MRC-NIHR Trials Methodology Research Partnership: Webinar recording

Informed Consent Complexities and Ways Forward: Methodological Work From Around the Globe

Presented, on behalf of the Global Health Network, by:
Elizabeth Allen (Global Health WG TMRP & Partnerships, the Global Health Network)
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Victoria Shepherd (Cardiff University)
Amy Russell (University of Leeds)
Julia Wade (University of Bristol)
Tanya Symons (Clinical Trials Consultant, T Symons Associates PTY LTD)
Tsaone Tamuhla (South African National Bioinformatics Institute)

27 March 2023

The slides are available below.

For any queries, please contact uktmn@nottingham.ac.uk

https://youtu.be/Epm2TL0Oank
Trials Methodology Research Partnership
Webinar series: UK Trial Managers’ Network

Informed consent complexities and ways forward: methodological work from around the globe

Global Health and Trial Conduct Working Groups

https://www.methodologyhubs.mrc.ac.uk/

https://tghn.org/
Global Health Working Group

• Raising awareness & supporting methodology researchers in LMICs
  – Small project grants
  – Attendance at International Clinical Trials Methodology conferences
Global Research Nurses

Pump-priming grants 2023 for research workshops for nurses and midwives in low and middle income countries

Deadline: Sunday 30 April 2023 23:59 EET (Athens, GMT)
Maximum award length: 6 months. Projects must be completed by 30 November 2023.
Funding available: £14,000. Maximum project award: £7,000

Towards Ethical Guidance to Protect Healthy Volunteers In Biomedical Research

Strengthening clinical trials to provide high-quality evidence on health interventions

Implementation of the resolution on clinical trials WHA 75.8
TMRP Trial Conduct Working Group

• Develop research ideas/projects
• Identify need for practical guidance
• Develop applications for funding
• Support each other’s research projects
• Propose activities for dissemination & awareness creation
Examples of funded projects

**Recruitment and Retention Sub-group**
*Using Machine Learning with user feedback to improve ORRCA*
Anna Kearney

**Communication Sub-group**
*Understanding the language and complexity of informed consent in clinical trials and identifying participant preferences for key trial processes*
Frances Shiely

**Qualitative Research in Trials Sub-group**
*Qualitative data sharing practices in clinical trials in the UK and Ireland: Towards the production of good practice guidance*
Catherine Houghton

**Inclusivity/Recruitment Sub-group**
*Minority ExpeRiences In Trials (MERIT): Understanding why ethnic minority groups are under-represented in trials through a rapid qualitative evidence synthesis, and mapping evidence to find solutions*
Heidi Gardner

**Cross-working group projects**
- Qual Share
- e-Consent
- PILs for Adaptive designs
TCWG outputs

Publications

Complex and alternate consent pathways in clinical trials: methodological and ethical challenges encountered by underserved groups and a call to action

Amy M. Russell
University of Leeds
Victoria Shephard
Cardiff University

What is the purpose of clinical trial monitoring?

Sharon E. Love, Victoria Yoke-Edwards, Elizabeth West, Rebecca Macleod, Kate Kempton, Katie Ross, Scilla Cappellinetti, Lucy March, Jolanta O'Sullivan, Lila Fox, Estelle Pfeiffer, Kenneth Hood, and Gerry Meaden

Abstract
Background: The purposes of information on clinical trials do not give information in an accessible language. In this study, we explored the willingness of communication and to build clinical trial managers' awareness of the importance of communication.

Webinars

Improving randomised controlled trials through drawing: what creative methods can teach us about process and outcomes

Presenter: Dr Janevee Mannell
Tuesday 27th April 2021, 1-2pm (GMT)

Guidance

Communication: Stakeholders to consider for your research

To join go to:
https://www.methodologyhubs.mrc.ac.uk/about/working-groups/
Informed consent: methodological work from around the globe
Complex and alternate consent pathways in clinical trials

Julia Wade, Amy M. Russell, Vicky Shepherd
Background

Trials Methodology Research Partnership (TMRP)

 Trials conduct (TCWG)

 Qualitative research in trials
 Communication
 Recruitment & retention
 Inclusion/diversity

 Complex and alternate informed consent
Background

Complex and alternate consent pathways within Trials research

- 23 members: trials methodology, healthcare professions, bioethics, qualitative research, social science
  - Adults with communication, hearing and sight disabilities
  - Adults whose capacity fluctuates or is lost during a trial
  - Adults who lack capacity
  - Adult and paediatric emergency and urgent care trials
Background

Complex and alternate consent pathways within Trials research

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Promoting interdisciplinary and cross-institutional collaboration to address ethically / methodologically challenging issues for consent to trials
Activities and outputs

• Map existing resources, publications and content experts
• Make existing resources readily available
• Paper describing current challenges and future research
• Identify topics for future research and funding bids
Communication

