



Centre for Healthcare Randomised Trials

# Multi-Arm Randomised Controlled Trials: A Trial Manager's Perspective

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# Acknowledgment

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**The views and opinions expressed therein are those of the author and do not necessarily reflect those of the HTA programme, NIHR, NHS or the Department of Health.**



***National Institute for  
Health Research***



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# Multi-arm RCTs

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- **Evaluates several new treatments simultaneously**
- **More cost-effective than conducting separate trials**
- **Potential to improve recruitment as all treatment options are offered**

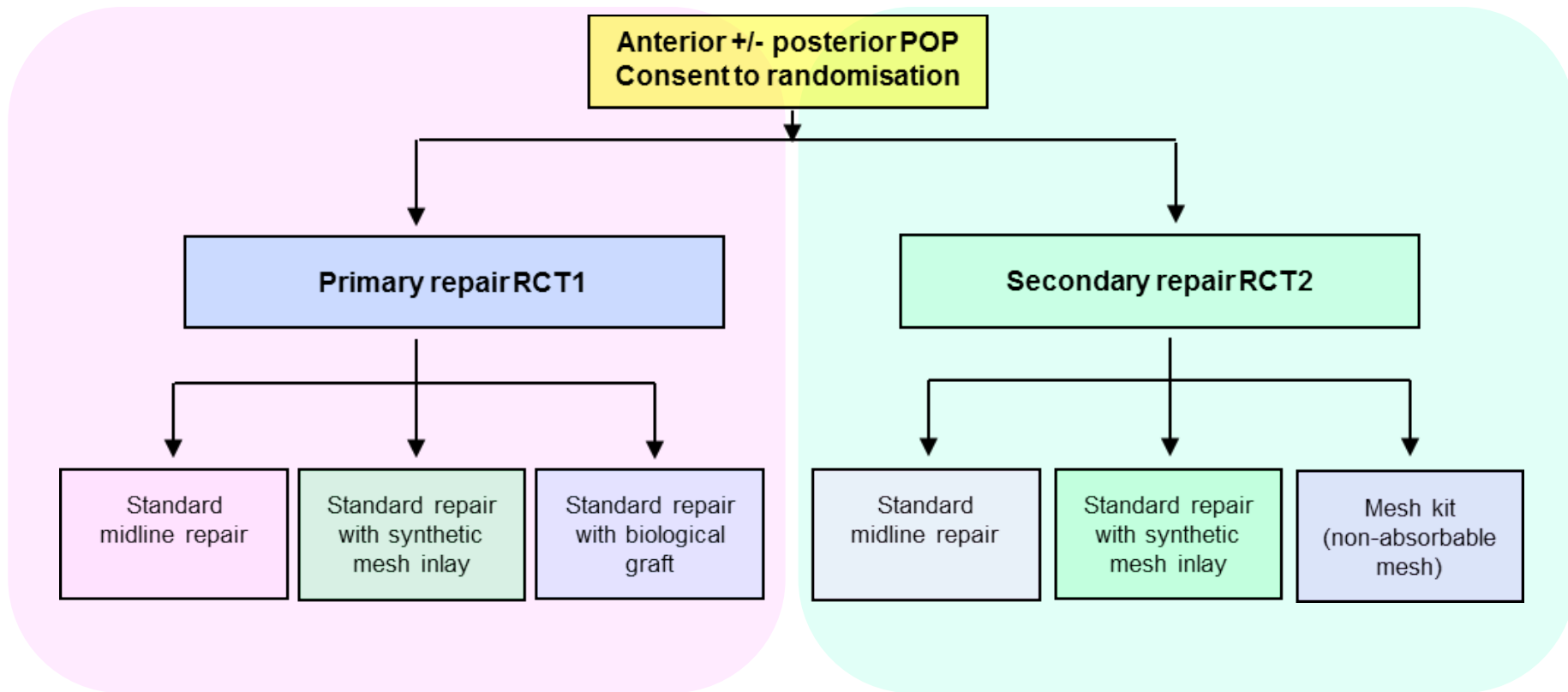


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# PROSPECT

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- **Two randomised controlled trials within a comprehensive cohort study**
  - **Surgical options for pelvic organ prolapse**
    - **Three surgical options for primary repairs (RCT1)**
    - **Three surgical options for secondary repairs (RCT2)**
    - **Women not willing/eligible for randomisation entered Cohort study**

