

DRAFT3-CASP Screening/Randomisation Procedure

This guide runs through the screening and randomisation procedure from start to finish and details what to do if you need to randomise manually through RRAMP in the event that REDCap doesn't work.

If you are struggling at any point throughout the randomisation process please either call the Trial Manager Heather on 01865 (2)23113 or the Trial Administrator Elli on 01865 612709 so that we can help you. Alternatively, you can contact the study team in the DRAFT3 Whatsapp group.

DO NOT TRY TO RANDOMISE PATIENTS DIRECTLY INTO REDCAP (i.e. NOT VIA THE WEBSITE) - THIS WILL NOT WORK.

Procedure

To begin the screening and randomisation procedure, go to the draft3-casp website at the below link.

www.draft3casp.org

| The DR | RAFT3 | -CASP |
|---|----------------------------------|---|
| Study | | |
| | | |
| This study aims t that are currently fractures | o compare two y standard car | o treatment metho e for treating wrist |
| This study aims t that are currently fractures Patient informa | to compare two y standard car | o treatment metho e for treating wrist |

On this page, click the 'Enrol a new patient' button.



| Log in to RedCap | | |
|------------------|---------|--------|
| password | | Submit |

This will take you to another page where you can enter the generic password, which will be sent to you in your **greenlight activation email**. Once you submit the password, it will open the REDCap screening form.

| Demographics | |
|---|------------------------------|
| Site name * must provide value | ~ |
| Date of screening * must provide value | 03-04-2 \cdots 🗊 Today D-M-Y |
| Date of injury * must provide value | Today D-M-Y |
| Sex at birth * must provide value | ~ |
| Age on day of screening * must provide value | ~ |
| To which of these ethnic groups does the patient consider they belong? * must provide value | ~ |
| Index of Multiple Deprivation Score - please calculate using the patients postcode with the tool below | ~ |
| Get IMD Score (<u>https://kadoorie.octru.ox.ac.uk/IMDTool/</u>) | |
| If the patient does not live in England, please select the option 'not a resident of England'. * must provide value | |



Choose your site name from the drop down and fill in all of the remaining information on the screening form.

| IMD 2019 Decile Lo | ookup tool | | |
|--|---|--|---|
| The IMD Postcode search is | a tool whereby the user can find | the Index of Multiple Deprivatior | decile group for a valid postcode. |
| Post code: | | IMD Decile: | |
| | Get IMD | 1 | |
| Please note: | | | |
| • The search currently or | nly works for postcodes within E | ngland. | |
| The following datasets | are used in the IMD postcode s | earch: | |
| Office of Nationa Licence v3.0. | l Statistics - Indices of Multiple I | Deprivation 2019. Contains public | sector information licensed under the Open Government |
| Open Geography District (Novemb | ⁷ Portal - Postcode to Output Are er 2022) Lookup in the UK. Cont | ea to Lower Layer Super Output A tains public sector information lice | rea to Middle Layer Super Output Area to Local Authority ensed under the Open Government Licence v3.0. |
| Oxford Trauma does no | ot guarantee the accuracy or inte | egrity of the data. | |

To enter the IMD score, follow the link provided. Please use this tool specifically, if you use google it will give you a different scale that won't work.

| Inclusion Criteria | | |
|---|---|--|
| For this patient to be eligible for this study, the next questions, A1-A3, must have the answer 'Yes' | | |
| A1. Is the patient willing to provide informed consent? * must provide value | Yes No Not applicable reset | |
| A2. Is the patient aged 16 years or older? * must provide value | ○ Yes○ Noreset | |
| A3. Does the patient have a fracture of the distal radius which, in the opinion of the treating clinician, does not require a manipulation of the fracture? * must provide value | Patient does not want to be part of a research project Patient does not want to complete questionnaires Treatment preference No reason given | |
| Why is the patient not willing to provide informed consent? * must provide value | v v | |
| Exclusion Criteria | | |
| For this patient to be eligible for this study, the next questions, B1-B3, must have the answer 'No' | | |

If the patient has a treatment preference or doesn't want to take part for another reason, tick no to A1 and specify using the dropdown that will pop up.



| Inc | пч | OD. | CT | ter | |
|------|----|-----|----|-----|--|
| - He | | | | | |

| For this patient to be eligible for this study, the next questions, A1-A3, must have the answer 'Yes' | | | |
|---|---|-------|--|
| A1. Is the patient willing to provide informed consent? * must provide value | YesNoNot applicable | rocot | |
| | | reset | |
| A2. Is the patient aged 16 years or older? * must provide value | ○ Yes○ No | reset | |
| A3. Does the patient have a fracture of the distal radius which, in the opinion of the treating clinician, does not require a manipulation of the fracture? * must provide value | ○ Yes○ No | reset | |

