NOTTINGHAM CLINICAL TRIALS

at the University of Nottingham

The role of communication preferences on data collection in a phase III oncology trial.



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• POSNOC, a phase III oncology trial of axillary treatment in women



• By removing the need for in-person clinic visits at 3- and 5years, significant savings to time were made and research staff burden reduced.

- with breast cancer, started recruiting patients in 2014. POSNOC patients complete 5 years of follow-ups.
- During the trial's 10-year life-cycle to date, the world has changed significantly with a trend towards remote data collection. This trend was accelerated by the COVID-19 pandemic, but POSNOC embraced remote data collection in advance of this.
- When POSNOC started, the intention was for patients to physically attend follow-up appointments at 3- and 5-years, but it was realised that this requirement was inconvenient to both patients and staff and that the trial data could be achieved via telephone appointments without a loss of quality.
- The move to remote appointments was combined with a rolling review of the effectiveness of the overall communication strategy.

Methods

- POSNOC worked with sites to repurpose this saving into further medical record reviews. These reviews take place yearly from the time the patient reaches their 5-year follow up until the last patient last visit in summer 2025. This allows for a longer-term assessment of patient health status without placing further burden on the patients or requiring additional funding.
- Strong communication with sites contributed to their willingness to conduct these medical record reviews. Only 2 out of 99 open UK sites could not give confirmation of capacity and capability for the medical record reviews.
- Engagement with the annual checks is high, reaching 94% of sites with fully or partially completed checks in 2023. It is anticipated that the above medical record reviews will be

Telephone appointments:

Site

In 2019, the 3- and 5-year clinic visits were altered to allow for remote collection of data via telephone appointments.

The trial team regularly communicates with sites via newsletters, seasonal communications: messages, and discussions about data entry.

combined with the Annual Checks, minimising burden at sites whilst ensuring high levels of data collection.

• By reviewing our communication strategy and repurposing research resources, POSNOC can expect approximately an additional 4600 updates on patients' health statuses beyond the original trial plan, with some patients followed up for 12 years.

Conclusion/Discussion

- Whilst it is always advisable to review the communications strategy periodically for any trial, this becomes even more relevant for long trials since there is the likelihood of opportunities to embrace new methodologies.
- These reviews can lead to benefits for participants, NHS staff, and the trial team, which have both wider economic and ecological implications – such as reducing travel burden and the carbon footprint of the trial, and increasing data collection opportunities.

Annual checks:

POSNOC employs Annual Checks with sites to ensure the contact details for the site team are up to date.



 We propose POSNOC's medical record reviews could be used as an alternative or potential comparator to data received through data linkage services such as NHS Digital England.

NHS

University of FUNDED BY **University Hospitals of** Nottingham NIHR National Institute for Health and Care Research **Derby and Burton NHS Foundation Trust** UK | CHINA | MALAYSIA



The POSNOC study is funded by the National Institute for Health Research's (NIHR) Health Technology Assessment Grant (ref: NIHR12/35/17). The NIHR had input into trial design through peer review of the funding proposal but will have no role in data collection, data analysis, data interpretation, or writing of the final report.