Guidelines for Submission of protocols for RCT's to the CET for Evaluation

These notes can only be regarded as a guideline but all proposed RCT's submitted to the CET should include a description of the following:

1. Title of trial
2. Summary of trial

   Title
   Design
   Aims
   Outcome measures
   Population
   Eligibility
   Treatment
   Duration

3. Introduction
   - scientific background and rationale for trial
   - objectives of the trial

   This section should include detailed justification for the trial. Ideally the text should include a reference to a systematic review of previous similar trials or a note of the absence of such trials.

4. Participants

   - Source of subjects (where they come from and why the group is appropriate)
   - Full description of inclusion and exclusion criteria

5. Interventions- Full description of interventions including control interventions.

   - full name and licence information
   - description of administration, dosage and treatment period
   - description of dosage form, packaging and labelling of products
   - other medications permitted during the trial, possible interactions or effects that could confound results.

6. Planned period of recruitment and number of participating centres

7. Sample size

   Describe the methods for sample size calculation including:

   - estimates used and assumptions made with explanations provided as to how they were obtained (provide details of relevant references or clinical arguments)
   - chose level of significance and power
   - formulas and methods

8. Primary outcome- Full description

9. Secondary outcomes- Full description

   The protocol should include

   - the specific outcomes to be assessed and laboratory tests to be conducted and a schedule of these tests
   - methods for measuring them

It would be helpful to include a table or a flow chart describing the frequency and timing of measurements.

In most trials in organ transplantation, protocols should include in either primary or secondary outcome the following:

- patient survival
- graft survival
- frequency of BPAR
- frequency of all treated acute rejections
- time to first acute rejection

10. Randomisation- Full description of generation of randomisation and any other details such as blocking, stratification
    - Implementation of randomisation e.g. central phone, sealed envelopes
    - Where and who is to do randomisation

11. Allocation concealment:

    Examples of minimum description of adequate allocation concealment are listed below:

    - Sequentially numbered, opaque, sealed envelopes
    - Sequentially numbered containers
    - Pharmacy controlled
    - Central randomisation

12. Blinding

    If trial is to be blinded, full description of how investigators and participants are to be blinded to intervention

13. Withdrawals and dropouts

    - Describe under what circumstances and how subjects will be withdrawn from the trial
    - Provide details of documentation to be completed on subject withdrawal (reasons and any follow-up information collected)

14. If there is to be an interim analysis:

    - who is to do it?
    - define completion and premature discontinuation of the trial
    - role of data monitoring committee

15. A description of “stopping rules” or “discontinuation criteria” for participants, parts of trial and entire trial

16. Maintenance of trial treatment randomisation codes and procedures for the breaking codes

    Describe in which circumstances the randomisation codes may need to be broken.

17. Statistical analysis

    - Intention to treat
    - Comparison of intervention groups for primary and secondary outcomes
    - Additional subgroup analysis- described in protocol
    - Factors which would lead to withdrawal

Please note: Ethical and legal aspects of any trial must be in keeping with Institutional and National Guidelines.

Reporting of trials: The CET will assist with reporting of RCT’s if requested but in general reporting of trial should follow the CONSORT statement: http://www.consort-statement.org/