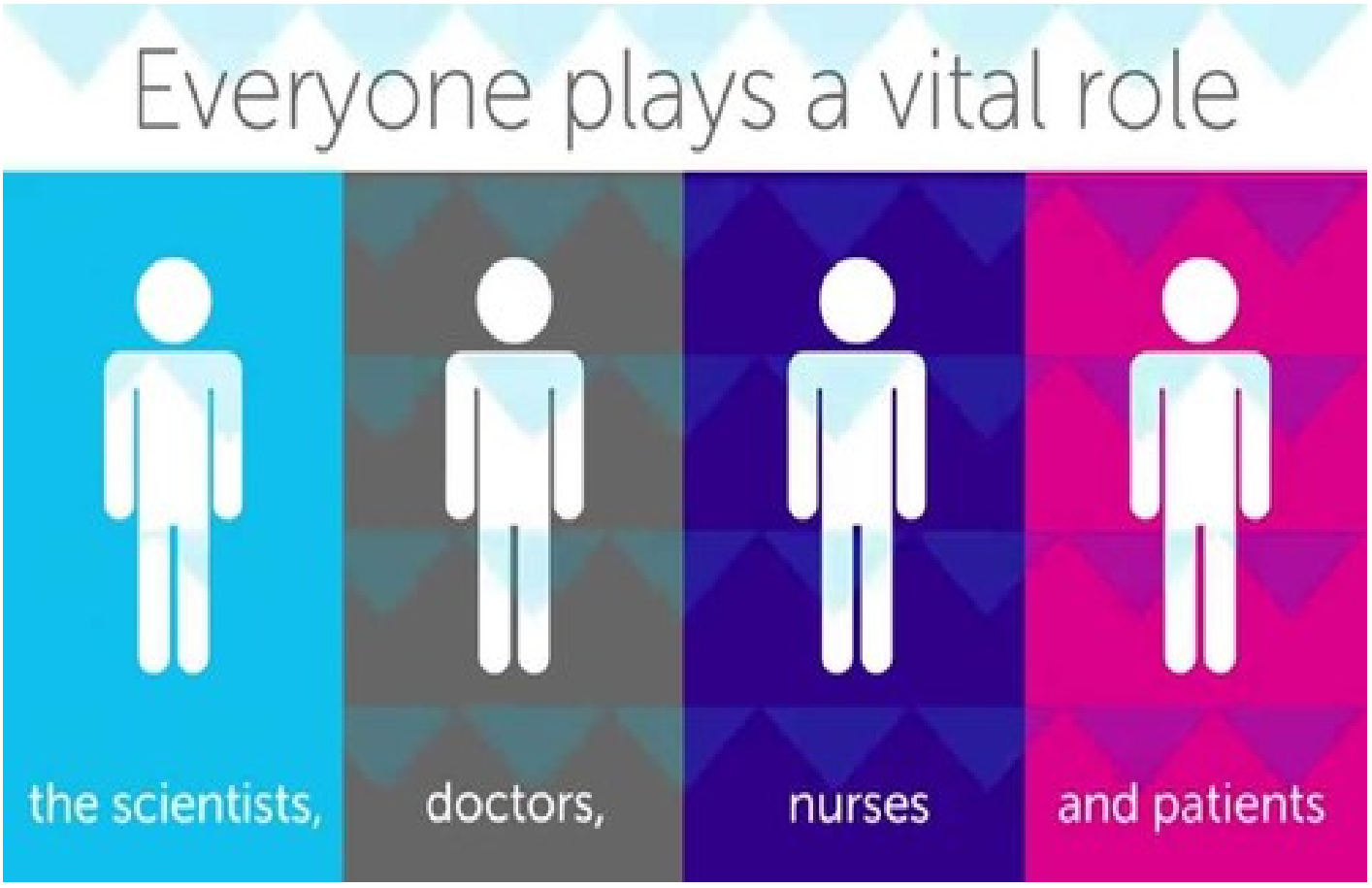
Clinical Trials Coordinator

Orientation Manual

SWSLHD and Ingham Clinical Trials Support Unit



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INTRODUCTION

The Clinical Trial Coordinator Orientation and competency manual adopted by the CTSU embraces immediate guidance and support for staff involved in clinical trials. To achieve this overarching level of support, the CTSU has adopted the Joint task force for clinical trial competency framework for clinical research professionals and the online educational program developed by the Society of Clinical Research Sites (SCRS).

Our initial focus is to provide coordinators who are new to the role, a competency profile will be provided during the coordinators orientation to review and complete as an ongoing component of their career development in clinical trials. The application of our training program also strives to improve operational quality and trial outcomes for all stakeholders involved in clinical research.

