Patient Information Sheet (PIS)

A feasibility randomised controlled trial assessing the use of platelet transfusions versus modified dose anticoagulation in patients with thrombocytopaenia and cancer-associated Thrombosis receiving anticoagulation (START UK)

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. One of our team will go through the information sheet with you and answer any questions you have. Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part and feel free talk to others if you wish.

Thank you for reading this.

Part 1 tells you the purpose of this study and what will happen to you if you take part.

Part 2 gives you more detailed information about the conduct of the study.

PART 1
Why are we doing the study?

Patients with cancer are at increased risk of blood clots (venous thromboembolism, or VTE). Cancer patients frequently have low levels of platelets (thrombocytopaenia), which are blood cells required for blood clot formation. The treatment for blood clots is anticoagulation (blood thinners), however this is challenging in cancer patients with low platelets due to the increased risk of bleeding. We do not know the best way to treat patients with cancer associated thrombosis (CAT) and low platelets.

Two commonly used treatment approaches in patients with newly diagnosed cancer thrombosis and low platelets (platelet count less than 50) are:

1) Giving platelet transfusion support and low molecular weight heparin (LMWH, blood thinning injections)
2) Giving a lower dose of LMWH injections without platelet transfusion

We are carrying out a randomised controlled trial of the two different treatments. This stage of the trial is a small scale feasibility study to see if doctors and patients are happy to take part in such a study. This information sheet will tell you more about the feasibility study.

Why have I been invited to take part in this study?

You have been diagnosed with a blood clot related to your cancer /cancer treatment and have low platelet count of less than 50. Your doctor has decided that you should have blood thinners, but we do not know what is the best dose of blood thinner to use in this situation or whether you also need platelet transfusion. Both approaches are used routinely in the UK.

What will happen to me if I take part?

We will use a computer programme to 'randomise' you into the group with platelet transfusion or the group without platelet transfusion. This process is done by a computer so that the allocation is totally random and not decided by your doctor or the trials team. This is done with the click of a button so doesn't slow down your time to receiving treatment.

The information on which treatment group you have been assigned to gets sent electronically to the team looking after you and the appropriate treatment is prescribed. Randomisation will occur within 72 hours of starting blood thinners for the blood clot.

Group without platelet transfusion:

You will be given reduced dose LMWH injections as below based on the first platelet count of the day (checked daily if you are a hospital inpatient or at least 2 times a week if an outpatient), without platelet transfusion:

I. Platelet count between 25 and 50: half dose LMWH
II. Platelet count less than 25: no blood thinner

Group with platelet transfusion:

You will be transfused one unit of platelet when the first platelet count of the day falls below 50 (checked daily if you are a hospital inpatient or at least twice weekly in outpatient) and given LMWH injections after platelet transfusion based on pre-transfusion platelet count as below in the first 14 days:

I. Pre-transfusion platelet count between 25 and 50: full dose LMWH injection after platelet transfusion
II. Pre-transfusion platelet count less than 25: full dose LMWH injection after platelet transfusion

After 2 weeks, all participants will be treated with reduced dose LMWH without platelet transfusion as the other study arm.

The trial will continue until platelets recover greater than 50 (or until the end of planned follow-up period (30 give or take 3 days), whichever occurs first. Once the platelet count reaches 50, participants will be given full dose blood thinners as per standard of care.

There are no extra blood tests – you will have the usual blood tests (total of 10 millitres of blood) before starting blood thinners, then the same blood test monitoring you would have if you were not on the study (daily if you are a hospital inpatient or at least twice a week in outpatient). Vital signs will be assessed before platelet transfusion, including temperature, heart rate and blood pressure.

What happens at the end of the study?

You will continue to receive the usual (standard of care) treatment, which can be reduced dose LMWH injections if your platelet count remains low, or full dose LMWH injections or tablet blood thinner if platelet count is normal. This will usually continue for at least 6 months in total for cancer thrombosis, however the type of blood thinner, dose and length of anticoagulation will be decided by your doctor.

What are the alternatives for diagnosis or treatment?

Both study arms are within the current standard of care for patients with blood clots and low platelets.

