question 4 above, your study will be processed through HRA Approval.

If yes, and you have not selected HRA Approval in question 4 above, NHS permission for your study will be processed through the NIHR Coordinated System for gaining NHS Permission (NIHR CSP).

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 (CRN) Portfolio? Please see information button for further details.

(•) Yes ( ) No

If yes, you must complete a NIHR Clinical Research Network (CRN) Portfolio Application Form immediately after completing this project filter and before submitting other applications. If you have selected HRA Approval in question 4 above your study will be processed through HRA Approval. If not, NHS permission for your study will be processed through the NIHR Coordinated System for gaining NHS Permission (NIHR CSP).

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
	Dr	Rebecca	Kearney
Work Address	Warwick Clinical Trials Unit, Warwick Medical School,		
	University of Warwick		
	Coventry		
PostCode	CV4 8UW		
Email	R.S.Kearney@warwick.ac.uk		
Telephone	02476153156		
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Full title of study:	Achilles Tendinopathy Management (ATM): A multi-centre placebo controlled randomised controlled trial comparing Platelet Rich Plasma (PRP) to placebo (imitation) injection in adults with Achilles tendon pain
Lead sponsor:	University of Warwick
Name of REC:	West Midlands - The Black Country Research Ethics Committee
REC reference number:	15/WM/0359
Name of lead R&D office:	University Hospitals Coventry and Warwickshire
Date study commenced:	
Protocol reference (if applicable), current version and date:	
Amendment number and date:	2 23/03/2016

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 <u>either</u> 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.

• The choice of the placebo to be explained in the protocol. Added to page 7.
• It was suggested that the trial excludes patients that have had previous PRP injections. Added to this to the exclusion criteria, page 10.
• It was highlighted that in the background section of the protocol, we have stated that PRP is widely used, however, NICE stopped its use for tendinopathy only. Amended this section on page 6.
• Clarification that the placebo will be subcutaneous injection, see page 7.
• Removal of box “patient informed of allocation” see page 10
• The team were asked to consider what happens in technical failure, what will we do about the patient that has been randomised? Added information to the section on page 19.
• We will record the mechanism for recruitment within a flow diagram on a per centre basis. This will be ongoing.
• It was suggested that the protocol needs to be altered to reflect the amount of time that we are giving to patients before expecting a decision about the trial. Pages 13 and 14 amended.
• Although this is not a CTIMP, it is not clear in the protocol who can consent patients. We have made this much clearer by amending page 14.
• Table of schedule clarified on page 21
• Clarify this section about identification and reporting of SAEs. Pages 21 and 22 amended.
• To discuss the possibility of adding a pain scale into CRFs at the teams next meeting. Pain scales have been added, information added to the protocol, see page 12.
• Clarify point about consent, page 13-15.
• Clarify point about treatment delivery, pages 15, 17-18.
• Consideration of further exclusions to the criteria based on other trials, see page 10.
• Sample size reworded to reflect adjustment of the baseline data and discussion of effect sizes for difference scenarios. See page 23.
• Informed consent. Settings for recruitment – time to consider, information added to pages 13 and 14.
• Bilateral symptoms: state that the same treatment will be given in this situation, see page 19.
• Language to be considered: the use of the word “surgeon”. This has been amended throughout the protocol and supporting documentation.
• Quality assurance: observing, make this clearer, see page 19.
• Concomitant meds, we have stated why this will be collected on page 20.
• Consent then baseline data collection then randomisation – ensure clarity within the protocol: amendments made to page 15.
• A PPI panel has been convened. Clarification has been provided on page 29.
• Incentives – information added to the protocol, page 9.
• Exclusion/ inclusion changes such as patients will need to be 18 rather than 16 to be approached.
• VISA-A: is this responsive to change? See pages 11 and 12 for changes.
• Minimization with a random element is therefore more appropriate. Explain in protocol. See page 16. Simulations studies have shown that either random or fixed effects models are appropriate when the number of centres is small (5-6) (Kahan and Morris 2012 doi: 10.1002/sim.5667). Our preference is for random effects as it is better able to cope with only a small number of participants per centre (which is a realistic possibility) and better reflects the potential hierarchy across centres regarding 1) study populations and 2) quality of treatment delivery. i.e. on balance, there is little to lose by using random effects and possibly some gain.
• we make it clearer what the measure of efficacy will be and that we explain how the baseline information will be used, page 27.

(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.

• PIS –amendments – see documentation for changes. Changes reflect those clarifications made to the protocol.

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.

Addition of a new site: NHS Tayside - Scotland
New document : ATM PIS Postal Cover letter
Protocol changes highlighted above.
PIS changes
Clarifications to documents/ word changes in response to our TSC meeting - minutes will be attached to this amendment for your information. Further PPI involvement meant further changes (clarifications) to documentation also.

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*
ATM Protocol	v3	03/03/2016
ATM Baseline Participant Questionnaire	v2	01/03/2016
ATM 3 month Participant Questionnaires	v2	01/03/2016
ATM 6 month Participant Questionnaires	v3	21/03/2016
ATM Patient information sheet - Full	v6	23/03/2016
ATM Patient information sheet - Summary	v4	01/03/2016
ATM PIS Postal Cover letter	v1	11/01/2016
ATM Consent Form	v4	23/03/2016
ATM 2 week Follow up CRF	v2	01/03/2016
ATM 6 Month Questionnaire Cover Letter	v3	21/03/2016

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 Dr Rebecca Kearney on 24/03/2016 10:35.

Job Title/Post:	Associate Professor
Organisation:	Warwick University
Email:	r.s.kearney@warwick.ac.uk

Declaration by the sponsor's representative

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

This section was signed electronically by Mrs Jane Prewett on 29/03/2016 13:48.

Job Title/Post:	Deputy Director, R&IS
Organisation:	University of Warwick
Email:	jane.prewett@warwick.ac.uk