This complete document will be provided upon orientation, or as required by the CTSU to the new or existing staff members for ongoing career development.

SECTION 1: CLINICAL TRIALS SUPPORT UNIT (CTSU)

1.1 OUR TEAM

Since early 2015 the South West Sydney Local Health District together with the support of the Ingham Institute established a clinical trials support unit (CTSU). This Unit provides supports our dynamic research culture and provides a framework for clinical trial governance that includes onsite Good Clinical Practice training, established Standard Operating Procedures and finance support services. We have achieved this through working closely with our supporting departments such as the Ethics Office and Governance Office, Pathology and Pharmacy departments. We also place high emphasis in working with Sponsors and clinical trial staff in all areas of clinical trial management.

Within South Western Sydney Local Health District, we have over 25 clinical trials Groups that cover more than 20 different specialty areas. This footprint that covers Liverpool, Campbelltown, Bankstown, Bowral and Fairfield Hospitals. The largest groups work directly from the Ingham Institute with close ties to with University of New South Wales, and the Western Sydney University.

At any given time, we have over 550 trials open in a broad range of specialty areas. At the Ingham Institute and in South West Sydney Local Health District, through the work of our dedicated clinical trials units we have improved health outcomes for our community.

1.2 CTSU TEAM AND CONTACT INFORMATION

The CTSU comprises of a team of dedicated support staff including;

Executive Director of Clinical Trials – Meg Ford

Clinical Trials Manager – Kelsey Dobell-Brown

Finance Officer – Faysal Ahmed

Contact Details:

Phone: 02 8738 8306

Email SWSLHD-ClinicalTrialsSupportUnit@health.nsw.gov.au

Website: https://www.swslhd.health.nsw.gov.au/ethics/CT.html

1.3 CTSU MONTHLY TEAM MEETINGS

On a monthly basis the CTSU hosts a team meeting for all Clinical Trials Coordinators across SWSLHD and the Ingham Institute. The meeting provides an opportunity for Coordinators from all specialty areas to come together and discuss relevant concerns and work towards overcoming barriers. The meetings also involve the supporting departments such as;

- Pharmacy
- Radiology
- Pathology
- Ethics and Research (attends every second meeting)
- Translation services (on request)
- Invited speakers

The CTSU will send out a calendar invite one week prior to the meeting date requesting any agenda items from the Clinical trials team. The final agenda will be provided prior to the meeting date.

1.4 SWSLHD CLINICAL TRIAL DEPARTMENTS

Cardiology	Immunology	Endocrine and Diabetes	Interventional Radiology
Neurology	Neuroimmunology and Multiple Sclerosis	Women's Health	Emergency Medicine

Respiratory and sleep medicine	Limb Preservation/Diabetes	Rheumatology	Dermatology
Intensive Care	Drug Health	Orthopedics	Gastroenterology/IBD and Hepatology
Medical Oncology	Brain Injury and Rehabilitation	Mental Health	Hematology
Radiation Oncology	Pediatrics	Renal	Women's Health

1.5 LHD SUPPORTING DEPARTMENTS

Dependent on the clinical trial protocol site may require the support of internal departments such as Pharmacy and Radiology. Please review the protocol and determine the site requirements needed to successfully action the schedule of events.

1.6 EXTERNAL PROVIDERS

Please note that if an external provider is required to support the clinical trial a third-party agreement is required. Most external venders will have this agreement already in place please confirm this during the startup/feasibility process. Some external providers are listed below;

1. NSW Pathology

2. Slade Pharmacy

3. Radiology (Spectrum, I-Med, South West Radiology)

SECTION 2: WHAT IS A CLINICAL TRIAL?

Clinical trials are research investigations in which people volunteer to test new treatments, interventions or tests to prevent, detect, treat or manage various diseases or medical conditions. Some investigations look at how people respond to a new intervention* and what side effects might occur. This helps to determine if a new intervention works, if it is safe, and if it is better than the interventions that are already available.

Clinical trials might also compare existing interventions, test new ways to use or combine existing interventions or observe how people respond to other factors that might affect their health (such as dietary changes).

The World Health Organization (WHO) definition for a clinical trial is

'Any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes.'

Clinical trial interventions include but are not restricted to:

- experimental drugs
- cells and other biological products
- vaccines
- medical devices
- surgical and other medical treatments and procedures
- psychotherapeutic and behavioural therapies
- health service changes
- preventive care strategies and
- educational interventions.

Researchers may also conduct clinical trials to evaluate diagnostic or screening tests and new ways to detect and treat disease.

Why do we need clinical trials?

