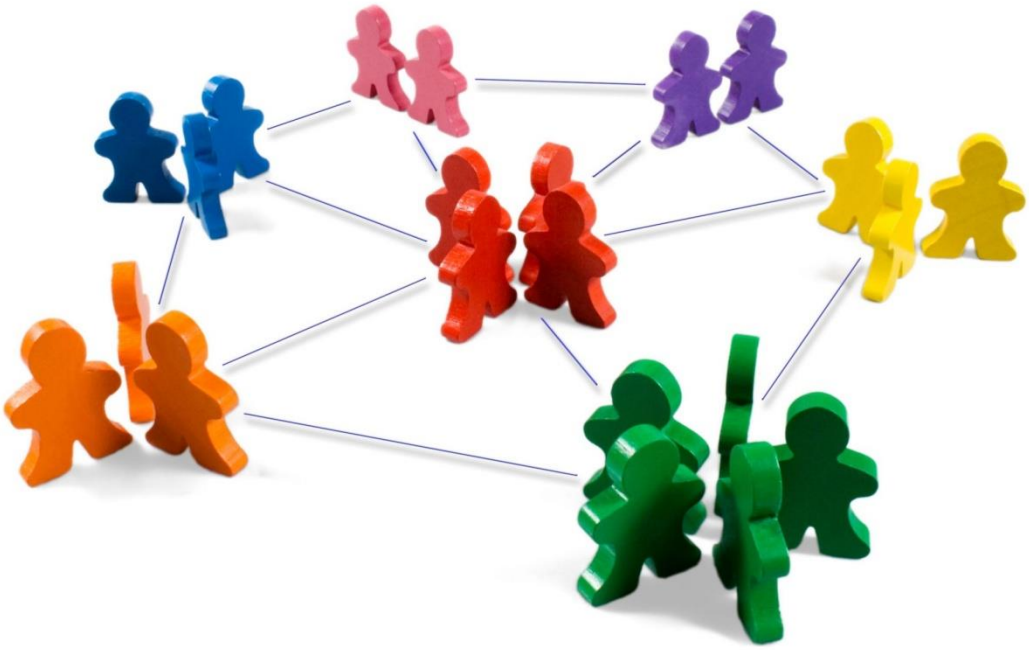
NORTHERN IRELAND
CLINICAL RESEARCH NETWORK



Annual Report 2012/13

Contents Page

Contents

Appendices

1 Director's Introduction

2 Introduction

The Northern Ireland Clinical Research Network (NICRN) is a regional research infrastructural platform, established in 2008 to support the contribution of the clinical research community in NI to the work of the UK Clinical Research Collaboration (UKCRC) and the associated Devolved Nations clinical research networks (CRN's). Our outputs over 2012/13 have shown a reduction in overall activity across all groups. This has been reportedly due to national and international trends. Also the network structure was disrupted by the loss of our clinical director and significant staff loss across the NICRN Coordinating centre. This has resulted in a much reduced annual report.

2.1 Our vision

- Develop and enable a well-resourced network of skilled staff which provides investigators and patients from throughout Northern Ireland with access to and help in developing high quality clinical research studies across all 5 Health and Social Care (HSC) Trust areas.

2.2 Our aims.

- Enhance the ability of patients and Health care professionals to participate in and benefit from clinical research
- Enhance the quality of clinical research undertaken within HSC
- Improve the speed of delivering research outcomes
- Enhance the regional coordination of clinical research across Trusts and academic organisations
- Improve local integration of clinical research within HSC structures and services

2.3 Report Overview

This report presents the activity and performance of the NICRN Interest groups for the reporting year 1st April 2012 to the 31st March 2013 against their core performance measures.

2.4 NICRN Clinical Interest Group Performance Measures

To ensure a strong programme of activity and therefore efficient use of the core staffing resource, each Interest Group is set a series of annual objectives.

The metrics recorded are broadly indicative of the groups' responsibilities for the on-going development of the overall network, including realistic targets for study accrual, their relationship to commercial organisations in pharmaceutical and biotech sector, working relationships with the Coordinating Centre, developing a portfolio of high quality studies and a regional approach to undertaking research.

Performance measures are agreed annually with each group via meetings between the NICRN Clinical Director, the Coordinating Centre Senior Manager and the groups' clinical leads. The outcomes of these meeting are then cascaded to the relevant CMG members for discussion with any interested parties in HSC. The objectives for each group are based on activity, staffing levels, previous outcomes and planned developments for forthcoming year.

Table 1

Objective		Comment	Groups
1. Portfolio			
1.1	Number of studies adopted	Normally set around 3-6 per year. On-going levels of activity will be considered when setting target each year	All Groups
1.2	Percentage of commercial studies	As market can vary this metric is principally for Info gathering. Future development of groups staffing will be informed by level of commercial partnership and investment	All Groups
1.3	Percentage of studies at two or more clinical nodes	Normally set at between a target of 15% - 50% to demonstrate shared networking approach.	Except Vision, Dementia and Respiratory groups
1.4	Percentage of studies for each of five Trusts	Info gathering to illustrate regional approach and ability of all NI community access	All Groups
1.5	Percentage of RCT's	Info gathering for support on quality of portfolio	All groups
2. Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	50% target. Both the monthly and cumulative recruitment will be recorded.	All Groups
2.2	Numbers of people recruited to studies	Info gathering to be tied to annual increase	All Groups
3. Speed			
3.1	Completion of recruitment on or ahead of schedule	50% target	All Groups

Within HSC structures, the centralised delivery mechanism for specialised services such as Dementia services, Respiratory Health and Vision has made the achievement of regional targets unnecessary. In these areas, the locality of recruitment of patients from all five Trust areas is a more realistic goal.

2.5 NICRN Finance Overview

The NICRN is financially supported by HSC R&D. Along with the Coordinating Centre; HSC R&D funds a cadre of core staff, mainly nursing and AHPs, to allow each group's study delivery objectives to be achieved. They also support the clinical leads by funding protected time as programmed activities (PA's) to enable the development of their specific Interest Group activities.

Separately from the NICRN, HSC R&D also fund core staff in Trust R&D offices along with pharmacy and finance services across the 5 NI Trusts. This support enables the network to be embedded in a cohesive matrix of staff designed to facilitate study set up, approval and conduct throughout NI's HSC structures.

NICRN financial management is principally achieved through the Coordinating Centre. Planned budgets are agreed between the NICRN CC and HSC R&DD. These are set in line with national and regional priorities, group objectives and requirements. The core staff are

employed by host organisations but funded via HSC R&DD, with the NICRN CC liaising between funder and Interest Group to justify annual expenditure for specific activities. The NICRN CC is also the processing body for costs incurred by Interest Groups such as essential travel, training, education and ICT. As the Coordinating Centre is hosted by BHSCT, an overhead of 46% is placed on all staff salaries within the Coordinating Centre.

As hosting organisations incur costs associated with this function, an 8% fee on all staff salaries is made available to employing Trusts to offset any administrative and hosting costs. This is agreed and funded by HSC R&D as part of overall Trust involvement in hosting NICRN staff.

2.6 NICRN Portfolio and Accrual Data

Numbers of new studies on the portfolio and patient accrual are key performance targets applied to clinical Interest Groups. Table 2 summarises the overall NICRN portfolio and accrual across Interest Groups. In 2012/13 a total of 128 studies were active ie they had a defined activity undertaken by NICRN core staff from facilitating set up through to close out activities and of these, 47 studies were newly adopted during the year. These figures are on a par or slightly higher than 11/12, however when we remove the newly established renal group figures the overall trend is reduced. Of the 13862 patients screened for inclusion into these studies, 1904 of those patients were accrued during 2012/13.

Table 2 summarises the over all picture of activity. Generally 2012/13 has seen a general reduction in activity as compared to 11/12. However this reduction can be reflective of international and national trends as well as a more practical presentation of network enabled studies as opposed to portfolio of mapped legacy studies. Interestingly table 2 also illustrates a variable “hit” rate for identifying suitable participants from screening relatively high numbers for groups such as Stroke and critical care to effectively a 1:1 ratio for some other groups. This is often reflective of practice as seen by our critical care group who screen all patients for participation in all studies. However it is clear that the work needed to identify stroke patients is difficult and laborious and that a more streamlined stroke admission system would enable the HSC environment to recruit more efficiently. Currently stroke patients are often admitted to medical wards and not stroke specialist units and this means that the initial identification of participants is very labour intensive for this group. This data could be interpreted as clearly demonstrating the value of maintaining good quality databases which are available to NICRN staff for interrogation against eligibility criteria.

