Placebo comparator group selection and use in surgical trials: the ASPIRE project including expert workshop

David J Beard,^{1*} Marion K Campbell,² Jane M Blazeby,³ Andrew J Carr,¹ Charles Weijer,⁴ Brian H Cuthbertson,⁵ Rachelle Buchbinder,⁶ Thomas Pinkney,⁷ Felicity L Bishop,⁸ Jonathan Pugh,⁹ Sian Cousins,³ Ian Harris,¹⁰ L Stefan Lohmander,¹¹ Natalie Blencowe,³ Katie Gillies,² Pascal Probst,¹² Carol Brennan,¹³ Andrew Cook,¹⁴ Dair Farrar-Hockley,¹³ Julian Savulescu,⁹ Richard Huxtable,³ Amar Rangan,^{1,15} Irene Tracey,¹⁶ Peter Brocklehurst,¹⁷ Manuela L Ferreira,¹⁸ Jon Nicholl,¹⁹ Barnaby C Reeves,²⁰ Freddie Hamdy,²¹ Samuel CS Rowley,²² Naomi Lee²³ and Jonathan A Cook¹

- ¹Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford, Oxford, UK
- ²Health Services Research Unit, University of Aberdeen, Aberdeen, UK
- ³Centre for Surgical Research, NIHR Bristol and Weston Biomedical Research Centre, Population Health Sciences, University of Bristol, Bristol, UK
- ⁴Departments of Medicine, Epidemiology and Biostatistics, and Philosophy, Western University, London, ON, Canada
- ⁵Department of Critical Care Medicine, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON, Canada
- ⁶Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, Melbourne, VIC, Australia
- ⁷Academic Department of Surgery, University of Birmingham, Queen Elizabeth Hospital Birmingham, Birmingham, UK
- ⁸Faculty of Environmental and Life Sciences, University of Southampton, Southampton, UK
- ⁹The Oxford Uehiro Centre for Practical Ethics, University of Oxford, Oxford, UK
- ¹⁰Faculty of Medicine, South Western Sydney Clinical School, University of New South Wales, Sydney, NSW, Australia
- ¹¹Department of Clinical Sciences Lund, Orthopedics, Clinical Epidemiology Unit, Lund University, Lund, Sweden

- ¹²Department of General, Visceral and Transplantation Surgery, University of Heidelberg, Heidelberg, Germany
- ¹³Patient representative, Oxford, UK
- ¹⁴Wessex Institute, University of Southampton, University Hospital Southampton NHS Foundation Trust, Southampton, UK
- ¹⁵Department of Health Sciences, University of York, York, UK
- ¹⁶Nuffield Department of Clinical Neurosciences, University of Oxford, John Radcliffe Hospital, Oxford, UK
- ¹⁷Birmingham Clinical Trials Unit, Institute of Applied Health Research, University of Birmingham, Birmingham, UK
- ¹⁸Faculty of Medicine and Health, Institute of Bone and Joint Research, Northern Clinical School, The University of Sydney, Sydney, NSW, Australia
- ¹⁹School of Health and Related Research, University of Sheffield, Sheffield, UK
- ²⁰Clinical Trials Evaluation Unit Bristol Medical School, University of Bristol, Bristol Royal Infirmary, Bristol, UK
- ²¹Nuffield Department of Surgical Sciences, University of Oxford, John Radcliffe Hospital, Oxford, UK
- ²²Medical Research Council, London, UK
- ²³Editorial Department, The Lancet, London, UK

*Corresponding author david.beard@ndorms.ox.ac.uk

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Scientific summary

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Scientific summary

Background

Placebo comparisons are increasingly being considered for randomised trials assessing the efficacy of complex interventions, including surgery. A placebo control is a complex type of comparison group and, although powerful, presents many challenges in a surgical setting.

Aim

The aim of this workshop and report was to extract and summarise the current knowledge on the use and appropriateness of placebo controls for surgical trials. It was intended to provide advice for researchers, clinicians, patients and funders when considering or designing a placebo surgical study or involvement in such a study.

Structure and content of report

This report outlines the background to placebo control for surgery and what a placebo surgical control entails and provides a summary of the up-to-date understanding of the placebo phenomenon in the context of surgery. Placebo controls for surgical evaluation are not always acceptable, nor are they always the most desirable or optimal option. The nature of surgical placebo is explored in terms of ethics arguments and regulatory requirements. The design of a placebo surgical control is also complex and consideration is given to this with clear guidelines on process. As placebo surgery is not without risk, methods are outlined on how to identify and mitigate risk for participants in placebo-controlled surgical trials. Last, attention is given as to how the results of such trials should be interpreted.

Findings

The use of a placebo control for the evaluation of a surgical procedure is justified provided that a strong scientific and ethics rationale can be provided. Feasibility work is recommended to explore the value of placebo randomised controlled trial (RCT) design and optimise the conduct. The workshop and ensuing publications provide an outline for best practice in the form of the ASPIRE (Applying Surgical Placebo in Randomised Evaluations) guidelines.

Conclusions

The guidelines are advised reading for those considering the use of a placebo control in a surgical RCT.

Outputs

The workshop has, to date, produced three substantial publications in high-impact journals, and the content of each helps to guide placebo control comparison and trial design in surgical trials [Beard DJ, Campbell MK, Blazeby JM, Carr AJ, Weijer C, Cuthbertson BH, *et al.* Considerations and methods for placebo controls in surgical trials (ASPIRE guidelines). *Lancet* 2020;**395**:828–38; Cousins S, Blencowe NS, Tsang C, Chalmers K, Mardanpour A, Carr AJ, *et al.* Optimizing the design of invasive placebo

interventions in randomized controlled trials. *Br J Surg* 2020;**107**:1114–22; and Cousins S, Blencowe NS, Tsang C, Lorenc A, Chalmers K, Carr AJ, *et al.* Reporting of key methodological issues in placebo-controlled trials of surgery needs improvement: a systematic review. *J Clin Epidemiol* 2020;**119**:109–16].

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The journal is indexed in NHS Evidence via its abstracts included in MEDLINE and its Technology Assessment Reports inform National Institute for Health and Care Excellence (NICE) guidance. HTA research is also an important source of evidence for National Screening Committee (NSC) policy decisions.

This report

This issue of the Health Technology Assessment journal series contains a project commissioned by the MRC-NIHR Methodology Research Programme (MRP). MRP aims to improve efficiency, quality and impact across the entire spectrum of biomedical and healthrelated research. In addition to the MRC and NIHR funding partners, MRP takes into account the needs of other stakeholders including the devolved administrations, industry R&D, and regulatory/advisory agencies and other public bodies. MRP supports investigator-led methodology research from across the UK that maximises benefits for researchers, patients and the general population – improving the methods available to ensure health research, decisions and policy are built on the best possible evidence.

To improve availability and uptake of methodological innovation, MRC and NIHR jointly supported a series of workshops to develop guidance in specified areas of methodological controversy or uncertainty (Methodology State-of-the-Art Workshop Programme). Workshops were commissioned by open calls for applications led by UK-based researchers. Workshop outputs are incorporated into this report, and MRC and NIHR endorse the methodological recommendations as state-of-the-art guidance at time of publication.

The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

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