NOTTINGHAM CLINICAL TRIALS UNIT

Annual Report 2017

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1 WELCOME

Welcome to the 2017 annual report for the Nottingham Clinical Trials Unit.

The year could be described as one of transition. As part of the University's Strategic Development Fund award to the unit, we have welcomed Jane Daniels as Professor of Clinical Trials, who joined us from Birmingham Clinical Trials Unit, and Reuben Ogollah as Associate Professor of Medical Statistics and Clinical Trials from Keele University. In December we were delighted to appoint Eleanor Mitchell as Assistant Professor in Clinical Trials. Eleanor has been a member of the unit for over nine years and we are all looking forward to her starting her new role in 2018.

The past year has also seen the departure of three people who have been key to the unit's development into the thriving academic environment that it is today. In June Matthew Leighton, unit manager, moved to the School of Sociology and Social Policy as their Operations Manager. September saw the retirement of Lelia Duley as NCTU Director. Lelia joined the unit in 2011, and among many achievements, successfully led two major investment awards for the unit from the University. And early in 2018, Diane Whitham retired from the unit. Diane was instrumental in the successful development of the unit since her arrival in 2007, particularly in establishing high quality standards across the unit. She had recently been appointed as Associate Professor in Clinical Trials. On behalf of staff past and present, our steering and advisory groups, and all our research partners and collaborators, I would like to extend our grateful thanks to Mat, Diane and Lelia and send our warm wishes to you all for the future.

Another aspect of transition has been the completion and publication of several trials. FAST, G-TOG, RAPID, Remembrin, Seafood, and HAND-1 all completed final analyses in 2017, ensuring a busy period for all, in particular the data and statistics teams in the unit. Speed of publication is rather outside of our control and we certainly hope to see results from all of these studies in the public domain in the coming year. Final study reports or journal articles of main results were published for PEPS, LABILE, HEELS, Clothes, WORK-IA, and the Cord pilot trial. These represent a substantial amount of work by unit staff and our collaborators, and it is always rewarding to see our studies contribute to the evidence base and influence clinical practice.

A corollary of the number of studies coming to an end has been our activity in applying for new research funding. Last year saw us forge new research partnerships, in particular with colleagues in the NIHR Nottingham Biomedical Research Centre, as well as build on existing ones. VITA (treatment of recurrent bacterial vaginosis) opened to recruitment in October and HUSH (hearing aids for tinnitus and hearing loss), a feasibility trial funded by NIHR RfPB, is in set-up. We have many applications currently under consideration, mainly by various NIHR funding streams, so watch this space for our new research!

Finally, I want to highlight our short courses in clinical trials research which we launched in March 2017. A three-day 'Fundamentals of Clinical Trials' course attracted University and NHS researchers from across the region. It was fully subscribed and extremely well received, and represents the start of a comprehensive programme aimed at PhD students, postdoctoral fellows and future investigators and collaborators, which will be developed in the coming months and years.

Alan Montgomery
Acting Director, Nottingham Clinical Trials Unit

2 RANDOMISED TRIALS

2.1 Cancer

POsitive Sentinel NOde: adjuvant therapy alone versus adjuvant therapy plus Clearance or axillary radiotherapy. A randomised trial in women with early stage breast cancer (POSNOC)

Chief Investigator: **Amit Goyal,** Derby Teaching Hospitals NHS Foundation Trust

Each year over 48,000 women are diagnosed with breast cancer in the UK. Currently women having surgical treatment for early breast cancer also have the first one or two lymph glands (sentinel nodes) in their armpit (axilla) removed, an early procedure called sentinel node biopsy. For about a quarter of women, the breast cancer has spread to these sentinel nodes. Currently, these women are offered axillary treatment. This is either a second operation to remove all the axillary lymph glands (axillary node clearance) or axillary radiotherapy. The women also receive adjuvant therapy (chemotherapy, hormone therapy, local radiotherapy or breast of chest wall). Outcome is now very good following adjuvant therapy, and so routine axillary treatment which has unavoidable adverse effects may no longer be needed. Axillary treatment is associated with lymphoedema and other long term complications such as numbness, pain and shoulder stiffness. These arm problems can be upsetting and difficult to cope with and are often irreversible.

This trial aims to assess whether adjuvant therapy alone is no worse than (non-inferior to) adjuvant therapy plus axillary treatment for women with early stage breast cancer who have macrometastases in one or two axillary lymph nodes. The primary outcome is axillary recurrence within 5 years. The planned sample size is 1900 women. Recruitment began in the UK in July 2014, and extended to Australia and New Zealand in 2016..

Contact: Shabina Sadiq
Funding: NIHR Health Technology Assessment, National Health and Medical Research Council (Australia)
Status: Recruiting
Publications: 2012-18

2.2 Eyes

A randomised controlled Trial of standard and low dose Avastin® for Neovascular macular Degeneration in the East Midlands (TANDEM)

Chief Investigator: **Alexander Foss**, Nottingham University Hospitals NHS Trust

Wet, or neovascular age-related, macular degeneration causes severe sight loss in older people. It is a common condition, with about 25,000 newly affected people each year in the UK. Treatment with Lucentis® (Ranibizumab) or Eyelea® (Aflibercept) is now recommended best practice. Although they prevent sight loss in 90% of patients with wet macular degeneration when given as injections into the eye, Lucentis® and Eyelea® are both quite expensive. Another drug, which has similar properties to Lucentis® is Avastin® (Bevacizumab). Avastin® is currently licensed for colorectal cancer therapy but can also be used for wet macular degeneration, and is a cheaper alternative to Lucentis®.

This is a factorial trial comparing standard versus low-dose Avastin®, and monthly versus two-monthly review intervals. Recruitment finished on 31 October 2016 with a total of 812 randomised participants. The primary outcome is time to treatment failure.

Contact: Beki Haydock
Funding: NHS England and Care Commissioning Groups
Status: Analysis and reporting
Publications: 2015-5

2.3 Infection

Gentamicin in the Treatment of Gonorrhoea (G-TOG)

Chief Investigator: **Jonathan Ross,** University Hospitals Birmingham NHS Foundation Trust

Currently the antibiotic ceftriaxone is used to treat gonorrhoea, but there is increasing evidence that this antibiotic is becoming less effective over time and will stop curing patients with gonorrhoea within the next few years.

Many currently available antibiotics do not work against gonorrhoea, and there is an urgent need to find an alternative treatment which is effective and safe. Gentamicin was used in the past in the UK to treat gonorrhoea, and laboratory testing suggests that it remains effective against gonorrhoea. It is currently being used as a treatment in some developing countries.

This randomised controlled trial is comparing gentamicin with the current standard treatment ceftriaxone to assess whether gentamicin is a safe and effective alternative treatment for gonorrhoea. The primary outcome is clearance of gonorrhoeae at all infected sites confirmed by swab testing two weeks after treatment.

Recruitment commenced in October 2014 across a total of 15 sexual health centres in the UK. The trial hit its recruitment target of 720 participants in November 2016. Publication of results are expected in 2018.

Contact: Clare Brittain / Sukhy Thandi
Funding: NIHR Health Technology Assessment
Status: Analysis and reporting
Publications: 2014-33; 2016-14

Metronidazole versus lactic acid for treating bacterial vaginosis (VITA)

Chief Investigator: **Jonathan Ross,** University Hospitals Birmingham NHS Foundation Trust

Bacterial vaginosis (BV) is a common condition in women which causes a discharge from the vagina, often with an unpleasant fishy smell. The exact cause of BV is not known but it is associated with a change in the type of bacteria in the vagina; specifically a reduction in 'lactobacilli' and an increase in 'anaerobic bacteria'.

Oral metronidazole is currently recommended as first line therapy in the UK national BV treatment guidelines. However, BV comes back again in about a third of women, who then require repeated courses of this antibiotic treatment.

The objective of this randomised control trial is to determine if lactic acid gel is better than metronidazole for the symptomatic resolution of recurrent bacterial vaginosis by 'replacing' vaginal acidity in the vagina.

Some previous studies have suggested that this approach could be successful but they are not conclusive and current guidelines highlight a need for more data on the clinical effectiveness of lactic acid gel.

The VITA study will recruit 1900 women with recurrent BV over 27 months from 40 centres across the UK.

Recruitment commenced in October 2017 and will run for 26 months until November 2019.

Contact: Sukhy Thandi / Kirsty Sprange
Funding: NIHR Health Technology Assessment
Status: Recruiting

2.4 Mental health

Psycho-Education and Problem Solving therapy for adults with personality disorder (PEPS trial)

Chief Investigator: **Mary McMurran**, The University of Nottingham

Personality disorders are conditions in which an individual experiences difficulties in terms of how they think, perceive, feel or relate to others. People with personality disorder may have problems which can include negative feelings such as distress, anxiety, worthlessness or anger; avoiding other people and feeling emotionally disconnected; having difficulty managing negative feelings without self-harming (for example, abusing drugs and alcohol or taking overdoses), and having difficulty maintaining stable and close relationships. Social problem-solving therapy is a potential strategy that may benefit people with personality disorders.

This study evaluated the effectiveness of Psycho-Education and Problem Solving (PEPS) therapy compared with usual care for adults with personality disorder. The primary outcome was social functioning at 13 months, assessed by the Social Functioning Questionnaire. The trial completed in October 2014. Results indicate that PEPS therapy plus usual treatment was no more effective than usual treatment alone on the primary outcome or any secondary outcomes.

Contact: Florence Day
Funding: NIHR Health Technology Assessment
Status: Published
Publications: 2011-1, 2013-17, 2013-18, 2016-7, 2017-26

Lamotrigine versus inert placebo in the treatment of borderline personality disorder: the LABILE trial

Chief Investigator: **Mike Crawford**, Imperial College London

People with borderline personality disorder experience rapid and distressing changes in mood, poor social functioning and have high rates of suicidal behaviour. Several small scale studies suggest that mood stabilizers may produce short-term reductions in the symptoms of borderline personality disorder. These studies have not been large enough to reliably assess clinical and cost-effectiveness.

This trial investigated the effect of adding lamotrigine or placebo to usual care for people with borderline personality disorder on their mental health, social functioning, and quality of life. The study also assessed the effect on suicidal behaviour, prescribing of anti-psychotic and other psychotropic medication, and side effects of lamotrigine. Results indicate no evidence of any differences between lamotrigine and placebo on the primary or any secondary outcomes.

Contact: Alan Montgomery
Funding: NIHR Health Technology Assessment
Status: Published
Publications: 2015-16

Expanding care for perinatal women with depression (EXPONATE trial)

Chief Investigator: **Oye Gureje**, University of Ibadan, Nigeria

Depression is common among women during the perinatal period and is associated with long-term adverse consequences for the mother and infant. In Nigeria, as in many other low- and-middle-income countries, perinatal depression usually goes unrecognized and untreated.

The aim of EXPONATE is to test the effectiveness and cost-effectiveness of an intervention package for perinatal depression delivered by community midwives in primary maternal care in which physician support and enhanced patient compliance are implemented using mobile phones.