If you choose not to participate in the study then you will receive full dose LMWH with platelet transfusion or modified dose LMWH without platelet transfusion. This will be decided by your doctor.

There is currently no recognised safe alternative to these treatments.

What will happen to the samples I give?

The routine samples (e.g. full blood count, renal and coagulation profiles) will go to your local hospital laboratory as usual.

Who do I contact if I have any questions or need further information?

Any member of the team is more than happy to discuss any aspect of the treatment with you. Healthcare professionals can unfortunately use terms which are commonplace for us, yet bewildering and confusing for patients, especially as different terms can often mean the same thing. Please ask if you haven't understood anything or are confused by the terms used.

Contact details are provided below:

Chief Investigator:
Dr Mari Thomas

uclh.cancerthrombosistrials@nhs.net

Consultant Haematologist
University College London Hospitals
Department of Haematology
5th Floor, 250 Euston Road
London

How have patients and the public been involved in this study?

The study has been reviewed by patient representatives at Thrombosis UK, a patient charity with patient representative present on the Thrombosis UK review committee.

Do I have to take part?

NO. It is up to you to decide whether to take part. You will continue to receive standard care for your CAT, which would be full dose LMWH with platelet transfusion or modified dose LMWH without platelet transfusion

If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. The details of each visit to hospital will be documented in your medical notes and then transcribed to a trial specific case report form (CRF) which will contain your date of birth, your initials and a unique trial number.

If you decide to take part, you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or decision not to take part, will not affect the standard of care you receive. If you have any concerns about participating in research the Patient Advisory and Liaison Service (PALS) will provide you with independent information and advice at your hospital. Contact details: uclh.pals@nhs.net, telephone: 0203 447 3042

Who cannot take part?

1. If you have already received blood thinners for cancer thrombosis with platelet count less than 50 for more than 72 hours;
2. If you have a superficial vein thrombosis only
3. If your life expectancy is likely to be less than 1 month
4. If you have significant kidney impairment (creatinine clearance less than 30 ml/min)
5. If you cannot have LMWH
6. If you have other causes for low platelet count, including but not limited to thrombotic microangiopathy, immune cause of low platelets, disseminated intravascular coagulation;
7. If you have previously documented history of refractoriness to platelet transfusion due to antibodies to platelets
8. If you decline blood products
9. If blood thinners at any dose is deemed unsafe, for example because of recent, active bleeding or inherited bleeding disorders

What are the benefits of taking part in this research?

There will be no direct benefit to you, but by you taking part we hope to understand more about the different treatment options for patients with cancer thrombosis and low platelets. As 1 in 2 patients will develop cancer in their life time and patients with cancer are more likely to develop clots as well as bleeding complications, this is an important issue that will affect a significant proportion of the population. The more patients involved, the more data can be collected. The information from this study may help us to increase our understanding and aims to improve future treatment for this group.

What are the risks of taking part?

There is minimal risk associated with taking part in the study as both treatment arms are currently the standard of care (usual treatment), which means if you decide not to go on the trial, these will still be the treatment your doctor would recommend.

Platelets are a blood product. Platelet transfusions are common procedures that can save and improve lives and death due to platelet transfusion is extremely rare. Most patients who receive a platelet transfusion experience no complications or problems. However, there are associated very rare risks, such as blood borne infections or transfusion reactions. Most patients with cancer and very low platelets will require platelet transfusion as part of their routine care

Under what circumstances would treatment be interrupted?

- At the discretion of your doctor
- If you experience bleeding
- If there is a scheduled invasive procedure, such as surgery

- If there is a deterioration in your kidney function (defined as creatinine clearance less than 30ml/min)

This completes Part 1 of the Information Sheet.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

PART 2

What if new information becomes available?

Sometimes during the course of a research project, new information becomes available from the data or about treatments/drug that are being studied. If this happens, your doctor will tell you about it during regular inpatient or outpatient consultations.

If you decide not to carry on, we will make arrangements for your care to continue. If you decide to continue in the study, we will ask you to sign an updated consent form; Or, on receiving new information, we might consider it to be in your best interests to withdraw you from the study. If so, we will explain the reasons and arrange for your care to continue;
Or, If the study is stopped for any other reason, we will tell you why and arrange your continuing care.

