Shoulder Replacement Trial

RAPSODI-UK

Blinding Guidance for Sites

Reverse or Anatomical replacement for Painful Shoulder Osteoarthritis, Differences between Interventions (RAPSODI-UK): a multi-centre, pragmatic, parallel group, superiority randomised controlled trial

Confidentiality Statement

This document contains confidential information that must not be disclosed to anyone other than the Sponsor, the Investigator Team, host NHS Trust and members of the Research Ethics Committee. This information must not be used for any purpose other than the conduct of the RAPSODI-UK Trial. This is an NIHR Health Technology Assessment funded project.

Funded by NIHR

Contents

Why do we need to blind patients?

The **purpose** of blinding patients (and outcome assessors at 24 months) to their total shoulder replacement (TSR) is to **maintain objectivity** in data collection.

This will **minimise the potential for introducing bias** by either the patient or outcome assessor.

A **patient** who trusts in the effectiveness of a specific intervention **may unconsciously or intentionally perceive or detect an enhanced or diminished treatment effect**, i.e. they may overestimate or underestimate the effect of their intervention when providing data.

Outcome assessors who are aware of the treatment used may **unconsciously or intentionally alter their assessment in the knowledge of the treatment** that the patient has received.

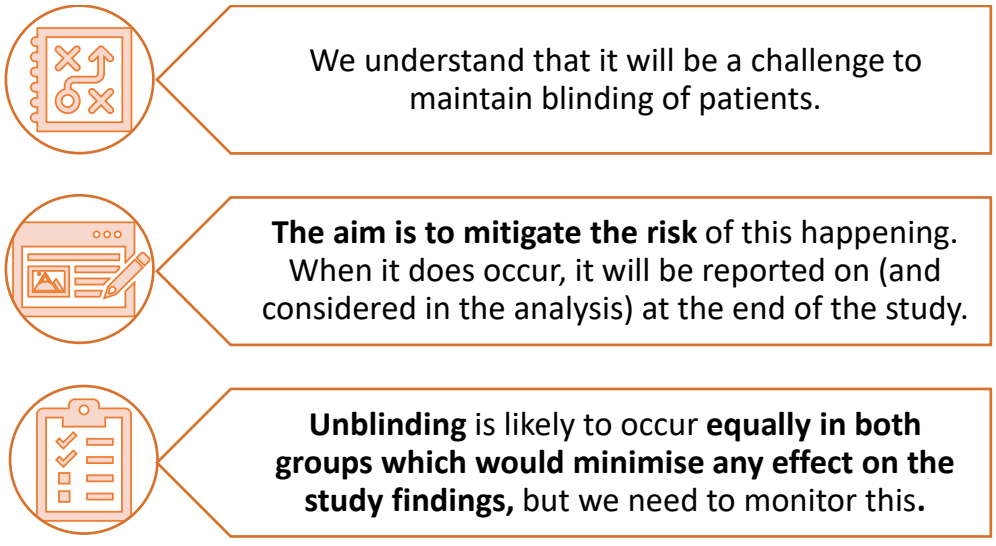
Who is blinded on RAPSODI?

Those who are blinded:

- Patients
- Outcome assessors at 24 months
- Qualitative interviewers

Those who are not blinded:

- Surgeons
- Physiotherapists
- Research nurses/associates.



RAPSODI Blinding **Overview**

- When randomised into the trial, the **patient will consent to be blinded** to the type of replacement they will receive.
- Patients will be **unblinded** to the type of TSR they have had **after the independent outcome assessment** of their shoulder Range of Movement and Strength (24-month time point) and completion of the 24-month patient questionnaire (primary end-point).
- If a **patient does become unblinded** to their treatment allocation, this will be **recorded** (see the '*Unblinding'* CRF in Folder 2.4 of your ISF).
- **Unblinding will be monitored** throughout the trial and **reported during analysis**.
- If a **patient is unblinded** they will **stay in the trial** and be followed up as usual.

