# PLATO - Personalising anal cancer radiotherapy d

Submission date	Recruitment status No longer recruiting	[X] Prospectively registered		
13/07/2016		[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
03/08/2016	Ongoing	[X] Results		
<b>Last Edited</b> 17/11/2025	Condition category Cancer	[] Individual participant data		
1//11/2023	Cancer			

### Plain English summary of protocol

- 1. https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-a-lower-dose-of-chemoradiotherapy-or-observation-for-early-stage-anal-cancer
- 2. https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-higher-doses-of-chemoradiotherapy-for-people-with-locally-advanced-anal-cancer
- 3. http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-at-a-lower-dose-of-chemoradiotherapy-for-people-with-anal-cancer-that-hasnt-spread

## Contact information

### Type(s)

Public

#### Contact name

Mrs Sharon Ruddock

#### Contact details

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# Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

Integrated Research Application System (IRAS)

204585

### ClinicalTrials.gov (NCT)

Nil known

#### Protocol serial number

CPMS 31184, IRAS 204585

# Study information

#### Scientific Title

PLATO - Personalising Anal cancer radioTherapy dOse - Incorporating Anal Cancer Trials (ACT) ACT3, ACT4 and ACT5

#### Acronym

**PLATO** 

### Study objectives

PLATO is an integrated protocol, comprising 3 separate trials (ACT3, ACT4 and ACT5) which aims to optimise radiotherapy dose (in combination with chemotherapy) for low-, intermediate- and high-risk anal cancer.

#### ACT3:

ACT3 is a non-randomised phase II trial for patients with early, small tumours who have undergone surgery (local excision). The aim of this study is to determine whether a treatment strategy of surgery alone, i.e. no further treatment, for patients with margins >1mm, and highly selective low-dose radiotherapy with chemotherapy for patients with close margins ≤1mm, results in acceptably low rates of cancer recurrence.

#### ACT4:

ACT4 is a randomised phase II trial for patients with intermediate-risk disease. The aim of this study is to compare standard-dose chemoradiotherapy (50.4Gy in 28 fractions) with reduced-dose chemoradiotherapy (41.4Gy in 23 fractions), to see if less radiotherapy is able to maintain the excellent success rates in treating the cancer, while reducing the side effects of treatment.

#### ACT5:

ACT5 is a randomised seamless pilot/phase II/phase III trial for patients with locally advanced anal cancer. The aim of this study is to compare standard-dose chemoradiotherapy (53.2Gy in 28 fractions) with two higher doses of chemoradiotherapy (58.8Gy and 61.6Gy, both in 28 fractions), to see if giving a higher dose of radiotherapy reduces the chance of the cancer coming back, whilst not causing too many extra side effects.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Yorkshire & The Humber - Bradford Leeds Research Ethics Committee, 06/07/2016, ref: 16/YH /0157

### Study design

Both; Interventional; Design type: Treatment, Drug, Radiotherapy, Active Monitoring

#### Primary study design

#### Interventional

### Study type(s)

Treatment

### Health condition(s) or problem(s) studied

Anal cancer

#### Interventions

Current interventions as of 03/04/2023: ACT3 (recruitment end date: 31/10/2023): Observation arm

No further treatment after local excision.

#### Intervention arm

Either a 3D conformal plan or a single phase inverse-planned IMRT treatment plan delivered with multiple fields, or arc techniques. Choice of delivery technique is at the discretion of the treating clinician.

PTV\_A = 41.4Gy in 23F (1.8Gy per F) in 4.5 weeks

Chemotherapy: Mitomycin C 12mg/m2 iv Day 1 & Capecitabine 852mg/m2 oral bd 5 days/week (on days of radiotherapy) for 23 days

#### ACT4 (recruitment end date: 01/12/2020):

All patients will receive IMRT where different dose fractionations are delivered to the elective nodal region (PTV) E) and to the areas of gross tumour (PTV) A). A single phase inverse-planned IMRT treatment plan should be produced and delivered with multiple fields or arc techniques.

