Study conduct during COVID-19 pandemic

FAQs

Last Update 26. Ferbuary 2021

	What should I do, in case of…	ClinO: COVID19	*Studies at USB*	HRO: COVID19	*Studies at USB*
Screening & Recruitment	**Inclusion of new patients**	Sponsors, investigators and project managers of clinical studies and research projects in Switzerland must ensure that all studies are conducted in accordance with 818.101.24 COVID-19 Ordinance 3 (19.06..2020). All decisions to adapt the conduct of clinical studies/cohorts should be based on a risk assessment according to ICH GCP 5.0 and documented in the TMF. **In case of doubt, patient safety always comes first!** The risk assessment must always be re-evaluated and documented and adapted to the developing situation.	New inclusion in interventional studies is possible under strict risk-benefit considerations, provided the following conditions can be met [a-m] and in compliance with the internal guidelines (18.01.2021) The benefit-risk assessment must be documented and filed in the TMF. The ICF process must be approved by the EC and carried out according to HFG.[1-3, 18, 19]	Sponsors, investigators and project managers of clinical studies and research projects in Switzerland must ensure that all studies are conducted in accordance with 818.101.24 COVID-19 Ordinance 3 (19.06.2020). All decisions to adapt the conduct of clinical studies should be based on a risk assessment according to ICH GCP 5.0 and documented in the TMF. **In case of doubt, patient safety always comes first!** The risk assessment must always be re-evaluated and documented and adapted to the developing situation.	New inclusion in observational studies is possible under strict risk-benefit considerations, provided the following conditions can be met [a-m]. The benefit-risk assessment must be documented in the study documents. The ICF process must be approved by the EC and carried out according to HFG.[1-3, 18, 19]

	COVID-19 Trials	Applications for clinical trials with medicinal drug products to treat COVID-19 or substantial amendment applications to existing clinical trials necessary as a result of COVID-19 are prioritized by the authorities. The sponsors are requested to submit high quality and complete dossiers to the authorities in order to allow for a most efficient review.	All clinical trial projects to COVID-19 must be reported to the DKF: https://forms.dkfbasel.ch/covid19-studien		
	ICF Process (Re-Consent e.g. for acquisition of new data to Covid19)	A physical appearance of the patient to sign a re-consent should be avoided. Alternatively, verbal consent of the patient can be obtained via phone or video call. This must be documented in the source data. A written consent must be signed by the patient as soon as possible. (***Addendum form*** of the EC). The Addendum Form must be submitted to the **Lead Ethics as "for approval"**. It is recommended to list the name of the ICF Addendum in the Cover Letter.[1, 3, 4]	The continuation of interventional studies is possible, provided that the following conditions can be met [a-m]. Alternatively, oral consent of the patient can be obtained via telephone or video call. This must be documented in the source data. A written consent must be signed by the patient as soon as possible (Addendum form of EK[4]). The ***Addendum Form*** must be submitted to the Lead Ethics Committee as "for approval" [1-3, 18, 19]	A physical appearance of the patient to sign a re-consent should be avoided. Alternatively, verbal consent of the patient can be obtained via phone or video call. This must be documented in the source data. A written consent must be signed by the patient as soon as possible. (***Addendum form*** of the EC). The Addendum Form must be submitted to the **Lead Ethics as "for approval"**. It is recommended to list the name of the ICF Addendum in the Cover Letter.[1, 3, 4]	The continuation of observational studies is possible, provided that the following conditions can be met [a-m]. Alternatively, oral consent of the patient can be obtained via telephone or video call. This must be documented in the source data. A written consent must be signed by the patient as soon as possible (Addendum form of EK[4]). The ***Addendum Form*** must be submitted to the Lead Ethics Committee as "for approval" [1-3, 18, 19]

