MifeMiso Trial

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Contact us

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MifeMiso recruitment approaching half way!

Hello and welcome to the fourth edition of the MifeMiso newsletter! We are very excited to confirm that recruitment is almost at the half-way mark of 355 participants! We continue to be ahead of target, which is an incredible achievement. This is due to the continued hard-work from all the research teams across our sites so we would like to say a big thank you! A special congratulations to teams at Portsmouth, Birmingham Heartlands and West Middlesex for winning MifeMiso recruiter of the month for March, April and May respectively!

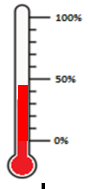
Although we are ahead of target overall we have however noticed a gradual decline in recruitment over recent months as shown in the below graph. From July 2018 our monthly target increases to 40 so please ensure all eligible women are being approached and can all sites please strive to randomise just one lady this week so we can meet our June target?!

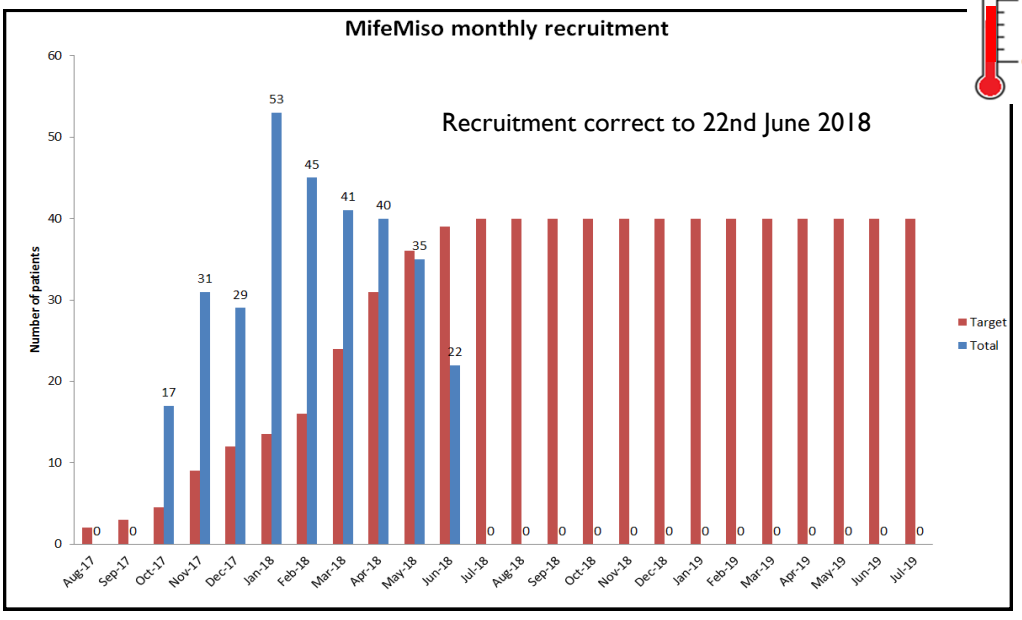
We would like to welcome Southmead Hospital who opened to recruitment earlier this month and hope to see their first lady recruited soon.

Finally, we hope you're all able to make the most of the summer weather and for those taking leave we wish you a wonderful summer break!

44% of the way!

313 recruited/710 total target





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Important points – please note!

- Primary outcome

The primary outcome is currently below the minimum expected rate of 95%. Please ensure that data entry is completed promptly, particularly for information relating to the primary outcome on the Outcomes form i.e. whether the sac has passed or not by day 7 and whether the woman has required surgery (to assess if the sac has passed spontaneously or not). Please also ensure that for women who do not attend for a scan within 7 days post-randomisation or have surgery within this time frame that these women are asked to self-report if they've passed the sac within 7 days and ensure this is recorded on the Outcomes form

- Timing of follow up USS if IMP not taken on day 0

If a woman does not take the IMP (placebo/mifepristone) on the day of randomisation (day 0) please ensure that the follow up USS is still performed on day 6-7 post-randomisation. Do not delay the scan so it is 6-7 days following start of treatment

- Women already received medical management for current miscarriage

We would like to confirm that women who have already received medical management for their current miscarriage are **ineligible** for MifeMiso. This will be added as an exclusion criteria in the next protocol amendment

- Avoiding speculation regarding treatment allocation

Please remember to avoid speculating as to which treatment a participant may have received. It is important to keep participants blinded to their treatment allocation in order to maintain the robustness and integrity of the trial

IMPORTANT NOTICE

Deviations and adherence

At the recent DMC (Data Monitoring Committee) meeting on 22nd May 2018, the DMC expressed concern at the rate of non-adherence to trial treatment and the number of deviations being reported. Please ensure that women are fully informed of all trial procedures and when they must happen prior to being randomised in order to reduce this

Data entry - Outcomes form

Take Note

- If a woman does not complete a pregnancy test but you have a date of discharge from EPU please still enter this on the Outcomes form as this can be used to calculate the follow up period for the qualitative interview (if the woman is interested in participating in this)
- If a woman has more than one instance of surgery please record any subsequent surgery in the notes section on the Outcomes form and ensure this is accounted for in the hospital visits section

