SOP: Institutional Sponsorship Application and Approval IITs
APPENDICES

Terms for Risk Management

The objective for the institution is for each trial to run to completion, with adequate resources, and generate high quality evidence which will change clinical practice. The risk management plan is to ensure these objectives are met for all clinical trials conducted by MCRI.

RISK
A risk is defined as the effect of uncertainty on objectives. A risk is often assessed in terms of a combination of the consequences of an event and the associated likelihood of occurrence.

RISK IDENTIFICATION (SOURCE)
The purpose of risk identification is to find, recognise and describe risks that might prevent a trial achieving its objectives, and/or other risks eventuating for the institution that may emerge due to the trial activity. When identifying risks the following questions should be considered;

- What event(s) can happen that will have an adverse effect on the trial or the institution?
- How can it happen?

CONSEQUENCE
The impact identifies the significance of each risk (i.e. what are the effects to your trial if it risk does happen?). The impact may vary for each risk (for example the impact of funding shortfalls will vary depending on the magnitude of the shortfall)

RISK MITIGATION
Risk mitigation is an activity developed or planned to manage and/or reduce the risk.

LIKELIHOOD
Likelihood is the chance that something might happen. Likelihood is rated at: *Almost certain, Likely, Possible, Unlikely or Very unlikely*.

RISK MONITORING PLAN
This is the process whereby the risks would be identified when they materialise.

IMPACT LEVEL
The Committee or delegate (i.e. MCTC Medical Director (or Acting Director)) to complete what they believe is the impact level, based in the information provided and the type risk and likelihood to occur. A rating of LOW, MED, HIGH for each risk will be assigned. The Sponsor–Investigator needs to explain in significant detail the mitigation and management plan for risks considered Medium and High Impact.

The number and type of risks with a HIGH impact level will determine the level of oversight required by the SC for each trial.

APPLICATION COVERSHEET
MCRI SPONSORSHIP COMMITTEE

murdoch children's research institute

Project Reference Number: Please also refer to the guidance material on "How to get a project reference number."		
Project Title:		
Co-ordinating Principal Researcher	**Name**	
	Dept or Group	**Institution**
	Phone	**email**
Contact Person (if different from above)	**Name**	
	Dept or Group	**Institution**
	Phone	**email**
Do you wish MCRI to be the Sponsor of this trial?	☐ Yes	☐ No
Is the protocol attached?	☐ Yes	☐ No

Steps for researchers to complete:

1. Read "Standard Operating Procedure (SOP) for Institutional Sponsorship Application and Approval for Sponsor- Investigator Initiated Trials (IITs)" via this research link: https://www.rch.org.au/research/researchers
2. Complete "Table B: The Risk Management Table" for your project.
3. Contact the MCTC Medical Director (email crdo.info@mcri.edu.au) to arrange a review of the documents listed below:
    a. *This application coversheet*
    b. *Draft or Final Protocol*
    c. *Any relevant supporting documents for your protocol (i.e. Investigator Brochure (if you have one))*
    d. ***Completed*** *Table B: Risk Management Table*
4. Attend review meeting with MCTC Medical Director to discuss project prior to sponsorship committee review

Please list below all the institutions planning to conduct this research if different from above.

Please provide names of all participating sites, if there are more than 3, add an additional page to this application if needed

Name of Institution		
Name of Contact Person		
International	☐ **YES**	☐ **NO**
Name of Institution		
Name of Contact Person		
International	☐ **YES**	☐ **NO**
Name of Institution		
Name of Contact Person		
International	☐ **YES**	☐ **NO**

For MCRI Sponsorship Committee to Complete:

Original Submission	Date
Review by MCTC Director	Date
Review at Sponsorship Committee Meeting	Date

Risk Management Table A and B

The table below, “Table A: RISK IMPACT”, helps the SC to make an Impact Level Assessment for each risk detailed for the trial. It is used to complete the last column of Table B. For example, a risk that has a **possible likelihood of** occurring and **major consequences** for the study outcome and/or for the organisation if it was to occur, is categorised as a HIGH (Red) RISK IMPACT (see Table A).

