TITLE (SHORT, 200 CHARACTERS MAX.):

THE EFFECTS OF LOCAL REVIEW ON REGULATORY APPROVALS AND INFORMED CONSENT DOCUMENTS FOR MULTICENTER RANDOMIZED CONTROLLED TRIALS IN INTENSIVE CARE UNITS: EXPERIENCES IN THE TTM-2 TRIAL

MAIN HYPOTHESES TESTED (2 MAX)

Effective recruitment into multicenter studies is dependent on sufficient sites being open during the study period. Delays in obtaining permissions from regulatory bodies and research ethics boards may result in recruitment falling below expected targets. This in turn often leads to extended study periods, increasing costs and potentially underpowered studies. Recruiting to target over time is a key metric for NIHR funded studies in the UK but this is only met in a fraction of trials, where less than a third achieve their original recruitment target and half are awarded with an extension.

The analysis will examine average time to obtain Research Ethics Board (REB) approval, full execution of clinical trial agreement, and time from REB approval to first patient screening and randomization. It will capture regional differences in the requirement for purchase of additional insurance, study monitoring and set up costs. It will also capture the staff infrastructure used to achieve this.

MULTICENTER [YES]

All TTM2 sites

PICO

Patients:	N/A
Intervention/Exposure/Prognostic factor:	N/A
Comparison:	Policies, procedures and staffing used to achieve trial approvals
Outcome:	Time to REB approvals and from REB approval to subsequent trial initiation

DATA NEEDED FOR THE ANALYSIS (SPECIFY VARIABLES AND MOTIVATE ANY PROPOSED ADDITIONS TO THE ECRF)

Variables not directly from TTM database but from central coordinator

From the Coordinating Centre if available or data from sites:

1. Frequency of REB meetings (weekly, every 2 weeks, monthly, quarterly, variable)
2. Composition of REB committee (presence/absence of cardiology/neurology and/or critical care specialist(s))
3. Hospital characteristics (size, teaching status, rural/urban)
4. PI experience (years of multicenter trial experience)
5. Research team composition at study start-up (nurse coordinators/% time, research assistants, administrative-secretarial)
6. Regulatory coordinator experience (years of multicenter trial experience)
7. Electronic vs Paper submission for REB (proxy of volumes?)

LOGISTICS – HOW WILL ADDITIONAL DATA BE GATHERED?

Direct correspondence with chief investigator, national coordinators and principle investigators

BRIEF STATISTICAL ANALYSIS PLAN AND SAMPLE SIZE ESTIMATE

Descriptive statistics will be used to show variations across different research settings. Multivariate analysis will then be used to examine the effects of these on the delays from trial readiness to patient recruitment. The large number of TTM 2 sites will allow this to be adequately powered to examine these effects.

FUNDING (IF APPLICBABLE)

None

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