Table 2

Interest group	Total active studies (2012/13)11/12	No. Studies Adopted (2012/13) 11/12	Total Patients screened (2012/13) 11/12	Total Patients Accrued (2012/13) 11/12
Cardiovascular	(17) 16	(4) 3	(900) 2744	(291) 541
Children’s	(19) 22	(1) 7	(462) 360	(162) 360
Critical Care	(10) 10	(5) 3	(2797) 1816	(127) 479
Dementia	(1) 4	(1) 0	(102) 239	(97) 66
Diabetes	(10) 13	(6) 7	(462) 1458	(53) 406
Primary Care	(12) 11	(5) 7	(2294) 2952	(532) 1173
Renal	(15) NA	(15) NA	(231) NA	(179) NA
Respiratory	(15) 27	(4) 9	(430) 1448	(206) 150

Stroke	(8) 8	(2) 0	(5961) 4058	(106) 104
Vision	(19) 17	(4) 8	(223) 146*	(151) 146
TOTAL	**(128) 128**	**(47) 44**	**(13862) 15221**	**(1904) 3425**

2.7 NICRN Cardiovascular Group Activity for 2012/13

This group has had a transition year in terms of clinical leadership. The new lead team of Dr's Donna Fitzsimons and Patrick Donnelly are changing the NI environment by developing more activity across BHSCT and SEHSCT. Currently the group has 4.2 WTE staff spread across the WHSCT, NHSCT, SEHSCT and SHSCT with a study-specific 0.2 WTE in BHSCT. However over the last quarter, the NHSCT has been winding down activity due to the loss of a local PI and the retirement of the long time CRN. Over 2012/13, the group collectively, was involved in the continued delivery of 17 studies of which 4 (24%) were newly adopted during the reporting period.

As can be seen from the following graphics, this group has met most of its objectives for 2012/13. Four new studies were adopted during this period which exceeded their target by 25%. The group portfolio was slightly weighted in favour of commercial activity with 63% being commercially sponsored and or funded. Over 2012/13 this was reduced to 35%. Sixty five per cent of the portfolio is made up of Randomised Controlled Trials (RCT's) (53% Clinical Trials Investigational Medicinal Product, 12% CT other) with the remaining 35% being observational in design.

Table 3

Cardiovascular Objectives

Objective		**Target**	**2012/13**
1.0 Portfolio			
1.1	Number of studies adopted	Agreed to adopt 3 studies	4 studies adopted
1.2	Percentage of commercial studies	Agreed to maintain a 50% commercial portfolio	35%
1.3	Percentage of studies at two or more clinical nodes(sites)	Agreed to meet a 40% target	29%
1.4	Percentage of studies for each of five trusts	Info gathering	BHSCT= 35% NHSCT= 17% WHSCT= 23% SEHSCT= 29% SHSCT= 29%
1.5	Percentage of RCT's	Info gathering	65%
2.0 Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	Agreed to achieve 50% target in 2012/13.	50%
2.2	Numbers of people recruited to studies	Info gathering	291

3.0 Speed			
3.1	Completion of recruitment on or ahead of schedule	Agreed to remain at 50% target	56%

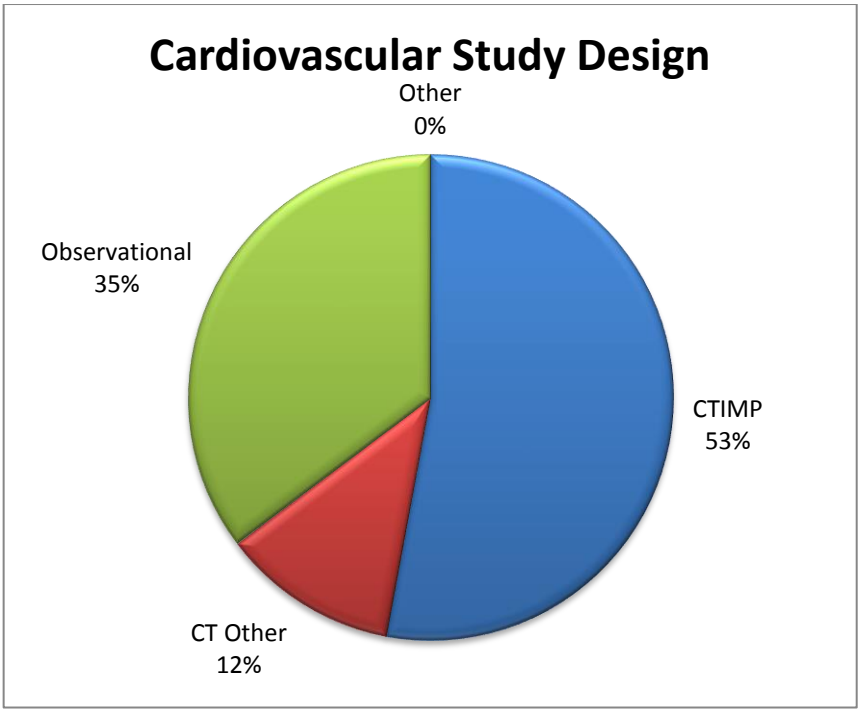
Table 4

Cardiovascular Study Portfolio summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
17	23	35%	65%	29%

Figure 1

Summary of CV portfolio study design



2.8 NICRN Children's Group Activity for 12/13

The Children's Interest Group is led by Dr Mike Smith, consultant paediatrician in SHSCT, and currently has 3 staff spread across 3 Trusts (1.0 WTE in BHSCT and 2 x 0.5 WTE in WHSCT and SHSCT).

In 2012/13, the group was active in 19 studies of which only 1 was adopted during the financial year 2012/13. They also did not meet their commercial partnering objective. However with respect to the staffing levels this is still a noteworthy overall achievement.

The group performed relatively well, in spite of the very limited staffing level. Their portfolio is balanced across RCT's and observational and although the objectives for commercial studies were not met in calendar year (Table 5) they are still meeting or exceeding almost 60% of their targets with only 2.0 WTE's.

The principal priority for this group is to increase staffing levels and NI coverage. This will only be achieved by increased investment from core funding, targeting of commercial funding, reinvestment from income generated over 2012/13 and redirection of funding from potential slippage in other NICRN groups.

Table 5

Children's group objectives

Objective		Target	2012/13
1.0 Portfolio			
1.1	Number of studies adopted	Agreed to adopt 2 studies	**1**
1.2	Percentage of commercial studies	1 should be commercial	**0**
1.3	Percentage of studies at two or more clinical nodes	Leave at 25%	**26%**
1.4	Percentage of studies for each of five trusts	Info gathering	BHSCT (100%) SHSCT 10%) WHSCT (21%) NHSCT (0%) SEHSCT (0%)
1.5	Percentage of RCT's	Info gathering	53%
2.0 Accrual			
2.1	Percentage of studies meeting/ exceeding target recruitment	Agreed to maintain target at 60%	**58%**
2.2	Numbers of people recruited to studies	Info gathering	162

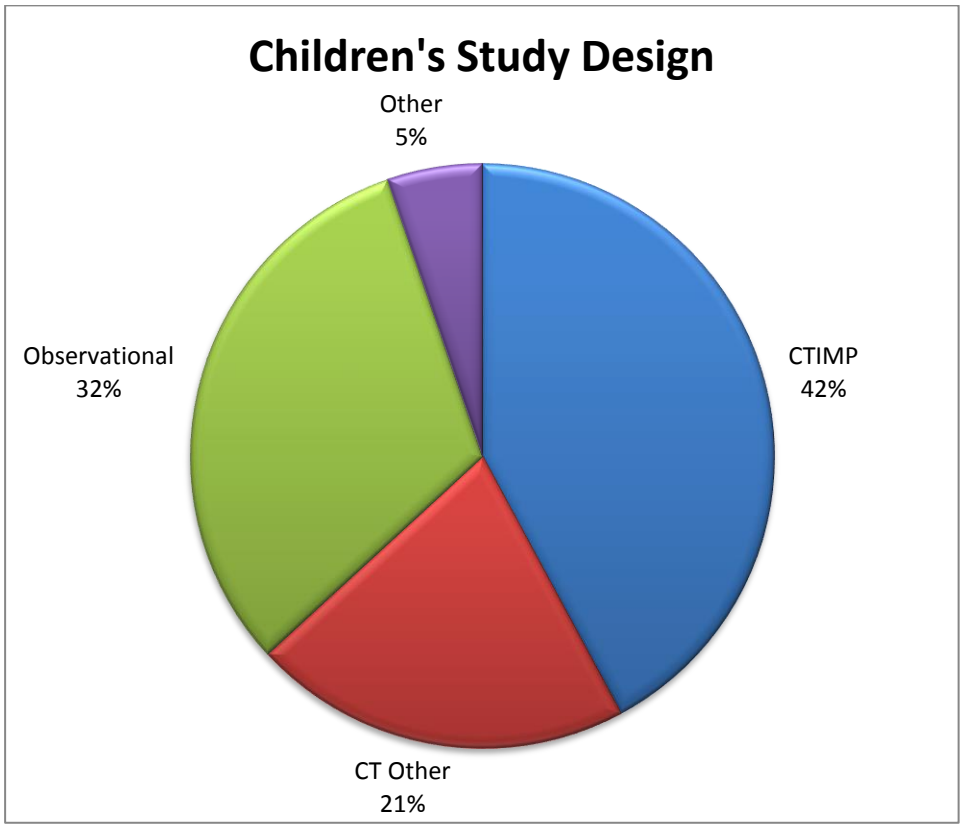
Table 6

Children's Study Portfolio summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
19	25	11%	53%	32%

Figure 2

Summary of Childrens portfolio study design



2.9 NICRN Critical Care Group Activity 2012/13

The Critical Care Interest Group is led by Professor Danny McAuley. This groups staffing level currently rests at 5 WTE spread across all 5 HSC Trusts (1.5 WTE in BHSCT, 1.0 WTE in NHSCT, WHSCT & SEHSCT and 1 x 0.5 WTE in SHSCT). Following a specific request, the group were provided with support for a band 3, 1.0 WTE for admin support.