Blinding-related Trial **Documents**

Provided in your electronic ISF:

- '*Managing Blinding Checklist*' (ISF folder '*13 - Miscellaneous\13.1 Recruitment strategies - posters, web links, letters'*)
- '*Participant Status and Blinding Log' (*ISF folder *'8 - Participant logs and consent forms\8.3 Participant status and blinding log')*
- *'Unblinding CRF' (*ISF folder *'2 - Study protocol and key documents\2.4 Current CRFs')*

Provided online on *YTU's website*:

- This *'Blinding Guidance for Sites'*

Posted to you after you randomise a patient:

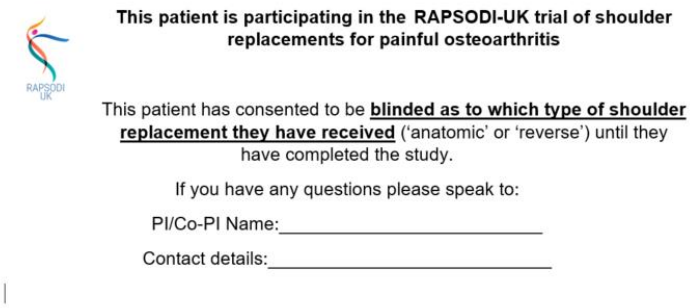
- A4 brown envelope with a RAPSODI label (You can put trial paperwork in this envelope which can then be kept in the patient's paper notes)
- RAPSODI sticker for the front cover of patient paper notes

(An example of what the RAPSODI label and sticker look like is given below and in the *'Managing Blinding Checklist'* document.)

RAPSODI Label and Sticker

Example of RAPSODI label to put on brown envelope *(which goes in patient's paper notes, if you still use paper notes):*

We will send you a brown A4 envelope which you can put this RAPSODI label on and keep it in the patient's paper notes with the trial paperwork in, to help alert colleagues at your site to the blinded patient. This envelope does not need to be sealed.



Example of RAPSODI sticker for cover of patient's paper notes *(if you still use paper notes):*

This RAPSODI sticker is designed to be put on the front of patient's paper medical notes to alert colleagues at your site to them being a blinded patient. You can add the date in the space provided on the label to help identify when the patient should be kept blinded until.

If a patient becomes unblinded please add the date this occurred to this sticker if possible.

> This RAPSODI trial participant should be kept blinded about their type of shoulder replacement. It is expected that the patient will be kept blinded until at least 26 months from randomisation
>
> i.e. _ _/_ _/_ _ _ _ This date should be recorded by the designated person at site.
>
> York Trials Unit (ytu-rapsodi@york.ac.uk) will confirm when the patient can be unblinded.
>
> Please record the date when the patient was unblinded _ _ / _ _ / 20 _ _

'Managing Blinding Checklist'

The main purpose of the **'*Managing Blinding Checklist*'** is to describe **site-wide** strategies you can implement to minimise risk of unblinding at every stage of the trial process and acts as a checklist which you can complete.

We will ask you to return this to us periodically so we can monitor how it is going implementing blinding at each site.

This **'*Managing Blinding Checklist*'** also:

- Acts as a **reminder for the strategies** which you could implement **for each patient**, which are also listed in the '*Participant Status and Blinding Log*' (explained in the following slide).
- Has space for you to **add any feedback** about blinding so that when we ask you to return this to us you can note here anything that you would like to tell us.
- Gives you an **example of what the RAPSODI label and sticker** look like that we will send you that you can use to alert colleagues to the blinded patient (if you use paper patient notes).

- Shows you what the **RAPSODI 'blinding card'** looks like which we send patients after they are randomised. This is laminated and wallet-sized. It could serve as a reminder to patients about being blinded which they can show healthcare professionals they meet during their follow up period.

'Participant Status and Blinding Log'

The main purpose of the '*Participant Status and Blinding Log'* is to act as a **reminder of the strategies you can implement** for **each patient** on RAPSODI and (if you wish) **record which strategies you have implemented** for **each patient** (though this is not mandatory). These strategies are also listed in the '*Managing Blinding Checklist*' described in the previous slide.