Clinical trials are essential to the development of new interventions. For example, without clinical trials, we cannot properly determine whether new medicines developed in the laboratory or by using animal models are effective or safe, or whether a diagnostic test works properly in a clinical setting. This is because computer simulation and animal testing can only tell us so much about how a new treatment might work and are no substitute for testing in a living human body.

Clinical trials also permit testing and monitoring of the effect of an intervention on many people to ensure that any improvement as a result of the intervention occurs for many people and is not just a random effect for a one person.

Most modern medical interventions are a direct result of clinical research. New interventions for most diseases and conditions — including cancer, heart disease, high blood pressure and asthma — have been developed through clinical research. Clinical trials often lead to new interventions becoming available that help people to live longer and to have less pain or disability.

Clinical trials can also help to improve health care services by raising standards of treatment. Doctors and hospital staff involved in clinical trials are continually trained to

provide best practice patient care. Australian clinical trials are recognised internationally for including very high-quality patient care.

SECTION 3: CLINICAL TRIAL COORDINATOR TRAINING

3.1 GOOD CLINICAL PRACTICE (GCP) TRAINING

Good Clinical Practice (GCP) training for SWSLHD, Ingham Institute, UNSW and WSU staff. The Clinical Trials Support Unit (CTSU) offers onsite internationally accredited GCP programs. These programs are tailored to all staff involved in clinical research and their supporting departments such as Pathology, Nursing and Pharmacy. The course content promotes a depth of understanding about conducting research involving humans within south western Sydney and the Australian environment, through interactive scenarios and discussion.

All Researchers are ethically responsible to conduct clinical research of the highest quality. This includes the collection of high quality, credible data that contributes to the answering of specific scientific questions, while protecting the rights, safety and well-being of clinical trial participants. These principles have their origin in the World Medical Association's Declaration of Helsinki.

GCP standards exist to provide a benchmark of clinical research quality that can be relied upon throughout the world.

As endorsed by SWSLHD Chief Executive, GCP training is a mandatory requirement for all staff involved in clinical trials in South Western Sydney. The Course can be offered to all SWSLHD, Ingham Institute, Western Sydney University and University of NSW staff and students

The following table provides an overview of the key concepts delivered during the workshop and expected learning outcomes as a result of the session.

Session number	Session title	Duration	Materials and pre-reading	Learning outcomes
1	The Standards and why we have them	45 minutes	N/A	Describe and identify the guidelines and standard which govern clinical research; explain the importance of these guidelines and standard

				to everyday research practice
2	Study Set Up – Responsibilities, approvals and essential documents	60 minutes	1.0 Australian Code for the Responsible Conduct of Research	Describe and identify the regulatory approvals needed for research; understand responsibilities of research staff; identify range of essential documents; describe the purpose of maintaining a site file
3	Informed consent	45 minutes	2.0 Patient Information and Consent Form	Understand the responsibilities of the consent process; have an insight into the added protection for vulnerable groups; understand the importance of quality systems
4	Case Report Form, Source Data and Data Entry completion	45 minutes	3.0 Example participant notes and case report form	Understand the importance of accurate data collection; source data entries; handling data queries; consequences of not following the protocol
5	Safety reporting	45 minutes	4.0 Research Risk Assessment tool	Understand the safety reporting requirements for clinical trials; understand the definition of different types of events and reactions; be aware of reporting requirements at site; have the confidence to report

				events
6	Recent updates to GCP	30 minutes	N/A	Understand the main changes to GCP; understand how the changes may impact research at site; be provided with tools and recommendations to help implement the changes at site

3.2 STANDARD OPERATIONG PROCEDURES

Please find the list of SWSLHD/Ingham SOPs via the following link

http://www.thespot.inghaminstitute.org.au/clinicaltrials

https://www.swslhd.health.nsw.gov.au/ethics/CT.html#SOP

The expectation is for all staff to review and sign that they have read each Standard Operating Procedure within 2 months of starting the role and yearly thereafter.

Please refer to FM_032 Competency Assessment to document completion of this task.