- Stroke - Aphasia
- Visual impairment
- Hearing impairment
- D/deaf
- Learning disability
- Brain injury
- Dementia
- Progressive neurological conditions

- Difficulties in accessing and understanding information
- Difficulties in communicating wishes
- Communication ability is interpreted as capacity

- Skills & confidence of recruiters
- Format of information
- Format to give & record consent
- Time & Cost

stopped from choosing

[Image of a person thinking and another person using a tablet]
Fluctuating Capacity

**Causes**
- Pain
- Medication effects
- Dementia
- Serious Mental Illness
- Learning disability
- Task specific

**Challenges**
- Assumptions of fluctuating capacity
- Do our processes or environments exacerbate it?
- Retention & Exclusion
- Unfamiliarity with legislation
- Multi country trials subject to multiple legislation
Solutions

- Co-production:
  - Format of information, to express & record consent
  - Who takes consent?
  - Time of day
  - Environment
  - At what point in research?
  - Justify innovation in methods

- Reconceptualise consent - iterative & on-going, not a one-off event
  - At what point should you revisit consent?
- Plan ahead – express wishes
- Design with INCLUDE frameworks
- Explore alternative formats
- Researcher/recruiter training
- Clear guidance
- https://www.capacityconsentresearch.com/

How could we make it better?
Adults lacking capacity to consent - challenges

- Gatekeeping – complexity of ethical and legal frameworks, paternalism
- Involvement of alternative decision-maker – personal or professional
- Identification, knowing preferences, lack of guidance, decisional/emotional burden
- REC approvals – justification for inclusion, issues with consistency/accuracy
Emergency trials in adults and children - challenges

- Additional consent complexities in time-critical trials - essential to avoid delays
- Parent/alternative decision-maker may not be present or may be distressed
- Research without prior consent (RWPC) may be permitted
- Jurisdictional differences, contextual/cultural factors
- Complexity of ‘middle ground’ cases
Methodological innovations

- Researchers - NIHR INCLUDE Impaired capacity to Consent Framework
- Families - decision aid being evaluated in CONSULT SWAT
- Individuals – exploring ‘advance research planning’
- Adult emergency research – Perspectives Study guidance, CoMiTED video on RWPC
- Paediatric and neonatal trials – CONNECT guidance
- Informing bereaved families in RWPC – ENHANCE
Conclusions

- Range of concrete outputs with ongoing research
- Identifying other work in complex consent pathways in trials
- Global issue with shared challenges and contextualised solutions
- Requires collaboration – call to action!
Complex and alternate consent pathways in clinical trials: methodological and ethical challenges encountered by underserved groups and a call to action

Amy M. Russell1, Victoria Shepherd2, Kerry Woofall2, Bridget Young2, Katie Gillett2, Anna Volkmer2, Mark Jayes3, Richard Frucélie2, Alexander Perkins2, Nurulamin M. Noor2, Beverley Nickells5 and Julia Wade1

WEBINAR
Complex and alternate consent pathways in clinical trials: methodological and ethical challenges encountered by underserved groups

Dr Amy M Russell (University of Leeds)
Dr Victoria Shepherd (Cardiff University)
Dr Kerry Woofall (University of Liverpool)
Dr Mark Jayes (Manchester Metropolitan University)
Dr Julia Wade (University of Bristol)
Dr Anna Volkmer (University College London)

Monday 24th April @ 13:00 – 14:00 (UTC+1)

Register Online https://www.hrb-tmRN.ie/training-education/upcoming-events

Please contact HRB-TMNR@universityofleeds.ac.uk for further information

https://bit.ly/2VMWsGx
Incorporating patient values and preferences into research consent

Tanya Symons, PhD
T Symons Associates Pty Ltd
Participant Information/Consent Forms (PICFs)

Random national sample of 248 interventional PICFs (without consent forms)

7/18 (Non-commercial/commercial)
11/13 (Flesch-Kincaid Grade Level/SMOG)

Anti-XX is <0.7/1.0 u/ml
Correlative research

ultrastructure
relational continuity
submaximal
oxidative stress

subcutaneous formulation
mediastinal mass
free radical injury

Layered (Integrated) Consent

UK’s Health Research Authority Concept

A Concise PICF/Discussion

Optional Supplementary Information

1. New topic
2. More info on PICF content
Simple, patient-centred PICFs

Focus groups tested UK ‘layered consent’

- **SNAPCHAT**: Low-risk trial (SNAP)
- **InFORMed Project**: Other risk levels

Revised national template

- Publish the methods and materials for the focus (discussion) groups
PICF with ‘sufficient information’

1. Nature\(^1\) & dual purpose\(^2\) of the research
2. Reasonably foreseeable discomforts or risks
3. Reasonably foreseeable benefits
4. Any available treatment alternatives
5. Research duration and impact\(^3\)

\(^1\) Including the voluntary nature of research
\(^2\) For some research, the dual purpose (treatment and generalisable knowledge)
\(^3\) How research alters what would have been experienced in clinical care
SNAP PICF - Inclusivity

**Background to *Staph aureus* bloodstream infections**
Learn more about why we’re studying treatments for *S. aureus* bloodstream infections in the SNAP trial.