Contact: Alan Montgomery
Funding: Grand Challenges Canada
Status: Analysis and reporting
Publication: 2015-57

A stepped care intervention for depression in primary care (STEPCARE trial)

Chief Investigator: **Oye Gureje**, University of Ibadan, Nigeria

Depression constitutes a significant public health burden and is associated is with high level of individual suffering. Insufficient human and material resources impede the provision of adequate care for people with depression in low- and middle-income countries. To bridge this treatment gap, it is essential to integrate the treatment of depression into the primary health care system.

The aim of this study is to evaluate the clinical and cost effectiveness of a package for care delivered mainly by non-medical Primary Health Care workers with supervision and support from physicians and specialists.

Contact: Alan Montgomery
Funding: MRC/DFID/Wellcome Trust Joint Global Health Trials scheme
Status: Analysis and reporting
Publications: 2015-26; 2015-49

2.5 Musculoskeletal

Nottingham Gout Treatment Trial Phase 2: trial of a nurse-lead package of care

Chief Investigator: **Michael Doherty**, The University of Nottingham

Gout is often said to be the most painful form of arthritis. Symptoms include intensely painful, red, hot and swollen joints. Gout is most common in men and rarely affects women before the menopause. Prevalence increases with age. Of all the forms of arthritis, gout is understood the best. This has led to a range of therapies to treat acute attacks and control the condition. People with gout are usually managed in primary care, but their care is not always optimal.

This trial is to assess whether, for patients with untreated or under-treated gout, nurse led care is effective and cost-effective compared with usual general practitioner-led care. Estimated sample size is initially 724 participants, but this was subsequently revised to 512 participants. The primary outcome is serum uric acid within the therapeutic range (<360 µmol/L) at two years. Recruitment was from March 2013 to October 2014, in total 517 participants were recruited.

Contact: Lelia Duley
Funding: Arthritis Research UK
Status: Analysis and reporting

Needle fasciotomy versus limited fasciectomy for treatment of Dupuytren's contractures of the fingers: a feasibility study to investigate the acceptability and design of a multicentre randomised trial (HAND-1)

Chief Investigator: **Tim Davis**, Nottingham University Hospitals NHS Trust

Dupuytren's contractures are fibrous cords under the skin in the palm of the hand. These contractures are painless but cause one or more fingers to gradually and irreversibly curl into the palm, resulting in loss of hand function. Standard treatment is surgery to either remove or divide the contractures, allowing the finger to straighten again. The most common operation is to remove the contracture (limited fasciectomy): the fibrous cords preventing the finger(s) from straightening are cut out through a long skin incision in the hand. The alternative procedure is to divide the contracture with a needle (needle fasciotomy): a needle is put through the skin and sawing movements used to divide the fibrous cords. There is no clear evidence of the comparative benefits and risks of these two quite different surgical procedures for Dupuytren's contractures.

The HAND-1 study assessed the feasibility and acceptability to patients and clinicians of conducting a large randomised trial assessing the comparative clinical and cost effectiveness of needle fasciotomy versus limited fasciectomy for Dupuytren's contractures of fingers. Recruitment took place from November 2015 to September 2016 at three sites, and a total of 71 participants were randomised. Participant follow-up was completed in July 2017.

Contact: Eleanor Harrison
Funding: NIHR Research for Patient Benefit
Status: Analysis and reporting
Publications: 2017-24

2.6 Oral and Gastrointestinal

Systematic Evaluation of Aspirin and Fish Oil polyp prevention trial (seAfOod)

Chief Investigator: **Mark Hull**, University of Leeds

Colorectal cancer develops over a number of years from tumour initiation and benign adenoma (or polyp) growth, followed by transformation into malignant adenocarcinoma. Currently colorectal cancer prevention is aimed at detection and removal of asymptomatic colorectal polyps. Polyp removal does reduce bowel cancer risk, but does not prevent all cases of bowel cancer.

This factorial trial assessed the effects of eicosapentaenoic acid (fish oil) and/ or aspirin for people with colorectal polyps attending for colonoscopic surveillance in the NHS Bowel Cancer Screening Programme. 709 participants were recruited into the trial. The trial completed in June 2017. The primary outcome is recurrent polyp/s at surveillance colonoscopy.

Contact: Kirsty Sprange/Aisha Shafayat
Funding: NIHR Efficacy and Mechanism Evaluation
Status: Analysis and reporting
Publications: 2013-6, 2015-48

"Follow-on" rifaximin for the prevention of relapse of clostridium-associated diarrhoea: a randomised trial (RAPID)

Chief Investigator: **Robin Spiller**, University of Nottingham

Clostridium difficile infection is the main cause of antibiotic associated diarrhoea. It mainly affects frail and elderly hospitalised patients, although more recently a rising incidence of a more virulent strain has been associated with infection in younger patients and those in the community. It is characterised by a high incidence of recurrent infection, which can have debilitating consequences for already weakened patients. There are few well designed randomised trials in this condition, and treatment is largely based on experience and consensus opinion.

This trial compared rifaximin with placebo to reduce relapse for people who have had successful treatment of clostridium difficile. 151 participants were recruited between January 2013 and March 2016. The primary outcome is relapse within 12 weeks.

Contact: Alan Montgomery
Funding: NIHR Research for Patient Benefit
Status: Reporting

2.7 Pregnancy and Childbirth

Immediate versus deferred cord clamping for preterm birth before 32 weeks gestation, a pilot randomized trial (Cord Pilot Trial)

Chief Investigator: **Lelia Duley**, University of Nottingham

Preterm birth is the most important single determinant of adverse outcome in terms of survival, quality of life, psychosocial and emotional impact on the family, and costs for health services. In the UK one in every 70 babies is born before 32 weeks gestation (very preterm). For very preterm infants, the umbilical cord is usually clamped immediately at birth and the baby taken to a resuscitaire at the side of the room. Deferring cord clamping will allow blood flow between the placenta and baby to continue for a few minutes after birth. The net flow is known as 'placental transfusion'. If cord clamping is deferred, initial care and stabilisation of the baby will be at the bedside. There is promising evidence that deferring cord clamping at very preterm birth may be beneficial, but stronger evidence is needed about the effects on serious morbidity, mortality and disability-free survival.

This pilot trial is comparing cord clamping within 20 seconds with clamping after at least two minutes, for births before 32 weeks gestation. The aim is to assess the feasibility of conducting a large randomised trial in the UK. Recruitment was from March 2013 to February 2015. Overall 261 women/baby pairs were recruited at eight sites. Follow-up for women was at one year, and for children at age two years (corrected for gestation at birth) and all follow-up was completed by August 2017. Results showed that a large trial on timing of cord clamping in very preterm birth is feasible. The results also indicated that delaying cord clamping may possibly help more babies to survive, but the findings are uncertain and can only be confirmed with data from a much larger trial.

Contact: Lindsay Armstrong-Buisseret
Funding: NIHR Programme Grants for Applied Research
Status: Main results published, follow-up ongoing
Publications: 2011-3; 2012-14; 2013-13; 2013-14; 2014-13; 2014-17; 2015-13; 2015-17; 2015-31; 2015-43; 2015-50; 2017-10; 2017-16; 2017-17, 2017-19

Feasibility of conducting a randomised trial evaluating timing of cord clamping for preterm births in low and middle income countries (i-Cord)

Chief Investigator: **Lelia Duley**, The University of Nottingham

An estimated 15 million babies are born preterm (before 37 gestation weeks) each year, of whom more than 1 million die following complications of being born too early. Preterm birth is more common in low and middle income countries. Almost two thirds of preterm births occur in sub-Saharan Africa and South Asia. Inequalities in survival around the world are stark. For example, of infants born at 28 to 32 weeks gestation in high income countries 95% survive, compared with 30% in low income countries.

This study aims to assess feasibility of a large randomised trial comparing alternative policies for timing of cord clamping for births between 28 and 34 weeks gestation (or 1–2 kg birthweight). A prospective audit of births at five hospitals in Uganda (2 sites), Kenya, India and Pakistan is assessing current practice for timing of cord clamping and for neonatal care in the delivery room, and the proportion of births which can be correctly identified as being at this gestation. A separate study in India is assessing the volume and duration of umbilical flow at preterm birth if the umbilical cord in not clamped immediately. Finally, potential barriers to recruitment in a randomised trial are being explored in a qualitative study in Uganda.

Contact: Eleanor Mitchell
Funding: MRC/DFID/Welcome Trust Joint Global Health Trials scheme
Status: Analysis and reporting

Do tests of placental function improve outcome for women with reduced fetal movements at 36 weeks gestation, or later? The ReMIT-2 trial

Chief Investigator: **Alexander Heazell**, University of Manchester

In the UK, 1 in 220 babies are stillborn (born with no signs of life after 24 weeks of pregnancy). This is a higher proportion than in many other high income countries. Forty percent of babies who are stillborn die after 36 weeks of pregnancy and have no lethal structural abnormality. These deaths are tragedies for the families. If babies at risk of stillbirth could be identified and delivered early, lives could be saved.

An association between the mother noticing reduced fetal movements and subsequent stillbirth has been documented for over 40 years. For women reporting reduced fetal movements at 36 weeks or later, standard care varies but usually includes assessment of the fetal heart rate with cardiotocography, and assessment of fetal growth and wellbeing by ultrasound scan and umbilical artery Doppler. The aims of this trial are to assess whether using tests to measure placental function may improve pregnancy outcome, compared with standard care for women at or near term (at least 36 weeks gestation); and if so to assess the feasibility of a large multicentre trial. The primary neonatal outcome is a composite measure which includes perinatal death, five minute Apgar score <7, umbilical artery pH <7.05 or admission to the neonatal intensive care unit for at least 48 hours. Other neonatal outcomes include small for gestational age, length of stay in hospital, duration of respiratory support and number of dependency days on the neonatal unit. As this is a feasibility trial, the aim is to recruit over a period of 9 months at approximately 6 sites and it is expected that 175 – 225 participants will be recruited during this time.

Contact: Lindsay Armstrong-Buisseret
Funding: NIHR Clinician Scientist Fellowship
Status: Set up
Publications: 2015-38

2.8 Rehabilitation

Rehabilitation of memory following traumatic brain injury: a randomised trial (ReMemBrin trial)

Chief Investigator: **Roshan das Nair**, The University of Nottingham

Memory problems are common following traumatic brain injury. These can not only be persistent, but may be debilitating and difficult to treat. The effectiveness of cognitive rehabilitation following brain injury has been assessed in randomised trials, which have mainly focused on attention, executive functions, and visual neglect. Memory rehabilitation has not been sufficiently researched, however.

This trial evaluated a group memory rehabilitation programme for adults, including military personnel, who have had a traumatic brain injury. The study compared group based memory rehabilitation plus usual care with usual care alone and recruited 328 participants. The primary outcome is an assessment of memory at six months. Follow-up was completed in December 2016 and the final report is currently in press.