3.3 CLINICAL TRIAL FOUNDATIONS

To assist with initial understanding of the fundamental requirements of a Clinical Trials Coordinator, the following online modules are an essential part of the initial CTSU orientation program Site Management Modules – Society for Clinical Research Sites;

SCRS Website and SWSLHD member details

Portal: https://customer28911c419.portal.membersuite.com/default.aspx

LOGIN ID: CTSU

Email: SWSLHD-ClinicalTrialsSupportUnit@health.nsw.gov.au

Password: *ClinicalTrials2#*

Once logged in go to Site management module sand complete the items listed below

Clinical Practice vs Clinical Research	An overview of the differences between the activities which occur when managing patients during routine Clinical Practice versus the activities when you are managing subjects as part of a Clinical Research Study.	Provides a deeper understanding of the differences between Clinical Practice and Clinical Research and what is involved in becoming a Clinical Researcher.	30 Minutes
Clinical Research Overview	Introduces and describes the phases of a Clinical Research Study and the various study designs.	By understanding the phases and designs of a study, the Investigator is able to select the right study for his/her site.	40 Minutes
Adverse Events and Safety	Explains and defines an Adverse Event. Describes the Investigator's role and responsibilities regarding Subject Safety and reporting requirements for Serious Adverse Events.	Improved understanding of Adverse Event identification and reporting by Investigators and their staff working directly with study subjects, as well as enhanced subject safety.	30 Minutes
Conducting a Study	Explains the three stages of study conduct phases including the subject	Being able to describe and distinguish the different stages during the conduct of a study,	30 Minutes

	enrolment/recruitment period, the ongoing maintenance and the subject exit/completion phase including the tasks and activities associated with these stages.	and the tasks and activities associated with them, is instrumental for the successful conduct of the study as you can prepare and plan accordingly. A successfully conducted study helps collect high quality, reliable data and ensures that the rights, safety, and welfare of the subjects are protected.	
HREC/IRB/IEC Responsibilities & Informed Consent	Overview of the purpose and activities of the IRB/IEC and the Investigator's responsibilities in accordance with ICH-GCP. Describes the process of informed consent and the responsibilities of the Investigator when obtaining informed consent.	Prepares the Investigator and study staff for the interactions and activities required to obtain approvals necessary to conduct clinical research studies. Provides the Investigator and staff with the elements and requirements necessary to ensure that informed consent will be obtained and documented in accordance with the ICH-GCP.	30 Minutes
Delegation and Training	An overview of the study task delegation and the importance of providing/documents study training for site staff.	Clarifies the expectations for Investigator oversight of the study. By delegating tasks to appropriately qualified and trained individuals, this will enhance patient safety and the quality of the data collected for a clinical study.	20 Minutes

Source Documentation	A review of the terms source data and source documents. Describes the key attributes of source documents, the intent of ALCOA and CCEA and describes the appropriate processes for creating, maintaining and storing source documents.	Familiarizes the Investigator and site staff with the expectations and requirements for quality documentation during clinical trials to comply with ICH-GCP requirements.	20 Minutes
Essential Documents for a Clinical Study	Describes the requirements for Clinical Study essential documents. Describes the type of essential documents collected for a Clinical Study during the different study phases.	Enhanced regulatory compliance by understanding the requirements for preparing and maintaining essential documents.	20 Minutes
Investigational Product	Overview of the basics of Investigational Product management and use during a clinical trial. Topics include inventory and temperature control and recommendations for source documentation.	This topic provides guidance for ensuring quality handling in every step of the IP management process. The correct implementation of these processes will ensure the integrity of the IP and reducing risk to subject safety and data integrity.	20 Minutes
Facilities and Equipment	Describes the equipment and resourcing needs of a research centre.	Facility, equipment and trained staff are all required to ensure patient safety	20 Minutes

Monitoring and Auditing	Describes the routine monitoring and auditing activities which occur during a clinical study. This topic includes information on the purpose, what to expect, and tips to prepare for these Sponsor activities.	By understanding the purpose and the routine activities of monitoring and auditing the Investigator and study staff will determine how they can prepare and plan for the time needed when conducting a Clinical Study.	25 Minutes

Each module takes up to 30 mins to complete and should be completed within the first month commencing the role. Once all modules are complete, a certificate will be issued like the one below.

SECTION 4: ADDITIONAL TRAINING

4.1 INTRODUCTION TO BASELINE OBSERVATIONS – NON NURSING

Clinical trials training requirements for non-nursing Coordinators now require additional professional development in the field of vital sign understanding and measurement. The online course offered by the Centre for Professional Development offers this course via the following link;

Vital Signs - Introduction to baseline observations: Learning Outcomes

The course provides the Coordinator with the following professional development components;

1. Identify what are normal vital signs
2. Recognise the client's physiological health of their vital organs

An additional requirement will be to perform and document two site vital sign measurements including Blood Pressure, Pulse and Respirations witnessed by a Registered Nurse/Educator, Doctor or CTSU Clinical Trials Manager.

Once complete, please provide the FM_033 Vital Sign Measurement form to the Clinical Trials Support unit via email: SWSLHDClinicalTrialsSupportUnit@health.nsw.gov.au as a record of your ongoing training and development.