#### Standard-dose arm

PTV A: 50.4Gy in 28F in 5.5 weeks PTV E: 40.0Gy in 28F in 5.5 weeks

Chemotherapy: Mitomycin C 12mg/m2 iv Day 1 & Capecitabine 852mg/m2 oral bd 5 days/week (on days of radiotherapy) for 28 days

### Reduced-dose (experimental) arm

PTV A: 41.4Gy in 23F in 4.5 weeks PTV E: 34.5Gy in 23F in 4.5 weeks

Chemotherapy: Mitomycin C 12mg/m2 iv Day 1 & Capecitabine 852mg/m2 oral bd 5 days/week (on days of radiotherapy) for 23 days

### ACT5 (recruitment end date: 31/08/2023):

All patients will receive IMRT where different dose fractionations are delivered to the elective nodal region (PTV E) and to the areas of gross tumour (PTV A and PTV N). A single phase inverse-planned IMRT treatment plan should be produced and delivered with multiple fields or arc techniques.

#### Standard-dose arm

PTV A: 53.2.Gy in 28F in 5.5 weeks

PTV N: 50.4Gy in 28F in 5.5 weeks (involved nodes ≤3cm)

53.2Gy in 28F in 5.5 weeks (involved nodes >3cm)

PTV E: 40.0Gy in 28F in 5.5 weeks

Dose escalation arm 1

PTV\_A: 53.2Gy in 28F in 5.5 weeks PTV Boost: 58.8Gy in 28F in 5.5 weeks

PTV\_Boost: 58.8Gy in 28F in 5.5 weeks PTV\_N: 53.2Gy in 28F in 5.5 weeks (involved nodes ≤3cm)

53.2Gy in 28F in 5.5 weeks (involved nodes >3cm)

PTV E: 40.0Gy in 28F in 5.5 weeks

Dose escalation arm 2

PTV\_A: 53.2Gy in 28F in 5.5 weeks

PTV\_Boost: 61.6Gy in 28F in 5.5 weeks

PTV\_N: 53.2Gy in 28F in 5.5 weeks (involved nodes ≤3cm)

53.2Gy in 28F in 5.5 weeks (involved nodes >3cm)

PTV E: 40.0Gy in 28F in 5.5 weeks

Chemotherapy in all ACT5 arms (centre choice):

Mitomycin C 12mg/m2 iv Day 1 & Capecitabine 852mg/m2 oral bd 5 days/week (on days of radiotherapy) for 28 days,

ОΓ

Mitomycin C 12mg/m2 iv Day 1 & 5-FU 1000mg/m2 per 24 hours by continuous iv infusion Days 1-4 and Days 29-32

Follow-up (ACT3, ACT4 and ACT5)

All patients will be followed up at the following time points:

- 1.6 weeks
- 2. 3-monthly (Years 1-2)
- 3. 6 monthly (Year 3), then
- 4. Annually Annually (Years 4+ until 3 years after the last participant has completed treatment or death)+

All timings are from the end of treatment, except the ACT3 observation arm, which is from the date of registration.

#### Registration / Randomisation process

Following confirmation of written informed consent and eligibility, participants will be registered (ACT3) or randomised (ACT4/5) into the trial by an authorised member of staff at the trial site. Registration/randomisation will be performed centrally using the CTRU automated 24-hour system which can be accessed via the web or telephone.

#### ACT4:

Patients will be randomised on a 1:2 basis (standard-dose:reduced-dose) to receive either standard-dose IMRT in combination with chemotherapy or reduced-dose IMRT in combination with chemotherapy. A computer-generated minimisation program that incorporates a random element will be used to ensure the treatment groups are well-balanced for the following participant characteristics:

- 1. T-stage (T1, T2)
- 2. N-stage (N0, NX)
- 3. Gender (M, F)
- 4. HIV status (positive, negative)
- 5. Randomising centre

#### ACT5:

For the pilot study and Phase II trial, patients will be randomised on a 1:1:1 basis to receive either standard-dose IMRT in combination with chemotherapy, or one of two increased-dose

experimental arms of IMRT with SIB in combination with chemotherapy. In the Phase III trial, participants will be randomised on a 1:1:1 basis to receive either standard-dose IMRT in combination with chemotherapy, or an increased dose arm of IMRT with SIB in combination with chemotherapy. A computer-generated minimisation program that incorporates a random element will be used to ensure the treatment groups are well-balanced for the following participant characteristics:

- 1. T-stage (T2/3, T4)
- 2. N-stage (NX/0/1, N2/3)
- 3. Gender (M, F)
- 4. HIV status (positive, negative)
- 5. Chemotherapy regimen (5FU, Capecitabine)
- 6. Randomising centre

#### Previous interventions:

ACT3:

Observation arm

No further treatment after local excision.