In 2012/13, the group was active in 10 studies of which 5 were adopted during the year. The group has good regional staff coverage however only 30% of studies were conducted at more than 1 site. The group has had difficulty securing commercially sponsored and funded studies, however this is an issue at the national level for this interest group as well. One area where improvement need made is in their accrual rates to target. At present they are only meeting approximately 49% of target recruitment and only meeting or exceeding their target in 1 study (10%) This was raised at objectives meeting and highlighted as needing addressed.

Table 7

Critical Care Objectives 2012/13

Objective		Target	2012/13
1.0 Portfolio			
1.1	Number of studies adopted	adopt at least 3 additional studies	**5 studies**
1.2	Percentage of commercial studies	Info gathering	**0%**
1.3a	Proportion of Critical Care portfolio should be non-regional	Target should be 50%non-regional	**30%**
1.3b	Proportion of non-regional studies should be delivered at two or more clinical nodes.	At least 60% of non-regional studies	**60% of studies which could be delivered outside of single centre were**
1.4	Percentage of studies for each of five Trusts	info gathering	**BHSCT = 70%** **WHSCT = 40%** **NHSCT = 30%** **SEHSCT = 30%** **SHSCT = 10%**
1.5	Percentage of RCT's	Info gathering	**60%**
2.0 Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	70%	**10%**
2.2	Numbers of people recruited to studies	info gathering	**127**
3.0 Speed			
3.1	Completion of recruitment on or ahead of schedule	70%	**10%**

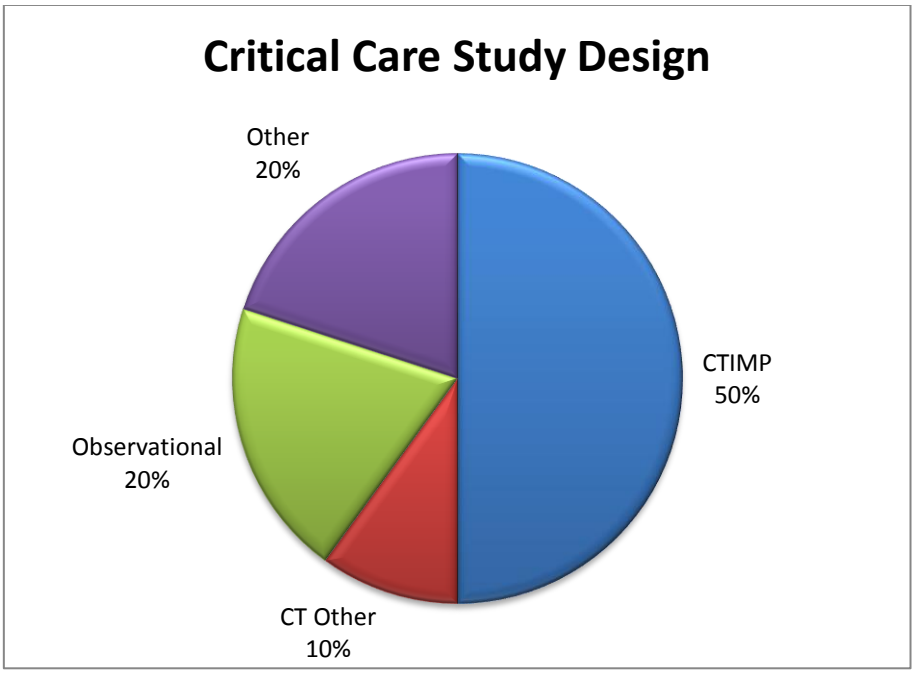
Table 8

Critical Care Study Portfolio Summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
10	18	0%	60%	30%

Summary of Critical Care portfolio study design

Figure 3



2.10 NICRN Dementia Group Activity for 2012/13

The Dementia Interest Group is led by Professor Peter Passmore, BHSCT. His position was supported by Dr Stephen Todd, WHST as of March 2012, as co-clinical lead. The group currently has 3 staff solely within the BHSCT. In 2012/13, the group was involved in 1 study which was newly adopted during the year. There has been a number of confounding issues namely that the groups activity is centred on a single NI unit in BHSCT. Also the lead has had difficulties securing co-investigator status for any proposed studies which therefore means that commercial CTIMP cannot be placed here for safety issues.

Table 9

Dementia Objectives 2012/13

Objective		**Target**	**2012/13**
1.0 Portfolio			
1.1	Number of studies adopted	Agreed to adopt 3 new studies	**1 study adopted**

1.2	Percentage of commercial studies	Agreed that 30% would be commercial.	**0%**
1.3	Percentage of studies at two or more clinical nodes		N/A
1.4	Percentage of studies for each of five trusts	Info gathering	N/A
1.5	Percentage of RCT's	Info gathering	0%
2.0 Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	Agreed to maintain target at 60%	**Only 1 study therefore NA Current recruitment @ 30%**
2.2	Numbers of people recruited to studies	Info gathering	97
3.0 Speed			
3.1	Completion of recruitment on or ahead of schedule	50%	**Target is on schedule for delivery 30%**

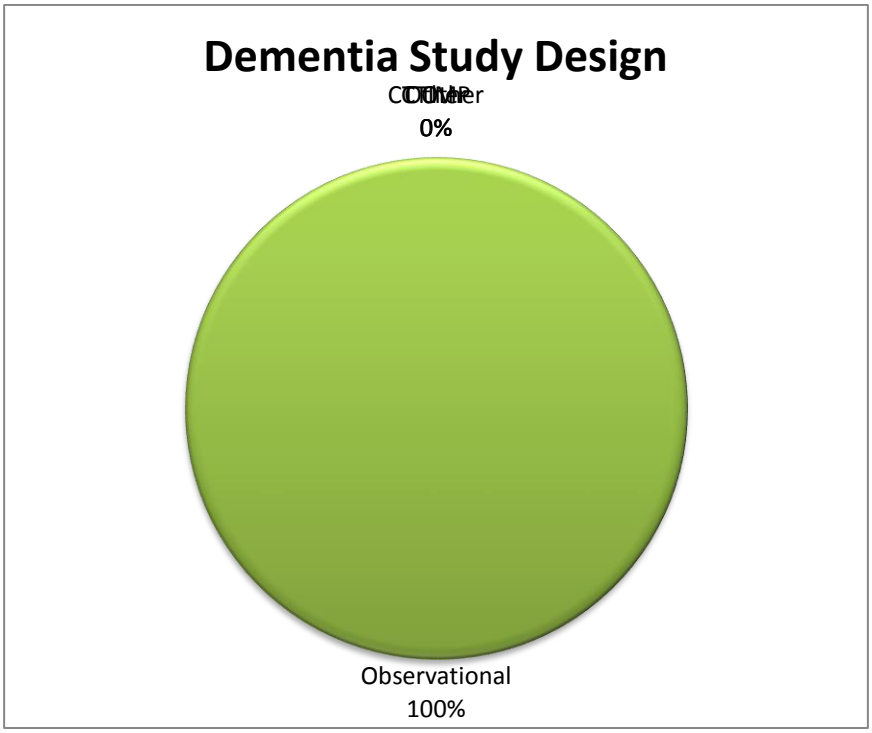
Table 10

Dementia Study Portfolio Summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
1	1	0%	0%	0%

Figure 4

Summary of Dementia portfolio study design



2.11 NICRN Diabetes Group Activity for 2012/13

The Diabetes Interest Group is led by Professor Patrick Bell, and currently has 4.1 WTE staff spread across 4 HSC trusts (1.6 WTE in BHSCT, 1.0 in WHSCT, 0.5 WTE in NHSCT 1.0 WTE in SEHSCT). In 2012/13, the group was involved in 10 studies of which 6 were newly adopted during the year. The group has also been successful in developing ongoing relationships with several commercial pharmaceutical companies such as Johnston and Johnston and Novo Nordisk.

Of the 10 active studies, 4 (40%) had commercial involvement and 4 (40%) were RCT's. In total this group recruited a total of 53 patients and screened 462 to achieve this.

Of those studies which have completed their recruitment phases, only 50% are meeting their target and only 1 (25%) of the actively recruiting studies is exceeding their schedule. Currently the group portfolio is sitting at 10% of NI target achieved.