4.2 IATA DANGEROUS GOODS TRAINING/REGULATIONS

The purpose of the IATA Dangerous goods regulations is to provide consistent technical requirements for the land transport of dangerous goods across Australia. If you are a required to process and ship blood products/specimens as a part of a clinical trial, please contact the CTSU to organise an *online* Dangerous Good Training course.

SECTION 5: FURTHER INFORMATION - CLINICAL TRIAL START UP

5.1 FEASIBILITY

Conducting clinical trial feasibility is one of the first steps in clinical trial process. This includes assessing internal and environmental capacity, alignment of the clinical trial in terms of study design, Investigational product/device or other requirements. The site is required to also review recruitment capabilities that align with local environment and ensure a clinical trial budget is reviewed and negotiated with the named Sponsor as appropriate.

A robust feasibility assessment by the site also ensures a realistic capability to conduct the clinical trial which includes the capability of local supporting departments and

external stakeholders.

5.2 CLINICAL TRIAL RESEARCH AGREEMENTS (CTRA)

The NSW department of health together with Medicines Australia have developed a standard template for use by Industry sponsored and collaborative group clinical trials. See website for the current version - https://medicinesaustralia.com.au/policy/clinical-trials/clinical-trials-research-agreements/ any additional clauses to schedule 4 and or 7 must be pre-approved by the NSW department of health under SEBS approval. If you are unsure please contact the Ethics Office and or CTSU department for advice.

5.3 UNDERTANDING BUDGETS

A guide to standard fees for Clinical Trial Sites

HREC Preparation Fee: The activities associated with the preparation and submission of the human research ethics committee (HREC) application form (or equivalent) and supporting documentation which includes the protocol, participant information and consent form (PICF), recruitment and advertising materials, etc. Also includes revisions to applications in response to ethics committee requests for additional information and forwarding copies of relevant approvals (once obtained) and associated documentation to the trial funder/sponsor.

Site Specific Preparation Fee: The activities associated with the preparation and submission of the Site Specific Assessment (SSA) form (or equivalent) by the PI or project team, which include completion of the form, obtaining authorising signatures, liaising with inter-institutional Departments (e.g. radiology, pathology, pharmacy, etc.), adapting the Lead HREC approved master PICF(s) with site specific letterhead and contact details; and liaison with sponsor including forwarding copies of relevant authorisations (once obtained) and associated documentation to the trial funder/sponsor. Also includes responding to RGO queries and/or requests for additional information and forwarding copies of relevant authorisations (once obtained) and associated documentation to the trial funder/sponsor.

Protocol Amendments: The activities associated with the preparation and submission of protocol amendments to the HREC and RGO including amendments to the PICFs, investigator brochures and any other trial information which has been updated/amended. Also includes responding to HREC and/or RGO queries and/or requests for additional information and forwarding copies of relevant authorisations (once obtained) and associated documentation to the trial funder/sponsor.

Site Establishment and yearly Administration Costs: The activities associated with ongoing operation of the trial at the trial site that occur post initiation of the trial. Includes liaison with investigators and/or sponsor (including the monitors), preparing materials for, and involvement in, monitoring visits, CRF completion, data collection and entry, endpoint

recording, accrual reporting, safety and adverse event reporting, review of SAE reports, managing clinical trial documentation, retrieving medical and/or clinical records, invoicing, and annual reporting including annual ethics report and final report.

Archiving Fee: The activities associated with archiving the trial records for the required period. Includes the boxing up of all trial material ready for archiving/storage as well as the secure storage of the Investigator Site File for 15years.

Institutional Overhead: This covers the cost of running the Institution and applied to the per participant fee. SWSLHD charges 25% overhead.

Participant Screening/Screen Failure: The activities directly linked with clinical trial cohort identification which includes:

- database and medical records review
- the development of recruitment plans including suggested strategies, timelines and costs;
- the development and execution of a consultation plan to support study recruitment as well as provide opportunities to increase awareness about clinical research and opportunities to participate;
- Interviewing potential participants which includes asking questions to address the specific inclusion/exclusion criteria for the study and other issues of suitability (either by telephone or face-to-face); and documenting pre-screening trial activity (irrespective of eligibility).

Abandonment Fee: The CTRA should contain the following clause "In the event the clinical trial is abandoned any costs incurred by the clinical trials unit will be recovered by invoice"

Please contact the CTSU for the standard SWSLHD site fees

SECTION 6: GLOSSARY

Adverse Event (AE) – Any untoward or unfavorable medical occurrence in a clinical research study participant, including any abnormal sign (e.g. abnormal physical exam or laboratory finding), symptom, or disease, temporally associated with the participants' involvement in the research, whether or not considered related to participation in the research.