#### Intervention arm

Either a 3D conformal plan or a single phase inverse-planned IMRT treatment plan delivered with multiple fields, or arc techniques. Choice of delivery technique is at the discretion of the treating clinician.

PTV\_A = 41.4Gy in 23F (1.8Gy per F) in 4.5 weeks

Chemotherapy: Mitomycin C 12mg/m2 iv Day 1 & Capecitabine 852mg/m2 oral bd 5 days/week (on days of radiotherapy) for 23 days

#### ACT4:

All patients will receive IMRT where different dose fractionations are delivered to the elective nodal region (PTV\_E) and to the areas of gross tumour (PTV\_A). A single phase inverse-planned IMRT treatment plan should be produced and delivered with multiple fields or arc techniques.

#### Standard-dose arm

PTV\_A: 50.4Gy in 28F in 5.5 weeks PTV E: 40.0Gy in 28F in 5.5 weeks

Chemotherapy: Mitomycin C 12mg/m2 iv Day 1 & Capecitabine 852mg/m2 oral bd 5 days/week (on days of radiotherapy) for 28 days

Reduced-dose (experimental) arm PTV\_A: 41.4Gy in 23F in 4.5 weeks PTV E: 34.5Gy in 23F in 4.5 weeks

Chemotherapy: Mitomycin C 12mg/m2 iv Day 1 & Capecitabine 852mg/m2 oral bd 5 days/week (on days of radiotherapy) for 23 days

#### ACT5:

All patients will receive IMRT where different dose fractionations are delivered to the elective nodal region (PTV\_E) and to the areas of gross tumour (PTV\_A and PTV\_N). A single phase inverse-planned IMRT treatment plan should be produced and delivered with multiple fields or arc techniques.

#### Standard-dose arm

PTV A: 53.2.Gy in 28F in 5.5 weeks

PTV N: 50.4Gy in 28F in 5.5 weeks (involved nodes ≤3cm)

53.2Gy in 28F in 5.5 weeks (involved nodes >3cm)

PTV\_E: 40.0Gy in 28F in 5.5 weeks

Dose escalation arm 1

PTV\_A: 53.2Gy in 28F in 5.5 weeks PTV\_Boost: 58.8Gy in 28F in 5.5 weeks

PTV\_N: 53.2Gy in 28F in 5.5 weeks (involved nodes ≤3cm)

53.2Gy in 28F in 5.5 weeks (involved nodes >3cm)

PTV\_E: 40.0Gy in 28F in 5.5 weeks

Dose escalation arm 2

PTV\_A: 53.2Gy in 28F in 5.5 weeks PTV\_Boost: 61.6Gy in 28F in 5.5 weeks

PTV\_N: 53.2Gy in 28F in 5.5 weeks (involved nodes ≤3cm)

53.2Gy in 28F in 5.5 weeks (involved nodes >3cm)

PTV\_E: 40.0Gy in 28F in 5.5 weeks

Chemotherapy in all ACT5 arms (centre choice):

Mitomycin C 12mg/m2 iv Day 1 & Capecitabine 852mg/m2 oral bd 5 days/week (on days of radiotherapy) for 28 days,

ОΓ

Mitomycin C 12mg/m2 iv Day 1 & 5-FU 1000mg/m2 per 24 hours by continuous iv infusion Days 1-4 and Days 29-32

Follow-up (ACT3, ACT4 and ACT5)

All patients will be followed up at the following time points:

- 1.6 weeks
- 2. 3-monthly (Years 1-2)
- 3. 6 monthly (Year 3), then
- 4. Annually (Years 4+ until 3 years post close of recruitment or death)

All timings are from the end of treatment, except the ACT3 observation arm, which is from the date of registration.

### Registration / Randomisation process

Following confirmation of written informed consent and eligibility, participants will be registered (ACT3) or randomised (ACT4/5) into the trial by an authorised member of staff at the trial site. Registration/randomisation will be performed centrally using the CTRU automated 24-hour system which can be accessed via the web or telephone.