Table B is prepopulated with 10 risk categories. Most would be applicable to all trials. Each category may have a number of distinct risks. The table has in italics some examples of risks in each category. These are examples which would be applicable to most trials. Sponsor- Investigators may delete those risks that are clearly not applicable and add other risks that are relevant to their trial. It would be expected that Sponsor- Investigators identify individual risks, beyond those given as examples. The table also includes examples in italics of possible impacts and mitigation strategies. Sponsor- Investigators should not just cut and paste these. Each should be considered carefully in the context of the trial and amended or added to as appropriate.

Table A: RISK IMPACT

Likelihood	Insignificant Consequences	Minor Consequences	Moderate Consequences	Major Consequences	Catastrophic Consequences
Almost Certain	Low	Medium	High	High	High
Likely	Low	Medium	High	High	High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Low	Medium	Medium	High
Rare	Low	Low	Medium	Medium	Medium

Table B: RISK MANAGEMENT TABLE

Risk Identification ***What event(s) can happen and how it can happen***	**Consequence** ***What are the effects if the risk does occur***	**Likelihood** ***What are the chances that the risk will actually happen***	**Mitigation Strategy** ***What are you doing to prevent the risk from happening or manage the risk if it does happen***	**Risk Monitoring Plan** ***How will you monitor this risk?***	**Impact Level** ***Assigned by Committee from Table 16.1 asssessed on likelihood and consequence*** **LOW (Green)** **MED (Orange)** **HIGH (Red)**
1) INADEQUATE FUNDING					
1.1 FUNDING WILL RUN OUT PART-WAY THROUGH THE TRIAL	*Resources for managing and conducting trial will not be available, trial may not run to completion*	Choose an item.	*We have funding from the following sources and we plan to seek further funding form the following source*	*PI will review budget 6 monthly*	

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2) RECRUITMENT FAILS TO MEET TARGET					
2.1 INNACURATE ESTIMATE OF PARTICIPANT AVAILABILITY	*Insuffiicent participant recruitment will mean the study will not have sufficient data to make a satisfactory conclusion regarding the end-point of the study*	Choose an item.	*Pilot data on availability of eligible participants has been collected* *Consent likely to be high due to low burden/low risk for participants*	*NA*	
2.2 SLOWER RECRUITMENT THAN EXPECTED	*Insuffiicent participant recruitment will mean the study will not have sufficient data to make a satisfactory conclusion regarding the end-point of the study. Costs may increase*	Choose an item.	*Extend study duration if needed* *Open new sites if needed* *Identify and increase recruitment efficiency at each site* *Alter inclusion criteria if needed*	*Recruitment rates will be reviewed quarterly by the trial steering committee or DSMB*	

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			Mass media strategy to increase public awareness		
3) OUTCOMES NOT COLLECTED					
3.1 OUTCOME MEASURES NOT FEASIBLE	*Loss of primary outcome data*	Choose an item.	*Outcome is a widely recognised tool* *Outcomes have been assessed to be feasible in pilot studies* *Sponsor- Investigators and trial staff trained appropriately in outcome collection*	*DSMB will monitor primary outcome data*	
3.2 PARTICIPANT DROP OUT	*Loss of priary outcome*	*Choose an item.*	*Careful selection of participants based on…*	*DSMB will monitor*	

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			Retention of participant enthusiasm through…	*primary outcome data*	
4) PROTCOL VIOLATION					
4.1 PROTOCOL DIFFICULT FOR PARTICIPANTS TO COMPLY WITH	*Loss of outcome data*	Choose an item.	*Protocol tested in feasibility studies* *Amendments will be made as required*	*Outcome data monitored by DSMB and Trial Steering Committee (TSC)*	
4.2 PROTOCOL DIFFICULT FOR FELLOW INVESTIGATORS/CLINICIANS TO FOLLOW	*Loss of outcome data*	Choose an item.	*Protocol is simple and does not vary substantially from standard of care* *Protocol tested in feasibility studies*	*Trial management team will review sites regularly to ensure protocol is being followed*	
5) DATA AND SAMPLES					
5.1 ERRORS IN DATA	*Loss of outcome data*	Choose an item.	*CRFs piloted and found to be easy to complete*	*Data cleaning will be*	