How you can use the Log:

1. Familiarise yourself with the 'per-participant' blinding strategies listed on the '*Blinding Confirmation*' tab of the Log and in the Checklist.
2. When randomising a patient, consider how these strategies could be implemented for that patient, and (if you wish) log which strategies you implement along the way.
3. You can use this Log to help you complete the periodic surveys we will send to you during the trial to monitor how these strategies are being implemented.
4. You can also note on this Log where a patient is going for their follow up appointment and if they are going out of area for physiotherapy or to a community physiotherapist, this could help alert you to any need to communicate with different team about a patient's being blinded.

'Unblinding CRF'

1. Complete this 'Unblinding CRF' when a patient becomes unblinded to their treatment allocation.
2. Please add as much detail as possible to the form so that we can monitor this and improve the process.
3. Return this CRF in a prepaid envelope to YTU.
4. If you are using the '*Participant Status and Blinding Log*', **update the '*Blinding Confirmation*'** tab of the to note that they are unblinded.

5. Add the **date unblinding occurred** to the **RAPSODI blinding alert sticker** on the patient's paper notes if possible.

NOTE: Unblinded patients will remain the trial unless they request otherwise.

RAPSODI-UK Trial: Participant Un-blinding Form

Please complete this form when a participant has become un-blinded. Please also complete the 'Blinding checklist' tab on the 'Participant Status Log' spreadsheet to confirm which blinding strategies were implemented for this participant.

Participants who are unblinded should remain in the trial unless they become unblinded because they have withdrawn from the trial. If this occurs, trial, please complete the "Change in Circumstance" CRF.

Participant ID: ☐☐☐☐☐☐ **Date un-blinding occurred:** ☐☐ / ☐☐ / 2 0 ☐☐
Day *Month* *Year*

(if exact date not known please enter the month and year)

1. Reason the participant was un-blinded (please cross all boxes that apply)

- ☐ Clinical need for the participant to know
- ☐ Participant insisted on knowing their allocation
- ☐ Participant overheard a conversation between clinicians
- ☐ Participant saw their notes, X-rays or other paperwork
- ☐ Participant unblinded themselves (*for example, the participant had been on the waiting list for a reverse shoulder before being enrolled on the trial and told that the shape of their shoulder would change)*
- ☐ Participant withdrew from the trial
- ☐ Other (please specify)

We understand that it is a challenge to maintain blinding and would like to gather further information to see what can be done to make it more effective.

