Professor Nadine Foster
Chief Investigator
Arthritis Research UK Primary Care Centre
Primary Care Sciences,
Keele University,
Staffordshire, ST5 5BG

F.A.O Dr Kathryn Kinmond
West Midlands – Staffordshire REC
Barlow House 3rd Floor
4 Minshull Street
Manchester, M1 3DZ

25th January 2013

Dear Chair,

Ethics application:- **The EASE BACK study: Pilot Randomised Controlled Trial**

REC Reference Number:- **13/WM/0021**

Please find below our responses to your requests for further information following ethical review of the above study at the meeting held on the 9th January 2013. Based on the feedback we received from ethics, we have also included a revised participant information leaflet, pilot trial consent form, advertisement materials, study protocol and study flow chart for your review. In addition we have also included a letter that we would like to send to women participating in the pilot trial and randomised to receive usual care plus acupuncture if the physiotherapy service is unable to contact them over the telephone to arrange an initial appointment.

Summary of included documentation for review

- Participant information leaflet for pilot RCT, v2.0, 24/1/13
- Pilot trial consent form, v2.0, 24/1/13
- Advertisement materials (EASE BACK study card, flyers/ posters, v2.0, 24/1/13)
- Study protocol, v2.0, 24/1/13
- Study flow chart, v2.0, 24/1/13
- Letter if physiotherapy service unable to contact woman, v1.0, 24/1/13

Responses to your requests for information are as follows:

1. Follow-up reminders
The Committee have asked for a maximum of two reminders to participants to return the follow-up questionnaire. At the meeting we clarified with the Committee that the procedure for reminders that was included in the original protocol was in line with the Keele University Clinical Trial Unit's Standard Operating Procedures, developed through experience with multiple previous randomised trials. We also stressed the importance of high follow-up rates in randomised trials, in order to ensure a robust and trustworthy analysis. We have gathered examples of the reminder processes that we have recently used within trials approved under the NRES system and their response rates (where available), and would like to share them with you as follows:

SWAP trial (REC ref: 12/WM/0020), n=360 (recruitment currently ongoing), approval granted for 4 reminders following initial questionnaire

- Questionnaire
- Reminder postcard at 2 weeks if no response
- Reminder questionnaire at 4 weeks if no response
- Postal brief questionnaire at 6 weeks if no response
- Minimal data collection via telephone at 8 weeks if no response

PhysioDirect trial (REC ref: 08/H0102/95), n=2250 randomised patients, total response rate at 6 weeks following 3 reminders after initial questionnaire = 89%

- Response to questionnaire (without reminders): 40%
- Response after first reminder + questionnaire: a further 22%
- Response after second reminder + questionnaire: a further 9%
- Response to minimum data collection via telephone: a further 18%

SMOOTH trial (REC ref: 07/H1008/235), n=257 randomised patients, total response rate at 3 months following 3 reminders after initial questionnaire = 88%

- Response to questionnaire (without reminders): 49%
- Response after reminder postcard at 2 weeks: a further 22%
- Response after second questionnaire (at 4 weeks): a further 15%
- Response to minimum data collection (at 6 weeks): a further 2%

STarTBack trial (REC ref: 07/Q2604/5), n=851 randomised patients, total response rate at 4 months following 3 reminders after initial questionnaire = 81%

- Response to questionnaire (without reminders): 32%
- Response after reminder postcard at 2 weeks: a further 25%
- Response after second questionnaire (at 4 weeks): a further 16%
- Response to minimum data collection (at 6 weeks): a further 8%

APEX trial (REC ref: 02/07/114), n=352 randomised patients, total response rate at 6 weeks following 3 reminders after initial questionnaire = 95%

- Response to questionnaire (without reminders): 52%
- Response after first reminder + questionnaire at 2 weeks: a further 31%
- Response after second reminder + questionnaire (at 4 weeks): a further 7%
- Response to minimum data collection (at 6 weeks): a further 5%

From the above, it is clear that the reminder process is critically important to achieving high response rates in randomised trials, and we would ideally prefer to continue to follow our usual processes, in order to achieve more than 80% response at the follow-up time point in the EASE BACK pilot trial. Women will have provided their consent to this study as part of a face-to-face informed consent process, where the reminder process can be explained, and the need to provide follow-up data can be made clear, so women will be aware of the importance of providing follow-up information. Given evidence from the above examples, combined with the feedback from the ethics committee, we propose that removing one planned reminder from the EASE BACK trial process (the minimum data questionnaire) will deliver the level of follow-up rates needed for the study in a way that has proven to be acceptable to participants in previous recent trials approved under the NRES system, and takes into account the concerns to achieve an acceptable level of burden to participants in this trial. Our revised plan would therefore be to carry out the following:

