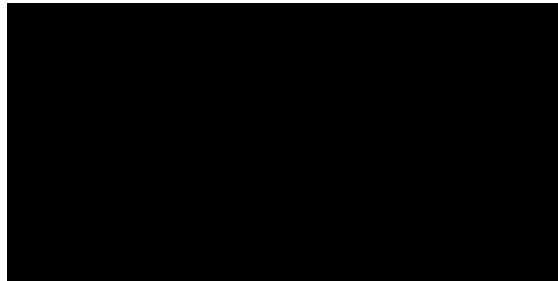
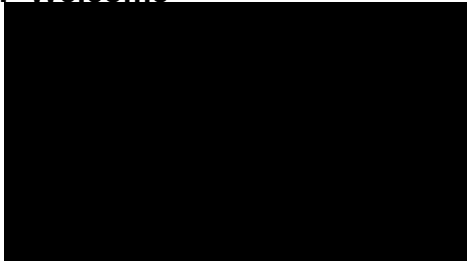




**Trial Management Group Meeting # 27**  
**8<sup>th</sup> May 2008, [REDACTED]**

**Draft Minutes**

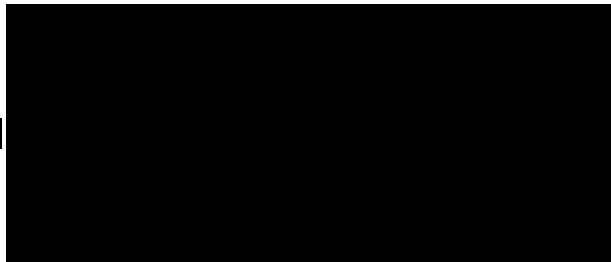
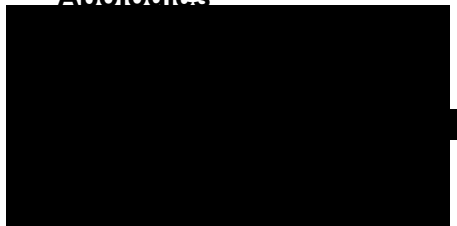
**1. Welcome**



**2. Observers**



**3. Apologies**



**4. Previous minutes of TMG # 26**

Doctor's CVs

**ACTION 1:** [REDACTED] to ask Oxford and King's whether they have any outstanding CVs for assessing doctors.

Analysis Strategy

**ACTION 2:** [REDACTED] to talk to [REDACTED] about completing the Health Economist section of the Analysis Strategy document.

**ACTION 3:** TMG/Analysis strategy group to consider a baseline paper on health economics costs of CFS participants from baseline data.

**ACTION 4:** The Analysis Strategy group should plan a meeting for morning of the September TMG. This session to be used to discuss Health Economics and adverse events only.

**ACTION 5:** Reminder to all that any further comments regarding the Analysis Strategy document should be completed as soon as possible and definitely by the end of this year.

**ACTION 6:** [REDACTED] to ask the MRC whether there are any restrictions on journals that we can approach to publish the main paper bearing in mind the open access policy.

**ACTION 7:** [REDACTED] to invite [REDACTED] or a nominated deputy to the next Analysis Strategy meeting particularly to discuss measurement and analysis of safety data.

**ACTION 8:** The trial statisticians to respond to [REDACTED] comments on the Analysis Strategy documents and circulate the response to the TMG before sending it.

#### Adverse events

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

## **5. Recruitment**

Congratulations go especially to Oxford and the Royal Free on their fantastic recruitment rates.

The shortfall at Bart's and King's may be due to the fact that these are the only two centres that offer all PACE treatments in the usual clinical service, since these are the centres with the largest number of patient declinations of participation.

491 participants had been randomised at the date of this meeting.

**ACTION 10:** [REDACTED] to follow up on [REDACTED]'s suggestion to run a team sweepstake for how many we will recruit by November 30.

**ACTION 11:** [REDACTED] to submit an MREC amendment that the trial will stop recruiting at 30 November 2008 and this will not be governed by whether or not 600 has been reached.

**ACTION 12:** [REDACTED] to talk to [REDACTED] about the possibility of over recruiting by 30 November 2008 and asking for more subvention monies for those recruited in excess of 600.

## 6. Feedback from DMEC

████ presented a summary of discussions from the DMEC meeting. The minutes of the TSC meeting will be available shortly pending the Chair's amendments and approval.

### Possible independent assessors for safety data; events and reactions

For data protection reasons it was agreed that the independent assessor would need to be UK based so that they could access notes if required.

**ACTION 13:** █████ to ask █████ █████ could approach █████ of the MHRA if █████ could advise on the assessment process.

Potential assessors suggested by the TMG to be approached include:

- i. █████ neuropsychiatrist
- ii. █████ physician rheumatologist, █████
- iii. █████ physician immunologist, █████
- iv. █████ ID physician, █████
- v. █████ liaison psychiatrist, █████

**ACTION 14:** █████ to contact the Chairman of the TSC with the list of possible assessors for the safety data.

## 7. Feedback from TSC

### Screening data (red and black book)

**ACTION 15:** █████ to ask all centre staff to continue to send the screening data to █████ monthly.

**ACTION 16:** █████ to send the screening data to █████ quarterly or upon request.

### Change of drop out definition

**ACTION 17:** The analysis strategy document needs to be modified to include additional treatments of SSMC patients who have another trial treatment. These people to be removed from the drop out list unless they have withdrawn consent to remain in the trial.