2. When did the un-blinding occur?

(a) After randomisation but before the day of surgery: ☐

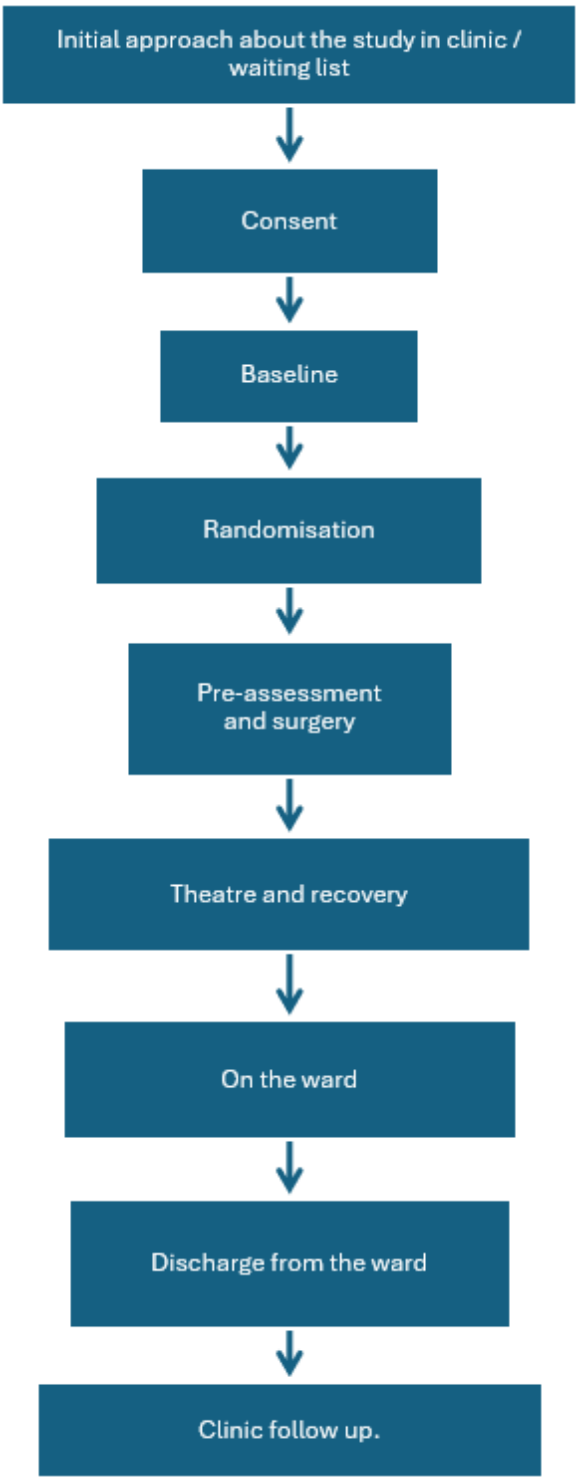
RAPSODI Blinding **Procedure**

1. First please **familiarise yourself with the guidance** about blinding in this Guidance document and the recommended blinding strategies in the *Checklist* and *Log*:
    - '**Managing Blinding Checklist**' (ISF folder '*13 - Miscellaneous\13.1 Recruitment strategies - posters, web links, letters*'
    - '**Participant Status and Blinding log**' (ISF folder '*8.3 Participant status and blinding log*'
2. **Start implementing the blinding strategies** from the *Checklist* and *Log*, especially consider some of the tasks which might take time and/or negotiation with different departments. In doing this please **consider the patient pathway at your site** and the visits/ circumstances/ departments etc. where unblinding might occur.
3. **Record on the *'Managing Blinding Checklist'*** which strategies have been implemented.
4. Please **respond to feedback requests from the trial team** and **return the *Checklist*** when asked so we can monitor blinding and help future research.
5. Once a patient completes their 24-month patient questionnaire **and** independent assessment of ROM/strength, the patient can be unblinded (**YTU will confirm this**).
6. If a **patient is unblinded**, please complete the ***'Unblinding CRF'*** and return to YTU.

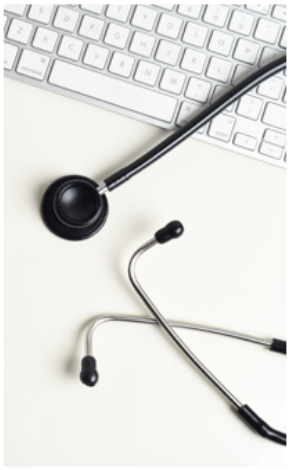
How to keep patients blinded

Every strategy to help maintain blinding on RAPSODI is listed in the '*Managing Blinding Checklist*' and '*Participant Status and Blinding Log'.*

The main thing to remember about the blinding guidance is that we recommend that you **consider every part of the patient journey at your site**:



Most Common Reasons for unblinding.



The **2 most common reasons for unblinding** occurring so far on RAPSODI are:

Discussions on wards – please remember to be careful not to mention the type of replacement when talking to the patient and colleagues.

Discharge/outpatient letters – please do not specify the type of shoulder replacement on these letters since the patient receives them

Discussing patients at discharge and during ward rounds:

Communicating with ward staff to remind them to be **careful when discussing patients during ward rounds and at discharge**.

- For example, can a **laminated sign be put above the patient's bed** space to alert staff to their blinded status?
- Or if wards have a **whiteboard or communal list of patients** that ward and rotating staff (doctors and physios) use, could RAPSODI patients be listed as "*RAPSODI Trial Blinded Patient*" to remind staff that patients are blinded?

Producing discharge letters.

Consider if there is a way to alert non-research staff of the blinded patient.

> For example, **could discharge letters be started on the day of randomisation by a member of the research team** or completed by someone on the research team, so that whoever goes to complete the discharge paperwork at a later date is alerted to or made aware that the patient is blinded?

