NHS
Health Research Authority
NRES Committee London - Harrow
Level 3, Block B
Whitefriars
Lewins Mead
Bristol
BS1 2NT
Tel: 0117 342 1384

29 May 2014

Professor Julietta Patnick
Director, NHS Cancer Screening Programmes
NHS Cancer Screening Programmes
Fulwood House
Old Fulwood Rd
Sheffield
S10 3TH

Dear Professor Patnick

Study title:	**EVALUATING THE NET EFFECTS OF EXTENDING THE AGE RANGE FOR BREAST SCREENING IN THE NHS BREAST SCREENING PROGRAMME IN ENGLAND FROM 50-70 YEARS TO 47-73 YEARS**
REC reference:	**10/H0710/9**
EudraCT number:	**N/A**
Amendment number:	**Amendment 2**
Amendment date:	**02 May 2014**
IRAS project ID:	**29856**

The above amendment was reviewed by the Sub-Committee in correspondence.

Ethical opinion

The members of the Committee taking part in the review decided that they could not give a favourable ethical opinion of the amendment, for the following reasons:

This Substantial Amendment is similar to Amendment 1 that was submitted in February 2013 and given an Unfavourable Opinion. This previous amendment hasn't been acknowledged in this new Substantial Amendment. Since the revised protocol did not have tracked changes, the Committee found it difficult to ascertain what changes had been made (although this was addressed in the summary of changes, the Committee are not sure if they were reflected fully in the revised protocol) and some of the difficulties raised in the previous response do not appear to have been addressed.

The Committee welcome the set-up of the ethical and trial management groups.

However, the Committee still have concerns about the control group not being aware that they have been enrolled into this study, particularly as now the information sheet does not say that this age extension will be eventually be offered to all women; instead it states that only half the eligible women will be invited. The Committee note that the amendment says that any plans to do so have been pushed back to 2016. This changes the context in which the original application received ethical approval, when it was presented as a pragmatic approach, as facilities were not available to offer additional screening to all the women in the age extension group immediately.

The information sheet needs to provide more information:

- It is not entirely clear what determines eligibility as it may depend both on age and where they live.
- It mentions benefits and harms but gives no more details and doesn't spell out that the trial could show that extending screening could result in more harm than good to these participants, as probably most women start from the stance that screening is beneficial.
- Telling women that the figures in the routine screening leaflet may not apply to those outside the 50 to 70 age range needs to be expanded to include details of 'in what way' those figures might not apply to those in the age extension trial, as the words 'bear in mind' provide no tangible information.
- There is only a little information about the time scale involved in obtaining the results of this trial, so this point needs clarifying.
- A little more detail about the type of 'other NHS information' that will be collected is required.
- The trial is limited geographically this needs to be clarified clearly; how will women know whether they are in an area that will be scanning women from age 47 or that all women regardless of area who are over the age of 70 can request an additional scan?

The information leaflet will only be sent to those women who are being screened; thus, as previously noted in our previous unfavourable opinion, it is unclear how women aged 47 in the 'control' group and not invited for breast screening as part of this trial will be informed that, even though they are in the control group, they may be able to request a scan before 50yr. (Those in the control group over the age of 70 will be aware that they can request to continue to have 3 yearly scans, as they will have received the information as part of their regular screening visits.)

There is no consent form; there is a difference between attending a routine screening visit using implied consent, compared to women acknowledging that that they are taking part in a trial. This is also an important point for those individuals who lack capacity.

I regret to inform you that the amendment is therefore not approved. The study should continue in accordance with the documentation previously approved by the Committee.

If you would find it helpful to discuss any of the matters raised above or seek further clarification from a member of the Committee, you are welcome to contact Libby Watson, REC Manager.

Options for further ethical review

1. **Modifying the amendment**

You may modify or adapt the amendment, taking into account the Committee's concerns. Modified amendments should be submitted on the standard Notice of Amendment form. The form should indicate that it is a modification of the above amendment. Please ensure that you resubmit those documents that have been added or revised and need to be reviewed. There is no requirement to *resubmit* any documents that were submitted with the original amendment and are still relevant to it but have not changed. However, the standard Notice of Amendment form must *list* all documents that are still relevant to the amendment, clearly indicating those which are new or have been modified and those which remain unchanged.

The REC must receive a revised Notice of Amendment form at least 14 days before you plan to implement the amendment. The Committee will then have 14 days from the date of receiving the notice in which to notify you that the amendment is rejected, otherwise the amendment may be implemented.

2. Appeal against the opinion

Alternatively, you may appeal against the decision of the Committee by notifying the relevant Research Ethics Service appeals manager (see below) in writing within 90 days of the date of this letter, setting out your representations with respect to the opinion. The appeal would be based on the notice of substantial amendment and supporting documentation reviewed previously, without revision. If the appeal is allowed, the amendment will be reviewed again at the next scheduled full meeting of this Committee, taking into account your representations together with the comments of a second REC on the amendment. The second REC will be appointed by the appeals manager.

You will be notified of the arrangements for the meeting of the REC and will be able to attend and/or make further written representations if you wish to do so.

The appeals manager is:

Catherine Blewett
NRES Improvement & Liaison Manager
National Research Ethics Service

Email: catherineblewett@nhs.net

Documents reviewed

The documents reviewed at the meeting were:

Document	*Version*	*Date*
Notice of Substantial Amendment (non-CTIMP)	Amendment 2	02 May 2014
Participant information sheet (PIS) [Age Extension]	2	02 May 2014
Research protocol or project proposal	2 (Clean & Tracked)	02 May 2014

Membership of the Committee

The members of the Committee who took part in the review are listed on the attached sheet.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

We are pleased to welcome researchers and R & D staff at our NRES committee members' training days – see details at http://www.hra.nhs.uk/hra-training/

10/H0710/9:	**Please quote this number on all correspondence**

Yours sincerely

pp.

Dr Jan Downer
Chair

E-mail: nrescommittee.london-harrow@nhs.net

Enclosures: *List of names and professions of members who took part in the review*

Copy to: *Ms Heather House, Clinical Trials & Research Governance*
Ms Kath Moser

NRES Committee London - Harrow

Attendance at Sub-Committee of the REC meeting by correspondence

Committee Members:

Name	*Profession*	*Present*
Dr Jan Downer	Consultant Anaesthetist (Chair)	Yes
Ms Ann Malkin	Consultant Psychologist	Yes