| Table 1: Description of adaptations included in work package 2 | | | |
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| | **Studies** | **Brief description of adaptation** | **Study specific details** |
| **Recruitment** | **Two-stage remote-first eligibility assessment** | | |
| | STUDY B, STUDY C | Screening or eligibility process split, so that screening and/or eligibility assessment is partially undertaken at an earlier time point over the telephone, and if the participant is found to be potentially eligible, is then completed at a later follow-up appointment. | - **STUDY B.** Opened up the University as a site and undertook an extra telephone screening step prior to an in-person consent/eligibility appointment. The step was undertaken due to the charity incorrectly inviting people – an extra step had to be incorporated to screen out ineligible participants. A physio would then confirm eligibility during another video call.<br>- **STUDY C.** In person screening visit split into an initial telephone follow up, and then an in-person follow up if the participant met the screening criteria. |
| | **Recruitment outside the NHS via a charity** | | |
| | STUDY B, STUDY K | Participants recruited to the trial outside of the NHS, involving input from a charity. | - **STUDY B.** Participants were recruited via a charity. The charity emailed or posted the recruitment materials to participants on their database.<br>- **STUDY K.** In order to boost recruitment, participants were permitted to self-select, rather than be selected via NHS Trusts. The trial was publicised by a charity. Potential participants were also invited via email by the charity. |
| | **Remote consent** | | |
| | STUDY A, STUDY B, STUDY E, STUDY F, STUDY G, STUDY H, STUDY J, STUDY L, STUDY M. | Informed consent to participate in the trial is gained remotely, without the participant having to attend in-person. | - **STUDY A.** Consent taken over the telephone by a consultant, who completed the consent form.<br>- **STUDY B.** Participants logged into an online consent portal.<br>- **STUDY E.** Consent undertaken via telephone, with the consent form completed by the person undertaking consent.<br>- **STUDY F.** Verbal consent taken for screening measures to be collected from the participant's medical notes, when a paper consent form was previously required. |

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| | | | - **STUDY G.** Flexibility allowed in the consent process – either in person, or remote (telephone/online) consent permitted.<br>- **STUDY H.** Online consent process undertaken, with the link to the online forms sent via a letter.<br>- **STUDY J.** Consent either gained via discussion over phone, and participant printing off consent form and sending photo of completed form back, on over the telephone, with a research nurse and witness signing the form (and the participant not signing the form).<br>- **STUDY L.** Postal consent process prior to surgery (when the trial intervention was undertaken).<br>- **STUDY M.** Consent gained via multiple adaptations (email, audio, online, telephone consent). |
| **Intervention delivery** | **Remote delivery of the intervention by CTU staff** | | |
| | STUDY K | CTU staff were trained in the facilitation of the intervention and freelance Nurses were recruited to assist, removing the need for NHS staff to be involved. | |
| | **Delivery of trial intervention by any interventionist at any NHS Trust** | | |
| | STUDY M | Therapists from any NHS Trust, not just trial sites, could deliver the trial intervention, enabling participants to be recruited from any NHS Trust, and outside of NHS Trusts. | |
| | **Couriering of the IMP to the participant's home** | | |
| | STUDY A, STUDY C, STUDY F STUDY I. | IMP sent to the participant via a courier | - **STUDY A.** IMP delivered to participant, which was organised by the research site, or could be collected by the carer<br>- **STUDY C.** IMP delivered to participant, courier organised by CTU.<br>- **STUDY F.** IMP delivered to participant, organised by site.<br>- **STUDY I.** IMP couriered to participants, which was organised by the site. Amount of IMP provided was three months, instead of one month, as follow ups were undertaken remotely. |
| **Follow-up** | **Remote collection of PROMs** | | |

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| | STUDY A, STUDY B, STUDY C, STUDY E, STUDY F, STUDY G, STUDY H, STUDY I, STUDY M STUDY N. | Follow-ups are undertaken remotely via various methods (telephone, via video call, postal), rather than being undertaken in person. | - **STUDY A.** Research Nurse collected PROMs via telephone, with the consultant joining at the end to assess safety and if participant has the capacity to remain in the trial.<br>- **STUDY B.** Physiotherapist completed CRFs (eligibility checklist and notes of consultations for fidelity assessment) were originally going to completed using paper CRFs, but these were moved online.<br>- **STUDY C.** Participants telephoned one week prior to appointment to ascertain if they should be seen in person. Telephone follow-ups then undertaken by the investigator if appropriate, and questionnaires returned via post.<br>- **STUDY E.** Participants followed-up either via post or telephone, with the follow-up being split if undertaken via telephone, due to the amount of data being collected.<br>- **STUDY F.** Some follow-ups were undertaken via telephone by either the site or CTU, with blood pressures collected remotely.<br>- **STUDY H.** Follow-ups undertaken by the CTU over the telephone, with data entered directly onto an online form.<br>- **STUDY I.** Prioritisation of outcomes that needed to be collected in order to maintain safety and data integrity of primary outcome, and collection of safety information by RN over telephone when in-person visits could not be undertaken.<br>- **STUDY M.** Follow-ups undertaken centrally by the CTU via multiple methods (video, telephone, post, online).<br>- **STUDY N.** Questionnaires collected over the telephone by the CTU. |
| | **Remote collection of biological outcomes** | | |
| | STUDY C, STUDY F, STUDY G, STUDY N. | Biological measures collected remotely, with limited involvement from NHS trial sites. | - **STUDY C, STUDY F.** Remote collection of blood pressures – measured by the participant at home and collected via telephone. |

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| | | | - **STUDY G.** Remote collection of spirometry data (via a Bluetooth spirometer, tablet and app) and cough sensor.<br>- **STUDY N.** HbA1C blood tests undertaken remotely within the participant's home and then sent to a central laboratory. |
| | **Prioritisation of trial outcomes or in-person visits** | | |
| | STUDY C, STUDY I. | Review of the outcomes collected within the trial, or individual reviews of whether a follow-up should be undertaken remotely or in-person. | - **STUDY C.** Safety of undertaking in-person visits assessed prior to outcome assessment, and decision made regarding whether to undertake follow-up remotely or in-person<br>- **STUDY I.** Prioritisation of outcomes that needed to be collected in order to maintain safety and data integrity of primary outcome. |
| | **Collection of outcomes from a routine source** | | |
| | STUDY G, STUDY N | Biological measures collected at a facility local to the participant, rather than having to attend a central location. | - **STUDY G.** Blood samples, to ensure patient safety, could be taken at the participant's GP, rather than at the site.<br>- **STUDY N.** Routinely collected HbA1c measures used for outcomes data, instead of collecting data specifically for the trial. |

CRF, Case Report Form; CTU, Clinical Trials Unit; GP, general practitioner; HbA1c, haemoglobin A1c; IMP, Investigational Medicinal Product (IMP); NHS, National Health Service.