Australian Clinical Trials Website – http://www.australianclinicaltrials.gov.au/

Baseline – The initial time point in a clinical trial that provides a basis for assessing changes in subsequent assessments or observations. At this reference point, measurable values such as physical exam, laboratory tests, and outcome assessments are recorded.

Bias – A point of view or preference which prevents impartial judgment in the way in which a measurement, assessment, procedure, or analysis is carried out or reported.

Case Report Form (CRF) – A printed, optical, or electronic (eCRF) document designed to capture all protocol-required information for a study.

Coordinating Center (CC) – A group organized to coordinate the planning and operational aspects of a multi-center clinical trial. CCs may also be referred to as Data Coordinating Centers (DCCs) or Data Management Centers (DMCs).

CTRA – Clinical Trial Research Agreement. An agreement or contract between the Site and the sponsor indicating expectations, guidelines and payment schedules. https://medicinesaustralia.com.au/policy/clinical-trials/clinical-trials-research-agreements/

Concomitant Medication – Prescription and over-the-counter drugs and supplements a study participant has taken along with the study intervention. This information may be collected as a history item as well as during the study. Some studies may collect only those medications that may interact with the study or intervention or that may exclude an

individual from participating in a study.

Conflict of Interest – A conflict of interest occurs when individuals involved with the conduct, reporting, oversight, or review of research also have financial or other interests, from which they can benefit, depending on the results of the research.

Control Group – The group of individuals in a clinical trial assigned to a comparison intervention.

Data Management – The processes of handling the data collected during a clinical trial from development of the study forms/CRFs through the database locking process and transmission to statistician for final analysis.

Data and Safety Monitoring Board (DSMB) – A DSMB is a multidisciplinary group established by the trial sponsor to review, at intervals, accumulating trial data, to monitor the progress of a clinical trial. Its role is to provide advice on data integrity, safety and/or trial conduct issues by making recommendations to the sponsor, or their Trial Steering Committee, on whether to continue, modify or stop a trial for safety or ethical reasons.
For more information on DSMBs, see
https://www.nhmrc.gov.au/guidelines- publications/eh59.

Efficacy – Indication that the clinical trial intervention produces a desired therapeutic effect on the disease or condition under investigation.

Eligibility Criteria – List of criteria guiding enrollment of participants into a study. The criteria describe both inclusionary and exclusionary factors.
International Committee on Harmonization – Good Clinical Practice - The ICH's Good Clinical Practice (GCP) is an international ethical and scientific quality standard for designing, conducting, recording and reporting trials of medical interventions that involve the participation of human beings. Compliance with this standard provides public assurance that the rights, safety and well-being of trial subjects are protected, consistent with principles that have their origin in the Declaration of Helsinki, and that the clinical

trial data are credible.

GCP has been largely adopted in Australia by the Therapeutic Goods Administration (TGA); however, the TGA has recognised that some elements are, by necessity, overridden by the National Statement (and therefore not adopted) and that others require explanation in terms of 'local regulatory requirements'. Compliance with GCP is a condition for all trials conducted under the Clinical Trials Notification (CTN) or Clinical Trials Exemption (CTX) schemes.

The complete text of the 1996 ICH-E6 GCP document is available at:

http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R1_Guideline.pdf

An amendment to ICH-E6 GCP was published in 2016 and can be found at:

http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R2Step_4_2016_1109.pdf

- In February 2018, the TGA issued a revised version of the GCP with TGA annotations incorporating the 2016 amendment. This can be found at: https://www.tga.gov.au/publication/note-guidance-good-clinical-practice

- **Governance review and authorisation** - A process used by an organisation for the oversight, assessment, authorisation and monitoring of research conducted at one or more of its sites or a site under its auspices. Research cannot commence at a site until the governance review process is completed and the research has received the necessary authorisation.

Indemnity - Security or protection against a loss or other financial burden.
https://medicinesaustralia.com.au/policy/clinical-trials/indemity-and-compensation-guidelines/

Insurance certificate – A certificate provided by the Sponsor providing the dates for insurance period for the named clinical trial

Informed Consent – A process by which a participant or person responsible voluntarily confirms his or her willingness to participate in a particular trial, after

having been informed of all aspects of the trial that are relevant to the participant's decision to take part in the clinical trial. Informed consent is usually documented by means of a written, signed, and dated informed consent form, which has been approved by an Ethics Committee**.**

Informed Consent Form – A document that describes the rights of a study participant and provides details about the study, such as its purpose, duration, required procedures, and key contacts. Risks and potential benefits are explained in the informed consent document.

