



## Standard Operating Procedure

### Procedures and Documentation for patients not attending scheduled visits ("lost to follow-up")

#### Purpose:

The terms "lost to follow-up" and withdrawal" are often used in an undifferentiated way. However, unless a patient has formally stated they wish to withdraw, they remain in the trial and every effort should be made to contact any patient who appears to be lost to follow up.

#### Withdrawal

Patients have the right to withdraw their consent to the study at any time. If a patient actively communicates that he does not want to participate in ECST-2 any longer, then the "**withdrawal" form in the Sealed Envelope database has to be filled in**, stating the reason for withdrawal, whether the patient is willing to be contacted by telephone for follow up, and whether he or she is happy for their family doctor to be contacted for further follow up. If the patient agrees to some form of follow up by telephone or via their family doctor, they will remain in the study and it is the responsibility of the local investigators to complete the trial follow up forms for the patient using these sources of information.

Confirm that a discussion has taken place with the subject related to vital status collection. Site personnel should explain to the subject that it is important to find out, how the subject is doing even if the subject is not coming in for clinic visits. **For those patients that have expressed concern with being contacted too frequently, it is acceptable to provide some flexibility with those contacts provided the patient agrees to be contacted during the trial close out window.** This discussion and agreement must be documented in the source.

Patients who have withdrawn from the study will have their data up to the time of full withdrawal included in the trial analysis unless they withdraw their consent to this process. Ensure that any subject reported as "Withdrawal of Consent" is accompanied by a local PI discussion with study subject. The discussion must be documented in the source and available for CRA review. \*Please note that true withdrawal of consent in clinical studies is rare (around 1%) according to a recent publication in the *Annals of Internal Medicine* (2011; 154:113-117).

#### Lost to follow-up

If on the other hand, a patient misses a scheduled ECST-2 study visit without notification, then the steps in the checklist below have to be followed in order to try and contact the patient and find out about his vital status. Only if all of these steps are unsuccessful can the patient be labelled as "**lost to follow-up**". **This is also done via the "Withdrawal" form in Sealed Envelope, by writing the comment "Contact attempts according to SOP failed. Patient lost to follow-up" in the "Notes" field.** Our goal is to get the number of patients truly lost to follow up below 1%.

## **ECST-2 Checklist “lost to follow-up”**

*Please complete this checklist for each subject potentially lost to follow up*

Centre Number:	Date form is completed:
PI Name:	PATIENT NUMBER:

<b>Attempt Number</b>	<b>Date of Attempt DD/MMM/YYYY</b>	<b>Form of Contact (Documented telephone call, written request including proof of receipt, etc.)</b>	<b>Site Staff Initials</b>
1			
2			
3			

### **Checklist:**

- Call all known telephone numbers for study subject, including primary care physicians or other healthcare providers previously identified by the study subject. All attempts must be documented. The calls should be attempted on different days and times. Consider calling in the early morning, evening or weekend.
- Contact local directory assistance or phone operator if a phone number is disconnected or not in service. The internet may also be useful to locate phone numbers.
- Send a letter to the subject via traditional mail with a plea as to the importance of the patient reconnecting with the site. Handwrite the subject’s address and the site’s return address. Do not use official stationary. Consider having the PI write and sign the letter. Written documents for study subjects may require IRB/EC approval. Check your local guidelines.
- Call “emergency contacts” for the patient. Refer to the patient contact form if used in your region. Evening and weekend calls should be considered.

Please enter public databases or other methods of subject contact below:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Documentation in the Sealed Envelope database:**

**After all steps listed above have been followed please write the comment "*Contact attempts according to SOP failed. Patient lost to follow-up*" in the "Notes" field in the "Withdrawal" form in Sealed Envelope.**

Thank you for your continued support in this important collection of vital status for ECST-2.  
Please contact your *Trial Managers Laurine and Marina* if you have any questions.