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## Background

The Blinding of Trial Statisticians (BOTS) study aimed to develop guidance to advise CTUs on a risk-proportionate approach to blinding trial statisticians (TSs) within clinical trials.



The qualitative study aimed to investigate when and how statisticians should be blinded in clinical trials from various stakeholders' perspectives.

## Methods

### Focus groups

• A purposive sample of statisticians, trial managers, data managers, programmers and data coordinators were recruited via UKCRC working groups, NIHR statistics group, MRC-NIHR (TMRP) working groups and UKTMN.

• Potential participants were approached by an invitation email including a participant information sheet and a consent form.  
• The researchers conducted focus groups through the Microsoft Teams platform.

### Sample

• The audio-recorded data for the FGs were transcribed.  
• An inductive/deductive thematic approach was used to identify participants' perspectives regarding statisticians' blinding in RCTs.

### Analysis



DATA ANALYSIS

## Results

• Six FGs were conducted. Thirty-seven participants from 19 (out of 52) CTUs in England, Wales and Scotland, volunteered to participate.

Professional role	FG 1 (n=10)	FG 2 (n=6)	FG 3 (n=5)	FG 4 (n=6)	FG 5 (n=5)	FG 6 (n=5)
	Mixed(NCTU only)	Statisticians		Mixed		
Statistician	3	6	5	4	1	3
Trial Manager	3				2	1
Data Manager	3			1		
Data coordinator	1				1	
Programmer				1	1	1

• Four broad themes emerged from the analysis of the FG transcripts:

### 1. Statistical models of work

➤ Six models of working were identified. All models shared involved at least two statisticians, one typically more junior TS and one more senior (lead/principal statistician). In some cases, tasks were delegated to another statistician.

#### Statistical models

- Model 1 – Trial statistician can be unblinded to maintain blind of lead statistician
- Model 2 – TS remains blinded, lead statistician (LS) can be unblinded
- Model 3 – TS and LS remain blinded by having a third unblinded statistician
- Model 4 – TS and LS remain 'pseudo-blinded' by using coded groups
- Model 5 – Both statisticians can be unblinded during the trial
- Model 6 – All statisticians are unblinded

### 2. Factors affecting the decision to blind/not blind statisticians

➤ A range of factors was highlighted such as *type of data, study design, outcomes, analysis, interventions and external factors such as funder limitations and expectations and personal relationships with Chief Investigators and sponsors.*

### 3. Benefits of blinding/not blinding TSs

#### Benefits of blinding

- ❖ Contributing freely to trial management discussions
- ❖ Enhancing credibility and quality of the trial
- ❖ Reducing the perception to introduce bias

#### Benefits of not blinding

- ❖ Understanding data in context and having open conversations
- ❖ Better understanding of the data which leads to higher quality analysis

### 4. Practicalities

#### Maintaining the blind

- Needs rigorous processes
- Give the responsibility to data management
- Allow programmers to write and produce the randomisation system

- ❖ Staffing and unit capacity
- ❖ Level of statisticians' experience and knowledge about blinding
- ❖ Risk assessment approach

## Discussion

- ❖ Key finding: A 'one size fits all' approach is not practical in the process of deciding when/how the TS should be blinded.
- ❖ Two other significant findings emerged from the study (i) where resources are limited, there is a tension between the twin aims of minimising the risk of bias and maximising the insight of statisticians to improve analysis, reporting and decision-making, (ii) variation in practice is inevitable because of numerous factors affecting each RCT such as resources/staffing and study design.
- ❖ Findings were used to develop evidence-based & risk-proportionate guidance and a risk assessment tool to guide CTUs regarding blinding statisticians in RCTs.
- ❖ Reference: Iflaifel M, Partlett C, Bell J, Cook A, Gamble C, Julious S, et al. Blinding of study statisticians in clinical trials: a qualitative study in UK clinical trials units. *Trials*. 2022;23(1):535.

