Clinical Trial/Study Management Group and Committees

Arrangements for the management of clinical trials/studies will vary according to their nature and requirements.

The Trial Management Group (TMG) will be responsible for all aspects of the day to day running of the trial/study from set-up to close down. Clinical trials/studies may also have a Trial Steering Committee (TSC) as well as a Data Management Committee/Data Monitoring and Ethics committees (DMC/DMEC). The DMC/DMEC may also be referred to as the Data Safety and Monitoring Board (DSMB).

1. Trial Management Group (TMG)

The TMG is made up of individuals responsible for the day-to-day management of the trial/study. The exact composition of this TMG will vary depending on the nature of the trial/study but it is typically the Chief Investigator (CI) and any of the following: statistician, trial manager/coordinator, data manager, programmer, research nurse, pharmacist (for CTIMPs). The remit of this group is to manage all aspects of the conduct of the trial/study, monitor its progress and quality of data collected, to ensure that the protocol is followed and that the safety and wellbeing of participants is upheld. Responsibilities of this group will include but are not limited to:

- Design of the trial/study
- Preparation of all trial/study documents (protocol, patient information sheet, leaflets, adverts etc.)
- Preparation of required documentation for submission to HRA, MHRA and local R&D approvals
- Design of data capture systems (paper and electronic)
- Collection of data generated during the study/trial and resolving queries on missing and inconsistent data
- Collection, reviewing and reporting of safety data to all appropriate parties
- Preparation of progress and safety reports
- Reviewing rate of participant recruitment rate against projected timelines
- Analysis of data and publication of outcome
- Overseeing the conduct of the trial to ensure that the approved protocol and procedures are adhered to.
- Take appropriate action to ensure the safety and wellbeing of participants

Minutes should be taken during TMG meetings and filed in the TMF.

Frequency of TMG meetings is decided by the Chief Investigator.

2. Trial Steering Committee (TSC)

The role of the TSC is to provide overall supervision for the trial/study on behalf of the Sponsor and Funder as well as providing an element of expert advice that is independent of the CI and the Sponsor. The TSC is typically made up of members of the TMG (including the CI), project advisors, independent members e.g. clinicians, scientists, statisticians, patient representative(s) and should have an independent chairman (with no direct involvement in the conduct of the study). An observer from the Funder and Sponsor should be invited to their meetings. Involvement of independent members allows for an unbiased oversight of the management of the trial/study and ensures that key decisions are made objectively.

Not all trials/studies will require a TSC. The need and exact composition and arrangements for such a committee will depend on the complexity of the trial/study and could be considered as part of the risk assessment and monitoring strategy (for example risks associated with the IMP, safety implications of assessments, size of the trial and whether it is single or multi-site, complexity of study/trial protocol). For some small, not complex studies there may only be one group/committee with the function of both the TMG and TSC.

If a trial/study requires a TSC, the procedures for its formation, remit and membership should be detailed in the protocol and/or TSC charter (see CCTU/TPL027).

Minutes taken during TSC meetings should be sent to the TSC chair for agreement and sign off and filed in TMF.

3. Data Monitoring Committee (DMC) or Data Monitoring and Ethics Committee (DMEC)

DMC/DMEC is made up of a small number (3-4) of experts (clinicians, scientists, statisticians) that have relevant expertise and experience in the disease area, the intervention, clinical trials and statistics but are, ideally, completely independent of the conduct of the trial, the CI, the Sponsor or the Funder. The remit of this committee includes reviewing accumulating study/trial data (focusing on ethical, safety and efficacy end points), quality of trial conduct, trial progress, compliance as well as considering data emerging from other related studies, and making appropriate recommendations to the TSC and TMG. Members of DMEC review interim reports and can have access to un-blinded data. If they have serious ethical or safety concerns on the study conduct or assessments they can recommend changes to the trial conduct or even early termination.

Ensure you are using the current version of this document. Notify any changes required to the relevant QA ManagerThis document is reviewed and updated in line with emerging evidence or local requirements at least every two years CCTU/TPL004/V2CCTU/GD026Version No.3Approved:14/05/2018Page 2 of 4

Following each meeting, the DMEC will prepare a report with their comments and recommendations and send this to the TMG and TSC.

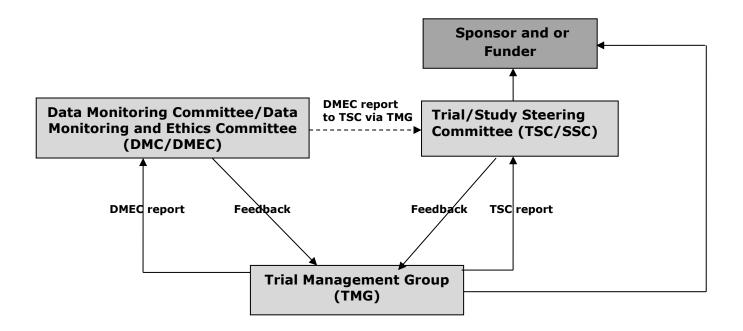
Not all trials/studies will require a DMEC. The decision to have one will depend on the complexity and end-points of the trial/study and maybe considered as part of the risk assessment or funding arrangements For example any of the following factors may be taken into consideration when deciding the need for a DMC/DMEC:

- The safety profile of IMP to be used
- Safety issues with study assessments
- Number of participants
- Whether single-site or multi-site
- End points and/or other data requiring regular review
- Potential for high morbidity or mortality during study
- Inclusion of vulnerable populations

If a trial/study requires a DMC/DMEC, the procedures for its formation, remit and membership should be detailed in the protocol and/or a DMC/DMEC charter (see CCTU/TPL010). The DAMOCLES study group published a template for a DMC charter (see reference in section 5.)

4. Relationship between various Study/Trial Committees

Every trial/study will have specific requirements and complexities and the need to have a TSC and/or a DMC/DMEC and/or other committees will be made based on these as well as the risk assessment, the monitoring plan and funders' requirements. The relationship between the various committees that do exist for a trial/study and the reporting arrangements between them should be explained in the protocol or relevant committee charters. Below is an illustration as an example.



5. References

- CCTU/TPL027: Trial Steering Committee or Study Steering Committee Charter Template
- CCTU/TPL010: Data Monitoring Committee Charter Template
- The National Institute for Health Research Research Governance Guidelines
- Trial Steering Committees (TSC),
- Study Steering Committees (SSC)
- Data Monitoring (and Ethics) Committees follow the link below <u>https://www.nihr.ac.uk/funding-and-support/documents/current-funding-opportunities/hsdr/NETSCC_TSC_SSC-Guidance_April-2016.pdf</u>
- MRC Guidelines for management of global health Trials (2017)
- MHRA GCP Guide (2012)
- A proposed charter for clinical trial data monitoring committees: helping them to do their job well (DAMOCLES Study Group): The Lancet 2005, vol 365, 711-722