Producing clinic letters.

Consider **how, when and by whom clinic letters** are produced.

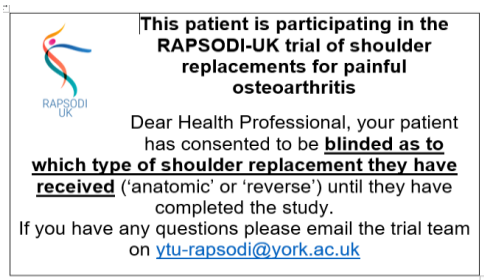
> For example, does this **happen after discharge**, if so how long after discharge, **consider adding a note to a diary to check for clinic appointments** and contact the relevant clinic staff to alert them to the blinded patient.

Could a **post-it note be added to the front of the patient notes** and/or an **electronic note added to the clinic appointment** to alert the member of staff whom the appointment is with?

Other advice on keeping patients blinded.

- Ensure all **research staff have read** the **Trial Site Manual** and this **guidance document.**
- **Raise awareness of the trial to all staff and departments** – consider the places and people that come into contact trial patients, especially in theatre, ward, physio, clinic, junior doctors, clinic staff, registrars, etc. you can point them toward this guidance on YTU's website.
- **List patients as a 'RAPSODI-UK Total Shoulder Replacement'** on documentation and theatre/clinic lists where possible, but ensure that theatre/logistics staff are aware of the type of replacement, so components are available on the day of surgery
- Add **RAPSODI stickers on patient paper notes**, if possible, to signal patient's involvement in the trial.
- Add **electronic 'flags'/alerts on patient notes,** if possible, to signal patient's involvement in the trial.
- If you have **paper patient medical notes**, consider if you can add a **brightly coloured laminated sheet to the front of their notes** to alert staff of their involvement and blinded status.
- **Or** if a laminated sheet is not appropriate or feasible consider **sticking a post-it note to the front of the patient notes**.
- Can a **'WhatsApp' group be used to communicate with rotating doctors** about blinded patients?
- If your site has **separate aTSR or rTSR leaflets** about care that patients will receive, please **provide patients with the generic leaflet distributed by YTU** (which is the preferred leaflet to use at all sites).
- **Inform physiotherapists about the generic rehabilitation leaflet** (explaining both types of replacement) given to patients to ensure the patient isn't given a replacement-specific leaflet which would lead to them being unblinded.

- **Ensure the outcome assessor** for shoulder range of movement and strength at 24 months is **blinded** to the patient's treatment allocation.
- **On wards, staff put "RAPSODI Trial Blinded Patient" on the whiteboard** (or wherever the patients are listed) to remind ward staff, physios, and rotating doctors coming to ward that patients are blinded.
- Please **do not show** patients their **radiographs**.
- If the patient asks about which replacement they have had, please remind them that **they have consented to be blinded** to the procedure type they have received and will be informed on completion of their two-year follow-up.
- A patient can be **unblinded** if there is a **clinical need to know** or they **no longer wish to be blinded** or **take part** in the study.
- For participants who will receive their **physiotherapy in the community** consider how to communicate with those community physiotherapists that the patient is blinded.
    - For example, can you find out at what point in the patient pathway patients get referred to the community physios? Is it before or after discharge? If after discharge could a note in the diary to check when the patient is discharged where they have been discharged to and then contact that centre about them being a blinded pt?
- Remember that **if a patient has an adverse event or receives a different type of replacement** to the one allocated they **remain in the trial** and **should remain blinded** (if patient agrees to this and there are no clinical indications to the contrary).
- When **talking to patients about their replacement** after their surgery, use general terms such as "replacement", "total shoulder replacement", "replacement type" etc. instead of "reverse" or "anatomic".
- Patients will receive this wallet-sized laminated card that they can show to healthcare professionals to alert them they are in an active trial and are blinded to treatment allocation.



