Ambition Trial Coordinating Centre
Private Bag 320, Princess Marina Hospital
Gaborone, Botswana

AMBITION-*cm*
AMBIsome Therapy Induction OptimizatioN

Work Practice Document: 5
Individual study personnel responsibilities

Title of study	High Dose AMBISOME© on a Fluconazole Backbone for Cryptococcal Meningitis Induction Therapy in sub-Saharan Africa: A Phase III Randomized Controlled Non-inferiority Trial		
Acronym	Ambition-cm – AMBIsome Therapy Induction OptimizatioN		
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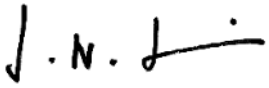
Author(s)	David Lawrence Lead Clinician		20/07/2017
	Timothée Boyer Chammard Clinical Advisor		20/07/2017
Reviewer(s)	Nabila Youssouf Trial Manager		20/07/2017
Approved by	Joseph Jarvis CI		20/07/2017

Revision History:		
Version Number	**Effective Date**	**Reason for Change**
1.0		First version

Working Practice Document 5: Individual study personnel responsibilities

Purpose

This document outlines the responsibilities of individual study personnel working on the Ambition trial.

Scope

This WPD applies to the responsibilities of individual study personnel.

Materials

A. <u>Local Principal Investigator</u>:

These roles are in addition to those outlined in the AE-SAE reporting WPD

1. First port of call for reporting of serious adverse events (SAE)/suspected unexpected serious adverse reaction (SUSAR)
2. Overall medical oversight of study patients in conjunction with study doctor/nurse
3. Oversight of whole site trial team (TICC)
4. Oversight of local trial budget
5. Communication of trial related activities to Chief Investigator (CI)/ Trial Management Group (TMG)
6. Oversight of laboratory specimen collection, storage and sample shipping as required
7. Facilitation of monitoring visits
8. Guarantor of secure storage and sufficient supplies of study drugs and consumables in conjunction with study doctor/nurse/laboratory technician/pharmacist

B. Study Dr/Medical Officer

1. Day to day running of clinical trial
2. Communication between ward staff and study staff
3. Screening, enrolment and randomisation of study patients
4. Prescribing of study medication
5. Administration of study drugs including IV drugs as required including arrangements for weekends and holidays. Ambisome and standard Amphotericin B should be administered in the morning wherever possible. Secure IMP storage on ward, and administration of IMPs in conjunction with ward nurses
6. Day to day clinical management of patients & OPD management of patients after discharge
7. Carrying out lumbar punctures
8. Chasing, interpreting and actioning the results of investigations
9. Reporting any SAEs and SUSAR immediately to the local PI
10. Completing AE forms within 48 hours of their occurrence and communicating the AE/SAE/SUSAR to the local and international PI
11. Completing progress reports for the DMC/TSC and ethics committees
12. Ordering trial equipment
13. Ensuring electronic case report forms (eCRFs) are completed in real time, kept accurate and up to date
14. Laboratory transport and storage of samples: CSF, serum, urine and plasma (in conjunction with laboratory technician)
15. Follow-up of study patients for sixteen weeks from date of admission
16. Responsible for ensuring secure storage and sufficient supplies of Investigational Medicinal Products (IMP) and consumables in conjunction with pharmacist
17. Ensure appropriate laboratory specimen collection, storage and sample shipping as required
18. Preparation for external monitoring visits
19. On-site monitoring of trial (laboratory, pharmacy, clinical areas, data entry)

C. Study nurses

i. In-patient

1. Obtaining informed patient consent from patient or next-of-kin
2. Filing of consent forms
3. Translation
4. Establishing and maintaining a positive relationship with study patients
5. Perform pregnancy test on urine or serum at enrolment and record result
6. Phlebotomy
7. Drip insertion
8. Chasing outstanding blood results (in conjunction with study doctors) and informing study doctor of results
9. Administration of study drugs including IV drugs as required including arrangements for weekends and holidays. Ambisome and standard Amphotericin B should be administered in the morning wherever possible. Secure IMP storage on ward, and administration of IMPs in conjunction with ward nurses
10. Assistance with LPs-setting up the trolley and assisting the study Dr
11. Documentation of relevant clinical information in patient records
12. Organising follow-up care on patient discharge
13. Perform ECGs as required
14. Book and chase results of investigations (radiology, microbiology etc…)
15. Ensure adequate supply of LP needles, manometers, dressing packs, chlorhexidine, gloves. Inform study doctors and trial manager if replacements required.