# Flow Diagram





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# Recruitment

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- **Recruitment slower than anticipated**
- **Due to a number of reasons:**
  - **cost of sourcing mesh**
  - **lack of availability of mesh**
  - **clinicians preference**
  - **Lack of training in a particular technique**



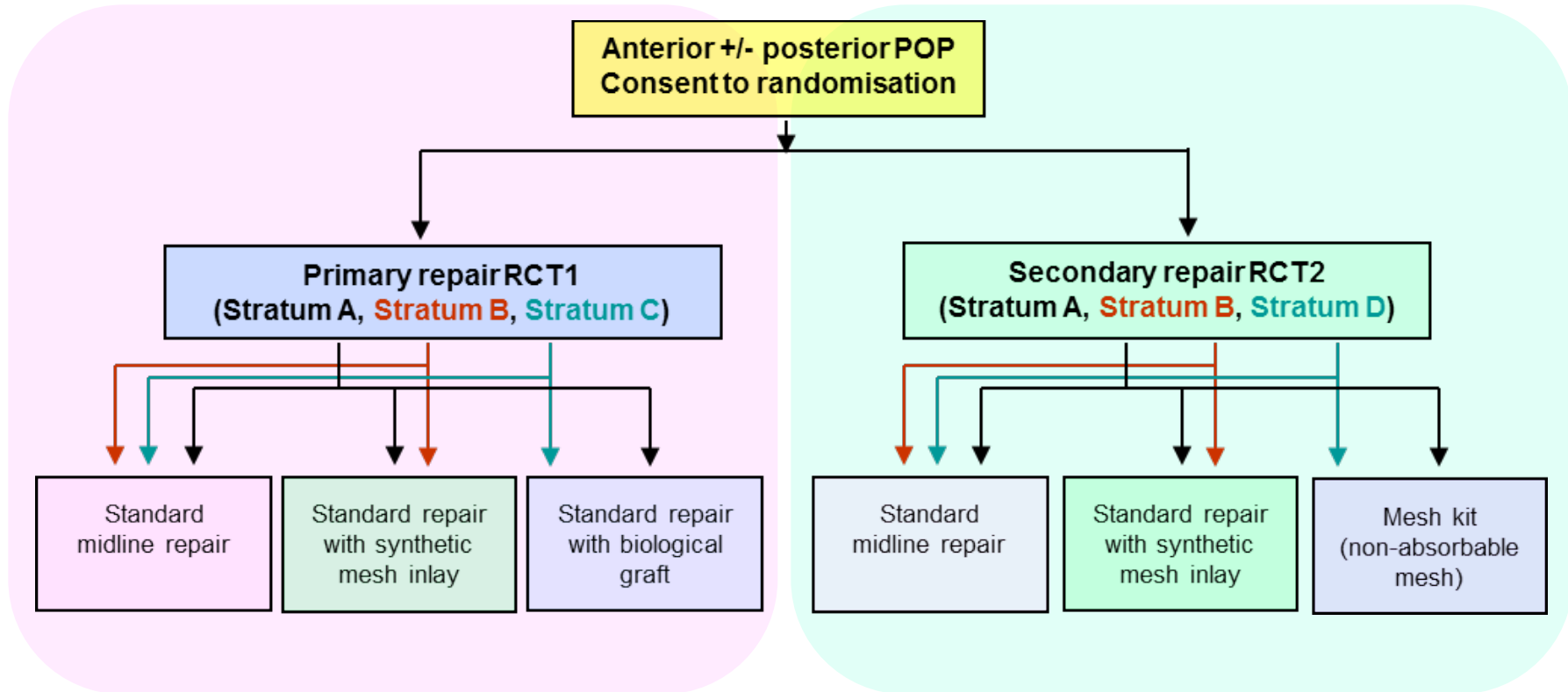
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# Solution