### What happens after PACE?

PACE 2 cannot be planned without knowing the results of PACE. Local solutions should be sought where staff are keen to keep research staff employed beyond December 2009.

Possible future CFS studies include:

Patient preference trial █████ - Matching treatment with the patient's expectations and illness belief systems

Group treatment for CFS

Fatigue associated with medical condition such as MS and cancer and treatment for it

#### Publication

TSC recommends that there is a press embargo until the day the main trial paper is published.

#### GET guide

The GET team has been asked to reconsider two of the stretches before use with participants. When modified the amended guide will need to be sent to MREC.

**ACTION 18:** [REDACTED] to send the amended GET guide to MREC when the stretching instructions are removed or modified.

### **8. Extension contracts and subvention monies**

#### Research costs

Both the TMG and TSC have agreed that in order to allow all centres to finish at the same time, centres that started later in the trial will spend their first tranche of money before being given extension monies.

All centres are happy with the research contracts. The contracts specify a total planned trial cohort of 600. If the ethics committee agrees continuing recruitment to date (end November) rather than number (600), these contracts may need a minor amendment to allow this

#### Subvention contracts

After November 2009 (end of February) the therapists will still be employed but no further money will come in to the financial year beginning April 2010.

All centres spoke to their excess treatment cost subvention status.

Bristol expects to retain all therapists within their existing budget.

King's, Bart's and Edinburgh have a projected shortfall as a consequence of the trial starting later than planned, but all are looking at ways this might be tackled.

Oxford and the Royal Free have over recruited and so it is hoped these centres will remain in credit.

Edinburgh are pursuing more money from the NHS and CSO.

Centres in England might charge PCTs for the extra post trial therapy.

### **9. PACE day agenda and plans**

■■■■ discussed the agenda for the PACE day. ■■■■ will give a PACE trial presentation and latest research review. ■■■■ will talk about mediations of treatment outcome. ■■■■ is visiting to talk about the FINE trial. After lunch there will be a team trip to the London Eye.

There will be a National Team Day next year to be held on a Wednesday to celebrate the trial recruitment end and present baseline data papers.

#### **10. Doctor's monitoring of PACE medical notes – call for dates and volunteers**

■■■■ will be carrying out the doctor's monitoring of Bart's.

**ACTION 19:** ■■■■ to liaise with ■■■■ to arrange the doctor's monitoring of King's.

#### **11. FINE nurse assessment of PACE recordings**

Two nurses from the FINE trial have agreed to carry out blind assessments of PACE trial sessions.

Discussion took place as to what the independent raters should assess and how sessions should be selected for review and differentiation.

**ACTION 20:** ■■■■ to add the issue of independent review of treatment recordings to the next TMG agenda.

**ACTION 21:** ■■■■ to create a project plan for the assessment of treatment recordings and ■■■■ will contact the FINE nurses in order to update them on what is happening.

#### **12. Ancillary studies**

##### **a) 2.5 year follow up study**

Follow up booklets have been sent out. Centres are advised to send out with a piece of cardboard so that carbon copy CRFs are not ruined.

##### **b) ■■■■ supervision study**

■■■■ requested further edits to the final copy before submission for publication.

##### **c) King's study**

Completed but frozen for publication until the PACE trial is complete and the main paper is finished.

##### **d) Edinburgh study**

No further attempts to get funding are being made at present. However the data will be collected and can easily be analyzed later... Some analysis of data might be done as part of the treatment differentiation QA analysis if extra monies are obtained.

e) SNP study

This study is now seeking data from more trials than just PACE and is also looking at running a case control study.

f) [REDACTED] proposal – to look at how to measure disability in CFS.

g) [REDACTED] – would like to look at stress and burnout in CFS.

These last two studies are in preparation, and will be submitted to the TMG at a later date.

### 13. Specific centre issues

None mentioned other than those mentioned above.

### 14. Therapy/treatment arm issues

CBT – [REDACTED] is providing CBT cover whilst [REDACTED] is trained up at Bart's. [REDACTED] has agreed to cover Oxford CBT until the end of the trial. [REDACTED] is covering a day and a half at the Royal Free.

**ACTION 22:** [REDACTED] to discuss with [REDACTED] and [REDACTED] possible solutions to the cost of [REDACTED] working at the Royal Free...

**ACTION 23:** [REDACTED] and [REDACTED] to see if when [REDACTED] is trained [REDACTED] could share the CBT cover of the Royal Free.

APT team – no problems raised; the APT has a solid network they hope to maintain beyond the life of PACE.

GET – No reported problems.

CBT – [REDACTED] not present but no major issues reported.

### 15. Any other business

**ACTION 22:** [REDACTED] to circulate a document on how we may constitute writing groups for comment.

### 16. Dates and venues for TMG meetings in 2008:

a) Wednesday 17<sup>th</sup> September 2008, [REDACTED]

b) Thursday 4<sup>th</sup> December 2008, [REDACTED]

## Summary of meeting minutes

### All

**ACTION 5:** Reminder to all that any further comments regarding the Analysis Strategy document should be completed as soon as possible and definitely by the end of this year.

### Analysis Strategy Group

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**ACTION 4:** The Analysis Strategy group should plan a meeting for morning of the September TMG. This session to be used to discuss Health Economics and adverse events only.

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**ACTION 9:** ██████ to chase up ████████████████████ regarding ██████ safety concerns for PACE treatments by the next TMG.

**ACTION 17:** The analysis strategy document needs to be modified to include additional treatments of SSMC patients who have another trial treatment.



These people to be removed from the drop out list unless they have withdrawn consent to remain in the trial.

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