ii. Out-patient

1. Organisation and running of OPD clinics
2. Phlebotomy for OPD patients
3. Assistance with LPs-setting up the trolley and assisting the study Dr

4. Tracing non-attenders through note entries, phone calls ,text messages or visiting them in the community
5. ARV counselling of study patients and their treatment supporters
6. Book next out-patient follow-up appointment
7. Ensuring electronic case report forms (eCRFs) are completed in real time, kept accurate and up to date

iii. Data

1. Responding to queries in collaboration with the study doctor
2. Updating of patient follow-up spreadsheet
3. Maintain investigator site file (ISF)

iv. Laboratory

1. Liaising with laboratory staff on a daily basis regarding new positive CSF India Ink or CrAg results

2. Assist with study and sub-study specimen collection, storage and shipping as required

v. Other trial related activities

1. Ordering trial equipment
2. Positive relationship building with all hospital staff.

3. Ensuring adequate supplies of IMP in conjunction with pharmacist and trial manager.

4. Ensure patient is linked in to local ARV treatment program following end of trial follow up period

D. Study pharmacist:

1. Ensuring adequate supplies of IMP, including reserve and access to study drugs, including weekends and holidays.
2. Dispensing medication, labelling drugs, and maintaining accurate records of study drug dispensing in drug accountability logs.
3. Safe and correct (temperature monitored) storage of IMP
4. Receiving overseas shipments of IMP
5. Writing and adhering to trial pharmacy SOPs
6. Complete regular stock checks and communicating results to PI and CI in a timely manner
7. Communicating any pharmacy issues such as low drug stocks to study Dr/Principal Investigator in a timely manner

E. Study laboratory personnel

1. Performing blood tests required by the study, performing CSF quantitative cultures including detailed record of daily CFU counts .

2. Ensuring laboratory specimens are stored in the correct laboratory conditions and accurately maintaining freezer temperature logs, specimen location logs and freezer contents logs.

3. Correct sample labelling.

4. Communication of all laboratory results to research study team in timely fashion.

5. Reporting faults (including laboratory equipment/materials etc…) to study doctors/local site PI.

6. Ensure adequate supply of laboratory consumables. A weekly stock check should be performed. Report to local PI and trial manager if less than 2 months supply of any consumable identified in order to allow sufficient shipping time for replacements.

F. Site Co-ordinator (if applicable)

1. Overall management of the trial at the site
2. Report to Principal Investigator and Study Doctor
3. Ensure Investigator Site File is kept up to date and stored securely
4. Follow up patients, including house visits if necessary, in conjunction with study nurse
5. Ensure orders are placed and received as required for trial consumables/equipment
6. Liaise with the Trial Manager based in Botswana Harvard AIDS Institute Partnership, Gaborone, Botswana
7. Ensure site is ready for monitoring/audit visits
8. Book accommodation/flights/hotels as necessary for the study teams
9. Liaise with the other study sites as required

Training

Each staff member receives or has direct access to applicable Working Practice Documents (WPDs).

Each staff member reviews the applicable WPDs once a year.

All WPD training is documented and tracked in the training log located in the Investigator Site File (ISF)

New staff are trained on applicable WPDs within 30 days of employment and all WPDs within 90 days of employment.

Staff members whose duties fall within this WPD scope are retrained within 14 days of the approval of each WPD revision.

References

1. Declaration of Helsinki, 2013: https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/ accessed 12th June 2017
2. International Conference on Harmonisation (ICH) Guideline For Good Clinical Practice E6(R1), 1996
3. Integrated Addendum To ICH E6(R1): Guideline For Good Clinical Practice E6(R2), 2016
4. Ambition Trial Protocol

Working Practice Document 5: Individual study personnel responsibilities

Staff signatures: (signing below indicate that you have read this SOP and understand the material contained in it)

Date	Name (Please print)	Signature