If the patient was not approached, you can select 'Not applicable' for question A1. You can then select 'no' to "Was the patient approached to join this study?" which will pop up a bit further down the form underneath the exclusion criteria. Please select this option if the patient is ineligible for any other reason as only eligible participants should be approached for consent. Always ensure to complete the entire screening form.

| Has the patient previously been approached to join the DRAFT3-CASP study? * must provide value | ○ Yes ○ No ● Unknown |
|--|---|
| Was the patient approached to join this study? * must provide value | ○ Yes● Noreset |
| Why was the patient not approached to join this study? * must provide value | ✓ Research staff not available |
| Name of person screening * must provide value | Internet/administrative problems Clinical decision that a splint would be inappropriate Clinical decision that a cast would be inappropriate Other |
| | |

It will ask you whether the patient has previously been approached for the DRAFT3-CASP study – as the study recruitment will last a while there is a chance that a patient might break their wrist (or the other one) again. These patients can't be recruited into the study again.

If the patient wasn't approached for the study, please select no to this question and select the reason from the dropdown – this is where you will record if research staff were not available or due to clinician decisions/treatment preferences. If it is unknown whether the patient was approached, please select 'unknown'.



| PATIENT IS INELIGIBLE FOR THIS STUDY | | |
|---|---|--|
| Is the patient willing to be approached to take part in qualitative interviews? * must provide value | ○ Yes○ Nores | |
| Consent to Cor | ntact Form | |
| The information on this form will allow us to conta for the DRAFT3-CASP int This information will be deleted w | ct you to discuss taking part in an intervie erview study only vhen the study has ended | |
| 1. I understand that a member of the research team from the University of Oxford may contact me about taking part in an interview to explore my experience of injury and recovery and have supplied my contact details. * must provide value | ○ Yes ○ No | |
| Date: * must provide value | 04-04-2023 D-M-Y | |
| Signature: * must provide value | ≁ <u>Add signatu</u> | |
| Name of Person Taking Consent: * must provide value | | |
| Date: * must provide value | 04-04-2023 D-M-Y | |
| Signature: * must provide value | ≁ <u>Add signatu</u> | |
| Form Version & Date: V1.0 17Nov2022 | | |
| Submit | | |

If this is ticked, the patient will not be eligible but they can still take part in the qualitative interviews. If you tick yes to 'Is the patient willing to be approached to take part in qualitative



interviews' and press submit, it will take you to the Consent to Contact Form so that you can collect the contact details without having to consent them into the main study.

| Exclusion Criteria | | |
|--|---|--|
| For this patient to be eligible for this study, the next questions, B1-B3, must have the answer 'No' | | |
| B1. Is the injury more than 2 weeks old? * must provide value | ○ Yes ● No | |
| B2. Is the fracture open with a Gustilo and Anderson grading greater than 1? * must provide value | ○ Yes ● No | |
| B3. Is the patient unable to adhere to trial procedures? (e.g. patients with permanent cognitive impairment, or other concomitant severe injuries e.g. head injury) * must provide value | Yes No | |
| Why is the patient unable to follow the trial procedures or to complete the questionnaires? * must provide value | ► Patient has permanent cognitive impairment Other concomitant severe injuries e.g. head injury | |
| | Patient does not have sufficient English skills Other | |

If the patient has a cognitive impairment, concomitant severe injuries, insufficient English or cannot adhere for any other reason, then tick no to B3 and specify using the dropdown. (N.B. Treatment preference is not a reason that a patient is unable to follow trial procedures).

Submit this form and it will take you to the consent form.

| 7. I understand that my General Practitioner may be contacted in order to provide information about my health status. * must provide value | I agree reset | | |
|---|--|--|--|
| 8. I agree to take part in the DRAFT3-CASP study. * must provide value | I agree reset | | |
| 9. I agree to be approached by a member of the research team from the University of Oxford to take part in the optional study participant interviews. | I am happy to be contacted about these interview Please do not contact me about these interview | | |
| Sorry consent is not valid | | | |

The consent will not be valid until it has been signed so don't worry about the Sorry consent is not valid message because it should go away once the form is valid and complete. The patient can also



choose to take part in the optional qualitative interviews at this point by selecting 'I am happy to be contacted about these interviews' to question 9. This has no bearing on being a part of the main study or the questionnaires for this.

