

To the Chair, Human Research Ethics Committee or
Research Governance Office

Dear Sir/Madam

Re: UTS Rapid Program

The Palliative Care Clinical Studies Collaborative (PaCCSC) and Cancer Symptom Trials (CST) are Australian-based research groups undertaking clinical trials and quality improvement programs in palliative care and cancer symptom management.

It has become apparent in both rigorously designed, double-blind, randomised controlled, multi-site trials being conducted by the Collaborative and multi-site patterns of care /pharmacovigilance studies that there is systematic under-reporting of medication toxicity in palliative and supportive care. In order to address this, UTS is running a program named UTS Rapid Program as an international quality improvement activity.

The Rapid Program has completed a number of series on a range of medications commonly used in palliative care and cancer symptom management. The Program has continued to develop over time and is now offering series in non-pharmacological interventions and is benefiting from the flexibility of the methodology to look at its use in other quality improvement/cohort studies across multiple disciplines.

Data is collected prospectively by clinicians from patients for whom the clinical decision has already been made by their treating clinician to prescribe the medication/intervention. This study collects only clinician reported data. No patient identifying data is collected and patient consent is not required. Key patient information includes age, gender and a computer-generated identification number. No additional pathology tests are requested and only data from routine clinical care is used in this process.

Aggregated data following the close of each series is published in the peer reviewed literature in order to refine practice. Although sites who contribute data are acknowledged, there is no way of identifying individual patients or individual Sites data.

An ethical waiver or exemption from Human Research Ethics Approval is requested given that this is about the quality of care offered in routine practice, and therefore a quality improvement or patient safety project collecting no patient identifiable data.

Each site has a lead investigator and the Program's infrastructure is supported and overseen by UTS.

If there are any issues that I can clarify, please do not hesitate to contact the Rapid Program team at RAPID@uts.edu.au

Yours sincerely



Dr Caitlin Sheehan
Chair – UTS Rapid Program
IMPACCT, Faculty of Health
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