EASE BACK pilot trial, n=180 randomised patients, aiming for a total response rate at 8 weeks of 80% or more

- The 8 week questionnaire
- A reminder postcard at 2 weeks if no response

- A second questionnaire at 4 weeks if no response
- Minimum brief data collection via telephone at 6 weeks if no response

In order to reflect this change we have modified the study protocol and study flow chart, and enclose the updated versions of these documents for your review.

2. Health economics should be added to the secondary research objectives
Within the study protocol the study objectives are listed in section 3.2, on page 15:
- Test the trial procedures, training programme for health care professionals, interventions and outcomes with 180 women with pregnancy-related back pain.
- Provide data on likely recruitment and follow-up rates for the main trial plus completion rates on key outcomes and an estimate of likely effect size difference between the intervention (usual care plus acupuncture) and control (usual care) arms.

The health economic outcomes are encompassed in each of the above objectives, along with all the other outcome measures being used in the study. Specific detail about the health economic data that is being collected is provided in full within section 3.11.4 (page 26) of the protocol.

3. Specific consent for the collection of socio-economic data should be included in the consent form.
This has now been included in the consent form, and more information about this has also been included within the participant information leaflet (revised versions included for your review).

4. Appendix 2 should be removed from study documentation.
This has been removed.

5. The wording "we may be able to help" on the study advertisement is coercive and should be removed.
The wording has been changed and the revised versions included for your review.

6. Collecting women's full date of birth means women are more identifiable. Is the full date of birth needed?
To allow us to check for duplicates within the study (i.e. to ensure that we do not contact the same woman more than once) we do need every women's full date of birth. However, we do have clear policies and procedures in place for use of personal data, and how to ensure the confidentiality of such data, which are outlined in our responses to questions A36 and A38 of the REC form.

7. Change the wording on the participant information leaflet under 'what if something goes wrong'.
The wording has been changed and the revised version is included for your review.

Should you require any further information, please do not hesitate to contact me, on telephone number 01782 734705, or Melanie Holden, the EASE BACK study co-ordinator on telephone number 01782 734720. I look forward to hearing from you in due course.
Yours sincerely,

Professor Nadine Foster
Chief Investigator
Tel: 01782 734705
Email: n.foster@keele.ac.uk

NHS
Health Research Authority
National Research Ethics Service

NRES Committee West Midlands - Staffordshire
HRA NRES Centre Manchester
3rd Floor
Barlow House
4 Minshull Street
Manchester
M1 3DZ

Telephone: 0161 625 7835

20 February 2013

Professor Nadine Foster
Professor of Musculoskeletal Health in Primary Care
Keele University
Arthiritis Research UK Primary Care Centre
Keele, Staffordshire
ST5 5BG

Dear Professor Foster,

Study Title:	**Evaluating acupuncture and standard care for pregnant women with back pain (EASE BACK). Pilot randomised controlled trial.**
REC reference number:	**13/WM/0021**

Thank you for your email of 04 February 2013, responding to the Committee's request for further information on the above research.

The further information has been considered at the Full-Committee meeting of the REC on 13 February 2013.

Following is the committee's discussion and decision:

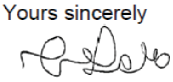
The Committee discussed your request to send participants three reminders instead of two, taking into account that most of the women would not have given birth yet at that point. The Committee agreed that two reminders are already above and beyond what is normally acceptable. Stress levels are generally higher in pregnant women and it is irrelevant whether they are post-natal or pre-natal. The Committee understands the procedure but the decision remains the same and it is final. Therefore, confirmation is required that only two reminders will be sent to participants and any relevant study documents should be amended accordingly.

Any further revised document submitted should be given a revised version number and date.

The 60 day clock for issue of a final ethical opinion on this application will re-start when the Committee has received a response on the outstanding points.

13/WM/0021	**Please quote this number on all correspondence**

Yours sincerely



Signed on behalf of:
Mr Victor Scofield
Committee Alternate Vice-Chair

Email: nrescommittee.westmidlands-staffordshire@nhs.net

Copy to: *Ms Jackie Gray*

Ms Pamela Devall, Staffordshire Cluster of PCTs