| Email to participant? * must provide value | Yes No | reset |
|---|--|-----------------------------------|
| Participant Email address * must provide value | test@test.com | |
| Note for study team: When completed: o automatically emailed to participants/pri for researcher site file (download from re (upload PDF for electronic notes, print PD | ne for participant (PD nt PDF and give partic dcap); 1 to be kept in)F for paper notes). | F ipant); one medical notes |
| Form Version & Date: V2.0 06Jan2023 | | |
| Next Page >> | | |

If the patient would like the consent form to be emailed to them, tick Yes to 'Email to participant' and enter their email address below. **NOTE: Please make sure the patient double-checks this email address as if the consent form is sent to another person this could constitute a serious data breach.** If the patient does not want the consent form to be emailed to them, tick no to this and then make sure you print the consent form off on the next screen to give a copy to the patient.



| Consent Form | E € | 3 |
|--|--------------------|---|
| Displayed below is a read-only copy of your survey responses. Please review it and the options at the bottom | | |
| □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | • |
| Consent Form | | |
| DESAL RADUS ACUTE FRACTURE TRIAL CAST VS SPLINT | | |
| Oxford Trauma and Emergency Care NDORMS Trauma Unit, Kadoorie Centre John Radcliffe Hospital, OX3 9DU 01865 223113 Draft3-casp@ndorms.ox.ac.uk | | • |
| I certify that all the information in the document above is correct. I understand that clicking 'Submit' w electronically sign the form and that signing this form electronically is the equivalent of signing a phys document. If any information above is not correct, you may click the 'Previous Page' button to go back and correct | ill ical it. | |
| Submit | | |

Tick to certify the document is correct, if it isn't go back to << Previous page and correct the information. If it is, submit the consent form and it will take you to the contact details form.



| Email Address | |
|---|--|
| Mobile Number (without spaces) | |
| Landline Number (including area code) | |
| Please provide either a mob | ile or a land line number |
| Is the participant happy to receive a link to the study questionnaires by email and/or SMS text message? * must provide value | ○ Yes● No |
| Please advise the participant we v phone or post to complete the stu | vill therefore contact them by udy questionnaires |

Enter the patient's contact details carefully. If the patient doesn't have the ability to receive SMS messages or emails, or they just don't want them, select No to 'is the participant happy to receive the questionnaires by email and/or SMS text message?' This will prompt us to follow them up by phone and/or post.

| Email Address | |
|---|-------------------------------------|
| Mobile Number (without spaces) | |
| Landline Number (including area code) | |
| Please provide either a mobi | le or a land line number |
| Is the participant happy to receive a link to the study questionnaires by email and/or SMS text message? * must provide value | Yes No |
| If yes to receiving a link electronically, please indicate their preferred mode of contact * must provide value | ✓ Email Text (SMS) Message |
| If we need to contact the participant by phone | Email AND Text Message |

If the patient would prefer to complete the follow-ups electronically, select Yes to this question and then choose the specific contact using the dropdown that will pop up. Once all information has been entered, submit this form.



| Can you confirm that your contact details are correct? * must provide value | ○ Yes ○ No reset |
|--|------------------------|
| Form Version & Date: V1.0 17Nov2022 | |
| Submit | |

This will take you to the contact details check form. Ensure that all of the patient's details are correct, confirm this and submit the form.

| DRAFT3-CASP: Cast vs Splint | t |
|--|---------------------------|
| The following questionnaires relate to your health a week prior to your injury | and wrist function in the |
| Form Version: V1.0 17Nov2022 | |
| Submit | |
| EQ-5D-5L | Resize font: |
| EQ-5D-5L Prelnjury | |
| | Page 1 of 6 |
| Please click the ONE box that best describes your health BEFORE your | r injury. |

After the contact details have been entered and checked, it will take you to the baseline CRF forms. These should be completed by the patient. The first forms will relate to the patient's wrist and general health **before** their injury. Please ensure that the patient is aware of this before they begin completing their questionnaires.



| DRAFT3-CASP: Cast vs Splin | nt |
|---|--------------------------|
| The following questionnaires relate to your health | and wrist function today |
| Form Version: V1.0 17Nov2022 | |
| EQ-5D-5L | Resize font: € ⊟ |
| Please click the ONE box that best describes your health TODAY. | Page 1 of 6 |

It will then ask the patient the same questions but regarding their wrist and general health **after** their injury (i.e. Today).

| PROMIS Bank v2.0 - Upper Extremity | Resize font: | ₩ Survey Queue |
|--|--|----------------|
| Are you able to carry a heavy object (over 10 pounds /5 kg)? | Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do | reset |
| Next Page >> | | |

The PROMIS questionnaire is a variable questionnaire which asks questions based on the answers that the patient enters (i.e. it will not ask them if they can lift a heavy object if they cannot lift a light one).