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- **Decision**
  - **allow surgeons to randomise between no mesh and only one of the mesh types**

# Flow Diagram







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# Advantages

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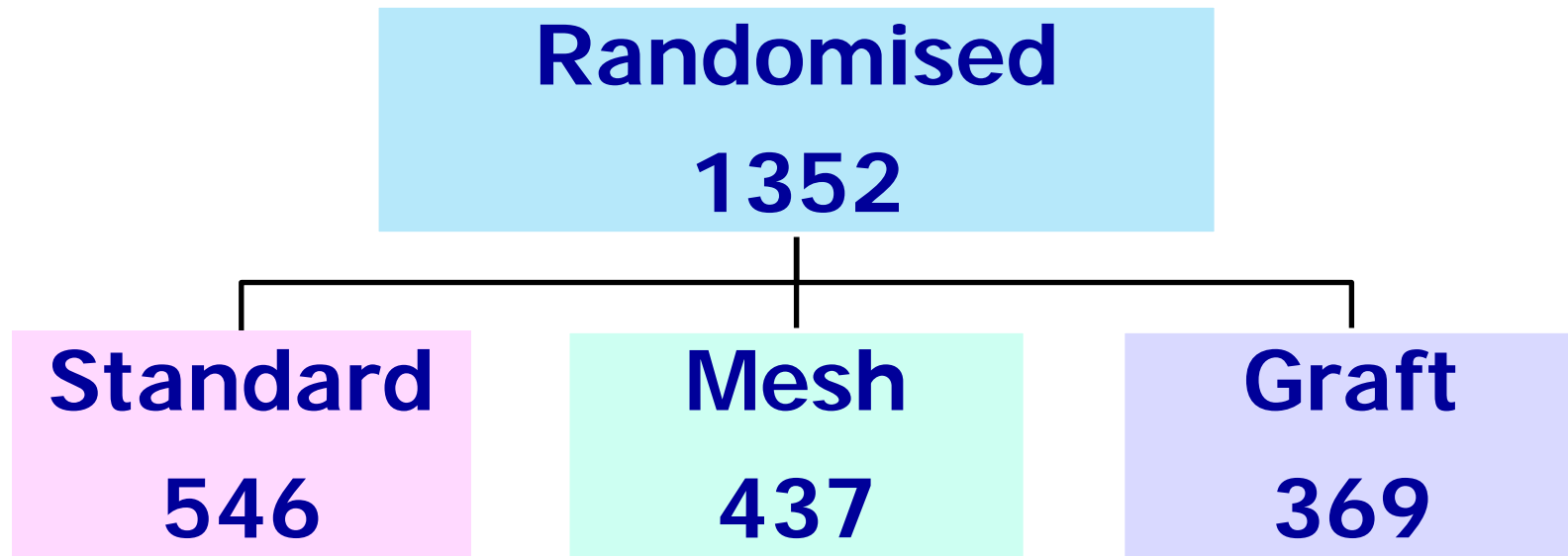
- **Allowed more surgeons and centres to participate**
- **Access to larger number of potential recruits**
- **Increased recruitment**
- **Shortened the trial**
  - **Answer research question quicker**
  - **Reduces costs**
  - **Limits trial fatigue**

