COLO-PREVENT Site Feasibility Questionnaire

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| **Full Study Title:** | COLO-PREVENT – A phase 2/3 randomised platform trial assessing the efficacy of aspirin, aspirin plus metformin, or resveratrol, for colorectal polyp prevention in patients undergoing surveillance in the Bowel Cancer Screening Programme |
| **Short Study Title:** | COLO-PREVENT: A platform for developing COLOrectal cancer PREVENTion therapies  |
| **IRAS ID:** | 1005142 |
| **EudraCT:** | 2022-000531-23 |
| **Chief Investigator**: | Dr Ajay Verma |
| **Sponsor:** | University of Leicester (Ref: 0834) |
| **First Patient First Visit (Main trial):** | 28 March 2023 |

**Key Site Contact Details**

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| --- | --- |
| Name of Participating Site: |  |
| Address of Participating Site: |  |
| Name of BCSP Centre |  |

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| --- | --- |
| Name of Principal Investigator:  |  |
| Work address of PI: |  |
| Telephone number: |  |
| Email address |  |

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| --- | --- |
| Name of Research nurse:  |  |
| Telephone number: |  |
| Email address |  |

**Research and Development/Research and Innovation Contact Details**

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| --- | --- |
| Name of Capacity and Capability contact:  |  |
| Telephone number: |  |
| Email address |  |

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| --- | --- |
| Name of Contract Officer:  |  |
| Telephone number: |  |
| Email address |  |

**Pharmacy Contact Details**

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| --- | --- |
| Name of Trial Pharmacist:  |  |
| Address of dispensing pharmacy: |  |
| Email address |  |
| Telephone number: |  |

**Patient population and recruitment**

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| **1** | Were previous recruitment targets met for similar trials? | YES/NO |
| **1a** | Number of patients with high risk findings identified at your Bowel Cancer Screening Centre per year: |  |
| **1b** | Of these, how many do you anticipate would be eligible for the study? |  |
| **1c** | How many patients do you anticipate your site will recruit per year? |  |

**Standard of care**

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| --- | --- | --- |
| **2** | Would your BCSP team agree to refer high risk patients (those entering 3-year surveillance) to the research team? | YES/NO |
| **3** | Would your colleagues agree to their patients being prescribed the trial drugs? (**Main trial**: aspirin 75mg OD, metformin 500mg BD)(**Sub-trial**: 5mg or 1g resveratrol or placebo) | YES/NO |

**Resources**

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| --- | --- |
| **4** | Do you have experience of recruiting to drug trials?If yes, detail number of trials\_\_\_\_\_\_\_. |
| **5** | Did you recruit to target?  | YES/NO |
| **6** | Do you have current or potential new trials that will compete or affect recruitment into this trial? | YES/NO |
| **7** | If yes, please specify trial names below: |
| **8** | How many co-investigators will be involved at your site? *(NB: a co-investigator is another physician who will work alongside you on the trial and take full responsibility in your absence)* |  |
| **9** | For this type of CTIMP can informed consent be taken by a delegated SSP/RN in your Trust? | YES/NO |
| **10** | Do you and your research team have the capacity to support this trial? | YES/NO |
| **11** | In which form are your medical records? | Paper Electronic | YES/NOYES/NO |
| **12** | Is there office space available for trial monitoring by a member of the coordinating centre/sponsor? | YES/NO |
| **13** | Do you have archiving facilities for trial documentation for at least 25 years? | YES/NO |

**Trial Specific Procedure Facilities**

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| **14** | Do you have adequate facilities and equipment to accommodate the trial?* Patient/research area
* Laboratory processing of blood, fresh tissue, and urine samples
* Taking of rectal biopsies during colonoscopy procedure

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| **14a** | If not, how will you access facilities/equipment? |
| **15** | Do you have a -80oC freezer to store samples? | YES/NO |
| **16** | Are procedures for equipment temperature and calibration in place? | YES/NO |

**Additional information**

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| **17** | Are you able to support ***all*** the requirements of the COLO-PREVENT trial? | YES/NO |
| **17a** | If not, please detail any potential problems below and how we could help to solve them? |

**General set up information**

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| **18** | How long does your capacity and capability assessment take? |
| **19** | Are there any local groups or committees that the trial must be submitted to?If yes, please detail below (including timeframes). |
| **20** | Does your organisation use Edge? | YES/NO |

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**

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| Feasibility form completed by: |
| Name (print): |  |
| Job title: |  |