Introduction

When your clinical center has been notified that you have been selected as a site for a new clinical trial in osteoporosis, you can be assured that the sponsor has made an assessment of the patient population and facilities available. It is now up to the investigator, site administrator and staff to prove the sponsor made the right decision in placing the study at their site. Since delays in study start-up can cause a sponsor to lose millions of dollars, it is imperative to get the study up and running as soon as possible. In this process the emphasis is on speed and accuracy. Always remember that there are many qualified sites able and willing to do this project should your commitment falter. You can congratulate yourself that you have been chosen to participate, but the site must be organized to get to work on the project quickly!

It is important to ensure that all staff, equipment and facilities are in place to get the study up and running as soon as possible. The investigator must be willing to have a flexible schedule in order to handle clinic visits for evaluation of potential patients once recruitment starts. The scheduling staff, the DXA technologist, pharmacist and laboratory staff must be included in study planning and must be trained for their roles in the study.

Administration

Even though the study has been placed at the site, it is still important to show commitment to the project and get the paperwork started. Two actions should be put in place immediately: the Independent Review Board/Independent Ethics Committee (IRB/IEC) submission and negotiation and signing of contracts. The time required to accomplish these processes will vary from institution to institution. The site must be able to predict the time required and facilitate the process since this is generally a major cause of delay in study start-up.

IRB/IEC Submission

Once you have a final (rather than draft) copy of the protocol, immediately determine the next IRB/IEC meeting date and the deadline for submission.
Contact the IRB/IEC administrator with a request for the project to be on the agenda for that meeting; if you do not already have submission requirements, make the request for them at this time. If you are aware of any specific requirements by your IRB/IEC that may need negotiation with the sponsor (e.g. “compensation for injury clause” in consent form), get the discussions started prior to submission.

The compensation for injury clause is generally the most controversial between the legal staff of both the institution and sponsor. In order to remedy the problem prior to submission, contact the sponsor immediately providing them with the institution’s required language. This can take time so it is best to get this settled prior to the IRB/IEC protocol submission. In the UK there are now standard no-fault compensation arrangements with the Association of British Pharmaceutical Industries (ABPI) and national guidance concerning the compensation clause (see Appendix 3.1).

One other issue to consider prior to IRB/IEC submission is whether or not the protocol calls for storage of blood or tissue specimens for later study, or if it calls for study of genetic markers. This is a particularly sensitive issue at present, particularly if blood or tissue specimens are to be used for genetic studies, or stored indefinitely for future research. The storage and future use of samples must be made clear in the subject information sheet and explicit on the consent form. Most IRB/IECs have special consent form requirements for these issues so make every effort to deal with them prior to submission.

In studies for osteoporosis, the IRB/IEC may be concerned about radiation exposure due to the bone density tests. Address this issue in your IRB/IEC submission documents by pointing out the amount of radiation in bone density tests compared with that from natural background radiation. This should be included within the subject information so that they can make an informed choice about the study.

Prepare your submission exactly as required by your IRB/IEC and get it to them on time! On the IRB/IEC submission cover sheet, you should indicate which attachments are included. For example these attachments might consist of:

1. A copy of the protocol and date of the protocol.
2. The subject information sheet with version number and date.
3. The consent form with version number and date.
4. The investigator’s brochure for the NME under investigation.
5. Recruitment advertisements if appropriate.

This is helpful since IRB/IEC staff are generally dealing with a lot of documents and you may need proof of what you have submitted in case any items are misplaced. The cover sheet with its list of attachments should serve as back-up evidence for the documents reviewed in the IRB/IEC approval. Many trials are held up in the IRB/IEC because of simple administrative errors. Are the information sheets and consent form on the right headed notepaper? Have they been spell checked and grammar checked? Are they the right versions? Have the correct brand names been used for branded drugs? Getting the submission right eases the process for the investigator and IRB/IEC.

The Study Contract or Clinical Trial Agreement (CTA)

The Study Contract or Clinical Trial Agreement (CTA) can also be responsible for delays in study execution so deal with it as soon as it arrives from the sponsor.