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COLLECTION				*performed in real time and errors reported to trial TSC*	
5.2 ERRORS IN DATA ENTRY	*Loss of outcome data*	Choose an item.	*Source data regularly checked as follows…* *Data will be double entered* *Checks placed in data base*		
5.3 LOSS OF DATA THROUGH THEFT, MALWARE ETC	*Loss of data*	Choose an item.	*Follow MCRI data husbandry policies* *Use recognised secure database maintained on and institute platform*		
5.4 LOSS OR DEGRADATION OF SAMPLES OR SPECIMENS	*Loss of data*	Choose an item.	*Follow MCRI policies* *Use of core lab to store specimens* *Use of appropriate refrigerators with*		

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			appropriate alarms and backup power		
6) STAFF AND SKILLS					
6.1 LACK OF EXPERIENCE IN TRIAL CENTRAL MANAGEMENT	*Failure of trial goals*	Choose an item.	*Senior staff on trial team* *Mentorship from senior staff on team* *Experienced coordinator employed* *Mentorship from experienced coordinator*		
6.2 LACK OF TRIAL STATISTICS SKILLS	*Inapprorpiate analyses*	Choose an item.	*Trial statistician on study team* *Mentorship and supervision from experienced trial statistician*		
6.3 SITE COORDINATOR OR	*Poor data collection and protocol*	Choose an item.	*Site staff trained*	*Central coordinator will*	

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RA UNDER SKILLED	*adherence*		*CVs maintained for all site staff* *Initiation visits to ensure site staff trained*	*ensure site staff qualifications recorded and reviewed*	
7) TEAM COHESION					
7.1 OVERALL TEAM COHESION FAILS DURING THE TRIAL	*Poor recruitment and data collection*	Choose an item.	*Regular meetings across sites* *Regular trial meetings and updates at conferences* *Regular newsletters to all involved Sponsor-Investigator and central study coordinator regularly visits all sites*	*PI visits sites*	
8) CONTRACTS AND INDEMNITY					
8.1 CONTRACTS NOT IN PLACE	*Disputes lead to poor cohesion or failre to publish* *Delay in recruitment if not in*	Choose an item.	*Ensure all appropriate contracts between sites are in place*	*PI ensures contracts in place before recruitment at each*	

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	place			*site*	
8.2 INDEMNITY NOT IN PLACE	*Sponsor-Investigators and institutions liable* *Delay in recruitment if not in place*	Choose an item.	*Ensure appropriate indemnity in place prior to recruitment at each site*		
9) IMPACT					
9.1 QUESTION IS IRRELEVANT TO PRACTICE	*Trial has limited impact*	Choose an item.	*Stakeholders are engaged before design finalised*		
9.2 QUESTION BECOMES IRRELEVANT DUE TO OTHER ADVANCES IN UNDERSTANDING OF THE PROBLEM OR ANOTHER SIMILAR TRIAL IS PUBLISHED	*Trial has limited impact* *Trial may be stopped as it is futile*	Choose an item.	*NA*	*Literature monitored by Sponsor-Investigator or DSMB*	

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10) HARM TO PARTICIPANT					
10.1 INTERVENTION IS UNSAFE	*Patient harmed* *Trial suspended* *Sponsor-Investigators liable*	Choose an item.	*Protocol reviewed by HREC, CTX filed with TGA* *Intervention is similar to standard of care*	*DSMB monitors events*	
10.2 PROTOCOL IS INHERENTLY UNSAFE	*Patient harmed* *Trial suspended* *Sponsor-Investigators liable*	Choose an item.	*Protocol reviewed by TGA, via CTX and/or HREC*	*DSMB monitors events*	
10.3 ERROR IN FOLLOWING PROTOCOL	*Patient harmed* *Trail suspended*	Choose an item.	*Site staff trained* *Delegation log kept to ensure only trained staff are involved in the trial*	*Chief coordinator reviews delegation log* *Sites are audited* *DSMB monitors events*	