Table 11

Diabetes Objectives 2012/13

Objective		Target	2012/13
1.0 Portfolio			
1.1	Number of studies adopted	agreed to adopt 4 new studies	**Adopted 4 new studies**
1.2	Percentage of commercial studies	agreed that 50% of new studies adopted would be commercial	**40% newly adopted studies were commercial**

1.3	Percentage of studies at two or more clinical nodes	agreed that 50% of studies would take place at two or more clinical nodes	**30%**
1.4	Percentage of studies for each of five trusts	Info gathering. Agreed to monitor this.	**BHSCT = 40%**
			SEHSCT = 20%
			SHSCT= 0%
			WHSCT =60%
			NHSCT = 30%
1.5	Percentage of RCT's	Info gathering	**40%**
2.0 Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	agreed to increase this to 70%	**50%**
2.2	Numbers of participants recruited to studies	Info gathering	**53**
3.0 Speed			
3.1	Completion of recruitment on or ahead of schedule	agreed to increase to 60%	**10%**

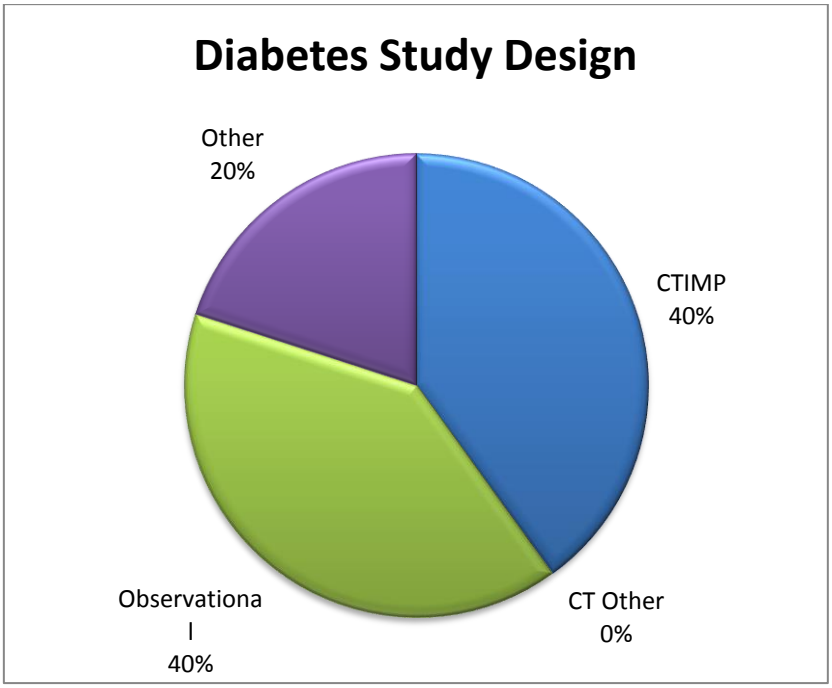
Table 12

Diabetes Study Portfolio Summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
10	15	40%	40%	30%

Figure 5

Summary of Diabetes portfolio study design



2.12 NICRN Primary Care Group Activity for 2012/13

The primary interest group is led by Professor Carmel Hughes and Professor Margaret Cupples and currently has 3 staff over 2.0 WTE posts.

In 2012/13, the group was involved in the delivery of 12 studies, 5 (42%) of which were adopted that year. These include an RCT of surveillance for the early detection of cancer and a comparative research study investigating the construction and implementation of patient choice policies. A key study in this group's portfolio is a unique HTA funded study. As NI does not financially support the HTA programme, NI investigators are excluded from this research funding stream. However the dental NICPIP study has an English CI with NI dental practices accounting for all participating sites. This would be one of the first large scale studies within this sector and as a pathfinder is a high priority study for this group.

Of the groups active studies in 2012/13; 4 (33%) were RCTs and 9 (75%) were multi-centred across primary care sites, with 2 (17%) having commercial involvement. In total this group screened 2294 patients and recruited 532 participants to these studies. Of those studies on the portfolio which have completed their recruitment phase 80% have recruited to target and of those still actively recruiting 50% are exceeding their current targets.

One of the key functions of this group has been to develop research activity within the primary care sector and out with the objectives set for this group they have succeeded in developing practice involvement across NI, with over 70 practices now engaging in or indicating interest in being involved in network activities. They have also been central to developing working relationships with local Contract Research Organisations and Association of British Pharmaceutical Industry (ABPI) members.

To help the governance role for these independent practices the NICRN has supported their registration for the online Research Readiness tool. This enables independent practices to self-assess their readiness to participate in R&D activities in line with best practice

Table 13

Primary Care Objectives 2012/13

Objective		Target	2012/13
1.0 Portfolio			
1.1	Number of studies adopted	5 studies to be adopted	**100%**
1.2	Percentage of commercial studies	20%	**17%**
1.3	Percentage of studies at two or more clinical nodes	Info gathering (not relevant due to primary care set up)	NA as patients should be across all NI regions
1.4	Percentage of studies for each of five trusts	NA	NA as patients should be across all NI regions
1.5	Percentage of RCT's	Info gathering	33%
2.0 Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	50%	**50%**
2.2	Numbers of people recruited to studies	Info gathering	532

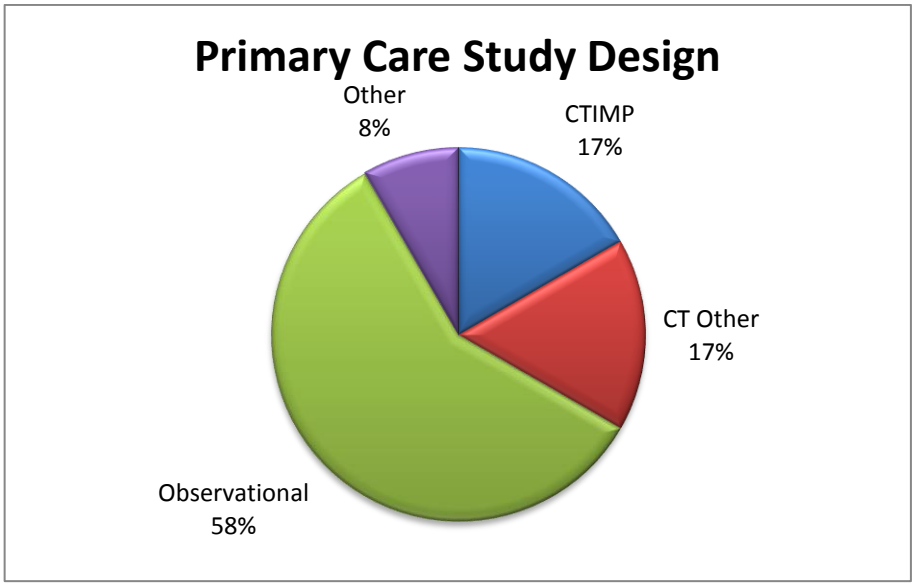
Table 14

Primary Care Study Portfolio summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
12	NA	17%	33%	75%

Figure 6

Summary of Primary Care portfolio study design



2.13 NICRN Renal Group

The newly established renal group was just materialising over first/second quarter of 2012/13 and as such their objectives were to establish their clinical infrastructure and to recruit appropriate staff in line with need. Following discussions with the clinical leads, Professor Peter Maxwell, BHSCT and Dr Neal Morgan, SHSCT. It was agreed to recruit 2.6 WTE over the group (1.0 WTE in BHSCT, 0.5 WTE's in WHSCT AND SEHSCT and 0.6 WTE in SHSCT). As all other groups mapped their existing studies over hence so did the renal group and so the entire portfolio was adopted in 2012/13.
The group portfolio was made up of 3 studies (20%) which closed over the reporting period, 4 (26%) which moved into follow up status and 8 (53%) newly opened or in set up. The staff have screened 231 and successfully recruited 179. Their current recruitment to portfolio target is at 63% and of those studies which were closing to recruitment and in follow up 4 (57%) have recruited to agreed targets.
The portfolio is well balanced in having 60% commercial sponsors, 405 are RCT in design and47% of the portfolio is multicentre across NI.

2.14 NICRN Respiratory Group Activity for 2010

The Respiratory group is led by joint clinical leads Dr Judy Bradley and Dr Lorcan McGarvey. Over 2012/13 the group has funding for 5.5 WTE posts..

The respiratory group has been actively supporting 15 studies over 2012/13, with 4 (27%) new studies being adopted. Of the total 2012/13 portfolio 60% had commercial involvement and 60% of activity relates to RCTs with 60% being CTIMPS and 7% other trials. This has allowed the group to reinvest residual income and over 2012/13 they have committed to using this income to develop administrative support, hence freeing up nurse time to support more patient accrual.

As the group operates from the regional centre in the BHSCT the objectives set to enable NI wide participation are not applicable. However the enthusiasm of clinical leads to meet targets has led to a new post being recruited to in the WHSCT and engagement with the SHSCT in the delivery of the PhAB study.