Contact: Florence Day
Funding: NIHR Health Technology Assessment
Status: Main report in press
Publications: 2015-2

Cognitive Rehabilitation for Attention and Memory for people with Multiple Sclerosis (CRAMMS)

Chief Investigator: **Nadina Lincoln**, The University of Nottingham

Around two thirds of people with Multiple Sclerosis experience difficulties paying attention, learning, remembering new things and planning tasks. This can be distressing for the individual and their families and friends. Small scale trials suggest that cognitive rehabilitation may be effective to improve memory in people with MS. However, large randomised controlled trials have not been performed.

This trial is assessing whether a group cognitive rehabilitation programme plus usual care is associated with reduced impact of MS on quality of life, compared to usual care alone. The primary outcome is the psychological impact of MS on everyday life 12 months after randomisation. Recruitment completed on time in March 2017 with a total of 449 randomised participants, and follow-up will continue until March 2018.

Contact: Florence Day
Funding: NIHR Health Technology Assessment
Status: Follow-up
Publications: 2016-15

2.9 Respiratory

Double-blinded randomised trial of early low dose steroids in patients admitted to hospital with influenza infection during a pandemic (ASAP)

Chief Investigator: **Wei Shen Lim**, Nottingham University Hospitals NHS Trust

An influenza pandemic occurs when a new strain of influenza virus emerges which is different from other currently circulating strains of the virus. This means that few people have any protection against the new virus, and so the virus can infect people easily. The virus therefore spreads on a worldwide scale and infects a large proportion of the population. In contrast to the regular seasonal epidemics of influenza, these pandemics occur irregularly, with the 1918 Spanish flu the most serious pandemic in recent history. There are currently no markers that will predict the pathogenicity or spread of a potential pandemic strain. Therefore, any plans for a future pandemic need to be flexible and take account of different possible scenarios from mild to severe.

Corticosteroid use in influenza is widespread, non-systematic and controversial. During the last pandemic in 2009, corticosteroid use during hospital admission was reported in various cohort studies and non-randomised studies but there are no randomised trials of the use of corticosteroids for patients with pandemic, avian or seasonal influenza infection.

This trial will assess the effects of adding a five-day course of dexamethasone (a corticosteroid), started within 24 hours of hospital admission, to standard care. Participants will be adults hospitalised with an influenza-like illness during the pandemic. Estimated sample size is 2,200 participants. The primary outcome is admission to intensive care unit or death, within 30 days of hospital admission. During a pandemic, the aim is to activate the trial within four weeks during the first wave of the pandemic, and to complete recruitment in six weeks. Results would then inform clinical practice and health policy during the second wave.

The trial is now set up, with full regulatory approval, and has been hibernated. During hibernation the trial will be reviewed annually to ensure it remains ready to activate rapidly when required.

Contact: Garry Meakin
Funding: NIHR Health Technology Assessment
Status: Hibernation
Publications: 2013-20; 2015-7; 2015-53, 2017-18

Clinical and cost-effectiveness of temporarily quadrupling the dose of inhaled steroid to prevent asthma exacerbations: a pragmatic randomised trial (FAST)

Chief Investigator: **Dr Tim Harrison**, The University of Nottingham

Asthma is a common chronic condition. Acute exacerbations of asthma cause considerable morbidity, and account for a large component of the NHS-associated costs of asthma as they lead to high levels of emergency healthcare use. Asthma self-management plans could potentially improve asthma control, reducing exacerbations requiring oral corticosteroids and emergency healthcare as well as time away from work.

Although written self-management plans are recommended for all patients with asthma, many patients are not provided with one. Reasons for this include a lack of time and confusion about what to include in the plan when asthma control is deteriorating but before the need for oral corticosteroids.

This trial compares a self-management plan which includes a temporary fourfold increase in inhaled corticosteroid with the same plan without an increase in inhaled corticosteroid when the participants' asthma control deteriorates. Recruitment concluded in January 2016 with a total of 1922 participants enrolled from 11 secondary care sites and 197 primary care sites.

The primary outcome is the time to first asthma exacerbation, requiring the use of oral steroids or an unscheduled healthcare consultation for asthma.

Contact: Beki Haydock
Funding: NIHR Health Technology Assessment
Status: Submitted for publication
Publications: 2016-11

2.10 Skin and wound healing

LeucoPatch® in the management of hard to heal diabetic foot ulcers

Chief Investigators: UK - **Frances Game**, Derby Teaching Hospitals NHS Foundation Trust
Sweden - **Magnus Löndahl**, Skanes University Hospital
Denmark - **Lise Tarnow**, Nordsjaellands Hospital

Diabetic foot ulcer is a common and severe complication of diabetes mellitus and despite improved outcomes remains the dominating reason for non-traumatic leg amputations in most western countries. LeucoPatch® is produced from the patient's own venous blood by centrifugation, the final product comprising of a thin circular plug composed predominantly of fibrin with living platelets and leucocytes. The number of plugs used is determined by the size of the individual wound.

This trial investigates whether the application of LeucoPatch® used in conjunction with usual care is superior to usual care alone. The primary outcome is the percentage of ulcers healed within 20 weeks. Recruitment to the trial took place from August 2013 to May 2017 at sites in the UK, Sweden and Denmark. A total of 595 patients were consented, and 269 of these went on to be randomised. Participant follow-up is expected to complete in April 2018.

Contact: Eleanor Harrison
Funding: Reapplix
Status: Follow-up

Bullous pemphigoid steroids and tetracyclines study (BLISTER)

Chief Investigator: **Hywel Williams**, University of Nottingham

Bullous pemphigoid is an autoimmune skin disorder characterised by large blisters, which can cause considerable pain and distress. It may be acute or chronic, and is most common in people over 70 years of age.

This study compared the antibiotic doxycycline (a tetracycline) with prednisolone (a corticosteroid) for treatment of bullous pemphigoid. Both drugs are given as a single daily oral dose. The primary outcomes are blister control at six weeks, and severe or life threatening events at one year. The trial recruited from 57 sites, 50 in the UK and 7 in Germany. Recruitment closed having reached target accrual of 256 patients in September 2013.

Contact: Beki Haydock
Funding: NIHR Health Technology Assessment
Status: Published
Publications: 2012-7, 2017-4, 2017-3

Fibreglass casts in the management of ulcers of the heel in diabetes (HEELS)

Chief Investigator: **William Jeffcoate**, Nottingham University Hospitals NHS Trust

Up to 15% of people with diabetes develop chronic ulceration of their foot, and this is most common among the elderly. Two-thirds of foot ulcers heal within 12 months, but of these 40% will recur within 12 months. Lightweight fibreglass heel casts are used for heel ulcers in the belief that they improve healing and reduce pain and discomfort. These casts take 15 minutes to mould to the heel, are applied over the primary wound dressing, and held in place with an outer dressing. They can be worn inside shoes, and need to be replaced on average every three weeks.

This trial compared usual care plus fibreglass heel casts with usual care alone for the management of ulcers of the heel in diabetes. The primary outcome is ulcer healing at 24 weeks. Recruitment closed in September 2014 having reached target accrual of 509 participants. The trial found that while there may be a small increase in healing with use of the heel cast, the estimate was not sufficiently precise to provide strong evidence of an effect. There was no effect on any of the secondary outcomes.

Contact: Lucy Bradshaw
Funding: NIHR Health Technology Assessment
Status: Published
Publications: 2012-14; 2014-6, 2017-11

Randomised controlled trial of silk therapeutic clothing for the long-term management of eczema in children (CLOTHES)

Chief Investigator: **Kim Thomas**, The University of Nottingham

Eczema is a chronic, inflammatory skin condition that impacts on the quality of life of patients and their families. Some types of clothing can cause irritation to the skin, and current guidelines recommend the use of loose cotton clothing, and the avoidance of wool and other rough fibres next to the skin. In response to this need, new clothing products have become available in recent years, and these are now marketed as having beneficial effects in the treatment of eczema.

The therapeutic silk garments included in this trial are available on prescription through the NHS, but at the time of commissioning the trial, the evidence supporting their use was limited. The trial objectives were to: 1) assess whether silk therapeutic clothing, when used in addition to standard eczema care, reduced eczema severity in children over a period of six months, 2) estimate the within trial cost-effectiveness of silk therapeutic clothing with standard care, compared to standard care alone, from an NHS and a family perspective. The primary outcome was eczema severity, as assessed by research nurses who were blinded to participant group allocation.

Recruitment took place from November 2013 to May 2015. 300 children with moderate to severe eczema were recruited from five centres, and follow-up was completed in December 2015. Primary analysis included 282/300 (94%) children (n = 141 in each group). There was no evidence of any difference between the groups in EASI score averaged over all follow-up visits

Contact: Eleanor Harrison
Funding: NIHR Health Technology Assessment
Status: Published
Publications: 2015-14, 2017-8, 2017-6

Barrier Enhancement for Eczema Prevention (BEEP)

Chief Investigator: **Hywel Williams**, The University of Nottingham

Eczema is a common skin problem affecting 16% to 30% of children in the UK, and around 20% worldwide. The onset of eczema usually occurs in infancy, and generally dry skin is one of the first abnormalities in babies who eventually develop the condition. It is thought that skin barrier dysfunction (dry skin and increased trans-epidermal water loss) could be a primary event in the development of eczema and atopy. Emollient therapy has been shown to improve skin barrier function by providing lipids to the stratum corneum (the outermost layer of skin), in turn improving skin hydration by trapping in water. Early and regular use of emollient could lead to a potential improvement in skin barrier function.

The primary objective of this trial is to determine whether advising parents to apply emollient to their child's skin daily for the first year of life, in addition to best practice infant skin care advice, can prevent or delay the onset of eczema in high-risk children, when compared with a control group who are given the best practice infant skin care advice only. A sub-study has been incorporated into the trial to explore whether the use of daily emollients may also help to prevent or reduce the severity of food allergy. The trial, which recruited 1395 children, is currently following children up until November 2018.

Contact: Rachel Haines
Funding: NIHR Health Technology Assessment
Status: Follow up
Publications: 2017-14

Home Interventions and Light Therapy for the Treatment of Vitiligo (HI-Light)

Chief Investigator: **Jonathan Batchelor**, Derby Hospitals NHS Foundation Trust and The University of Nottingham

Vitiligo causes loss of pigment on the skin and white patches appear in the affected areas. This condition affects around 1% of the population worldwide, and patients with vitiligo can experience problems such as shame, depression, and low self-esteem due to the appearance of their skin. There is no cure for vitiligo, as the cause of the condition is not understood. Treatment options for small areas of vitiligo are limited; small patches are sometimes treated with topical corticosteroid ointments. Narrowband Ultraviolet B light therapy (NB-UVB) may also be offered as a treatment, but it involves frequent visits to hospital and is mainly used for widespread vitiligo. Hand-held NB-UVB light units are available to use in the home on small patches of vitiligo, though these are not available on the NHS. Previous vitiligo research suggests that combination therapies (topical steroid and light therapy) may prove more effective in the treatment of the condition than either therapy alone, though the efficacy of these combined treatments has yet to be established.

