



Key Pharmaceutical Documents I: The Patient Information Sheet

by Judi Proctor

One of the most common reasons for a Research Ethics Committee to return a study protocol to the researcher for amendment is because the patient information sheet (IS) and consent forms are inadequate or incomplete¹. As anyone who has ever been involved with submitting protocols to ethics committees will know, there is an ever-increasing demand for uniformity of paperwork. Although there are ICH guidelines for the content of an IS (ICH-GCP Guidelines E6, Section 4.8), they are vague and open to interpretation.

There is a small working group currently formulating advice for the UK on good practice for applicants in preparing ISs and consent forms. They are working towards establishing guidelines and a standard format for patient information sheets and consent forms that will comply with ICH-GCP requirements.

An IS is written to inform a potential study patient about the study in language that they can understand, and that means simple. When writing an IS, you should assume that the average reading age is between eight and ten years of age. Readability (The Flesch-Kincaid grade level on Microsoft Word 7.0) should be between 60 and 70% and the Flesch Reading Ease score should be between 7.0 and 8.0. Although the language must be kept simple, the temptation to leave out complex information should be resisted. You must also make sure that all the information provided is correct and not misleading. Jargon is best avoided at all times, particularly if a study is multinational as the IS will need to be translated and jargon does not translate well.

Ethics committees tend to prefer short ISs to longer ones that they have to wade through to determine whether all aspects of the ICH-GCP guidelines have been followed. You should aim to make an IS no longer than two pages. If it is

much longer, patients might only get halfway through and stop reading. If however the nature of the study demands that the IS be very long, then a letter of invitation to the patient should also be provided.

It is best to use a font size of at least 11 pt. Smaller font sizes will reduce readability, which is especially important for patient populations with elderly or other patients with poor eyesight. A highly compressed text using a small font would be especially difficult to read in view of the claim that when you read text, you don't actually read the words, you actually read the "white" space around the letters.

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One approach is to write the IS as a series of questions that you might expect a patient to ask together with the most informative responses that they could receive. The questions should be written in bold type to distinguish them clearly.

As consent is a voluntary agreement based on adequate information, research ethics committees must do their best to ensure that a researcher provides this². The South West Multicentre Research Ethics Committee (MREC) in the UK has produced an IS checklist to assist the chairperson of the ethics committee in checking that requirements contained in the "MREC Information for Researchers Pack" and the ICH-GCP Guidelines have been addressed in the application under consideration. Although many research ethics committees currently issue their own guidance for researchers on writing ISs, using this checklist when writing an IS can greatly help in making sure that all the information is included.

South West Multicentre Research Ethics Committee

Patient Information Sheet Checklist

This list is intended to help the committee chair check that requirements contained in the MREC Information for Researchers Pack and the ICH-GCP E6 Guidelines have been addressed in the application under consideration (* indicates the item is an ICH-GCP requirement).

Section1: General

1. Is it printed on headed paper and given a simple title?
2. Is it a sensible length?
3. Is the language suitable?
4. Is the information offered comprehensive and accurate?
 - *Is the purpose of the study explained in a way that the research subject can understand?
 - *Are technical terms given and explained?
 - *Are alternative forms of treatment (including withdrawal of treatment when appropriate) clearly explained?
 - *Are the risks, side effects and benefits fairly weighted?
 - *Are all the implications of being in the trial, such as hospital attendances, procedures etc. made clear to the research subject?
5. Does the researcher advise the subject when direct payment is received by them for running the trial?
6. *Is there a statement about confidentiality?
7. Is a statement included about the availability of medication at the end of the trial?

Section 2: The Welfare of the Research Subject

8. *Is it explained that involvement in the trial is voluntary and that the right to withdraw at any time is without prejudice to future treatment?
9. *Are the indemnity arrangements explained?
10. *Are expenses offered?
11. *Is there information about payment to research subjects where appropriate and the fact that payment is subject to tax?
12. Where involvement in the research is harmful to anyone pregnant, or likely to become pregnant, is this explained clearly?
13. Is the research subject's permission sought to contact their GP?
14. *Is a name, address and telephone number given in case of adverse side effects?

Additional ICH requirements

In addition to the above checklist, the following points should be made clear to the patient:-

1. That the trial involves research.
2. What the experimental aspects of the trial are.
3. What can reasonably be expected from participation in the trial. If there is no intended therapeutic benefit, this should be stated.
4. That monitors, auditors, ethics committees and regulatory authorities will have direct access to medical records for verification purposes, and that by signing the consent form they give permission this access.
5. The duration of the trial and the likely length of time the subject will be asked to participate.
6. The approximate number of patients in the trial.
7. The foreseeable circumstances that would lead to a patient's involvement in the trial being terminated.
8. A statement promising to advise the subject if information becomes available during the trial that may affect the patient's willingness to participate.

Some trials involve healthy volunteers, for example phase I trials or contraceptive medication trials. In these cases, the volunteers are subjects, not patients. Therefore, the IS is a "subject information sheet" and the reference to "patients" must be "subjects" throughout.

The IS has two goals: to fully inform the potential patient about the study and to help them decide to take part in the study. If you can achieve both of these then you have satisfied your responsibilities to both the patient and the study sponsor.

References

1. R&D Directorate , NHSE South Thames, September 1998
2. Hughes T, Foster Claire. Communication with the potential research subject, August 1997

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