Table 15

Respiratory Objectives 2012/13

Objective		Target	2012/13
1.0 Portfolio			
1.1	Number of studies adopted	Adopt sufficient studies to maintain portfolio	**4 (27%)**
1.2	Percentage of commercial studies	A maximum of 80% commercial studies be maintained on the portfolio.	**60%**
1.3	Percentage of studies at two or more clinical nodes	Agreed to try to increase the clinical nodes.	BHSCT 100% NHSCT 0% SHSCT 6% SEHSCT 0% WHSCT136%
1.4	Percentage of studies for each of 5 Trusts	N/A as regional centre in BHSCT	
1.5	Percentage of RCTs	Info gathering	60%
2.0 Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	50%	**30%**
2.2	Numbers of people recruited to studies	Info gathering	206

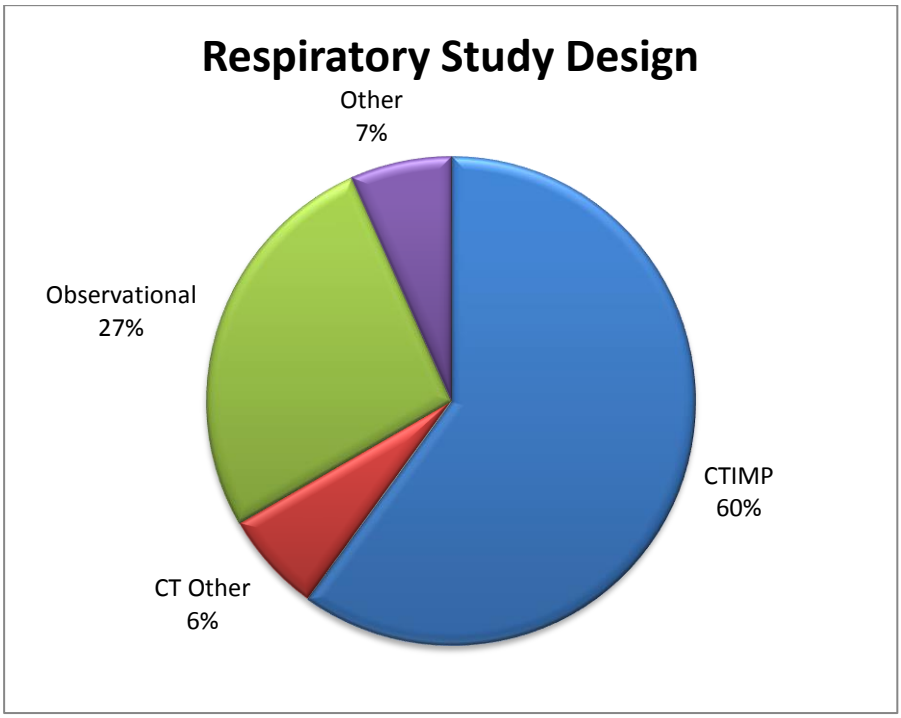
Table 16

Respiratory Study Portfolio summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
15	18	60%	60%	13%

Figure 7

Summary of Respiratory portfolio study design



2.15 NICRN Stroke Group Activity for 2012/13

The NICRN stroke group is led by Dr Michael Power, SEHSCT. This group has good regional staff coverage with 4.5 WTE posts across all 5 of the HSC Trusts.

This group have been running 9 studies over 2012/13, 2 (22%) of which were newly adopted this year. Out of the total portfolio, 8 (89%) were multi-centred (2 or more sites) across NI and 7 (78%) were RCT's. However only 1 (11%) was commercially sponsored. For 2012/13 the stroke staff has screened 5961 subjects and recruited 106. This high screening number is an indication of difficulties in identifying suitable participants within the NI stroke patients care pathway. Within most NI Trusts stroke patients are admitted to standard medical wards as opposed to stroke specialist wards. This causes great difficulty in identifying potential participants for studies and in particular for the acute studies which often have extremely tight timelines for consenting and treating patients following Stroke. This obviously has impacted on the group's ability to meet their objectives. The groups portfolio is made up of 78% RCT in design, 45% CTIMP and 33% Clinical trials, other and 22% observational in design.

Table 17

Stroke objectives 2012/13

Objective		Target	2012/13
1.0 Portfolio			
1.1	Number of studies adopted in current year.	agreed to adopt 2 new studies	2 (22%)
1.2	Percentage of commercial studies	20% - of newly adopted studies	No new commercial studies adopted during 2012/13
1.3	Percentage of studies at two or more clinical nodes	80% - of active studies delivered across 2 or more clinical nodes	8 (89%) of active studies to date
1.4	Percentage of studies for each of five trusts.	Info Gathering	BHSCT= 55%
			NHSCT= 66%
			SEHSCT= 77%
			SHSCT= 66%
			WHSCT= 33%
1.5	Percentage of RCT's	Info gathering	78%
2.0 Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	50%	50%
2.2	Numbers of people recruited to studies	Info Gathering	106
3.0 Speed			
3.1	Completion of recruitment on or ahead of schedule	50%	40%

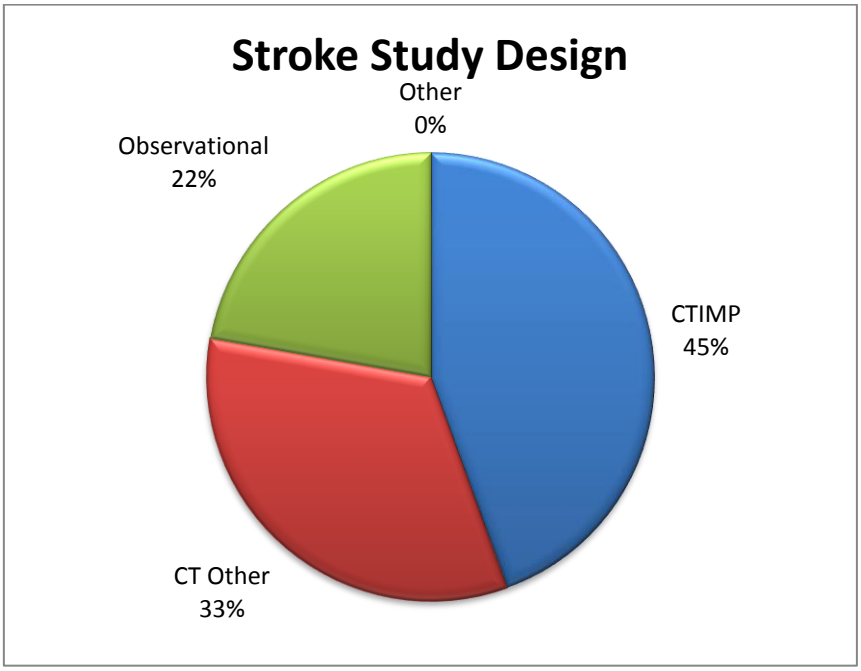
Table 18

Stroke Study Portfolio summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
9	27	11%	78%	89%

Figure 8

Summary of Stroke portfolio study design



2.16 NICRN Vision Group Activity for 2012/13

Following the emigration of Professor Jonathan Jackson, the Vision group has been led by Dr Giuliana Silvestri in isolation for 12/13.

The staffing level throughout 2012/13 was stable at 2.0 WTE clinical research nurses, 1.0 WTE Band 7 Vision Technician and 1.0 WTE Optometrist, with 0.8wte Optometrists in post. An on-going issue for this group has been the need for admin and clerical support for both the NICRN Vision group and for Professor Usha Chakravarthy in her role as national chair for Vision speciality group. The NIHR does not fund this and as such Professor Chakravarthy has had difficulty in providing a high quality service to the group. Following the agreement by HSC R&DD to support the speciality group chair, they have agreed to fund 0.2 WTE band 4, post to support this important position. Professor Chakravarthy has kindly agreed to further support this position by reinvesting an additional 0.3 WTE to bolster admin support to the NICRN vision group.

The group was active in 19 studies over 2012/13 and of these 4 (219) were newly adopted in 2012/13. Eleven (58%) were RCTs and 12 (63%) were commercially funded. This group's portfolio included large national multicentre studies such as IVAN and a particular area of interest for this team is macular degeneration with several studies investigating this disease area.

The Vision group has traditionally been viewed as a regional group, but it should be noted that as a regional centre, patients attend from across NI.

The group performed well this year meeting all their measurable objectives. However like all the other NICRN interest groups there is a reduction in activity versus the 2011/12 figures..

There is a high percentage of commercial studies on the portfolio, therefore it has been agreed to seek out a suitable high quality non-commercial study for 2012.