	What should I do, in case of…	ClinO: COVID19	*Studies at USB*	HRO: COVID19	*Studies at USB*
Screening & Recruitment	**Recruitment hold** (a temporary recruitment hold while treatment of included participants continuous)	This is not considered as interruption of the study and **does not have to be reported to the EC**. The interruption of recruitment must be recorded in the TMF&ISF (e.g. in a meeting protocol or e-mail).[1, 5]		This is not considered as interruption of the study and **does not have to be reported to the EC**. The interruption of recruitment must be recorded in the study documents (e.g. in a meeting protocol or e-mail)..[1,5]	
	Delay due to decreased patient inclusion	If the current situation leads to an extension of the study, this must be reported to the lead EC at the latest before the planned end or **as soon as foreseeable**..[5]		If the current situation leads to an extension of the study, this must be reported to the lead EC at the latest before the planned end or **as soon as foreseeable**..[5]	
	Change of recruitment method (e.g. new material for recruitment such as flyer, e-mail etc.)	Amendments to the trial protocol and/or changes to the rights and obligations of participants must be submitted and **approved by the EC** before implementation.[5, 6]		Amendments to the trial protocol and/or changes to the rights and obligations of participants must be submitted and **approved by the EC** before implementation.[5, 14]	
	Change of Inclusion or Exclusion criteria	Amendments to the trial protocol and/or changes to the rights and obligations of participants must be submitted and **approved by the EC** before implementation.[5, 6]		Amendments to the trial protocol and/or changes to the rights and obligations of participants must be submitted and **approved by the EC** before implementation.[5, 14]	
	Change of planned patient number	This must be discussed with the statistician on the basis of the power analysis. Changes to the trial protocol and/or changes to the rights and obligations of the participants must be submitted to and **approved by the EC** before implementation.		This must be discussed with the statistician on the basis of the power analysis. Changes to the trial protocol and/or changes to the rights and obligations of the participants must be submitted to and **approved by the EC** before implementation.	

	What should I do, in case of…	ClinO: COVID19	*Studies at USB*	HRO: COVID19	*Studies at USB*
Study Conduct	**Temporarily study interrupt** (no continuation of treatment, data collection, Follow-Up Visits, etc.)	Notification to the EC within 15 days[7]		No notification to the EC necessary, but documentation in TMF&ISF[5]	
	Discontinuation of a study	Notification to the EC within 15 days[7]		Notification to the EC within 90 days[17]	
	Treatment of already included participants	Patients with physical patient contact may be treated further if the following conditions are met[a-f, 1]	Patients in interventional studies with physical patient contact may be treated further if the following conditions are met [a-m. 1, 18, 19]	Patients with physical patient contact may be treated further if the following conditions are met[a-f, 1]	Patients in observational studies with physical patient contact may be treated further if the following conditions are met [a-m. 1, 18, 19]
	Cancellation of physical visits	Cancellation of physical visits are deviations of the protocol. Protocol deviations due to the current situation need not be reported, but must be **documented according to GCP** and reported in the Clinical Study Report.[1, 5, 8,9]		Cancellation of physical visits are deviations of the protocol. Protocol deviations due to the current situation need not be reported, but must be **documented according to GCP** and reported in the Clinical Study Report.[1, 5, 8,9]	
	Protocol Deviations	Protocol deviations due to the current situation need not be reported, but must be **documented according to GCP** and reported in the Clinical Study Report.[1, 5, 8,9]		Protocol deviations due to the current situation need not be reported, but must be **documented according to GCP** and reported in the Clinical Study Report.[1, 5, 8,9]	
	Conversion of physical visits into phone or video visits	The patient must be clearly informed and give his consent on the ***Addendum form***. This must be submitted to the lead EC **"for approval"**. It is recommended that the name		The patient must be clearly informed and give his consent on the ***Addendum form***. This must be submitted to the lead EC **"for approval"**. It is recommended that the name	

		of the ICF Addendum be listed in the Cover Letter.[1, 4]		of the ICF Addendum be listed in the Cover Letter.[1, 4]	
	(S)AE Reporting	Reporting according to HRA and GCP.[1, 10]		Reporting according to HRA and GCP. [1, 15]	

