

## What is a Protocol?

A protocol is a master document authored, reviewed, and agreed to by multiple stakeholders that outlines how your study should be conducted safely and effectively.

Thus, the protocol needs to be **explicitly followed**. If the protocol is not followed correctly, you take a risk of committing research misconduct.

The protocol is a living document that will evolve throughout the various stages of the study. Amendments and revisions must be approved by the IRB prior to implementations to ensure ethics and subject safety.



## Protocol Deviations

Any aspect of the protocol not followed is called a protocol deviation. All protocol deviations need to be documented.

Documentations are important because protocol deviations can impact the safety of a participant; they can impact the integrity and accuracy of the data; and they may need to be reported to the IRB.

**Always follow the protocol & thoroughly document any protocol deviations.**

## Sections of a Protocol



## General Information

- ◆ Title
- ◆ ID Numbers (IRB, Clinical Trials.gov)
- ◆ Sponsor & Monitor Information
- ◆ Contact Information of PI and Staff
- ◆ Lab/Pharmacy Information
- ◆ Site Logistics

## Background Information

- ◆ Name and description of investigational product
- ◆ Summary of findings from non-clinical studies
- ◆ Known & Potential Risks and Benefits
- ◆ Note that study will be conducted in compliance with the protocol and any regulatory body

## Trial Objectives & Purpose

- ◆ A detailed description of the goals of the trial, potential clinical significance
- ◆ Why are participants potentially being exposed to risk?

## Trial Design

- ◆ Primary & Secondary Endpoints (“What are you measuring?”)
- ◆ Type of Trial (Double-Blind, Placebo Controlled, Parallel, Cohorts)
- ◆ Instructions to minimize bias
- ◆ Trial Treatment/Dosage
- ◆ What is expected of the subject

## Selection & Withdrawal of Participants

- ◆ Inclusion/Exclusion Criteria
- ◆ What happens when a participant wants to withdraw
- ◆ Type of data being collected

## Treatment of Participants

- ◆ Product information & dosage
- ◆ Route & Dosing Schedule
- ◆ Considerations for different arms / cohorts
- ◆ Other medications or treatments permitted while participants are enrolled

## Assessment of Efficacy

- ◆ Efficacy = Effectiveness + Safety
- ◆ How will you measure/ determine this?
- ◆ Will the benefits outweigh the risks?

## Assessment of Safety

- ◆ Specifying Safety parameters
- ◆ Methods of timing, recording & analyzing safety
- ◆ Will there be a Data Safety Monitoring Board (DSMB)?
- ◆ Follow up after an AE/SAE?

## Statistics

- ◆ What statistical methods will be employed?
- ◆ Timing of interim analysis?
- ◆ Enrollment breakdown (What will determine statistical significance? Sub-groupings by demographic or site location?)

## Direct Access to Source Data & Documents

- ◆ Who will have access to the data?
- ◆ Monitoring?
- ◆ 3rd Party Access?
- ◆ Data Security?

## Quality Control & Assurance

- ◆ Usually policies set by the sponsor
- ◆ Monitoring (Remote/On-Site)?
- ◆ Adverse Event Reporting?

## Ethics

- ◆ Protections for special populations?
- ◆ Acknowledgement of Declaration of Helsinki
- ◆ Risk/Benefit consideration for special cases

## Data Handling & Record Keeping

- ◆ Data ownership?
- ◆ How long will this be retained?
- ◆ Who has access?

## Supplements

- ◆ FDA Label (Phase IV post-approval studies)
- ◆ Relevant background research
- ◆ Specifications for surgical or storage equipment
- ◆ Supplementary protocols (imaging reviews, pathology reports, etc.)

NOTE: Similar information may be discussed in multiple sections (e.g. Data Access impacts Quality Assurance, Statistics and multiple other sections of the protocol).