Table 19

Vision Objectives 2012/13

Objective		Target	2012/13
1.0 Portfolio			
1.1	Number of studies adopted	Agreed to adopt 4 studies	**4 (21%)**
1.2	Percentage of commercial studies	Agreed to remain at a 30%	**12 (63%)**
1.3	Percentage of studies at two or more clinical nodes	Agreed to try to increase the clinical nodes.	Regional centre therefore NA
1.4	Percentage of studies for each of five Trusts	Info gathering	Regional centre,: BHSCT - 95% WHSCT - 5%
1.5	Percentage of RCTs	Info gathering	58%
2.0 Accrual			
2.1	Percentage of studies meeting/exceeding target recruitment	60%	**66%**
2.2	Numbers of people recruited to studies	Info gathering	151

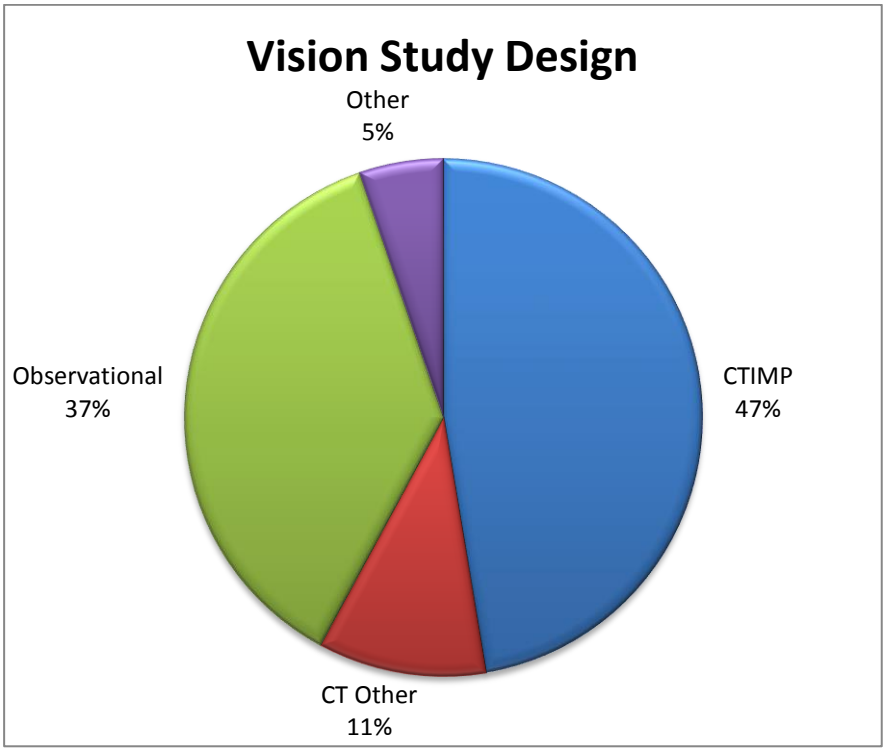
Table 20

Vision Study Portfolio summary:

Active Studies	Active Sites	Commercial	Randomised	Multicentre
19	19	63%	58%	0%

Figure 19

Summary of Vision portfolio study design



.

APPENDIX 1

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Cardiovascular	PHT Pilot Study	N	N	N	Observationa	Pilot / Feasibility	Y	Open	SEHSCT	25	18	18	21	20	80%
Cardiovascular	NOBLE	N	Y	Y	CTIMP	N/A	N	Open	SHSCT	35	15	14	43	42	120%
								Open	BHSCT	45	47	18	138	66	147%
Cardiovascular	NGAL	N	N	N	Observationa	N/A	Y	Open	SHSCT	250	588	186	860	272	109%
Cardiovascular	STREAM	Y	Y	N	CTIMP	IIIB	N	Follow-up	SEHSCT	15	22	4	138	18	120%
Cardiovascular	POP MI	N	N	Y	Observationa	Pilot / Feasibility	N	Follow-up	SEHSCT	25	55	18	408	46	184%
								Follow-up	BHSCT	50	?	?	364	58	116%
Cardiovascular	BIOFLOW III	N	N	N	Observationa	N/A	N	Follow-up	SHSCT	21	0	0	24	24	114%
Cardiovascular	PEGASUS	Y	Y	N	CTIMP	III	N	Follow-up	NHSCT	15	40	3	200	11	73%
Cardiovascular	CAPP	N	Y	N	CT Other	Pilot / Feasibility	N	Follow-up	SEHSCT	500	0	0	572	500	100%
Cardiovascular	Alecardio	Y	Y	N	CTIMP	III	N	Follow-up	WHSCT	5	80	0	1500	2	40%
Cardiovascular	RADAR ACS	N	N	N	Observationa	N/A	N	Follow-up	SHSCT	650	0	0	2315	637	98%
Cardiovascular	RADAR PCI	N	N	N	Observationa	N/A	N	Follow-up	SHSCT	275	30	30	275	275	100%
Cardiovascular	IMPROVE IT	Y	Y	Y	CTIMP	IV	N	Follow-up	NHSCT	62	0	0	449	15	24%
								Follow-up	BHSCT	62	0	0	140	1	2%
								Follow-up	WHSCT	62	0	0	852	2	3%
Cardiovascular	SOLID	Y	Y	N	CTIMP	III	N	Follow-up	NHSCT	24	0	0	108	1	4%
Cardiovascular	The AIMS Study	N	Y	N	CTIMP	III	Y	In Setup	BHSCT	24	0	0	0	0	0%
Cardiovascular	ISCHEMIA	N	Y	Y	CT Other	N/A	Y	In Setup	SEHSCT	20	0	0	0	0	0%
								In Setup	BHSCT	25	0	0	0	0	0%
Cardiovascular	TRACE RA	N	Y	Y	CTIMP	III	N	Closed	BHSCT	40	0	0	149	35	88%
								Closed	WHSCT	40	0	0	410	11	28%
Cardiovascular	Signature	Y	Y	N	CTIMP	IV	N	Closed	WHSCT	4	5	0	5	0	0%
		35%	65%	29%			24%			**2274**	**900**	**291**	**8971**	**2036**	
		6	11	5			4								

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Childrens	CHF5633 To Treat Respiratory Failure in Premature Babies	Y	N	N	CTIMP	I/II	N	Open	BHSCT	8	19	2	19	2	25%
Childrens	PlaNet-2 - Platelets for Neonatal Transfusion study 2	N	Y	Y	CT Other	N/A	N	Open	BHSCT	6	7	0	7	0	0%
								Open	WHSCT	4	3	0	3	0	0%
Childrens	PREDNOS	N	Y	Y	CTIMP	III	N	Open	SHSCT	3	0	0	0	0	0%
								Open	WHSCT	3	0	0	0	0	0%
								Open	BHSCT	3	0	0	0	0	0%
Childrens	Eczema & Food Allergy	N	N	Y	Other	N/A	N	Open	SHSCT	40	17	16	17	16	40%
								Open	BHSCT	85	104	2	104	2	2%
Childrens	I2S2	N	Y	Y	CTIMP	IV	N	Open	BHSCT	120	15	15	73	73	61%
								Open	WHSCT	10	5	3	30	14	140%
Childrens	TrialNet	N	N	N	Observational	N/A	N	Open	BHSCT	900	77	77	1091	1089	121%
Childrens	Use of Azathioprine/6-mercaptopurine in Children with Inflammatory Bowel Disease	N	N	Y	Observational	N/A	N	Open	BHSCT	70	170	11	191	12	17%
								Open	WHSCT	30	12	8	18	9	30%
Childrens	BOOST II	N	Y	N	CTIMP	IV	N	Follow-up	BHSCT	20	28	23	39	31	155%
Childrens	DECIDE	N	Y	N	CT Other	N/A	N	Follow-up	BHSCT	30	0	0	34	20	67%
Childrens	GAS	N	Y	N	CTIMP	IV	N	Follow-up	BHSCT	25	0	0	9	4	16%
Childrens	EPI-STREP-015 BOD UK	Y	N	Y	CT Other	N/A	N	In set up	BHSCT	16	0	0	0	0	0%
Childrens	CAP 2	N	N	N	Observational	N/A	N	In Setup	BHSCT	15	0	0	0	0	0%
Childrens	Australian Placental Transfusion Study	N	Y	N	CT Other	N/A	Y	In Setup	BHSCT	180	0	0	0	0	0%
Childrens	Infant Diet & Health Study	N	N	N	Observational	N/A	N	Closed	BHSCT	3	0	0	3	3	100%
Childrens	Management of CF in Children	N	N	N	Observational	N/A	N	Closed	BHSCT	100	0	0	115	100	100%
Childrens	NIPPV	N	Y	N	CTIMP	III	N	Closed	BHSCT	42	0	0	16	15	36%
Childrens	POP	N	Y	N	CTIMP	II/III	N	Closed	BHSCT	30	0	0	67	43	143%
Childrens	NOTES	N	N	N	Observational	N/A	N	Closed	BHSCT	30	5	5	11	11	37%
Childrens	SLEEPS	N	Y	N	CTIMP	III	N	Closed	BHSCT	84	0	0	45	1	1%
		11%	53%	32%			5%			**1857**	**462**	**162**	**1892**	**1445**	
		2	10	6			1								