**Background to SNAP**
Learn more about why we’re studying treatments for *S. aureus* bloodstream infections in the SNAP trial.

**Patient Pathway**
What does taking part in SNAP mean for participants?

- SNAP Trial Resource
- SNAP Trial Resource
- Read More
Ethics issues with long PICFs

The Nocebo Effect

Some people may choose not to participate because they're scared off...

...people they might look at that and assume the survey itself is as complex as the form ...a bit of a turn-off.

One 42-page PICF had a 13-page risk section
THANK YOU
A REDCap Template For Tiered Electronic Consent (e-consent) Framework

Tsaone Tamuhla
South African National Bioinformatics Institute
University of the Western Cape
South Africa
Introduction

• Move from broad consent to tiered consent

• Shift to more collaborative research and data sharing among researchers

• Foster ethical use of biospecimens and data in research

• Ensure that participants give truly informed consent
Purpose of the framework

Designed to meet the needs of both participants and researchers by:

1. Providing a comprehensive list of information to include in the main consent and withdrawal of consent documents
2. Providing a use case example of human genomic research language that is easy for participants to understand
Framework design

• REDCap allows for the standardization of data capture tools in survey format

• We adapted the tiered consent model (Nembware et al., 2019) with some modifications

• No centralized collection of data

• Framework template can be downloaded and imported into REDCap (https://github.com/CIDRI-Africa/e-Consent-framework)
Benefits to participants

Why are we doing this study?

We want to study something called "genes". These "genes" are present in all of us and are the same in all parts of our bodies. "Genes" are sometimes also called DNA, which is the name of the material they are made from. Genes are responsible for why people in families are often more like each other, and different from other families. For example, some families are generally taller or shorter than others. This kind of information is passed from both the father and the mother to their children and on to their grandchildren, from one generation to the next. Some of these genes may prevent some people from getting certain illnesses. Other genes may be one of the reasons why some people get sick or have side effects from some medicines when others do not. We are still learning how genes might contribute to different diseases, and how they work together with our lifestyle and other factors - such as our environment or what we eat - to affect our health. We want to explore whether genes may affect (specific health phenotype under study) in (specific target population if relevant).

What do we do to decide if you are eligible to be take part?

In our study, we want to learn more about [specific disease phenotype] in [target study population] so we are approaching any person who fits this description because they are the type of people who we want in our study.

How many people will take part in the study?

There will [insert number] of participants including yourself if you agree to participate in the study.
Benefits to participants

Sometimes what we find from a study like this might lead to new studies being done in the future. Can other researchers contact you in the future to invite you to take part in other research studies?

☐ Yes  ☐ No

If yes, how would you like to be contacted?  ☐ Telephone  ☐ Letter  ☐ Visit  ☐ Email

Can my samples and information be used in research outside the country?

There is an international study that is combining the results from [specify disease] studies like ours that are taking place around the world. The information from samples donated from everyone around the world will be made available to researchers in a large data storage resource in Europe called the European Genome Archive (EGA) and will be provided to other researchers who want to do more studies using the combined genetic and health information.

We will ask you if you would like your sample and health details to be included in this international study - you do not have to agree to join the international study, it is your choice.

Do you agree for us to share your DNA sample for genetic analysis together with your health information for International studies being done to better understand [specific disease]? Your genetic data and health data may be shared with other international researchers for other studies in the future

☐ Yes  ☐ No
Benefits to researchers

• Data is captured directly without the need for transcription from paper to database
• Easier to identify consenting participants
Benefits to researchers

Withdrawal of study consent

PID

Withdrawal of consent

Date

Do you wish to withdraw your consent to participate in the entire study or parts of the study?

- Complete withdrawal
- Partial withdrawal

Please state from which part(s) of the study you would like to withdraw your consent

Reason(s) for withdrawing consent

The participant is not obliged to give a reason, therefore if no reason is given type "none given"

Participant signature
Conclusion

Tsamhla et al. BMC Medical Ethics (2022) 23:119
https://doi.org/10.1186/s12910-022-00860-2

DATABASE

An e-consent framework for tiered informed consent for human genomic research in the global south, implemented as a REDCap template

Tsaone Tamuhla¹, Nicki Tiffin¹,²,³* and Taryn Allie¹

https://github.com/CIDRI-Africa/e-Consent-framework