Emma's story - A personal experience

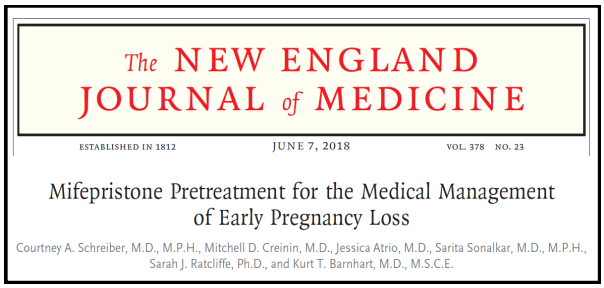
A lady who participated in MifeMiso has kindly shared her positive experience of medical management and participating in the trial on the Miscarriage Association website. Emma's full story can be accessed at: https://www.miscarriageassociation.org.uk/research/the-mifemiso-trial/emmas-experience/

Please feel free to highlight this story with potential women and share the above link

"After having two healthy pregnancies, I was shocked and very distressed to find at my 12 week scan that my third pregnancy had not progressed beyond six weeks – a missed miscarriage. As I had not naturally miscarried the baby in the 6 weeks since the pregnancy ended, and surgery seemed so invasive, I decided [on] the medical option and chose to take part in the MifeMiso research trial. This way I could contribute to scientific knowledge and something good would come out of this experience."

MISCARRIAGE ASSOCIATION
The knowledge to help

PreFaiR study


The NEW ENGLAND JOURNAL of MEDICINE

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Mifepristone Pretreatment for the Medical Management of Early Pregnancy Loss

Courtney A. Schreiber, M.D., M.P.H., Mitchell D. Creinin, M.D., Jessica Atrio, M.D., Sarita Sonalkar, M.D., M.P.H., Sarah J. Ratcliffe, Ph.D., and Kurt T. Barnhart, M.D., M.S.C.E.

A trial conducted in the USA comparing mifepristone and misoprostol vs misoprostol alone for women with early pregnancy loss has been published recently in the NEJM. The study recruited 300 women and showed a success rate of 83.8% vs 67.1% (respectively) for their primary outcome which was complete expulsion of the gestational sac after one dose of misoprostol by the first follow up visit (between 1-4 days after taking misoprostol) and no additional intervention within 30 days after treatment. Although this study has shown a difference of greater than 10% between trial arms it does have noticeable limitations/differences compared to MifeMiso. In light of these findings the MifeMiso DMC and TSC both support the continuation of MifeMiso which continues to address the important research question of which is the most effective medical management regime for women with missed miscarriage. We will issue a statement regarding the PreFaiR study in due course

Reminders

* **MifeMiso Meet Up - 20th August 2018**

The next MifeMiso Meet up teleconference will be on Monday 20th August 2018, 11.30am - 12.30pm. If you haven't already please respond to the calender invite to confirm your availability. We look forward to speaking with you

* **Consent forms**

Please ensure that women initial <u>all</u> boxes on the consent form. Even if women answer 'no' to the statement 'I consent to being contacted in the future to ask for my consent to future studies, and that I may be traced through the NHS databases and GP records' we still require participants to initial against this

Outcomes form

We will be updating the Outcomes form in due course. An additional option of 'Woman bleeding heavily/passing clots' is being added to the list of reasons why a woman has not taken misoprostol. There will potentially be other changes being made also regarding women self-reporting passage of the sac. We will circulate the new version (v4.0) in due course and will update the database to reflect these changes

Prize for recruiting #355!

To celebrate reaching the half way mark we will offering a special PRIZE to the site that recruits participant #355! The sooner we reach 355 the sooner we can issue the prize! Happy recruiting and best of luck to all our sites!

GDPR Update

Following the implementation of the GDPR on 25th May 2018 we will be updating the participant information leaflet for the main trial and the PIL and consent form for the qualitative study. Once we have received confirmation of the BCTU policy on this matter we will circulate updated documents to sites. In the meantime please continue to use v3.0 (dated 01/03/2017) of the PIL

End report & Final sign-off

Once all forms have been completed for a participant we would be grateful if teams could complete the 'end report' section on the database to document if a participant has withdrawn or is lost to follow up. This section can be completed even if the data entry complete field is stated as 'no'. At the end of the trial once data cleaning is complete the central trial team will perform data entry checks and complete any outstanding QA forms in the database. Following this we will request that P.Is review and sign off the data for each participant recruited at their site to confirm the data is correct. We will contact P.Is at the point this is required

Collaborators meeting

Don't forget to RSVP for the Collaborators meeting including dietary requirements if you haven't already! The meeting will be held on Tuesday 11th September 2018 in the Education Resource Centre, Birmingham Women's Hospital. Lunch and travel expenses will be provided. Further details including an agenda will be circulated nearer the time. Please RSVP by responding to the calender invite sent previously or by return of email to mifemiso@trials.bham.ac.uk We hope you can join us!

1. *Missed Miscarriage*
2. *Medical Management*
3. *Think MifeMiso!*

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