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Critical Care	Eurotherm	N	Y	N	CTIMP	III	N	Open	BHSCT	20	28	0	73	7	35%
Critical Care	HARP2	N	Y	Y	CTIMP	II	N	Open	NHSCT	26	35	7	110	10	38%
								Open	WHSCT	26	150	4	343	8	31%
								Open	BHSCT	26	106	12	287	42	162%
								Open	SEHSCT	26	94	7	158	16	62%
Critical Care	NCEPOD	N	N	N	Other	N/A	Y	Open	SEHSCT	25	6	6	6	6	24%
Critical Care	KARE	N	Y	N	CTIMP	II	N	Open	BHSCT	60	100	17	199	32	53%
Critical Care	REVIVE	N	Y	Y	CT Other	II	N	Open	NHSCT	14	166	7	208	7	50%
								Open	WHSCT	14	199	9	271	9	64%
								Open	BHSCT	14	246	0	445	1	7%
								Open	SHSCT	14	147	1	147	1	7%
								In Setup	SEHSCT	12	0	0	0	0	0%
Critical Care	End of Life	N	N	N	Other	N/A	Y	Open	BHSCT	25	27	17	27	17	68%
Critical Care	POISE-2	N	Y	Y	CTIMP	III	N	Open	NHSCT	24	144	3	144	3	13%
								Open	WHSCT	24	156	4	156	4	17%
Critical Care	ABLE-UK	N	Y	N	CTIMP	III	Y	Open	BHSCT	34	434	13	434	13	38%
Critical Care	VAP 1 Stud	N	N	N	Observationa	N/A	Y	Closed	BHSCT	22	754	15	754	15	68%
Critical Care	Trache Stud	N	N	N	Observationa	N/A	N	Closed	WHSCT	20	5	5	24	16	80%
		0%	60%	30%			40%			**426**	**2797**	**127**	**3786**	**207**	
		0	6	3			4								

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Dementia	Post Operative Delirium following Orthopaedic Surgery	N	N	N	Observa	n/a	Y	**Open**	BHSC	328	102	97	103	98	30%
		0%	0%	0%			100%			**328**	**102**	**97**	**103**	**98**	

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Diabetes	Elixa	Y	Y	Y	CTIMP	III	N	**Open**	WHSCT	3	53	0	89	2	67%
								Open	NHSCT	3	62	1	62	1	0%
Diabetes	REWIND	Y	Y	Y	CTIMP	II	Y	**Open**	BHSCT	6	111	4	111	4	67%
								Open	NHSCT	8	35	4	35	4	50%
								Open	SEHSCT	6	37	4	37	4	67%
								Open	WHSCT	4	10	2	10	2	50%
Diabetes	Diabetes Newly diagnosed Glycated Peptide Study	N	N	N	Observational	Pilot / Feasibility	Y	**Open**	WHSCT	12	47	6	193	14	117%
Diabetes	Prediction of Type 2 Diabetes: Shared Family Environment	N	N	N	Observational	II	Y	**Open**	WHSCT	25	67	13	67	13	52%
Diabetes	Tailored Exercise Study	N	N	N	Other	N/A	Y	**Follow-up**	NHSCT	24	40	19	40	19	79%
Diabetes	CANVAS	Y	Y	Y	CTIMP	III	N	**Follow-up**	BHSCT	15	0	0	316	15	100%
								Follow-up	WHSCT	3	0	0	17	3	100%
Diabetes	Glycated Peptides in Pre-Diabetes	N	N	N	Observational	Pilot / Feasibility	Y	**In Setup**	WHSCT	50	0	0	0	0	0%
Diabetes	HAPO Follow Up	N	N	N	Observational	Pilot / Feasibility	Y	**In Setup**	BHSCT	800	0	0	0	0	0%
Diabetes	Genetics of Thyroid Tumours	N	N	N	Other	Experimental Medicine	N	**Closed**	BHSCT	200	0	0	37	37	19%
Diabetes	NN9068 - 3697 DUAL Study	Y	Y	N	CTIMP	IIIa	N	**Closed**	SEHSCT	4	0	0	37	5	125%
		40%	40%	30%			60%			**1163**	**462**	**53**	**1051**	**123**	
		4	4	3			6								

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Primary Care	ICBP3	N	N	Y	Observational	N/A	N	**Open**	NI	200	n/a	100	n/a	100	50%
Primary Care	GARFIELD	Y	N	Y	Observational	N/A	N	**Open**	NI	45	50	36	79	47	104%
Primary Care	Development of a Bronchiectasis-specific intervention focusing on adherence to treatment in	N	N	Y	Other	II/III	Y	**Open**	NI	64	n/a	23	n/a	23	36%
Primary Care	Peer Support for Mediterranean Diet	N	N	N	Observational	N/A	Y	**Open**	NI	270	261	20	261	20	7%
Primary Care	NIC PIP Dental study	N	Y	Y	CTIMP	IV	N	**Follow-up**	NI	1200	263	138	2488	1248	104%
Primary Care	Living with & beyond Prostate Cancer	N	N	Y	Observational	N/A	N	**In set up**	NI	630	0	0	0	0	0%
Primary Care	Interval Dental Recalls Trial	N	Y	Y	CT Other	N/A	Y	**In set up**	NI	208	0	0	0	0	0%
Primary Care	MOSAICC	N	N	N	Observational	N/A	Y	**In set up**	NI	270	0	0	0	0	0%
Primary Care	Patients' Accounts of Cancer	N	N	Y	Observational	N/A	N	**Closed**	NI	5	4	2	22	16	320%
Primary Care	PPhIT	N	Y	Y	CT Other	I	N	**Closed**	NI	25	1400	24	1401	38	152%
Primary Care	SIGNIFY Study	Y	Y	Y	CTIMP	III	N	**Closed**	NI	5	1	1	3	3	60%
Primary Care	SPHERE 2	N	N	N	Observational	III	Y	**Closed**	NI	150	315	188	315	188	125%
		17%	33%	75%			42%			**3072**	**2294**	**532**	**4569**	**1683**	
		2	4	9			5								

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Renal	Bioimpedance Study	N	N	N	Other	n/a	Y	Open	WHSCT	30	3	3	20	10	33%
Renal	Eculizumab in antibody-mediated rejection in LD kidney	Y	Y	N	CTIMP	II	Y	Open	BHSCT	3	1	1	1	1	33%
Renal	OVERTURE (Otsuka 156-10-291)	Y	N	N	Observational	n/a	Y	Open	BHSCT	10	0	0	9	2	20%
Renal	Prevalence and predictors of high grade ventricular arrhythmia	N	N	N	Observational	n/a	Y	Open	SHSCT	50	51	31	51	31	62%
Renal	A Study to Evaluate the Safety and Efficacy of CCX140-B in Subjects With Diabetic Nephropathy	Y	Y	Y	CTIMP	II	Y	Open	SEHSCT	5	0	0	0	0	0%
								Open	WHSCT	10	19	6	19	6	60%
Renal	Frail and Elderly Patient Outcomes on Dialysis (FEPOD): Part 1	N	N	Y	Observational	n/a	Y	In set up	BHSCT	10	0	0	0	0	0%
								Open	SHSCT	4	9	0	9	0	0%
Renal	Frail and Elderly Patient Outcomes on Dialysis (FEPOD): Part 2	N	N	Y	Observational	n/a	Y	In set up	BHSCT	10	0	0	0	0	0%
								Open	SHSCT	12	10	0	10	0	0%
Renal	ASTRAL	N	Y	Y	CTIMP	n/a	Y	Follow-up	BHSCT	1	0	0	1	1	100%
								Follow-up	NHSCT	2	0	0	2	2	100%
Renal	STEERING	Y	N	N	Observational	n/a	Y	Follow-up	WHSCT	10	1	1	8	8	80%
Renal	A Study of All-Cause Mortality and Cardiovascular Morbidity in CKD Patients on Dialysis and Those Not on Renal	Y	Y	Y	CTIMP	IV	Y	Follow-up	SEHSCT	10	0	0	11	11	110%
								Follow-up	BHSCT	8	0	0	0	1	13%
Renal	TEMPO 4/4 (Otsuka 156-08-271)	Y	N	N	CTIMP	IIIb	Y	Follow-up	BHSCT	2	0	0	2	2	100%
Renal	The NEFIGAN Trial	Y	Y	Y	CTIMP	IIb	Y	In set up	BHSCT	5	0	0	0	0	0%
								In set up	SEHSCT	3	0	0	0	0	0%
Renal	ATTOM	N	N	Y	Observational	n/a	Y	Closed	BHSCT	110	71	71	90	90	82%
								Closed	NHSCT	30	15	15	22	22	73%
								Closed	SEHSCT	15	11	11	12	12	80%
								Closed	SHSCT	35	16	16	29	29	83%
								Closed	WHSCT	40	23	23	35	35	88%
Renal	Hyponatremia Registry (156-10-292)	Y	N	N	Observational	n/a	Y	Closed	WHSCT	5	1	1	2	2	40%
Renal	TEMPO 3/4 (Otsuka 156-04-251)	Y	Y	N	CTIMP	III	Y	Closed	BHSCT	3	0	0	5	3	100%
		60%	40%	47%			100%			**423**	**231**	**179**	**338**	**268**	
		9	6	7			15								