The objective of this trial is to provide information on the comparative effectiveness and safety of topical corticosteroids (mometasone furoate 0.1% ointment) versus (i) home-based NB-UVB light, and (ii) the combination of topical corticosteroids and home-based NB-UVB light for early and limited vitiligo in adults and children. The trial recruited 517 adults and children over the age of 5 between May 2015 and September 2017 across the UK with non-segmental vitiligo, with at least one patch of vitiligo which has shown to be active in the past 12 months. Participants will treat their vitiligo patches with ointment and a light therapy unit at home, for a period of 9 months.

Contact: Garry Meakin
Funding: NIHR Health Technology Assessment
Status: Follow-up
Publications: 2016-2

2.11 Hearing

Feasibility of conducting a multi-centre randomised controlled trial to assess the effectiveness and cost-effectiveness of digital hearing aids in patients with tinnitus and hearing loss (HUSH)

Chief Investigator: **Magdalena Sereda**, National Institute for Health Research Nottingham Biomedical Research Centre

Tinnitus is a major problem affecting 10-30% of adult population. About 20% of people with tinnitus experience symptoms that negatively affect quality of life (including sleep disturbances, hearing difficulties, difficulties with concentration, social isolation and emotional difficulties including anxiety, depression, irritation or stress) and require clinical intervention. It is estimated that tinnitus prevalence in people with hearing loss is as high as 70-85%. The incidence of clinically bothersome tinnitus increases with increasing age. In the UK the most common management strategy for tinnitus is education and support combined with some form of sound therapy. Treatment is however variable between clinics. While all clinics tend to provide education and support, the additional management strategies (i.e. provision of devices) depends very much on individual clinical decisions.

Although hearing aids are prescribed primarily to overcome hearing loss, they may also be effective for tinnitus. Hearing aids can amplify environmental sounds and mask or provide distraction from tinnitus. They can reduce listening effort and improve communication which can reduce stress and anxiety, commonly associated with tinnitus.

A definitive trial comparing the outcomes and costs of digital hearing aids combined with education and support compared with education and support without hearing aid is needed. However before this can be performed a feasibility trial is needed to provide data which may inform the design and conduct of a future trial.

The findings of this definitive trial will ultimately be used to facilitate evidence-based NHS commissioning, facilitate evidence-based clinical practice in audiology and support equity of care in a way that provision of hearing aids for tinnitus will be informed by high-quality research evidence.

Contact: Garry Meakin
Funding: NIHR Health Technology Assessment
Status: Set-up

2.12 Trials Co-ordinated by the Nottingham Stroke Trials Unit

Nottingham Clinical Trials Unit collaborates with the Nottingham Stroke Trials Unit, led by Philip Bath, on several large multicentre trials.

Safety and efficacy of intensive versus guideline antiplatelet therapy in high-risk patients with recent ischaemic stroke or transient ischaemic attack: a randomised trial (TARDIS)

Chief Investigator: **Philip Bath**, The University of Nottingham

The highest risk time for recurrence is immediately after stroke or transient ischaemic attack. Existing prevention strategies (such as antithrombotic drugs, lowering lipids or blood pressure lowering, and carotid endarterectomy) reduce, but do not abolish, further events. Dual antiplatelet therapy is superior to aspirin monotherapy. Triple antiplatelet therapy has already been shown to improve outcome for patients with coronary disease.

This international trial compares triple therapy (aspirin, dipyridamole and clopidogrel) with guideline antiplatelet therapy (combined aspirin and dipyridamole or clopidogrel) given for one month. Target sample size is 4,100 patients. The primary outcome is stroke severity at 90 days assessed using the modified Rankin Scale.

Contact: Lelia Duley
Funding: British Heart Foundation and NIHR Health Technology Assessment programme
Status: Published
Publications: 2015-42; 2016-13, 2017-25

Tranexamic acid for hyperacute primary IntraCerebral Haemorrhage (TICH 2)

Chief Investigator: **Nikola Sprigg**, The University of Nottingham

There is currently no effective treatment for stroke associated with intracerebral haemorrhage. Tranexamic acid is an antifibrinolytic drug, which reduces mortality in trauma patients who are bleeding, and is most effective if given early.

This trial is comparing intravenous tranexamic acid with placebo for patients who are within eight hours of acute primary intracerebral haemorrhagic stroke. Estimated sample size is 2,000 participants. Recruitment opened in March 2013.

Contact: Lelia Duley
Funding: NIHR Health Technology Assessment programme
Status: Analysis and reporting
Publications: 2016-5

Rapid Intervention with Glyceryl trinitrate in Hypertensive stroke Trial-2 (RIGHT-2)

Chief Investigator: **Philip Bath**, The University of Nottingham

This trial is assessing the safety and efficacy of transdermal glyceryl trinitrate, a nitric oxide donor, and of the feasibility of a multicentre ambulance-based stroke trial. Total sample size is 850 participants. Recruitment opened in September 2015. The primary outcome is death/dependence/independence: 7-level modified Rankin Scale (mRS) 90 days after stroke.

Contact: Alan Montgomery
Funding: British Heart Foundation
Status: Recruiting

3 SYSTEMATIC REVIEWS

3.1 Contribution to the Cochrane Pregnancy and Childbirth Group

The Cochrane Pregnancy and Childbirth Group was the first review group within the Cochrane Collaboration, and remains the largest with over 600 published reviews and protocols. The unit contributes to this group as Editor (Lelia Duley), and Review Author (Lelia Duley, Jim Thornton) for over 30 reviews. The topics covered by these Cochrane Reviews include prevention and treatment of hypertensive disorders of pregnancy, care during childbirth, and diagnosis of gestational diabetes.

Contact: Lelia Duley
Status: Ongoing
Publications: 2009-8; 2011-4; 2011-8; 2012-2; 2012-5; 2012-6; 2012-12; 2012-16; 2013-3; 2013-4; 2013-8; 2013-9; 2013-15; 2014-13; 2014-31; 2014-32; 2015-3; 2015-38; 2015-46, 2017-29

3.2 Ethics issues in recruitment of sick and preterm infants to randomised trials

Recruitment of preterm or sick infants to trials requires approaching parents at a particularly difficult time, often with a tight timescale for making a decision. This raises challenges for obtaining informed consent to such research, especially issues regarding competence, understanding, time and voluntariness for parents reaching a decision. On the other hand if the problem of consent is not successfully addressed, this risks becoming an 'orphan' area of research. Following a systematic search, this review produced a narrative review of the ethical issues. The review was relatively novel, combining approaches across the disciplinary divide between philosophy and social science. The aim was to identify the ethical challenges and potential solutions, in order to inform the design and conduct of future trials. The project was led by Chris Megone (University of Leeds).

Contact: Lelia Duley
Funding: NIHR Programme Grants for Applied Research
Status: Published
Publications: 2014-30; 2015-40; 2016-9

3.3 Prospective meta-analysis of alternative strategies for placental transfusion at very preterm birth

Internationally, the meta-register of controlled trials lists a growing number of planned or ongoing trials of timing of cord clamping that include preterm births. This project has formed a collaborative group of these trialists, which has developed and agreed the protocol for a prospective meta-analysis . The review has been registered with Prospero (CRD42013004405) the international prospective register of systematic reviews (see http://www.crd.york.ac.uk/prospero/). As the trials scheduled to be part of this meta-analysis are due to be completed at different times, the analysis plan will include at least two cycles of analysis. The first collaborators' meeting for trialists took place in April 2015. The project is in collaboration with Lisa Askie, William Tarnow-Mordi and John Simes, at the University of Sydney.

Contact: Lelia Duley
Funding: NIHR Programme Grants for Applied Research
Status: Set up

4 IMPROVING THE QUALITY AND EFFICIENCY OF TRIALS

4.1 Site identification and selection

Careful site selection methods and tools, such as questionnaires, have evolved to become “best” practice in the commercial and non-commercial clinical trials setting. However, there is little evidence of the value of such strategies, and there is no generally accepted model or tool to use when identifying potential sites and deciding which to include in a trial.

The Nottingham Clinical Trials Unit developed a simple template site selection questionnaire in 2010. This includes both generic questions about research experience and capacity and study specific questions based on requirements of the trial protocol. These questionnaires were piloted in five multi-centre trials in the UK. This study aimed to evaluate the performance of an SSQ developed by the Nottingham Clinical trials Unit (NCTU), using data on key metrics collected from five randomised controlled trials. Data analysis to comparing the average number of days taken to recruit the first participant and follow-up data on the % average monthly recruitment ratio (actual/target) has been performed and submitted for publication.

We have also conducted a survey of Chief Investigators for trials funded by the National Institute for Health Research, and of UK Trial Managers’ Network members, to describe strategies in current use for identifying and selecting trial sites for randomised trials.

Contact: Lelia Duley
Status: Analysis and reporting
Publications: 2013-16; 2015- 54; 2015-56

4.2 Performance Metrics

There are numerous variables we can measure in trial management to assess site performance. However, key performance metrics should provide meaningful information that can be compared within and between sites. A standardised set of clear and easily accessible data summaries would allow the timely identification and resolution of potential problems, so minimizing their impact and improving the efficient delivery of the trial.

The aim of the project is to improve the conduct and efficiency of trials by agreeing a standardised set of performance metrics for the monitoring and reporting of site performance in multicentre trials, and developing a standardised tool for presenting these metrics to trial mangers, Trial Management Groups (TMG) and Trial Steering Committees (TSC). This study uses, through a mixed method approach to develop the key performance metrics, benchmark indicators that will trigger action, and standardised reporting for monitoring site performance in ongoing trials. Methods include focus groups of stakeholders and literature searching, a Delphi survey and a consensus meeting.

Contact: Alan Montgomery
Funding: NIHR CTU Support Funding Call for Efficient and Innovative Methodology
Status: Analysis and reporting

4.3 Recruitment and retention

We conduct SWATs (Studies Within a Trial) to investigate methods to improve trial recruitment and retention. These include embedded randomised trials of multi-media website interventions to enhance recruitment and a factorial embedded trial to evaluate two interventions to enhance retention of participants and collection of outcome data at follow up.

Contact: Alan Montgomery
Status: Ongoing

4.4 Adjudication in clinical trials

Adjudication in stroke trials

Central adjudication in clinical trials involves the review of trial data by independent assessors in order to standardise outcome assessment and reduce bias. Adjudication may be conducted by one individual or a panel of experts, usually blinded to treatment allocation whenever possible. However, this procedure can be time consuming and expensive, and may or may not alter the classification of site-reported events. Currently there is a lack of evidence to guide when an adjudication committee should be used in a clinical trial.

Working in collaboration with the Stroke Trials Unit, we have conducted secondary analyses of a large stroke trial to investigate the impact that adjudication of stroke type, and adjudication of serious adverse events, had on the trial results. In an NIHR Doctoral Fellowship with three components; (1) A systematic review, (2) A cost-effectiveness analysis and (3) A statistical simulation study, we will address the question: What are the costs and benefits of adjudicating outcomes in stroke trials?

