

## Which ethnic groups should be in the trial and at what proportion?

Which ethnic groups should be in the trial?  
V1 13/3/2023 Trial Forge

Trial: PARAMEDIC

Out of hospital heart attack

PARAMEDIC (out of hospital heart attack) <https://www.isrctn.com/ISRCTN73485024>;  
<https://doi.org/10.3310/hta25250>

The panel noted:

- The panel did not make specific comments regarding the ethnic groups needed by the trial.

The panel concluded:

- The panel did not reach a conclusion with regard to particular percentages for different ethnic groups.

Where a panel cannot reach a conclusion, STRIDE suggests adopting the following default inclusion position:

- The minimum target for **inclusion of the specified ethnic groups should be at the same proportion as is found among the population of people with the condition targeted by the trial.** The proportion is dependent on the intended reach of the applicability of trial results. A trial intending national reach should aim for national ethnic proportions by disease. A trial with more local reach could aim for proportions in its local area.

Where **disease data by ethnicity do not exist, or cannot be obtained**, STRIDE suggests adopting the following default inclusion position:

- The minimum target for **inclusion of the specified ethnic groups should be at the same proportion as is found in the most recent census data.** The proportion is dependent on the intended reach of the applicability of trial results. A trial intending national reach should use national census data. A trial with more local reach could aim for census proportions in its local area.



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## General comments from the panel:

1. The Panel recommended that careful monitoring of who enters a trial and who stays with it by ethnicity is important. It would be useful to compare the ethnicity of the trial population with the ethnicity of the local area from which a trial site is recruiting.
2. The trial relies on someone calling for an ambulance and some ethnic groups (South Asians were mentioned) may be less likely to call for an ambulance or recognise the signs of a heart attack too late for the trial to be relevant.
3. Although there was no consent in the emergency setting itself, consent was sought from survivors or their families later on. This too could lead to differences by ethnicity so also points to monitoring who is in the trial compared to the ethnicity in the local area.
4. How information is provided for this consent process should also consider cultural differences linked to ethnicity.
5. Trial teams need to explicitly think about what other treatments a person may be taking post heart attack. Some ethnic groups may supplement health service treatment with other forms of treatment, which may or may not be useful (or harmful). This points to an assessment of outcome by ethnicity and monitoring what additional treatments participants are taking.

NB. Completed by Shaun Treweek, University of Aberdeen, based on a discussion with an external panel brought together for this purpose as part of the STRIDE project (<https://www.abdn.ac.uk/hsru/what-we-do/research/projects/stride-supporting-recruitment-and-retention-improvements-for-diverse-ethnicities-283>). None of us was involved in this trial, we did not discuss the information below with the trial team.

Given the above, the information below may not be a proper reflection of what the trial team itself may have considered the ethnic groups needed by their trial. The information is therefore intended to be illustrative, not definitive.