| What is your height in cm? * must provide value | Please visit: <u>https://www.thecalculatorsite.com/conversions/common/meters-</u> to-feet-inches.php |
|--|--|
| What is your weight in kg? * must provide value | Please visit <u>https://www.thecalculatorsite.com/conversions/common/kg-to-</u> <u>stones-pounds.php</u> |
| | |
| Form Version & Date: V1.0 17Nov2022 | |
| | Submit |

In the baseline CRF, it will ask the patient for their weight and height, which cannot be left blank - their best guess is fine. There is a link to a converter if the patient needs this.

| DRAFT3-CASP: (Randomisat | Cast vs Split ion Form |
|---|---|
| Please confirm that the participant is eligible for this following criteria: | study before proceeding according to the |
| The participant may enter the study if ALL of the foll • Participant is willing and able to give informed cons • Aged 16 years or above. • Presenting with a fracture of the distal radius which not require a manipulation of the fracture. | owing apply: sent for participation in the study. n, in the opinion of the treating clinician, does |
| The participant may not enter the study if ANY of the • Present to research team more than 2 weeks post-in • The fracture is open (Gustilo and Anderson >1) • They are unable to adhere to trial procedures, e.g. p or other concomitant severe injuries e.g. head injury | e following apply: njury natients with permanent cognitive impairment, |
| Can you confirm that the participant is eligible for this study? * must provide value | ○ Yes○ Noreset |
| Participant Initials * must provide value | |
| Participant Date of Birth * must provide value | 10-03-2004 D-М-Y |
| Date of Consent * must provide value | 03-04-2023 D-M-Y |



Once the patient submits their final baseline form it will take you to the randomisation form. Firstly it will ask you to double check the patient's eligibility for the study. If this is no, please stop the randomisation and contact the trial management team.

| Once 60 se | e you have clicked on the 'Submit' button we will try to randomise for you; this could take up to econds, so please do not click on the submit button again. |
|---------------|---|
| | |
| Form | n Version & Date: V1.0 21Nov2022 |
| | Submit |

Fill in the rest of the form and press submit. REDCap will then talk to the randomisation platform (RRAMP) in the background, which may take up to a minute, so please be patient.

| DRAFT3-CASP: Cast vs Splint Randomisation Check |
|--|
| Sorry, there appears to have been a problem randomising this participant! |
| Please log on to RRAMP - <u>https://rramp-test.octru.ox.ac.uk</u> and randomise by hand, then return to this screen. |
| You will need the following information 1. Participant REDCap Record ID 2. Participant Initials 3. Participant Date of Birth 4. Date of Consent |
| The participant is: willing and able to give informed consent for participation in the study. aged 16 years or above. presenting with a fracture of the distal radius which, in the opinion of the treating clinician, does not require a manipulation of the fracture. The injury is less than two weeks post-injury The fracture is not open (Gustilo and Anderson = 1) able to adhere to trial procedures |
| The participant is less than 50 years old |
| The person who confirmed eligibility was: sgds |
| Form Version & Date: V1.0 21Nov2022 |
| Submit |

If the process is not successful, you will see the Randomisation Check page and will need to manually randomise the patient via RRAMP.



| | OCTRU Oxford Clinical Trials Research Unit |
|----|--|
| R | egistration / Randomisation and Ianagement of Product |
| Н | lome / User account |
| ι | Jser account |
| | Log in Request new password |
| U | sername * |
| _ | ····· |
| P | assword * |
| | |
| Er | nter the password that accompanies your username. |
| | Log in |

To do this, follow the link <u>https://rramp.octru.ox.ac.uk</u> and enter your RRAMP login. (This login should have been requested during set up of your site. If you do not have access and would like it for possible use in the future, please email <u>draft3-casp@ndorms.ox.ac.uk</u>. If you do not have access and are in the process of randomising a patient, please either call the Trial Manager Heather on 01865 (2)23113 or the Trial Administrator Elli on 01865 612709 so we can do it for you).

| RECRUITING | ì |
|------------|---|
|------------|---|

| AFTER-FULL |
|-------------|
| DRAFT3-CASP |

On your home page, click on the DRAFT3-CASP project. You may have multiple studies in your list depending on the studies you are involved in.



| SITES PREVIOUS RANDOMISATIONS | UNBLINDE | D SUBJECTS | UNBLINDING REQUESTS | REGISTERED USERS | |
|--------------------------------|-----------------------------|---|-----------------------------|--------------------------------------|------------------|
| MANAGE USER EMAIL | | | | | |
| Site Name Items p test site | er page | pply | | | |
| SITE | Site IDs | SITE STATUS | NUMBER OF RANDOMISATIONS | LAST SUBJECT RANDOMISED | RANDOMISED BY |
| DRAFT-CASP : Test Site | TST test_site88 19642 | open to recruitment (12 Aug 2022) | 28 | Tuesday, 4 April, 2023 - 11:48:34 | Heather Barnes |

The page should already be on the SITES tab but if it isn't navigate to this tab and then choose your site from the list or type it into the Site Name search bar and click Apply. Click on the grey name of the site to enter.