Contact: Pete Godolphin
Funding: NIHR Doctoral Research Fellowship
Status: Ongoing

Adjudication of neonatal cranial ultrasound scans

There is substantial variation between individuals in reporting the findings of cranial ultrasound scans. This could have important implications for clinical trials that use diagnoses assessed by cranial ultrasound as an outcome measure. Trials of timing of cord clamping at very preterm birth have suggested there may be an effect on intraventricular haemorrhage, which in these trials was a diagnosis based on cranial ultrasound scan. However, these trials have not reported clearly how the ultrasound data were collected and assessed. Often a mix of people will conduct and report the scans, and both the quality of the scans and their interpretation is variable in clinical practice.

This study aimed to provide standardised, independent adjudication of the cranial ultrasound scans for babies recruited to the Cord Pilot Trial, and to allow assessment of the intra-and inter-observer reliability of the scan interpretation.

Contact: Lucy Bradshaw
Funding: NIHR Programme Grants for Applied Research
Status: Analysis and reporting

5 OTHER RESEARCH

5.1 Improving quality of care and outcome at very preterm birth

Chief Investigator: **Lelia Duley**, The University of Nottingham

This five-year programme includes five work packages, with 10 projects. These projects include a James Lind Alliance Priority Setting Partnership for Preterm Birth, qualitative work exploring the experiences of parents at the time of preterm birth, developing and evaluating a new trolley to support providing initial neonatal care at the bedside, a systematic review of ethics issues in recruitment of preterm and sick infants to randomised trials, the Cord Pilot Trial, and a prospective meta-analysis.
The programme was developed by, and is being conducted by, partners from a wide range of institutions, including: Jane Abbott and Zoe Chilvers (Bliss); Susan Ayers (University of Sussex); Jon Dorling and Jim Thornton (University of Nottingham); David Field (University of Leicester); Gill Gyte (National Childbirth Trust); William McGuire (University of York); Chris Megone (University of Leeds); Sam Oddie (Bradford Teaching Hospitals NHS Foundation Trust); Sandy Oliver (Institute of Education, University of London); John Simes (University of Sydney); Andrew Weeks (University of Liverpool); and Bill Yoxall (Liverpool Women's Hospital NHS Trust).

Contact: Lelia Duley
Funding: NIHR Programme Grants for Applied Research
Status: Analysis and reporting
Publications: 2012-12; 2013-1; 2013-7; 2013-8; 2013-9; 2013-10; 2013-11; 2013-12; 2014-17; 2014-21; 2014-22; 2014-29; 2014-30; 2015-12; 2015-13; 2015-17; 2015-31; 2015-40; 2015-43, 2016-17, 2017-10, 2017-16, 2017-19

5.2 Journeying through Dementia (JtD)

Chief Investigator: **Gail Mountain**, Bradford University

Dementia is a national priority; approximately 820,000 people in the UK have a diagnosis. Approx. two thirds of people with dementia live in the community, with half of these requiring some form of support to maintain independent living. There is a growing body of evidence to demonstrate how individuals with dementia can be supported to use self-management based techniques (sometimes in combination with other interventions such as occupational therapy).

Journeying through Dementia (JtD) is a pragmatic, two-arm, parallel group, individually randomised controlled trial, intended to determine the benefit of an occupational therapy based self-management intervention compared to usual care for people in the early stages of dementia. This intervention has been designed to improve the quality of life for people in the early stages of dementia by promoting self-efficacy and assisting them to continue to participate in life and maintain their independence. The content of the intervention was developed in consultation with people with dementia. The primary outcome measure is the DEMQOL at 8 months post randomisation. Estimated sample size is 486 participants.

Contact: Kirsty Sprange
Funding: NIHR Health Technology Assessment
Status: Recruitment

6 RECENT PUBLICATIONS

The Unit's full publication list is available at: **nottingham.ac.uk/nctu/publications/publications.aspx**

2017-29: Farrar D, **Duley L**, Dowswell T, Lawlor DA: Different strategies for diagnosing gestational diabetes to improve maternal and infant health. https://www.ncbi.nlm.nih.gov/pubmed/28832911

2017-28: Stewart LA, Simmonds M, **Duley L**, Dietz KC, Harden M, Hodkinson A, Llewellyn A, Sharif S, Walker R, Wright K and the EPPPIC group. Evaluating progestogens for prevention of preterm birth international collaborative (EPPPIC) individual participant data (IPD) meta-analysis: protocol. https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-017-0600-x

2017-27: Crowther CA, Middleton PF, Voysey M, Askie L, **Duley L**, Pryde PG, Marret S, Doyle LW. Assessing the neuroprotective benefits for babies of antenatal magnesium sulphate: An individual participant data meta-analysis. http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002398

2017-26: McMurran M, **Day F**, Reilly J, Delport J, McCrone P, **Whitham D**, **Tan W**, Duggan C, **Montgomery AA**, Williams HC, Adams CE, Jin H, Moran P, Crawford MJ. Psychoeducation and Problem Solving (PEPS) Therapy with Adults with Personality Disorder: A Pragmatic Randomised Controlled Trial. https://guilfordjournals.com/doi/10.1521/pedi_2017_31_286

2017-25: Bath PM, Woodhouse LJ, Appleton JP, Beridze M, Christensen H, Dineen RA, **Duley L**, England TJ, Flaherty K, Havard D, Heptinstall S, James M, Krishnan K, Markus HS, **Montgomery AA**, Pocock SJ, Randall M, Ranta A, Robinson TG, Scutt P, Venables GS, Sprigg N. Antiplatelet therapy with aspirin, clopidogrel, and dipyridamole versus clopidogrel alone or aspirin and dipyridamole in patients with actute cerebral ischaemia (TARDIS): a randomised, open-label, phase 3 superiority trial. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32849-0/fulltext

2017-24: **Harrison E**, **Tan W**, Mills N, Karantana A, **Sprange K**, **Duley L**, Elliott D, Blazeby J, Hollingworth W, **Montgomery AA**, Davis T. A feasiblity study investigating the acceptabliity and design of a multicentre randomised controlled trial of needle fasciotomy versus limited fasciectomy for the treatment of Duputytrens' contractures of the fingers (HAND-1): study protocol for a randomised controlled trial. https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-017-2127-9

2017-23: Gamble C, Krishan A, Stocken D, Lewis S, Juszczak E, Dore C, Williamson PR, Altman DG, **Montgomery AA**, Lim P, Berlin J, Senn S, Day S, Barbachano Y, Loder E. Guidelines for the Content of Statistical Analysis Plans in Clinical Trials. https://10.1001/jama.2017.18556

2017-22: Horne AW, Vincent K, Cregg R, **Daniels JP**. Is gabapentin effective for women with unexplained chronic pelvic pain? http://www.bmj.com/content/358/bmj.j3520

2017-21: Khan KS, Moore PAS, Wilson MJ, Hooper R, Allard S, Wrench I, Beresford L, Roberts TE, McLouglin C, Geoghegan J, **Daniels JP**, Catling S, Clark VA, Ayuk P, Robson S, Gao-Smith F, Hogg M, Lanz D, Dodds J. Cell salvage and donor blood transfusion during cesarean section: A pragmatic, multicentre randomised controlled trial (SALVO). http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002471

2017-20: Verghese TS, Middleton LJ, **Daniels JP**, Deeks JJ, Latthe PM. The impact of urodynamics on treatment and outcomes in women with an overactive bladder: a longitudinal prospective follow-up study. https://link.springer.com/article/10.1007%2Fs00192-017-3414-4

2017-19: Sawyer A, Chloa C, Ayers S, Pushpa-Rajah A, **Duley L**. Women's views and experiences of two alternative consent pathways for participation in a preterm intrapartum trial: a qualitative study. https://trialsjournal.biomedcentral.com/articles/10.1186/1745-6215-16-S2-P70

2017-18: Shen Lim W, **Meakin G**, **Brittain C**, Bewick T, **Duley L**. Improving readiness for recruitment through simulated trial activation: the Adjuvant Steroids in Adults with Pandemic influenza (ASAP) trial. https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-017-2290-z

2017-17: Tarnow-Mordi W, Morris J, Kirby A, Robledo K, Askie L, Brown R, Evans N, Finlayson S, Fogarty M, Gebski V, Ghadge A, Hague W, Isaacs D, Jeffrey M, Keech A, Kluckow M, Popat H, Sebastian L, Aagaard K, Belfort M, Pammi M, Abdel-Latif M, Reynolds G, Ariff S, Sheikh L, Chen Y, Colditz P, Liley H, Prtichard M, de Luca D, de Waal K, Forder P, **Duley L**, El-Naggar W, Gill A, Newnham J, Simmer K, Groom K, Weston P, Gullam J, Patel H, Koh G, Lui K, Marlow N, Morris S, Sehgal A, Wallace E, Soll R, Young L, Sweet D, Walker S, Watkins A, Wright I, Osborn D, Simes J. Delayed versus Immediate Cord Clamping in Preterm Infants.http://www.nejm.org/doi/full/10.1056/NEJMoa1711281#t=article

2017-16: **Duley L**, Dorling J, Pushpa-Rajah A, Oddie SJ, Yoxall CW, Schoonakker B, **Bradshaw L**, **Mitchell EJ**, Fawke JA. Randomised trial of cord clamping and initial stabilisation at very preterm birth. http://fn.bmj.com/content/early/2017/09/17/archdischild-2016-312567

2017-15: Williams HC, Wojnarowska F, Kirtschig G, Mason J, Godec TR, Schmidt E, Chalmers J, Childs M, Walton S, Harman K, Chapman A, **Whitham D**, Nunn A. Doxycycline versus prednisolone as an initial treatment strategy for bullous pemphigoid: a pragmatic, non-inferiority, randomised controlled trial. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)30560-3/abstract

2017-14: Chalmers JR, **Haines RH**, **Mitchell EJ**, Thomas KS, Brown SJ, Ridd M, Lawton S, Simpson EL, Cork MJ, Sach TH, **Bradshaw LE, Montgomery AA**, Boyle RJ, Williams HC. Effectiveness and cost-effectiveness of daily all-over-body application of emollient during the first year of life for preventing atopic eczema in high-risk children (The BEEP trial): protocol for a randomised controlled trial. https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-017-2031-3

2017-13: Hammond A, O'Brien R, Woodbridge S, **Bradshaw L**, Prior Y, Radford K, Culley J, **Whitham D**, Pulikottil-Jacob R. Job retention vocational rehabilitation for employed people with inflammatory arthritis (WORK-IA): a feasibility randomized controlled trial. https://bmcmusculoskeletdisord.biomedcentral.com/articles/10.1186/s12891-017-1671-5

2017-12: Mason JM, Thomas KS, Ormerod AD, Craig FE, **Mitchell E**, Norrie J, Williams HC. Ciclosporin compared with prednisolone therapy for patients with pyoderma gangrenosum: cost effectiveness analysis of the STOP GAP trial. http://onlinelibrary.wiley.com/doi/10.1111/bjd.15561/full