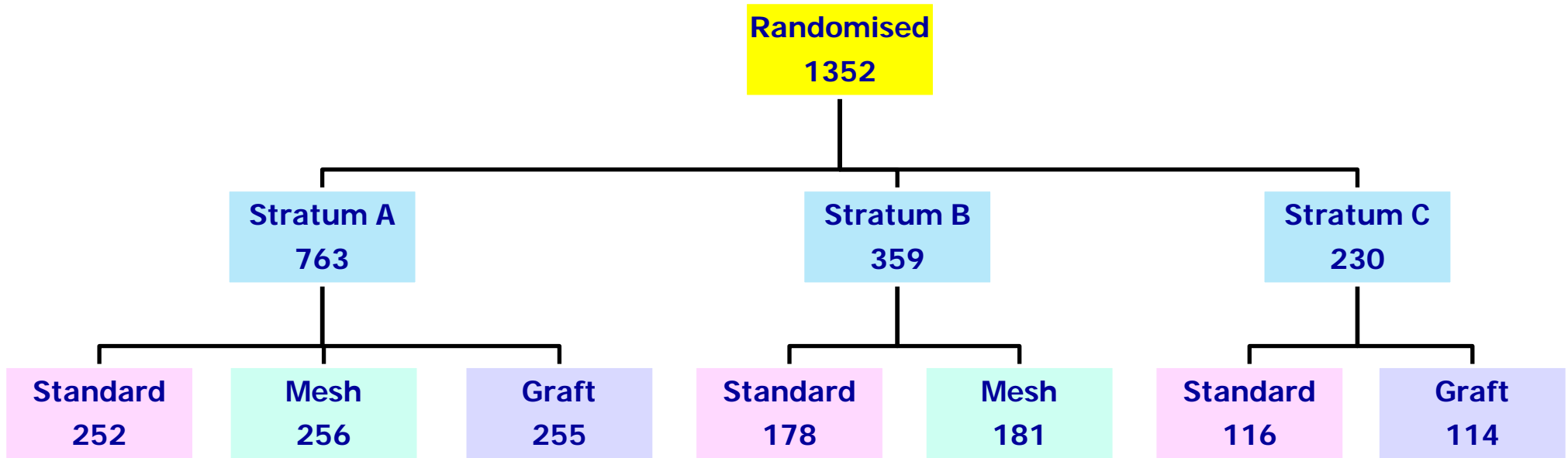


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# Limitations

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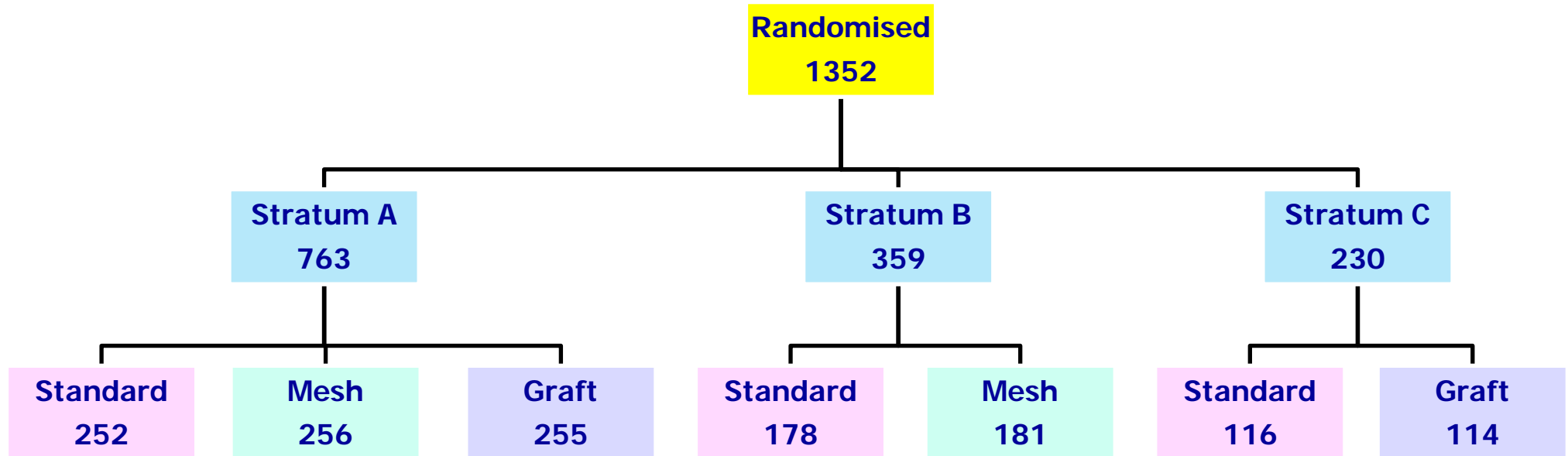


