

Lead Coordinating Center Protocol Template

Background: In a multicenter study, an individual or several individuals are generally responsible for the coordination of all phases of the collaborative research study. This may be limited to the review and oversight of adverse events or data; or may encompass all aspects of administrative, clinical and technical expertise and leadership in the design and coordination of the multi-site collaborative study. The following information is being offered as guidance for developing a protocol to address the investigator's role and responsibility as the overseer of the Lead Coordinating Center.

Definition of a Lead Coordinating Center: A lead coordinating center is defined as a site that provides the administrative, clinical, technical expertise and leadership in the design and coordination of a multi-center collaborative research project. The Lead Coordinating Center principal investigator will be responsible for all guiding and overseeing all participating sites. This includes data monitoring for accuracy and integrity, coordination of subject recruitment, screening, enrollment and retention, data and safety monitoring, data collection and analysis, adherence to the protocol-directed procedures and guidelines, and the prompt review, reporting and resolution of adverse events.

Instructions: Provide a full description of the study outlining how the principal investigator will assume responsibility for overall conduct of the study and all aspects of human subject protections across all sites in order to successfully implement the study. This coordinating center protocol may serve as the Operations Manual for the study. The coordinating center protocol should contain the following information:

- 1. Protocol Title:**
- 2. Version Date:**
- 3. Principal Investigator's Name and Address:**
- 4. Lead site and PI:**
- 5. Study Description:** A description of the study including aims, background and significance.
- 6. Site Information:** A listing of all sites where subjects will be enrolled and/or data/samples will be collected.
 - a. Include the number of subjects to be enrolled at each site
 - b. Include the names, responsibilities and qualifications of the individual designated as being responsible for the conduct of the research study at each site
 - c. If the research study is funded by a federal agency (e.g., NIH) specify the Federal Wide Assurance number assigned to the site by the Office of Human Research Protection (OHRP) for each non-local site.
 - d. Name of the local IRB or other human subject protections entity responsible for the review and approval of research conducted for each non-local site. Include the approval letters from each site in IRBNet.

7. **Organizational Structure:** An outline of the organizational structure indicating any committees responsible for administrative duties, subject/data/site monitoring, facilitation of communications, data analysis, etc. Include the mechanism and order for their communication.
8. **Project timeline:** Anticipated timeline for start-up of the study, completion of subject enrollment, data analysis and follow-up of subjects.
9. **Education:** Description and planned frequency of start-up meetings and education or training sessions required of staff at all sites prior to enrollment of any subjects.
10. **Inclusion/Exclusion Criteria:** Description of subject recruitment outlining the inclusion and exclusion criteria.
11. **Sample Protocol and Informed Consent Documents:** Describe plans for ensuring that the sample protocol and sample informed consent documents are distributed to each collaborating institution for review and approval by their IRB/ethics committee.
12. **Study Drugs:** Description of all study drugs, doses, dosing schedule, route of administration and any study endpoints which may require a change in dose or discontinuation of medication. Include the FDA approval status of all drugs and IND number, if applicable. Include the Investigator's Brochure, if applicable. For an investigator-initiated study, provide the IND application.
13. **Study Devices:** Description of study devices. Include the FDA approval status and IDE, if applicable. Include the device instructions for use. For an investigator-initiated study, provide the IDE application when applicable.
14. **Case Report Forms:** Copies of clear, concise, case report forms which include all documents to be used at all sites for recording of study data needed on subjects. This includes eligibility, demographic and other baseline data, sequential clinical assessments, study drug dosing information, side effects and outcome measures. Provide detailed instructions for completing each data entry point on each form (if needed), any variables that might be encountered and the frequency of collecting the data.
15. **Data Transmission, Storage and Analysis:** If records or files are to be transmitted via the internet or shipped to another site, describe how the subjects' confidentiality will be protected. Specify how and where the data will be analyzed and who is responsible for the analyses. Describe where and how the data will be stored and for how long. Indicate how the subjects' confidentiality is protected during the transmission of data to other sites.
16. **Study Parameters:** Definitions the study parameters used in the study; e.g., laboratory values, scores on standard tests, vital signs, etc.
17. **Biological Specimen Collection:** If tissue or blood samples will be collected, describe how and when they are to be collected, where the analysis will be performed, and how samples will be delivered to the respective laboratories.
 - a. If samples are to be mailed to another site other than where collected, describe who is responsible for preparation and delivery of biological samples from one site to another. Indicate how the samples will be labeled to protect the confidentiality of subjects.

- b. Describe how and when lab reports are to be sent to site investigators.
 - c. Describe management of abnormal screening lab results.
 - d. Describe management of abnormal test results during follow-up and throughout the study.
18. **Drug/ Device Accountability:** If drugs or devices are to be used, describe how they will be delivered to each site and how the dispensing/distribution will be overseen, documented and monitored. Include all product inventory or accountability forms.
19. **Anticipated Benefits:** Describe the anticipated benefits to study participation.
20. **Anticipated Risks:** Describe the risks of the study, when applicable include the possible/anticipated adverse events which are known to possible occur with a particular drug or device.
21. **Adverse Event Management:** Describe how adverse events will be managed and how and when they are reported to the coordinating center. Include a list of events which will be considered Serious Adverse Events and require immediate reporting to the Lead Coordinating Center and respective IRB's. Include a copy of the adverse event report forms to be used for reporting adverse event to the coordinating center.

22. **Central Data and Safety Monitoring Plan:** Describe the central data and safety monitoring plan that will oversee conduct of the study at all sites. This should include the following:
- a. The frequency of site monitoring visits, who will conduct them and what will occur at each visit.
 - b. Schedule of required telephone contacts/conference calls with collaborating site investigators, if applicable.
 - c. Forms or documents to record site visit activities or telephone conferences.

Additional responsibilities of the Lead Coordinating Center:

1. **If the study is federally funded,** ensure that all collaborating sites obtain an OHRP Assurance. Each site's initial IRB approval, and subsequent continuing review approval letters must be submitted to the IRB (as an expedited revision to the approved Coordinating Center Protocol) when available.
2. **If the study is not federally funded,** provide a letter (on the facility's letterhead stationery) from the appropriate administrator of each facility. This letter should contain the following information: agreement for this study to be conducted; assurance that it is appropriate to conduct this study on the population involved; assurance of adequate facility capabilities to perform the research as approved by the IRB; and, if applicable, assurance that facility personnel involved in study procedures and data collection have appropriate expertise and will follow all protocol and IRB guidelines.
3. Submit sample protocol and consent form(s) to all sites in order for them to seek their IRB/ethics committee review approval.
4. Ensure that collaborating sites do not enroll subjects until the IRB has reviewed and given approval to include the additional site.
5. Ensure that informed consent is obtained from each subject in compliance with OHRP and FDA regulations.
6. Maintain records of IRB/ethics committee review and approval of all protocol and consent forms for all collaborating sites throughout the duration of the study. The principal investigator is responsible for ensuring that all modifications and renewals are reviewed and approved appropriately; i.e., modifications are approved prior to their implementation and protocols and consent forms are renewed in a timely manner with no lapse in the renewal.
7. Ensure that any substantive modification(s) to the protocol and/or sample informed consent documents related to risks or alternative treatments by any collaborating site is appropriately justified.
8. Ensure that substantive modification(s) to the protocol and/or sample informed consent for each participating sites are reported to the IRB per local policy.

