



T2T Site Newsletter



Seasonal Wishes from the T2T in Gout Trial Thank you for your continued support

A message from the Chief Investigator,
Prof. Abhishek.

Thank you very much for supporting the T2T trial and I hope you can find time to enjoy the spring sunshine.

While recruitment is completed, participants continue to be followed up in the trial. Thank you very much for supporting this important phase of the trial. I look forward to sharing the results with you in late 2026.

Just a reminder....

We are currently checking that we have an up-to-date delegation log for each site. If you need to send us an updated version of your site's delegation log (due to staff changes etc.) please do send a copy via email.

Recent updates:

- SA18 has recently been approved to implement a Minimal Data Collection procedure. If a participant does not attend their follow up visit, we will contact you to request CRF completion in their absence.
- There has been an update to the Protocol, now version 9.0, please email the study team to request a copy if required.
- The first post-covid sites will be approaching the 4-year point in the trial shortly and we will be requesting CRF10 completion from sites. This CRF is now available to complete online which should make the process easier. After completed CRF10 are received for all patients, the site closure procedure will commence.
- The trial has been extended until August 2028, to ensure that the sites who recruited later can follow up their patients.

Contact the T2T trial manager | 01782 732950 | steff.garvin@nhs.net



Patient Retention

Just a reminder about...

... retaining as many patients in the study as we can. We know that the study has a long follow up period and it can be difficult if patients lose interest. Please see below some potential withdrawal reasons based on ones we have already received and some actions to encourage patient to continue to participate. Where possible engage with patients in the intervention arm that are not keen on urate lowering treatment (e.g., allopurinol and febuxostat) to get them back on treatment.

Potential Withdrawal Reason	Actions
Patient has issues with contacting the pharmacy and collecting prescriptions, they feel that their time is being wasted.	Try and address the issue and counsel the patient to stay on treatment. However, if the patient does not want to re-start urate lowering treatment, they can stay in the trial without being on the T2T medication as it is a strategy trial.
Patient does not believe they have gout and believes they have another condition instead.	Ask the patient to speak to their GP – they likely have gout plus another condition.
Patient feels they are not contributing to the study (usual care and not experiencing flares), they no longer wish to participate.	Explain the importance of staying in the trial even if in usual care. Patients in usual care can get urate lowering treatment anytime they wish to do so at their GP surgery. They cannot get treatment from the trained intervention lead.
Patient has had allergic reaction or side-effect to the treatment and wishes to withdraw completely from the study.	Those patients who have had an allergic reaction to allopurinol can try febuxostat. However, if they get allergic reaction to both (rare) or don't want to have febuxostat, patient can stay in the trial without being on the T2T medication as it is a strategy trial.
Patient is not happy to take additional medication, not willing to pay for the medication, and can not take the time off work as it is classed as non-essential.	Patient can stay in the trial without being on the T2T medication as it is a strategy trial.
Patient is unhappy they are in the control arm and no longer wishes to participate.	Explain the importance of staying in the trial even if in usual care.
Patient is unhappy they are in the treatment arm and no longer wishes to participate	Patient can stay in the trial without being on the T2T medication as it is a strategy trial.
Patient no longer wishes to participate; they have been taken off the treatment by their GP to an increase in their INR	Patient can stay in the trial without being on the T2T medication as it is a strategy trial.