Feedback and Advice from sites

In June 2023 and April 2024, we conducted **reviews of blinding** on the RAPSODI trial, sites suggested the following:

- **On wards, staff put "RAPSODI Trial Blinded Patient" on the whiteboard** (or wherever the patients are listed) to remind staff and physios, and rotating doctors coming to ward that patients are blinded.
- **'WhatsApp' groups are helpful to alert ward staff and rotating doctors to blinded patients**. Remind new staff and rotating doctors about the trial and the potential for working with blinded.
- Wherever you **document the type of TSR** (and can't change this) **can you add notes/alerts** to signal they are a blinded patient?
- If your **patients go out of area for their physio**, have you thought about **how to keep them blinded**. Can you communicate to the community physio that they are blinded?
- Can the **discharge letter be completed on day of randomisation** so that whoever randomises the patient completes it to avoid busy ward staff accidentally unblinding the patient?
- Can the **research staff speak to the ward staff face-to-face** about trial patients?
- Can the **theatre list be blinded**? **If staff can't edit the patient electronic record** or theatre list so it doesn't state the type of replacement, **can a 'note' be added** to alert staff to the blinded patient?
- Is it possible to **email staff in relevant departments before surgery** to let them know about the blinded patient?
- Is it possible to **physically go to the ward that the patient is admitted** communicating to them about the patient's blinded status?
- Throughout the recruitment and follow up **empower the patient to advocate for themselves regarding blinding**. For example, encourage patients to show their wallet-sized laminated card at the beginning of health appointments and tell healthcare staff they are blind to their type of replacement.
- Advise physiotherapists not to send patients online physio exercise sheets with the title of their surgery on the sheet.

- Emailing the leads in all departments involved in the patient care and contact to make them aware that a RAPSODI patient is due in and that they are blinded to the treatment they receive.

- Physically going to talk to staff in every area, sometimes several times to get the right members of staff. A key thing was talking to the junior doctor before admission as they would be completing the discharge letter, and then reminding them of on the day of surgery and discharge.

- Write in the operation notes about the patient being in a blinded trial.
    - Highlight the patient in the ward diary to inform/alert staff of patient being in trial.
    - Adding the blinding requirements to the ward electronic details and to the ward handovers is helpful, as this also makes anyone looking at the patient whilst they are an inpatient aware of the blinding requirements.
- If FYs/Registrars/Fellows are filling out forms, they may put which TSR type the patient has received, so need to remind these staff about blinded patients.
- Informing the preop nurses prior to participants preop visit about blinding and during admission, adding their participation and blinding on the handover database.

Unblinding Reporting Process

Intentional unblinding:

- Patients will only be unblinded earlier if there is a **clinical need to know** or they **no longer wish to be blinded** or **no longer wish to take part** in the study.

Accidental unblinding:

- If a patient does become unblinded to their treatment allocation, this will be recorded and reported on during analysis. They will stay in the trial and be followed up as usual.
- Please **report both types of unblinding** to us on the Unblinding CRF
- If a **crossover** between treatments occurs the patient **does not need to be unblinded**.

Gathering ROM and Strength Blinded at 24 months.

Before the appointment

- Unblinded research staff will need to alert the blinded Outcome Assessor to the patient and provide them with the RAPSODI 24-month ROM and Strength CRF.
- The blinded Outcome Assessor will need to familiarise themselves with this blinding guidance and associated sections of the Trial Site Manual.
- The blinded Outcome Assessor should avoid looking through patient electronic or paper notes in case this unblinds them.

During the appointment

- The blinded Outcome Assessor is advised to alert the patient that they do not know which replacement they have had and need to remain blind to this until the assessment is completed.

Monitoring blinding

We will monitor blinding on a 6-monthly basis as part of a Study Within A Trial (SWAT) we are conducting on RAPSODI.

The monitoring will involve:

1. A regular **survey** asking about how implementing blinding has been going.
2. We will request sites return their **completed '*Managing Blinding Checklist*'**
3. We will also check the completed Unblinding CRFs

Any questions or feedback on blinding?

Please get in touch at any time if you have any feedback about blinding

ytu-rapsodi@york.ac.uk

Thank you for all your hard work so far to maintain blinding on RAPSODI!