What if there is a problem?

If you have a concern about any aspect of this study, you should ask to speak to the researchers who will do their best to answer your questions:

Dr Yishi Tan
Clinical Research Fellow
University College London Hospitals

uclh.cancerthrombosistrials@nhs.net

If you remain unhappy and wish to complain formally, you can do this by contacting the complaints team at: **Telephone:** 020 3447 7413 **Email:** uclh.complaints@nhs.net

Every care will be taken in the course of this clinical trial. However, in the unlikely event that you are injured by taking part, compensation may be available.

If you suspect that the injury is the result of the Sponsor's (University College London) or the hospital's negligence then you may be able to claim compensation. After discussing with your study doctor, please make the claim in writing to Dr Mari Thomas, who is the Chief Investigator for the clinical trial and is based at University College London Hospital. The Chief Investigator will then pass the claim to the Sponsor's Insurers, via the Sponsor's office. You may have to bear the costs of the legal action initially, and you should consult a lawyer about this.

Participants may also be able to claim compensation for injury caused by participation in this clinical trial without the need to prove negligence on the part of University College London or another party. You should discuss this possibility with your study doctor in the same way as above.

Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been approached or treated by members of staff or about any side effects (adverse events) you may have experienced due to your participation in the clinical trial, the normal National Health Service complaints mechanisms are available to you. Please ask your study doctor if you would like more information on this. Details can also be obtained from the Department of Health website: http://www.dh.gov.uk.

Compensation arrangements

There is no reimbursement for this study. The samples and consent will be undertaken as part of your routine hospital appointment. Any claims for clinical negligent harm can be made through the NHS Clinical Negligence Scheme for Trusts (CNST) in England.

How will we use information about you?

We will need to use information from your medical records for this research project.
This information will include your initials, NHS number, name, contact details and medical information. People will use this information to do the research or to check your records to make sure that the research is being done properly.

We will keep all information about you safe and secure.

Once we have finished the study, we will keep some of the data so we can check the results. We will write our reports in a way that no-one can work out that you took part in the study.

In line with the regulations, at the end of the study your data will be securely archived for a minimum of 20 years. Arrangements for confidential destruction will then be made.

What are your choices about how your information is used?

You can stop being part of the study at any time, without giving a reason, but we will keep information about you that we already have.

If you choose to stop taking part in the study, we would like to continue collecting information about your health from your health records. If you do not want this to happen, tell us and we will stop.

We need to manage your records in specific ways for the research to be reliable. This means that we won't be able to let you see or change the data we hold about you.

Will my GP be informed of my involvement?

With your permission, your GP, and other doctors who may be treating you, will be notified that you are taking part in this study.

What will happen to the results of the research study?

The results of the study will be available after it finishes and will usually be published in a medical journal or be presented at a scientific conference. The data will be anonymous and none of the patients involved in the trial will be identified in any report or publication.

Should you wish to see the results, or the publication, please ask your study doctor.

Who is organising and funding the research?

The research is organised by University College London Hospital (UCLH) and joint funded by Thrombosis UK, a UK based patient charity and Anthos Therapeutics, a US based biopharmaceutical company. The research has been reviewed by an independent ethics committee (Research Ethics Committee) to ensure your safety, rights, well-being and dignity are protected. You are encouraged to ask any questions you wish, before, during or after your treatment. If you have any questions about the study, please speak to your study nurse or doctor, who will be able to provide you with up to date information about the drug(s)/procedure(s) involved. If you wish to read the research on which this study is based, please ask your study nurse or doctor. If you require any further information or have any concerns while taking part in the study please contact one of the following people:

Your Doctor:

Name: Dr Mari Thomas
Via switch 02034567890

Research Fellow
Name add name: Dr Yishi Tan
Via switch 02034567890

If you decide you would like to take part then please read and sign the consent form. You will be given a copy of this information sheet and the consent form to keep. A copy of the consent form will be filed in your patient notes, one will be filed with the study records and one may be sent to the Research Sponsor.

You can have more time to think this over if you are at all unsure.

Thank you for taking the time to read this information sheet.