#### ACT4:

Patients will be randomised on a 1:2 basis (standard-dose:reduced-dose) to receive either standard-dose IMRT in combination with chemotherapy or reduced-dose IMRT in combination with chemotherapy. A computer-generated minimisation program that incorporates a random element will be used to ensure the treatment groups are well-balanced for the following participant characteristics:

- 1. T-stage (T1, T2)
- 2. N-stage (N0, NX)
- 3. Gender (M, F)
- 4. HIV status (positive, negative)
- 5. Randomising centre

#### ACT5:

For the pilot study and Phase II trial, patients will be randomised on a 1:1:1 basis to receive either standard-dose IMRT in combination with chemotherapy, or one of two increased-dose experimental arms of IMRT with SIB in combination with chemotherapy. In the Phase III trial, participants will be randomised on a 1:1 basis to receive either standard-dose IMRT in combination with chemotherapy, or the most 'acceptable' increased dose arm of IMRT with SIB in combination with chemotherapy. A computer-generated minimisation program that incorporates a random element will be used to ensure the treatment groups are well-balanced for the following participant characteristics:

- 1. T-stage (T2/3, T4)
- 2. N-stage (NX/0/1, N2/3)
- 3. Gender (M, F)
- 4. HIV status (positive, negative)
- 5. Chemotherapy regimen (5FU, Capecitabine)
- 6. Randomising centre

#### Intervention Type

Other

### Primary outcome(s)

Locoregional failure (failure at the primary site (local) and/or surrounding nodal sites (regional) i. e. any failure within the pelvis up to the level of the sacral promontory) at 3 years post close of recruitment.

### Key secondary outcome(s))

- 1. Acute toxicities, assessed according to the current NCI-CTCAE or RTOG (for skin toxicity) criteria, during each week of treatment (with the exception of the ACT3 observation arm)
- 2. Late toxicities, measured by patient reported outcomes via EORTC QLQ-C30 and CR29 questionnaires at 6 weeks, 6, 12, 24 and 36 months post the end of treatment
- 3. Treatment compliance, measured on a weekly basis by assessment of total dose of radiotherapy received, duration of treatment, delays to treatment due to toxicity, and any chemotherapy dose modifications
- 4. Clinical response rate (cRR) (ACT4 and 5), assessed by MRI imaging in accordance with the Tumour Regression Grading System at 3 and 6 months post end of treatment
- 5. Disease-free survival (DFS), defined as time from randomisation to first documented evidence of pelvic failure.
- 6. Colostomy-free survival (CFS), measured at baseline, prior to the start of treatment and throughout follow-up and will look at patients who have a pre-treatment colostomy that is still present at 12 months post end of treatment, patients who have a colostomy fitted due to a treatment related toxicity or local disease failure
- 7. Progression-free survival (PFS), defined as time from randomisation to first documented evidence of disease progression or death from any cause
- 8. Overall survival (OS), defined as time from randomisation to date of death from any cause
- 9. Patient Reported Outcome Measures (PROMs), assessed by EORTC QLQ-C30 and CR29 questionnaires at baseline, end of treatment and 6 weeks, 6, 12, 24 and 36 months post the end of treatment

### Descriptive outcomes:

- 1. Pattern of pelvic failures i.e. site and position of failure
- 2. Proportion of participants undergoing salvage surgery (ACT4 and 5)

### Completion date

28/02/2027

# **Eligibility**

### Key inclusion criteria

Key inclusion criteria for all three trials include:

- 1. Provision of written informed consent
- 2. Histologically-proven, invasive primary squamous, basaloid, or cloacogenic carcinoma of the anus
- 3. Adequate bone marrow, hepatic and renal function
- 4. HIV negative or HIV positive and receiving effective antiretroviral therapy and CD4 count >200
- 5. Aged 16 years or over
- 6. Fit for all protocol defined treatments
- 7. Prepared to practice methods of contraception during treatment and until 6 months post end of treatment
- 8. Able to undergo all mandated staging and follow-up investigations, including MRI

Trial-specific inclusion criteria:

ACT3

T1 N0 or Nx anal margin tumour treated by local excision; ECOG performance status 0-2

ACT4

T1-2 up to 4cm N0 or Nx anal canal or anal margin tumour; ECOG performance status 0-1

ACT5

T2 N1-3 or T3-4 Nany anal canal or anal margin tumour; ECOG performance status 0-1