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# Limitations

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- **To calculate unbiased estimates of treatment effects, only two out of three strata could be used in any analysis**
- **Primary trial**
  - **strata A+B for comparisons with synthetic mesh**
  - **strata A+C for comparisons with biological graft**

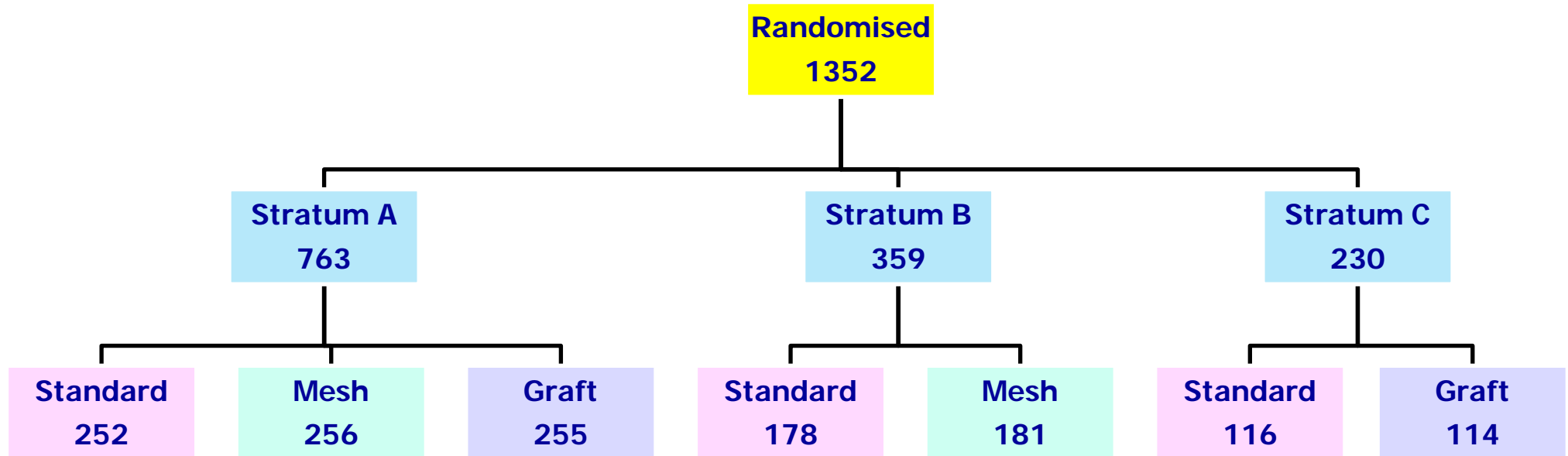


- **Mesh trial**

- Standard:  $252 + 178 = 430$
- Mesh:  $256 + 181 = 437$

- **Graft trial**

- Standard:  $252 + 116 = 368$
- Graft:  $255 + 114 = 369$



- **Mesh trial**

- Standard:  $252 + 178 = 430$
- Mesh:  $256 + 181 = 437$

- **Graft trial**

- Standard:  $252 + 116 = 368$
- Graft:  $255 + 114 = 369$

**Total =  $430 + 437 + 368 + 369 = 1604$**



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# Limitations

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- **Reduction in power by a modest amount because the Stratum A was the largest stratum and was used in every analysis**
- **Challenges in reporting methodology/results due to the complex nature of the trial design/analysis**
- **Full CONSORT Diagram is HUGE!**



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# Summary

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- **Recruitment rates had to be improved**
- **Relaxation of trial design increased recruitment of centres and participants**
- **Shortened the length of the trial**
- **Resulted in three strata in each Trial**
- **More complex analysis**
- **Challenges when reporting**





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**Thank for your attention.**

**If you have any further questions please contact:**

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**[www.abdn.ac.uk/hsru/chart](http://www.abdn.ac.uk/hsru/chart)**

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