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Respiratory Health	Ciprofloxacin Dry Powder for Inhalation in non-CF	Y	Y	N	CTIMP	III	N	In set up	BHSCT	8	0	0	0	0	0%
Respiratory Health	OCS Sparing Study	Y	Y	N	CTIMP	II	N	In set up	BHSCT	17	0	0	0	0	0%
Respiratory Health	VX12-770-112 Phase 3 rollover study of Ivacaftor in CF patients	Y	Y	N	CTIMP	N/A	N	In set up	BHSCT	14	0	0	0	0	0%
Respiratory Health	TORPEDO-CF	N	N	Y	CTIMP		Y	In set up	BHSCT	2	0	0	0	0	0%
Respiratory Health	ASSESS	Y	N	N	Observational	N/A	Y	Open	BHSCT	8	143	8	143	8	100%
Respiratory Health	Efficacy and Safety of Oral BC1036 in Management of	Y	Y	N	CTIMP	III	N	Open	BHSCT	288	37	31	37	31	11%
Respiratory Health	Physical Activity in Bronchiectasis (PhAB)	N	N	N	Observational	N/A	N	Open	BHSCT	21	25	20	25	20	95%
								Open	WHSCT	21	49	22	49	22	105%
								Open	SHSCT	21	20	13	20	13	62%
Respiratory Health	Infection and inflammation in patients with COPD	N	Y	N	Observational	N/A	N	Open	BHSCT	20	8	4	59	4	20%
Respiratory Health	REVIVE	N	Y	N	CT Other	II	N	Open	BHSCT	68	0	0	0	0	0%
Respiratory Health	Role of Anerobic Bacterial Infection in CF	N	N	N	Observational	N/A	N	Open	BHSCT	170	68	68	497	201	118%
Respiratory Health	Development of a Bronchiectasis-specific	N	N	Y	Other	N/A	Y	Open	BHSCT	32	13	8	13	8	25%
								Open	WHSCT	32	15	15	15	15	47%
Respiratory Health	VX11-770-110 Ph 3 Study of Ivacaftor for CF R117HCFTR	Y	Y	N	CTIMP	II/III	Y	Open	BHSCT	6	48	13	48	13	217%
Respiratory Health	PTC-124 (GD-009e-CF) Extension Study	Y	N	N	CTIMP	III	N	Follow-up	BHSCT	1	0	1	0	1	100%
Respiratory Health	PTC-124 (GD-009-CF)	Y	Y	N	CTIMP	III	N	Follow-up	BHSCT	8	0	0	1	1	13%
Respiratory Health	MPEX EXT Aeroquin v Tobi	Y	Y	N	CTIMP	III	N	Follow-up	BHSCT	4	4	3	4	3	75%
		60%	60%	13%			27%			**741**	**430**	**206**	**911**	**340**	
		9	9	2			4								

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Stroke	ENOS	N	Y	Y	CTIMP	II / III	N	Open	NHSCT	28	256	0	1452	12	43%
								Open	WHSCT	27	138	0	487	4	15%
								Open	SEHSCT	28	369	2	1769	5	18%
								Open	SHSCT	27	240	0	774	1	4%
Stroke	AVERT	N	Y	Y	CT Other	III	N	Open	NHSCT	20	277	6	931	22	110%
								Closed	BHSCT	20	0	0	181	15	75%
								Closed	SHSCT	20	0	0	46	1	5%
								Open	SEHSCT	20	405	3	1859	26	130%
Stroke	SOS	N	Y	Y	CT Other	III	N	Open	SHSCT	90	312	6	886	23	26%
								Open	SEHSCT	90	365	5	1483	25	28%
								Open	WHSCT	90	124	3	432	10	11%
								Open	NHSCT	90	231	4	873	19	21%
Stroke	CROMIS-2	N	N	Y	Observational	N/A	Y	Open	SHSCT	12	232	21	232	21	175%
								Open	SEHSCT	12	75	2	75	2	17%
								In set up	BHSCT	12					0%
Stroke	DARS	N	Y	Y	CTIMP	III	Y	Open	SHSCT	9	226	5	226	5	56%
								Open	SEHSCT	9	177	2	177	2	22%
								Open	BHSCT	9	89	0	89	0	0%
								Open	NHSCT	9	68	0	68	0	0%
Stroke	TNA	N	N	Y	Observational	Pilot / Feasibility	N	Follow-up	BHSCT	140	92	5	375	79	56%
								Follow-up	NHSCT	40	27	0	150	12	30%
								Follow-up	SEHSCT	180	102	18	1088	123	68%
Stroke	LOTS	N	Y	Y	CT Other	N/A	N	Follow-up	SHSCT	60	0	0	403	66	110%
								Follow-up	WHSCT	35	0	0	213	27	77%
Stroke	IST3	N	Y	N	CTIMP	III	N	Follow-up	BHSCT	12	0	0	70	5	42%
Stroke	IRIS	Y	Y	Y	CTIMP	II / III	N	Follow-up	SEHSCT	10	1806	14	426	2	20%
								Follow-up	NHSCT	5	350	10	173	5	100%
		11%	78%	89%			22%			**1104**	**5961**	**106**	**14938**	**512**	
		1	7	8			2								

Interest Group	Study Name	Commercial	Randomised	Multi-Centre	Design	Phase	Adopted in 12/13	Accrual Status	Trust	NI Accrual Target	Patients Screened (2012/13)	Patients Recruited (2012/13)	Total Screened to eof Mar 13	Total Recruited to eof Mar 13	Recruitment as % of Target
Vision	Dexamethasone Posterior Segment Drug Delivery system	Y	Y	N	CTIMP	IIIb	Y	**Study Stopped**	BHSCT	4	0	0	0	0	0%
Vision	TABUL	N	Y	N	Observationa	N/A	N	**In set up**	BHSCT	10	0	0	0	0	0%
Vision	Age related macular degeneration phenotype study	N	N	N	Observationa	N/A	Y	**In set up**	BHSCT	20	0	0	0	0	0%
Vision	CRYSTAL	Y	Y	N	CTIMP	III	Y	**Open**	BHSCT	5	5	3	5	3	60%
Vision	BRIGHTER	Y	Y	N	CTIMP	III	Y	**Open**	BHSCT	7	12	4	12	4	57%
Vision	Candidate Genes for AMD in NI (GDBA Study)	N	N	N	Observationa	N/A	N	**Open**	BHSCT	300	3	3	373	334	111%
Vision	Immune function and anti-VEGF therapy in AMD	N	N	N	Other	N/A	N	**Open**	BHSCT	350	5	84	200	167	48%
Vision	MATISSE	Y	Y	N	CTIMP	I/II	N	**Open**	BHSCT	6	21	4	21	4	67%
Vision	SAKURA	Y	Y	N	CTIMP	III	N	**Open**	BHSCT	3	3	2	3	2	67%
Vision	Monitoring neovascular AMD with Preferential Hyperacuity	Y	N	N	Observationa	N/A	N	**Open**	BHSCT	40	17	7	17	7	18%
Vision	AURA	Y	N	N	Observationa	N/A	N	**Follow-up**	BHSCT	40	157	44	157	44	110%
Vision	INTREPID	Y	Y	N	CTIMP	III	N	**Follow-up**	BHSCT	7	0	0	10	8	114%
Vision	IVAN	N	Y	N	CT Other	III	N	**Follow-up**	WHSCT	40	0	0	106	43	108%
Vision	RELIGHT	Y	N	N	CT Other	IIIB	N	**Follow-up**	BHSCT	7	0	0	12	9	129%
Vision	CABERNET	Y	Y	N	CTIMP	III	N	**Closed**	BHSCT	10	0	0	10	8	80%
Vision	GATE	Y	Y	N	CTIMP	III	N	**Closed**	BHSCT	9	0	0	11	9	100%
Vision	GDB (AMD and VEGF) (Guide Dogs)	N	N	N	Observationa	N/A	N	**Closed**	BHSCT	260	0	0	228	228	88%
Vision	PAM (Patholigical Myopia)	Y	Y	N	CTIMP	III	N	**Closed**	BHSCT	3	0	0	2	2	67%
Vision	RRG4.41 (Nuns Study)	N	N	N	Observationa	N/A	N	**Closed**	BHSCT	1200	n/a	n/a	1245	1245	104%
		63%	58%	0%			21%			**2321**	**223**	**151**	**2412**	**2117**	
		12	11	0			4								

3 Acknowledgements

We would like to acknowledge the participation of the NI patient population in the delivery of the NICRN portfolio and also the continued enthusiasm, hard work and commitment of our staff.
The NICRN must also take this opportunity to thank the continued financial and intellectual support of the network via the Department of Health and notably the HSC RDD of the PHA.