#### Participant type(s)

Patient

### Healthy volunteers allowed

No

#### Age group

Mixed

#### Lower age limit

16 years

#### Upper age limit

100 years

#### Sex

ΔII

#### Total final enrolment

709

#### Key exclusion criteria

Key exclusion criteria for all three trials include:

- 1. Definite evidence of metastatic disease
- 2. Prior invasive malignancy unless disease-free for a minimum of 3 years (exluding basal cell carcinoma of the skin or other in situ carcinomas)
- 3. Prior systemic chemotherapy for anal cancer
- 4. Prior radiotherapy to the pelvis
- 5. Uncontrolled cardiorespiratory comorbidity
- 6. Pregnant or lactating
- 7. Immunocompromised (organ transplant)

#### Trial-specific exclusion criteria:

ACT3

Where a piecemeal local excision precludes assessment of tumour size and margin status

#### Date of first enrolment

01/09/2016

#### Date of final enrolment

31/08/2023

### Locations

#### Countries of recruitment

United Kingdom

England

Northern Ireland

Scotland

Wales

Ireland

### Study participating centre

St James's University Hospital (ACT3, ACT4 or ACT5 from pilot phase onwards)

Beckett Street Leeds England LS9 7TF

Study participating centre

Oxford Cancer and Haematology Centre (ACT3, ACT4 or ACT5 from pilot phase onwards)

Churchill Hospital

Old Road

Headington

Oxford England OX3 7LE

### Study participating centre

Mount Vernon Hospital (ACT3, ACT4 or ACT5 from pilot phase onwards)

Rickmansworth Road Northwood England HA6 2RN

### Study participating centre

Velindre Cancer Centre (ACT3, ACT4 or ACT5 from pilot phase onwards)

Velindre Road Whitchurch Cardiff Wales CF14 2TL

### Study participating centre

Bristol Haematology and Oncology Centre (ACT3, ACT4 or ACT5 from pilot phase onwards)

Horfield Road Bristol England BS2 8ED

### Study participating centre

Sussex Cancer Centre (ACT3, ACT4 or ACT5 from pilot phase onwards)

Royal Sussex County Hospital Brighton England BN2 5BE

### Study participating centre

Guy's Hospital (ACT3, ACT4 or ACT5 from pilot phase onwards)

Great Maze Pond London England SE1 9RT

#### Study participating centre

### Royal Surrey County Hospital (ACT3, ACT4 or ACT5 from pilot phase onwards)

Egerton Road Guildford England GU2 7XX

### Study participating centre

### The Royal Marsden Hospital (ACT3, ACT4 or ACT5 from pilot phase onwards)

Fulham Road London England SW3 6JJ

### Study participating centre

### The Royal Marsden Hospital (ACT3, ACT4 or ACT5 from pilot phase onwards)

Downs Road Sutton England SM2 5PT

### Study participating centre

# Cambridge University Hospitals NHS Foundation Trust (ACT3, ACT4 or ACT5 from pilot phase onwards)

Addenbrooke's Hospital Hills Road Cambridge England CB2 0QQ

### Study participating centre

#### Beatson West of Scotland Cancer Centre (ACT3, ACT4 or ACT5 from pilot phase onwards)

1053 Great Western Road Glasgow Scotland G12 0YN

### Study participating centre

Edinburgh Cancer Centre (ACT3, ACT4 or ACT5 from pilot phase onwards)

Western General Hospital

Crewe Road Edinburgh Scotland EH4 2XU

### Study participating centre

North Wales Cancer Treatment Centre (ACT3, ACT4 or ACT5 from pilot phase onwards)