2017-11: Jeffcoate W, Game F, **Turtle-Savage V**, Musgrove A, Price P, **Tan W**, **Bradshaw L**, **Montgomery AA**, Fitzsimmons D, Farr A, Winfield T, Phillips C. Evaluation of the effectiveness and cost-effectiveness of lightweight fibreglass heel casts in the management of ulcers of the heel in diabetes: a randomised controlled trial. https://www.journalslibrary.nihr.ac.uk/hta/hta21340/#/abstract

2017-10: Chhoa CY, Sawyer A, Ayers S, Pushpa-Rajah A, **Duley L**. Clinicians' views and experiences of offering two alternative pathways for participation in a preterm intrapartum trial: a qualitative study. Trials doi: 10.1186/s13063-017-1940-5

2017-9: Langan SM, Stuart B, **Bradshaw L**, Schmitt J, Williams HC, Thomas KS. Measuring Long-term Disease Control in Atopic Dermatitis: a Validation Study of Well Controlled Weeks. J Allergy Clin Immunol doi:10.1016/j.jaci.2017.02.043

2017-8: Thomas KS, **Bradshaw LE**, Sach TH, Cowdell F, Batchelor JM, Lawton S, **Harrison EF**, **Haines RH**, Ahmed A, Dean T, Burrows NP, Pollock I, Buckley HK, Williams HC, Llewellyn J, Crang C, Grundy JD, Guiness J, Gribbin A, Wake EV, **Mitchell EJ**, Brown SJ, **Montgomery AA**. Randomised controlled trial of silk therapeutic garments for the management of atopic eczema in children: the CLOTHES trial. Health Technology Assessment 21 (16) doi:10.3310/hta21160

2017-6: Thomas KS, **Bradshaw LE**, Sach TH, Batchelor JM, Lawton S, **Harrison EF**, **Haines RH**, Ahmed A, Williams HC, Dean T, Burrows NP, Pollock I, Llewellyn J, UK Dermatology Clinical Trials Network's CLOTHES Trial Team. Silk Garments plus standard care compared with standard care for treating eczema in children: A randomised, controlled, observer-blind, pragmatic trial (CLOTHES Trial) PLOS Medicine doi:10.1371/journal.pmed.1002280

2017-5: Walker KF, Dritsaki M, Bugg G, Macpherson M, McCormick C, Grace N, Wildsmith C, **Bradshaw L**, Smith GCS, Thornton JG. Labour Induction near term for women aged 35 or over: an economic evaluation. http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.14557/abstract

2017-4: Chalmers JR, Wojnarowska F, Kirtschig G, Mason J, **Childs M**, **Whitham D**, Harman K, Chapman A, Walton S, Schmidt E, Godec TR, Nunn AJ, Williams HC. A randomised controlled trial to compare the safety, effectiveness and cost effectiveness doxycycline (200 mg/day) with oral prednisolone (0.5 mg/kg/day) for initial treatment of bullous pemphigoid: The Bullous Pemphigoid Steroids and Tetracyclines (BLISTER) Trial. https://www.journalslibrary.nihr.ac.uk/hta/hta21100/#/abstract

2017-3: Williams HC, Wojnarowska F, Kirtschig G, Mason J, Godec TR, Schmidt E, Chalmers JR, **Childs M**, Walton S, Harman K, Chapman A, **Whitham D**, Nunn AJ, on behalf of the UK Dematology Clinical Trials Network BLISTER Study Group. The Lancet doi:10.1016/S0140-6736(17)30560-3

2017-2: Naughton F, Cooper S, Foster K, Emery J, Leonardi-Bee J, Sutton S, Jones M, Ussher M, Whitemore R, **Leighton M**, **Montgomery A**, Parrott S, Coleman T. Large multicentre pilot randomised controlled trial testing a low-cost, tailored, self-help smoking cessation text message intervention for pregnant smokers (MiQuit) Society for the Study of Addiction doi:10.1111/add.13802

2017-1: **Patsko E**, **Godolphin PJ**, Thomas KS, **Hepburn T, Mitchell EJ**, Craig FE, Bath PM, **Montgomery AA**. Investigating the effect of independent, blinded digital image assessment on the STOP GAP Trial. https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-017-1779-9

2016-18: Meher S, **Duley L**, Hunter K, Askie L. Antiplatelet therapy before or after 16 weeks' gestation for preventing preeclampsia: an individual participant data meta-analysis. https://www.sciencedirect.com/science/article/pii/S0002937816309115?via%3Dihub

2016-17: Batey N, Yoxall CW, Fawke JA, **Duley L**, Dorling J. Fifteen-minute consultation: stabilisation of the high-risk newborn infant beside the mother. http://ep.bmj.com/content/102/5/235

2016-16: Thomas KS, Batchelor JM, Bath-Hextall F, Chalmers JR, Clarke T, Crowe S, Delamere FM, Eleftheriadou V, Evans N, Firkins L, Greenlaw N, Lansbury L, Lawton S, Layfield C, Leonardi-Bee J, **Mitchell E**, Nankervis H, Norrie J, Nunn A, Ormerod AD, Patel R, Perkins W, Ravenscroft JC, Schmitt J, Simpson E, Whitton ME, Williams HC. A programme of research to set priorities and reduce uncertainties for the prevention and treatment of skin disease. Programme Grants for Applied Research 4 (18) doi:10.3310/pgfar04180

2016-15: Lincoln NB, das Nair R, **Bradshaw L**, Constantinescu CS, Drummond AER, **Erven A**, **Evans AL**, Fitzsimmons D, **Montgomery A**, Morgan M. Cognitive Rehabilitation for Attention and Memory in people with Multiple Sclerosis: study protocol for a randomised controlled trial (CRAMMS) Trials 16:556 doi: 10.1186/s13063-015-1016-3

2016-14: **Brittain C**, **Childs M**, **Duley L**, Harding J, **Hepburn T**, **Meakin G**, **Montgomery A**, **Tan W**, Ross JDC. Gentamicin versus ceftriaxone for the treatment of gonorrhoea (G-TOG trial): study protocol for a randomised trial. Trials doi: 10.1186/s13063-016-1683-8

2016-13: Bath P, Appleton JP, Beridze M, Christensen H, Dineen RA, **Duley L**, England TJ, Hepinstall S, James M, Krishnan K, Markus HS, Pocock S, Ranta A, Robinson TG, Flaherty K, Scutt P, Venables GS, Woodhouse LJ, Sprigg N. Baseline characteristics of the 3096 patients recruited into the 'Triple Antiplatelets for Reducing Dependency after Ischemic Stroke' trial. International Journal of Stroke doi:10.1177/1747493016677988

2016-12: Wilkes S, Williams H, Ormerod A, Craig F, Greenlaw N, Norrie J, **Mitchell E**, Mason J, Thomas K, on behalf of the United Kingdom Dermatology Clinical Trials Network STOP GAP team. Is speed of healing a good predictor of eventual healing of pyoderma gangrenosum? Journal of the American Academy of Dermatology doi:10.1016/j.jaad.2016.07.049

2016-11: **Skeggs A**, McKeever TM, **Duley L**, **Mitchell E**, **Bradshaw L**, Mortimer K, Walker S, Parrot S, Wilson A, Pavord I, Brightling C, Thomas M, Price D, Devereux G, Higgins B, Harrison T, **Haydock R**. FourFold Asthma Study (FAST): a study protocol for a randomised controlled trial evaluating the clinical cost-effectiveness of temporarily quadrupling the dose of inhaled steroid to prevent asthma exacerbations. Trials doi:10.1186/s13063-016-1608-6

2016-10: Sahota O, Pulikottil-Jacob R, Marshall F, **Montgomery A**, **Tan W**, Sach T, Logan P, Kendrick D, Watson A, Walker M, Waring J. The Community In-reach Rehabilitation and Care Transition (CIRACT) clinical and cost-effectiveness randomisation controlled trial in older people admitted to hospital as an acute medical emergency. Age and Ageing doi: 10.1093/ageing/afw149

2016-9: Megone C, Wilman E, Oliver S, **Duley L**, Gyte G, Wright J. The ethical issues regarding consent to clinical trials with pre-term or sick neonates: a systematic review (framework synthesis) of the analytical (theoretical/philosophical) research. Trials 17:443 doi:10.1186/s13063-016-1562-3

2016-8: Thomas KS, Ormerod AD, Craig FE, Greenlaw N, Norrie J, **Mitchell E**, Mason JM, Johnston GA, Wahie S, Williams HC, on behalf of the UK Dermatology Clinical Trials Network's STOP GAP Team. Clinical outcomes and response of patients applying topical therapy for pyoderma gangrenosum: A prospective cohort study. American Academy of Dermatology doi:10.1016/j.jaad.2016.06.016

2016-7: McMurran M, Crawford MJ, Reily J, Delport J, McCrone P, **Whitham D**, **Tan W**, Duggan C, **Montgomery A**, Williams HC, Adams CE, Jin H, Lewis M, **Day F**. Psychoeducation with problem-solving (PEPS) therapy for adults with personality discorder: a pragmatic randomised controlled trial to determine the clinical effectiveness and cost-effectiveness of a manualised intervention to improve social functioning. Health Technol Assess 20 (52) doi:10.3310/hta20520

2016-6: Walker KF, Bugg GJ, Macpherson M, McCormick C, Grace N, Wildsmith C, **Bradshaw L**, Smith G, **Thornton JG** for the 35/39 Trial Group. Randomised trial of labour induction in women 35 years of age or older. N Eng J Med 374 813-822 doi:10.1056/NEJMoa1509117

2016-5: Sprigg N, Robson K, Bath P, Dineen R, Roberts I, Robinson T, Roffe C, Werring D, Al-Shahi Salman R, Pocock S, **Duley L**, England T, Whynes D, Ciccone A, Laska AC, Christensen H, Ozturk S, Collins R, Bereczki D, Egea-Guerrero JJ, Law ZK, Czlonkowska A, Seffige D, Beredzie M on behalf of the TICH-2 Investigators. Intravenous tranexamic acid for hyperacute primary intracerebral haemorrhage: Protocol for a randomised, placebo controlled trial. International Journal of Stroke. doi: 10.1177/1747493016641960

2016-4: Sailsbury C, O'Cathain A, Thomas C, Edwards L, Gaunt D, Dixon P, Hollinghurst S, Nicholl J, Large S, Yardley L, Fahey T, Foster A, Garner K, Horspool KA, Man MS, Rogers A, Pope K, **Montgomery A**. Telehealth for patients at high risk of cardiovascular disease: pragmatic randomised controlled trial. BMJ 353 doi: 10.1136/bmj.i2647

2016-3: Sailsbury C, O'Cathain A, Edwards L, Thomas C, Gaunt D, Hollinghurst S, Nicholl J, Large S, Yardley L, Lewis G, Foster A, Garner K, Horspool KA, Man MS, Rogers A, Pope K, Dixon P, **Montgomery A**. Effectiveness of an integrated telehealth service for patients with depression: a pragmatic randomised controlled trial of a complex intervention. Lancet Psychiatry 3 (6) 515-525 doi: 10.1016/S2215-0366(16)00083-3

