

## **Background**

Following the last DMEC meeting held on 23Jun14, after reviewing the unblinded data their key points are as follows:

1. The DMEC recommend that participants in the pacing arm stop pacing.
2. All participants should remain to continue follow up until the last participant's last visit (currently planned for mid-December 2014).
3. On balance, it appears that pacing may be harmful to the study group that have had it implanted
4. The group feel that it is unlikely that there will be any change in the data to suggest otherwise if the participants continued to pace.

The Sponsor (STH), Ethics, HTA, TSC and TMG all informed 23<sup>rd</sup> June 2014 of DMEC advise. Further guidance issued (24Jun14) from the DMEC to assure the trial team that although they feel it appropriate to discontinue its use in participants they do not think that there is evidence to suggest any acute risk to patients and as such a more gradual planed approach would be acceptable. The central team will submit an amendment to REC to gain approval for both the process and documentation for this procedure.

## **Process for participants active in study in DP arm**

- Local study team to contact participants as soon as practicable by telephone/ home visit or clinic visit and inform them to stop pacing, using information contained in the Stop Pacing Letter to Patients (DP arm) V1 24Jun14. If it is not possible to contact the participant via telephone, the letter should be posted or emailed.
- The local study team should give the participants contact details of their emergency service so that if a deterioration is experienced on stopping pacing the participant knows who to contact 24 hours a day. There is a space on the letter to add your details.
- The local study team should send to the patients GP:
  - 1) a copy of the "Stop Pacing Letter for Patients (DP arm)" V1 24Jun14
  - 2) a copy of the "Stop Pacing GP cover Letter" V1 24Jun14.

- The local study team should arrange to contact the patient by telephone/ home visit or clinic visit 24 hours and 1 week later following pacing cessation to review.
- A discussion regarding patient's wishes regarding wire removal should take place and the patient's wishes be implemented.

### **Guidance on Managing wires following pacing withdrawal**

1. Disconnect device. Return Pacing unit. Internal and external wires left in situ.
2. Disconnect device. Return pacing unit. Internal wires cut as leave body.
3. Disconnect device. Return pacing unit. Wires pulled out under local anaesthetic.

### **Guidance on continuing pacing beyond study recommendations**

The DiPALS instruction is that all patients cease pacing. If a participant wishes to continue pacing, following discussion of the DMEC advice, this is a decision that must have the support of the treating consultant and their employing institution. Such pacing will be occurring outside of the DiPALS study and will not have the support of the DiPALS study team.

**For each participant sites are to complete the checklist in Appendix 1 of this SOP once the process is complete and fax/email it back to the study manager.**

### **Participants active in study in NIV only arm**

- Local study teams to contact participants via telephone/home visit/ clinic visit and give/send Stop Pacing (NIV arm) letter.

### **Participants deceased who were in DP/NIV arm**

- No action is required until full study results are available

### **Withdrawal documentation**

- Please record any change in condition due to stopping pacing as an adverse event and link to pacing withdrawal in the CRF

- Please complete Appendix 1 DP participant discontinuation checklist

Appendix 1:

**DiPALS: DP participant discontinuation check list**  
 (applicable for only patients in the DP arm)

Participant number .....

Date advice from DMEC to discontinue DP discussed	DATE:
Option for pacing discontinuation chosen	(mark appropriate box with X)
1. Disconnect device. Return Pacing unit. Internal and external wires left in situ	
2. Disconnect device. Return pacing unit. Internal wires cut as leave body.	Date wires cut:
3. Disconnect device. Return pacing unit. Wires pulled out under local anaesthetic.	Date wires removed:
Other: (please provide information where the participant has not wished to choose one of the options above, complications from withdrawal of DP or wire procedures etc.)	