DRAFT-CASP : Test Site

| Please use "Randomise Subject" hutton to register participants |
|--|
| Trade ose handonine object becon to register participante |
| |
| Randomise Subject |
| |
| |
| |

At the top of the next page, please click the blue 'Randomise Subject' button.



DRAFT-CASP : Test Site

| | REDCap Record ID * |
|--|--|
| | ۵. ۲ |
| | Can you confirm that the participant is eligible for this study? * |
| | ⊖ Yes |
| | ⊖ No |
| | The participant may enter the study if ALL of the following apply: • Participant is willing and able to give informed consent for participation in the • Aged 18 years or above. • Presenting with a fracture of the distal radius which, in the opinion of the treating clinician, does not require a mani of the fracture. The participant may not enter the study if ANY of the following apply: • Present to research team more than 2 weeks post-injury fracture is open (Gustilo and Anderson >1) • They are unable to adhere to trial procedures, e.g. patients with permanent cognitive impairment, concomitant severe injuries e.g. head injury |
| | What is the age of the participant? * |
| | ○ < 50 |
| | ○ >= 50 |
| | Participant initials * |
| | |
| | |
| | Participant Date of Birth * E.g., 5 Apr 2023 |
| | ▼ Date of consent * |
| | Data |
| | |
| | 4 Apr 2023 |
| | E.g., 5 Apr 2023 |
| | Name of person who confirmed participants eligibility * |
| | |
| | Name of person randomising * |
| | |
| | |

At this point, you will need to enter the REDCap Record ID, confirm that the patient is eligible, whether they are older or younger than 50 and the patient's initials. When you enter the date of birth and date of consent, make sure you enter the date in the format specified. Finally, enter the name of the person confirming eligibility and randomising. Please click the blue 'Preview' button at the bottom of the page and check the details on the following page. You will then need to scroll to the bottom of the following page and click the blue 'Randomise' button.



| DRAFT-CASP Randomisation <i>DC-TST-10064</i> has been created. Randomisation successful! Subject ID: |
|--|
| DC-TST-10064 |
| Randomisation outcome: |
| Cast |
| Please use the link below to navigate to RRAMP page. |
| DRAFT-CASP |
| Subject DC-TST-10064 successfully pushed to REDCap (record ID/screening number: 98). Subject DC-TST-10064 successfully pushed to REDCap (record ID/screening number: 98). |

If this is successful, RRAMP will confirm the treatment allocation. You will then be able to navigate to the 'Randomisation Outcome' form on REDCap (it should be the last record in the list) and view the randomisation number and treatment allocation.

| The treatment allocation is: Splint | | | |
|--|--|--|--|
| The participants randomisation number is: DC-TST- 10063 | | | |
| Form Version: V1.0 21Nov2022 | | | |
| Submit | | | |

If the randomisation process is successful and you don't need to go through RRAMP, the randomisation outcome form will pop up with the treatment allocation. Please ensure you press submit on this page. Please do not go back in to REDCap manually and complete the Randomisation Check form, this form will appear in sequence if randomisation is unsuccessful.



| Close survey | | |
|-------------------------|--|-----------------------------|
| E Survey Queue | | Get link to my survey queue |
| To begin the next surve | ey, click the 'Begin survey' button next to the title. | |
| Status | Survey Title | |
| Completed | Randomisation Outcome – Randomisation | |
| | | |

The randomisation is now complete and you can close the survey.

A couple of points to note:

- Please only screen patients that are over the age of 16 and have a confirmed distal radius fracture
- All activities above will occur in the Emergency Department. Once the treatment has been received, the Cast group are then followed up as per usual care, and the splint group are immediately discharged with no planned follow-up
- The only time you will need to go back into the REDCap system directly (i.e. not via the website) is to complete the treatment form, or to answer any unresolved queries raised by the Trial Management team.
- Please only recruit patients via the link on the website at <u>www.draft3casp.org</u>
- If you have any problems, don't hesitate to ask any questions and contact the Trial Management team below:

Draft3-casp@ndorms.ox.ac.uk

01865 223113

DRAFT3 Whatsapp group