2016-2: Batchelor JM, **Tan W**, Tour S, Yang A, **Montgommery AA**, Thomas KS. Validation of the Vitiligo Noticeability scale: a patient reported outcome measure of vitiligo treatment success. Br J Dematol 174 (2) 386-394 doi:10.111.bjd.14208

2016-1: Edwards L, Sailsbury C, Horspool K, Foster A, Garner K, **Montgomery AA**. Increasing follow-up questionnaire response rates in a randomised controlled trial of telehealth for depression: three embedded controlled studies. Trials 17:107 doi:10.1186/s13063-016-1234-3

2015-57: Gureje O, Oladeji BD, Araya R, **Montgomery AA**, Kola L, Kirmayer L, Zelkowitz P, Groleau D. Expanding care for perinatal women with depression (EXPONATE): study protocol for a randomized controlled trial of an intervention package for perinatal depression in primary care. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-015-0537-3

2015-56 **Coleby D**, **Whitham D**, **Duley**. Can site performance be predicted? Results of an evaluation of the performance of a site selection questionnaire in five multicentre trials. Trials 2015,16 (Suppl 2):P176

2015-55 Hollands K, Pelton T, Wimperis A, **Whitham D**, **Tan W**, Jowett S, Sackley C, Wing A, Tyson S, Mathias J, Hensman M, M van Vliet P. Feasibility and Preliminary Efficacy of Visual Cue Training to Improve Adaptability of Walking after Stroke: Multi-Centre, Single-Blind Randomised Control Pilot Trial. PLOSOne Oct 2015 doi.org/10.1371/journal.pone.0139261

2015-54 **Whitham D**, **Duley L**, **Coleby D**. Site identification and selection: current practices within the trial manager's network and NIHR chief Investigators. Trials 2015, 16 (Suppl 2): P175

2015-53: **Brittain C**, **Meakin G**, **Childs M**, **Duley L**, Lim WS. Conducting a randomised trial during an influenza pandemic: an example of a trial set up and 'hibernated' ready to activate and recruit within 4 weeks. Trials 2015, 16(Suppl 2):O14

2015-52: Morris JM, Roberts CL, Bowen KR, Patterson JA, Bond DM, Alger CS, **Thornton JG**, Crowther C, on behalf of the PPROMT Collaboration. The Preterm Pre-labour Rupture of the Membranes close to Term (PPROMT) randomised trial; immediate delivery increases neonatal morbidity. Lancet. 2015;11 doi:10.1016/50140-6736(15)00724-2

2015-51: Walker KW, Bugg GJ, Macpherson MBM, McCormick C, Grace N, Wildsmith C, **Bradshaw L**, Smith GCS, **Thornton JG** on behalf of the 35/39 trial group. A randomised trial of labour induction for women aged 35 or over. New Engl J Med. DOI: 10.1056/NEJM09/1509117

2015-50: **Duley L**, Drife JO, Soe A, Weeks AD. Clamping of the umbilical cord and placental transfusion. RCOG Scientific Impact Paper No. 14. 2015. https://www.rcog.org.uk/globalassets/documents/guidelines/scientific-impact-papers/sip-14.pdf

2015-49: Gureje O, Oladeji BD, Araya R, **Montgomery AA**. A cluster randomised clinical trial of a stepped care intervention in primary care (STEPCARE) – study protocol. BMC Psychiatry 2015; 7:148 doi:10.1186/s12888-015-0542-6

2015-48: **Sprange K, Mitchell E**, Hull M, **Bumphrey G**. No drug, no trial? Think again! Trials. 2015;16(Suppl 2):P201. Doi:10.1186/1745-6215-16-S2-P201

2015-47: **Sprange K**, Mountain G, Shortspiller K, Craig C, Blackburn D, Bowie, P, Harkness K, Spencer M. Journeying through Dementia, a community-based self-management intervention for people aged 65 years and over: a feasibility study to inform a future trial. Pilot and Feasibility. 2015;1(1):1-14. Doi:10.1186/s40814-015-0039-6

2015-46: Dowswell T, Carroli G, **Duley L**, Gates S, Gulmezoglu AM, Khan-Neelofur D, Piaggio G. Alternative versus standard packages of antenatal care for low-risk pregnancy. Cochrane Database Systematic Reviews 2015;7:CD000934

2015-45: Stewart LA, Clarke M, Rovers M, Riley RD, Simmonds M, Stewart G, Tierney JF on behalf of the PRISMA-IPD Development Group (**Duley L, member**). Preferred reporting items for a systematic review and meta-analysis of individual participant data: The PRISMA-IPD Statement. JAMA 2015 313: 1657-1665. Doi:10.1001/jama.2015.3656

2015-44: Treweek S, Altman D, Bower P, Campbell M, Chalmers I, Cotton S, Craig P, Crosby D, Davidson P, Devane D, **Duley L**, Dunn J, Elbourne D, Farrell B, Gamble C, Gillies K, Hood K, Lang T, Littleford R, Loudon K, McDonald A, McPherson A, Nelson A, Norrie J, Ramsay C, Sandercock P, Shanahan D, Summerskill W, Sydes M, Williamson P, Clarke M. Making randomised trials more efficient: report of the first meeting to discuss the Trial Forge platform. Trials 2015 16:261 doi:10.1186/s13063-015-0776-0

2015-43: Sawyer A, Ayers S, Bertullies S, Thomas M, Weeks AD, Yoxall CE, **Duley L**. Providing immediate neonatal care and resuscitation at birth beside the mother: parents' views, a qualitative study. BMJ Open. 2015;5(9):e008495 doi:10.1136/

2015-42: Krishnan K, Beridze M, Christensen H, Dineen R, **Duley L**, Heptinstall S, et al. Safety and efficacy of intensive vs. guideline antiplatelet therapy in high-risk patients with recent ischemic stroke or transient ischemic attack: rationale and design of the Triple Antiplatelets for Reducing Dependency after Ischaemic Stroke (TARDIS) trial (ISRCTN47823388). International Journal of Stroke: official journal of the International Stroke Society. 2015;10 (7):1159-65. doi: 10.1111/ijs.12538

2015-41: Okusanya BO, Oladapo OT, Long Q, Lumbiganon P, Carroli G, Qureshi Z, **Duley L**, Souza JP, Gulmezoglu AM. Clinical pharmacokinetic properties of magnesium sulphate in women with pre-eclampsia and eclampsia: a systematic review. BJOG 2015 DOI: 10.1111/1471-0528.13753

2015-40: Wilman E, Megone C, Oliver S, **Duley L**, Gyte G, Wright JM. The ethical issues regarding consent to clinical trials with pre-term or sick neonates: a systematic review (framework synthesis) of the empirical research. Trials 2015; 16:502. DOI: 10.1186/s13063-015-0957-x

2015-39: Walker KF, Malin G, Wilson P, **Thornton JG**. Induction of labour versus expectant management at term by subgroups of maternal age: an individual patient data meta-analysis. European Journal of Obstetrics & Gynaecology and Reproductive Biology. DOI: 10.1016/j.ejogrb.2015.11.004

2015-38: Heazell AE, Whitworth M, **Duley L**, **Thornton JG**. Use of biochemical tests of placental function for improving pregnancy outcome. Cochrane Database Systematic Reviews. 2015 Nov 25;11:CD011202

2015-37: Malin GL, Bugg GJ, Takwoingi Y, **Thornton JG**, Jones NW. Antenatal magnetic resonance imaging versus ultrasound for predicting neonatal macrosomia: a systematic review and meta-analysis. BJOG Volume 123, Issue 1, pages 77-88. Doi:10.1111/1471-0528.13517

2015-36: Magee LA; CHIPS Study Group, von Dadelszen P, Singer J, Lee T, Rey E, Ross S, Asztalos E, Murphy KE, Menzies J, Sanchez J, Gafni A, Gruslin A, Helewa M, Hutton E, Koren G, Lee SK, Logan AG, Ganzevoort JW, Welch R, **Thornton JG**, Moutquin JM. Control of Hypertension In Pregnancy Study randomised controlled trial-are the results dependant on the choice of labetalol or methldopa? BJOG 2015 Aug11 doi:10.1111/1471-0528.13568

2015-35: Magee LA, CHIPS Study Group, von Dadelszen P, Singer J, Lee T, Rey E, Ross S, Asztalos E, Murphy KE, Menzies J, Sanchez J, Gafni A, Gruslin A, Helewa M, Hutton E, Koren G, Lee SK, Logan AG, Ganzevoort JW, Welch R, **Thornton JG**, Moutquin JM. Do labetalol and methyldopa have different effects on pregnancy outcomes? Analysis of data from the Control of Hypertension In Pregnancy Study (CHIPS) trial. BJOG. 2015 Aug 11. Doi:10.1111/1471-0528.13569

2015-34: Magee LA, von Dadelszen P, Rey E, Ross S, Asztalos E, Murphy KE, Menzies JM, Sanchez J, Sinfer J, Gafni A, Gruslin A, Helewa M, Hutton E, Lee SK, Logan AG, Ganzevoort JW, Welch R, **Thornton JG**, Moutquin JM, and the CHIPS Study Group. The Control of Hypertension In Pregnancy Study (CHIPS) randomised controlled trial. New Eng J Med 372: 407-17. DOI: 10.1056/NEJMoa1404595

2015-33: Man M, Bower P, on behalf of the Healthlines Study Group and MRC-START Group including **Montgomery AA**. Improving recruitment to a study of telehealth management for long-term conditions in primary care: two embedded, randomised controlled trials of optimised patient information materials. Trials 2015;16:309. doi:10.1186/s13063-015-0820-0

2015-32: Robling M, Bekkers M-J, Bell K, Butler CC, Cannings John R, Channon S, Corbacho Martin B, Gregory WJ, Hood K, Kemp A, Kenkre J, **Montgomery AA**, Moody G, Owen-Jones E, Pickett EK, Richardson G, Roberts Z, Ronaldson S, Sanders J, Stamuli E, Torgerson D. The effect of an intensive nurse home-visiting programme for first-time teenage mothers on maternal and child outcomes to aged two: a pragmatic individually randomised controlled trial (Building Blocks). Lancet 2015 doi:10.1016/S0140-6736(15)00392-X

2015-31: Yoxall CW, Ayers S, Sawyer A, Bertullies S, Thomas M, **Duley L**. Providing immediate neonatal care and resuscitation at birth beside the mother: clinicians' views, a qualitative study. BMJ Open. 2015;5(9):e008494. doi: 10.1136/bmjopen-2015-008494

2015-30: Walker KF, Wilson P, Bugg GJ, Dencker A, **Thornton JG**. Childbirth experience questionnaire: validating its use in the United Kingdom. BMC Pregnancy Childbirth 15:86 doi:10.1186/s12884-015-0513-4