Human Research Ethics Committee (HREC)

Human Research Ethics Committees (HRECs) play a central role in the Australian system of ethical oversight of research involving humans. HRECs review research proposals involving human participants to ensure that they are ethically acceptable and in accordance with relevant standards and guidelines.

The National Statement on Ethical Conduct in Human Research, 2007 (National Statement) consists of a series of guidelines made in accordance with the National Health and Medical Research Council Act 1992. The purpose of the National Statement is to promote ethically appropriate human research. Fulfilment of this purpose requires that participants be accorded the respect and protection that is due to them. It also involves the fostering of research that is of benefit to the community. The National Statement can be found via the following link https://www.nhmrc.gov.au/guidelines-publications/e72d

Intervention – A procedure or treatment such as a drug, nutritional supplement, gene transfer, vaccine, behavior or device modification that is performed for clinical research purposes

Blinding – A procedure in which the investigator administering the assessments and intervention as well as the participants in a clinical trial are kept unaware of the treatment assignment(s). Single blinding usually refers to the study participant(s) being unaware, and double blinding usually refers to the study participant(s) and any of the

following being unaware of the treatment assignment(s): investigator(s), monitor, and data analyst(s).

Clinical Trial Notification (CTN) or Clinical Trial Exemption (CTX) - There are two schemes under which clinical trials involving therapeutic goods may be conducted, the Clinical Trial Exemption (CTX) Scheme and the Clinical Trial Notification (CTN) Scheme. These schemes are used for clinical trials involving:

- any product not entered on the Australian Register of Therapeutic Goods; or
- use of a registered or listed product in a clinical trial beyond the conditions of its marketing approval.

Clinical trials in which registered or listed medicines or medical devices are used within the conditions of their marketing approval are not subject to CTN or CTX requirements but still need to be approved by a Human Research Ethics Committee (HREC) before the trial may commence.

HREA – Human Research Ethics Application

Open-Label Trial – A clinical trial in which investigators and participants know which intervention is being administered.

Pharmacokinetics – The process (in a living organism) of absorption, distribution, metabolism, and excretion of a drug or vaccine.

Clinical trial phase - Many clinical trials to develop new interventions are conducted in phases. In the early phases, the new intervention is tested in a small number of participants to assess safety and effectiveness. If the intervention is promising, it may move to later phases of testing where the number of participants is increased to collect more information on effectiveness and possible side effects.

Clinical trials of biomedical interventions typically proceed through four phases.

Phase I clinical trial Phase I clinical trials are done to test a new biomedical intervention

for the first time in a small group of people (e.g. 20-80) to evaluate safety (e.g. to determine a safe dosage range and identify side effects).

Phase II clinical trial Phase II clinical trials are done to study an intervention in a larger group of people (several hundred) to determine efficacy (that is, whether it works as intended) and to further evaluate its safety.

Phase III clinical trial Phase III studies are done to study the efficacy of an intervention in large groups of trial participants (from several hundred to several thousand) by comparing the intervention to other standard or experimental interventions (or to non-interventional standard care). Phase III studies are also used to monitor adverse effects and to collect information that will allow the intervention to be used safely.

Phase IV clinical trial Phase IV studies are done after an intervention has been marketed. These studies are designed to monitor the effectiveness of the approved intervention in the general population and to collect information about any adverse effects associated with widespread use over longer periods of time. They may also be used to investigate the potential use of the intervention in a different condition, or in combination with other therapies.

Other clinical trials Researchers may also conduct exploratory studies, sometimes referred to as **'Phase 0 trials'** or 'pilot studies. These come before Phase I trials and are used to test how the body responds to an experimental drug. In these studies, small doses of the new drug are given once or for a short time to a very limited number of people.

Placebo – A placebo is an inactive pill, liquid, powder, or other intervention that has no treatment value. In clinical trials, experimental treatments are often compared with placebos to assess the treatment's effectiveness. Also defined as a method of investigation in which an inactive substance/treatment (the placebo) is given to one group of participants, while the test article is given to another group. The results obtained in the two groups are then compared to see if the investigational treatment is more effective in treating the condition.

Principal Investigator (PI) - the lead researcher at the site for a clinical trial. Holds the overall responsibility for the conduct of the trial under the auspices of ICH-GCP

Protocol – A document that describes the objective(s), design, methodology, statistical consideration, and organization of a trial.

Protocol Amendments – A written description of a change(s) to or formal clarification of a protocol. The amendment requires both Ethical approval and Governance acknowledgement prior to implementation at the site.