Glan Clwyd Hospital Rhyl Wales LL18 5UJ

### Study participating centre Aberdeen Royal Infirmary

Foresterhill Aberdeen Scotland AB25 2ZN

### Study participating centre Castle Hill Hospital

Castle Road Cottingham England HU16 5JQ

### Study participating centre Charing Cross Hospital

Fulham Palace Road London England W6 8RF

### Study participating centre Cheltenham General Hospital

Sandford Road Cheltenham England GL53 7AN

### Study participating centre City Hospital

Hucknall Road Nottingham England NG5 1PB

### Study participating centre Clatterbridge Cancer Centre

Clatterbridge Road Bebington Wirral England CH63 4JY

### Study participating centre Colchester General Hospital

Turner Road Colchester England CO4 5JL

### Study participating centre Maidstone Hospital

Hermitage Lane Maidstone England ME16 9QQ

### Study participating centre Northampton General Hospital

Cliftonville Northampton England NN1 5BD

## Study participating centre Queen Elizabeth Hospital

Mindelsohn Way Edgbaston Birmingham England B15 2GW

### Study participating centre Royal Berkshire Hospital

London Road Reading England RG1 5AN

### Study participating centre Royal Devon and Exeter Hospital

Barrack Road Exeter England EX2 5DW

### Study participating centre Royal Free Hospital

Pond Street London England NW3 2QG

### Study participating centre Royal Preston Hospital

Sharoe Green Lane Fulwood Preston England PR2 9HT

### Study participating centre Singleton Hospital

Sketty Lane Sketty Swansea Wales SA2 8QA

### Study participating centre Southampton General Hospital

Tremona Road Southampton England SO16 6YD

### Study participating centre St Bartholomew's Hospital

West Smithfield London England EC1A 7BE

### Study participating centre The Christie Hospital

Wilmslow Road Manchester England M20 4BX

# Study participating centre The James Cook University Hospital

Marton Road Middlesbrough England TS4 3BW

### Study participating centre University College Hospital

235 Euston Road London England NW1 2BU

## Study participating centre Weston Park Hospital

Whitham Road Sheffield

# **Sponsor information**

#### Organisation

University of Leeds

#### **ROR**

https://ror.org/024mrxd33

# Funder(s)

### Funder type

Charity

#### **Funder Name**

Cancer Research UK

### Alternative Name(s)

CR\_UK, Cancer Research UK - London, Cancer Research UK (CRUK), CRUK

### Funding Body Type

Private sector organisation

### **Funding Body Subtype**

Other non-profit organizations

#### Location

**United Kingdom** 

### **Results and Publications**

### Individual participant data (IPD) sharing plan

The datasets generated during the current study will be available on request from the Clinical Trials Research Unit at the University of Leeds.

De-identified individual participant data datasets generated during the current study will be available upon request from the Clinical Trials Research Unit, University of Leeds (contact CTRU-DataAccess@leeds.ac.uk in the first instance). Data will be made available at the end of the trial, i.e. usually when all primary and secondary endpoints have been met and all key analyses are complete. Data will remain available from then on for as long as CTRU retains the data.

CTRU makes data available by a 'controlled access' approach. Data will only be released for legitimate secondary research purposes, where the Chief Investigator, Sponsor and CTRU agree that the proposed use has scientific value and will be carried out to a high standard (in terms of scientific rigour and information governance and security) and that there are resources available to satisfy the request. Data will only be released in line with participants' consent, all applicable laws relating to data protection and confidentiality, and any contractual obligations to which the CTRU is subject. No individual participant data will be released before an appropriate agreement is in place setting out the conditions of release. The agreement will govern data retention, usually stipulating that data recipients must delete their copy of the released data at the end of the planned project.

The CTRU encourages a collaborative approach to data sharing and believes it is best practice for researchers who generate datasets to be involved in subsequent uses of those datasets. Recipients of trial data for secondary research will also receive data dictionaries, copies of key trial documents and any other information required to understand and reuse the released datasets.

The conditions of release for aggregate data may differ from those applying to individual participant data. Requests for aggregate data should also be sent to the above email address to discuss and agree on suitable requirements for release.

### IPD sharing plan summary

Available on request

### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		09/11/2025	17/11/2025	Yes	No
Abstract results		01/10/2019	14/11/2022	No	No
HRA research summary			28/06/2023	No	No
Interim results article		02/05/2025	08/05/2025	Yes	No
Other publications	investigation of prognostic factors	20/05/2021	25/05/2021	Yes	No
Plain English results	ACT4 early results summary version 1.0	05/06/2023	05/06/2023	No	Yes
Plain English results	ACT5 early results summary version 1.0	23/06/2023	26/06/2023	No	Yes
Plain English results	ACT4		24/08/2023	No	Yes
Plain English results	ACT3 early results summary version 1.0	25/08/2022	22/10/2025	No	Yes
Poster results			14/11/2022	No	No
Protocol file	version 8.0	07/02/2024	10/10/2024	No	No
Protocol file	version 9.0	04/12/2024	24/01/2025	No	No