2015-29: Salisbury C, Thomas C, O'Cathain A, Rogers A, Pope C, Yardley L, Hollinghurst S, Fahey T, Lewis G, Large S, Edwards L, Rowsell A, Segar J, Brownsell S, **Montgomery AA**. Telehealth in Chronic disease: mixed-methods study to develop the TECH conceptual model for intervention design and evaluation. BMJ Open 5(2):e006448 doi:10.1136/bmjopen-2014-006448

2015-28: Riley R, Coghill N, **Montgomery AA**, Feder G, Horwood J. Experience of patients and healthcare professionals of NHS cardiovascular health checks: a qualitative study. Journal of Public Health doi:10.1093/pubmed/fdv121

2015-27: Ridd MJ, Ferreira DLS, **Montgomery AA**, Sailsbury C, Hamilton W. Patient-doctor continuity and diagnosis of cancer: electronic medical records study in general practice. British Journal of General Practice 65(634): e305-e311. Doi:10.3399/bjgp15X684829

2015-26: Oladeji BD, Kola L, Abiona T, **Montgomery AA**, Araya R, Gureje O. A pilot randomised controlled trial of a stepped care intervention package for depression in primary care in Nigeria. BMC Psychiatry 2015;15:96 doi:10.1186/s12888-015-0483-0

2015-25: Magee LA, Dadelszen PV, Rey E, Ross S, Asztalos E, Murphy KE, Menzies J, Sanchez J, Singer J, Gafni A, Gruslin A, Helewa M, Hutton E, Lee SK, Logan AG, Ganzevoort JW, Welch R, **Thornton JG**, Moutquin JM. [59-OR]: The control of hypertension in pregnancy study (CHIPS) randomised controlled trial – Is the type of antihypertensive important? Pregnancy Hypertension: An International Journal of Women's Cardiovascular Health 5(1): 30-31 doi:10.1016/j.preghy.2014.10.005

2015-24: John ME, Cockcroft JR, McKeever TM, Coward WR, Shale DJ, Johnson SR, **Thornton JG**, Harrison TW, Knox AJ, Bolton CE. Cardiovascular and inflammatory effects of simvastatin therapy in patients with COPD: a randomised controlled trial. International Journal of Chronic Obstructive Pulmonary Disease 2015 Jan 29; 10: 211-221. doi: 10.2147/COPD.S76061. eCollection 2015

2015-23: Jayaram M, Bodart AY, Sampson S, Zhao S, **Montgomery AA**, Adams CE. To tweet or not to tweet about schizophrenia systematic reviews (TweetSz): study protocol for a randomised controlled trial. BMJ Open 5(7):e007695 doi:10.1136

2015-22: Jago R, Sebire SJ, Davies B, Wood L, Banfield K, Edwards MJ, Powell JE, **Montgomery AA**, Thompson JL, Fox KR. Increasing children's physical activity through a teaching-assistant led extracurricular intervention: process evaluation of the action 3:30 randomised feasibility trial. BMC Public Health 2015 15:156. Doi:10.1186/s12889-015-1501-3

2015-21: Garrard F, Ridd M, Narayan H, **Montgomery AA**. Decisions choice and shared decision making in antenatal clinics: An observational study. Patient Education and Counselling 98(9):1106-1111. Doi. org/10.1016/j.pec.2015.04.004

2015-20: Gaete J, **Montgomery A**, Araya R. The associations between school bonding and smoking amongst Chilean adolescents. Substance Abuse 36(4): 515-523. DOI:10.1080/08897077.2014.99 1862

2015-19: Foster AJ, Horspool KA, Edwards L, Thomas CL, Sailsbury C, **Montgomery AA**, O'Cathain A. Who does not participate in telehealth trials and why? A cross-sectional survey. Trials 16:258. DOI 10.1186/ s13063-015-0773-3

2015-18: Ekberg S, Barnes RK, Kessler DS, Mirza S, **Montgomery AA**, Malpass A, Shaw ARG. Relationship between Expectation Management and Client Retention in Online Cognitive Behavioural Therapy. Behavioural and Cognitive Psychotherapy 2015;43(06): 732-743. Doi.org/10.1017/ S1352465814000241

2015-17: **Duley L**, Dorling J and Gyte G. When should the umbilical cord be clamped? BMJ. 2015;351:h4206 doi: 10.1136/bmj. h4206

2015-16: Crawford MJ, Sanatinia R, Barrett B, Byford S, Cunningham G, Gakhal K, Lawrence-Smith G, Leeson V, Lemonsky F, Lykomitrou G, **Montgomery A**, Morriss R, Paton C, **Tan W**, Tyrer P, Reilly JG. Lamotrigine versus inert placebo in the treatment of borderline personality disorder: study protocol for a randomised controlled trial and economic evaluation. Trials 2015 16: 308. DOI 10.1186/s13063-015-0823-x

2015-15: Gladman J, Harwood R, Conroy S, Logan P, Elliott R, Jones R, Lewis S, Dyas J, Schneider J, Porock D, Pollock K, Goldberg S, Edmans J, Gordon A, **Bradshaw L**, Franklin M, Whittamore K, Robbins I, Dunphy A, Spencer K, Darby J, Tanajeski L, Berdunov V, Gkountouras G, Foster P, Frowd N. Medical Crises in Older People: cohort study of older people attending acute medical units, developmental work and randomised controlled trial of a specialist geriatric medical intervention for high-risk older people; cohort study of older people with mental health problems admitted to hospital, developmental work and randomised controlled trial of a specialist medical and mental health unit for general hospital patients with delirium and dementia; and cohort study of residents of care homes and interview study of health-care provision to residents of care homes. Programme Grants Appl Res 2015;3(4) doi:10.10.3310/ pgfar03040

2015-14: **Harrison EF**, **Haines RH**, Cowdell F, Sach TH, Dean T, Pollock I, Burrows NP, Buckley H, Batchelor J, Williams HC, Lawton S, Brown SJ, **Bradshaw LE**, Ahmed A, **Montgomery A**, **Mitchell EJ**, Thomas KS. A multi-centre, parallel group superiority trial of silk therapeutic clothing compared to standard care for the management of eczema in children (CLOTHES Trial): Study protocol for a randomised controlled trial. Trials 2015 16:390. DOI 10.1186/s13063-015-0921-9

2015-13: **Bradshaw LE**, **Pushpa-Rajah A**, Dorling J, **Mitchell E**, **Duley L**. On behalf of the 'Cord Pilot Trial Collaborative Group'. Cord Pilot Trial: Update to randomised trial protocol. Trials 2015 16:407. doi:10.1186/s13063-015-0936-2

2015-12: Weeks AD, Watt P, Yoxall CW, Gallagher A, Burleigh A, Bewley S, Heuchan AM, **Duley L**. Innovation in immediate neonatal care: development of the Bedside Assessment, Stabilisation and Initial Cardiorespiratory Support (BASICS) trolley. BMJ innovations. 2015 Apr;1(2):53-8. PubMed PMID: 26191414. Pubmed Central PMCID: PMC4467574

2015-11: Watson A, **Charlesworth L**, Jacob R, Kendrick D, Logan P, Marshall F, **Montgomery AA**, Sach T, **Tan W**, Walker M, Waring J, **Whitham D**, Sahota O. The Community In-Reach and Care Transition (CIRACT) clinical and cost-effectiveness study: study protocol for a randomised controlled trial. Trials. 2015 Dec;16(1):551. PubMed PMID: 25778558. Pubmed Central PMCID: PMC4327808

2015-10: **Thornton J**, **Duley L**. Gestational hypertension before term: observe or deliver? The Lancet. 2015 doi.org/10.1016/ S0140-6736(14)62454-5

2015-9: Stapinski LA, Araya R, Heron J, **Montgomery AA**, Stallard P. Peer victimisation during adolescence: concurrent and prospective impact on symptoms of depression and anxiety. Anxiety, stress and coping. 2015;28(1):105-20. PubMed PMID:25214239

2015-8: Ormerod AD, Thomas KS, Craig FE, **Mitchell E**, Greenlaw N, Norrie J, Mason JM, Walton S, Johnston GA, Williams HC. Comparison of the two most commonly used treatments for pyoderma gangrenosum: results of the STOP GAP randomised controlled trial. BMJ (Clinical research ed). 2015;350:h2958. PubMed PMID: 26071094. Pubmed Central PMCID: PMC446997

2015-7: Lim WS, **Brittain C**, **Duley L**, Edwards S, Gordon S, **Montgomery AA**, Nguyen-Van-Tam J, Read R, **Whitham D**, Whynes D, Woodhead M, Wootton D. Blinded randomised controlled trial of low-dose Adjuvant Steroids in Adults admitted to hospital with Pandemic influenza (ASAP): a trial 'in hibernation', ready for rapid activation. Health Technology Assessment. 2015;19(16). DOI:10.3310/hta19160

2015-6: Lam C, **Tan W**, **Leighton M**, Hastings M, Lingaya M, Falcone Y, Zhou X, Xu L, Whorwell P, Walls AF, Zaitoun A, **Montgomery AA**, Spiller R. A mechanistic multicentre parallel group, randomised placebo-controlled trial of mesalazine for the treatment of IBS with diarrhoea (IBS-D). Gut. 2015 Online First. doi. org/10.1136/gutjnl-2015-309122

2015-5: Foss A, **Childs M**, Reeves B, Empeslidis T, Tesha P, Dhar-Munshi S, **Mughal S**, Culliford L, Rogers C, **Tan W**, **Montgomery AA**. Comparing different dosing regimens of bevacozimab in the treatment of neovascular macular degeneration: study protocol for a randomised controlled trial. Trials. 2015 Dec;16(1):608. PubMed PMID: 25778604. Pubmed Central PMCID: PMC4376508

2015-4: Fisher RJ, Cobley CS, Potgieter I, **Moody A**, Nouri F, Gaynor C, Byrne A, Walker MF. Is Stroke Early Supported Discharge still effective in practice? A prospective comparative study. Clinical Rehabilitation. 2015 Mar 31. PubMed PMID:25828093

2015-3: Farrar D, **Duley L**, Medley N, Lawlor DA. Different strategies for diagnosing gestational diabetes to improve maternal and infant health. The Cochrane database of systematic reviews. 2015;1:CD007122. PubMed OMID: 25604891

2015-2: das Nair R, Lincoln NB, Ftizsimmons D, Brain N, **Montgomery AA**, **Bradshaw L**, Drummond A, Sackley C, Newby G, **Thornton J**, **Stapleton S**, Pink A. Rehabilitation of memory following brain injury (ReMemBrIn): study protocol for a randomised controlled trial (ReMemBrIn Study). Trials. 2015;16:6. Doi:10.1186/1745-6215-16-6

2015-1: Cooper S, Foster K, Naughton F, Leonardi-Bee J, Sutton S, Ussher M, **Leighton M**, **Montgomery AA**, Parrot S, Coleman T. Pilot study to evaluate a tailored text message intervention for pregnant smokers (MiQuit): study protocol for a randomised controlled trial. Trials. 2015;16:29. DOI:10.1186/s13063-014-0546-4

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