Non-Compliance – Failure to conduct a study as described in the protocol. The failure may be accidental or due to negligence and in either case, the protocol deviation should be documented. This also includes failure to comply with federal laws and regulations, the institution's commitments and policies, and standards of professional conduct and practice. Examples of noncompliance include:

- Failure to obtain/maintain approval for research,
- Failure to obtain informed consent when required,
- Failure to file adverse event reports,
- Performance of an unapproved study procedure,
- Performance of research at an unapproved site,
- Failure to file protocol modifications and
- Failure to adhere to an approved protocol.

Quality Assurance (QA*)* – Systematic approach to ensure that the data are generated, documented (recorded), and reported in compliance with the protocol and good clinical practice (GCP) standards.

Quality Control (QC) – The internal operational techniques and activities undertaken within the quality assurance system to verify that the requirements for quality of trial related activities have been fulfilled (e.g., data and form checks, monitoring by study staff, routine reports, correction actions, etc.).

Randomization – The process of assigning clinical trial participants to treatment or control groups using an element of chance to determine the assignments in order to reduce bias.

Recruitment Plan – The plan that outlines how individuals will be recruited for the study and how the study will reach the recruitment goal.

REGIS –Online platform for the submission of Ethics and governance projects in NSW and ACT Register your account via the link https://regis.health.nsw.gov.au/

For further REGIS support contact the SWSLHD Ethics and Governance office on 02 8738 8304 E: SWSLHD-Ethics@health.nsw.gov.au or review the webinars via the following website https://www.swslhd.health.nsw.gov.au/ethics/training.html

Retention Plan – The site plan that details the methods in which the study will use in order to retain study participation in the clinical trial.

Safety Monitoring Plan – A plan that outlines the oversight of a clinical trial formulated by the named Sponsor/Clinical Research Orgnaisation

Screening Log – An essential document that records all individuals who entered the screening process. The screening log demonstrates the investigator's attempt to enroll a representative sample of participants.

Screening Process – A process designed to determine individual's eligibility for participation in a clinical research study.

Serious Adverse Event (SAE) – Any adverse event that:

- Results in death
- Is life threatening,
- Requires or prolongs hospitalization
- Causes persistent or significant disability or incapacity
- Results in congenital anomalies or birth defects

Please refer to the clinical trial protocol for specific reporting requirements.

***Source Document* –** Original documents, data, and records (e.g., hospital records, clinical and office charts, laboratory notes, memoranda, participant diaries, recorded data from automated instruments, x-rays, etc.) that are used in a clinical trial.

Significant Safety Issues (SSI) A safety issue that could adversely affect the safety of participants or materially impact the continued ethical acceptability or conduct of the trial

Standard Operating Procedure (SOPs) – Detailed written instructions to achieve uniformity of the performance of a specific function across studies and patients at an individual site.

Stratification – Separation of a study cohort into subgroups or strata according to specific characteristics such as age, gender, etc., so that factors which might affect the outcome of the study.

Study Coordinator (SC) A person responsible for conducting clinical trials under the supervision of the Principal Investigator. They are involved multiple essential duties that encompass the management of a Clinical Trial. The Study Coordinator ensures compliance with the protocol and adheres to ICH-GCP guidelines. Although not inclusive, some of the SC responsibilities include preparing the HREC and/or Governance Submissions, communication with International Sponsoring Companies/Local Collaborative groups or local Investigators in relation to study start up, daily management as well as performing close out procedures. They are also involved in subject recruitment, patient care, adverse event reporting, data capture and all other procedures that are involved the ongoing ethical management of a clinical trial.

Sub Investigator (SI) Any member of a clinical trial team—e.g., associate, resident, research fellow—who is supervised by the investigator at a trial site and allowed to perform critical trial-related procedures and/or to make key trial-related decisions.

TGA –Therapeutic Goods Administration is Australia's regulatory authority for therapeutic goods.

Unmasking/Unblinding – A procedure in which one or more parties to the trial are made aware of the treatment assignment(s). This process is mapped out within the clinical trial protocol.

SECTION 7: REFERENCES AND USEFUL LINKS

https://www.australianclinicaltrials.gov.au/useful-links

https://www.tga.gov.au/clinical-trials

https://mrctcenter.org/clinical-trial-competency/

https://www.nhmrc.gov.au/about-us/publications/safety-monitoring-and-reporting- clinical-trials-involving-therapeutic-goods

https://www.australianclinicaltrials.gov.au/researchers

https://www.nhmrc.gov.au/about-us/publications/competencies-australian-academic- clinical-trialists

https://www.tga.gov.au/publication/australian-clinical-trial-handbook