	What should I do, in case of…	**ClinO: COVID19**	***Studies at USB***	**HRO: COVID19**	***Studies at USB***
Study Conduct	**Change of in Sample handling/taking**	Protocol deviations due to the current situation do not have to be reported, but must be documented according to GCP. However, the patient must be clearly informed and give his consent: ***Addendum form***. This must be submitted to the lead EC **"for approval"**.[4,5]		Protocol deviations due to the current situation do not have to be reported, but must be documented according to GCP. However, the patient must be clearly informed and give his consent: ***Addendum form***. This must be submitted to the lead EC **"for approval"**.[4,5]	
	Collection of study data from patients home instead of at the study site	Study data must not be collected at home by the patient himself. Alternatively, the family doctor can collect essential parameters (e.g. blood count, X-ray, ECG, etc.). This must be documented and reported in the Clinical Study Report. In addition, the changes must be submitted to the EC for **"silent acknowledgement".** The lead EC has the right to contact the sponsor for further evaluations.[1]		Study data must not be collected at home by the patient himself. Alternatively, the family doctor can collect essential parameters (e.g. blood count, X-ray, ECG, etc.). This must be documented and reported in the Clinical Study Report. In addition, the changes must be submitted to the EC for **"silent acknowledgement".** The lead EC has the right to contact the sponsor for further evaluations.[1]	

	Direct delivery of study medication to patients' home	The procedure is only permitted for investigational medicinal products that are suitable for home use. Drug accountability must be ensured. Study participants must be adequately informed in advance by telephone and give their written consent later on the following addendum form. Changes to the trial drug distribution must be submitted to the SM and lead EC **"for approval".** [1, 4, 11, 12]		The procedure is only permitted for investigational medicinal products that are suitable for home use. Drug accountability must be ensured. Study participants must be adequately informed in advance by telephone and give their written consent later on the following addendum form. Changes to the trial drug distribution must be submitted to the SM and lead EC **"for approval".** [1, 4, 11, 12]	
	Administration of the IMPs at patients' home by study staff	Under the current circumstances, it is allowed to send a trained nurse home to administer the study medication. Such a procedure must be documented in the patient record and the patient must give his written consent (e.g. addendum form). This must be submitted to the lead EC "**for approval**".[1, 4, 11]		Under the current circumstances, it is allowed to send a trained nurse home to administer the study medication. Such a procedure must be documented in the patient record and the patient must give his written consent (e.g. addendum form). This must be submitted to the lead EC "**for approval**".[1, 4, 11]	

	What should I do, in case of…	**ClinO: COVID19**	***Studies at USB***	**HRA: COVID19**	***Studies at USB***
Study conduct	**Additional Data acquisition** (e.g. questions specific to Covid-19)	Changes to the trial protocol and/or changes to the rights and obligations of the participants **must be submitted** as amendments to the trial protocol and **approved by the Ethics Committee before implementation**. Only measures that are taken for the safety of patients may be introduced immediately and must be reported to the EC as a safety measure in the Safety Form.[13]		Changes to the trial protocol and/or changes to the rights and obligations of the participants **must be submitted** as amendments to the trial protocol and **approved by the Ethics Committee before implementation**. Only measures that are taken for the safety of patients may be introduced immediately and must be reported to the EC as a safety measure in the Safety Form.[14, 16]	

	Additional Investigation	Changes to the trial protocol and/or changes to the rights and obligations of the participants **must be submitted** as amendments to the trial protocol and **approved by the Ethics Committee before implementation**. Only measures that are taken for the safety of patients may be introduced immediately and must be reported to the EC as a safety measure in the Safety Form.[14,16]		Changes to the trial protocol and/or changes to the rights and obligations of the participants **must be submitted** as amendments to the trial protocol and **approved by the Ethics Committee before implementation**. Only measures that are taken for the safety of patients may be introduced immediately and must be reported to the EC as a safety measure in the Safety Form.[14, 16]	
	Change of study specific measurements/assessments	As an alternative to the study visits on site, the family doctor can collect essenntial parameters (e.g.: blood count, X-ray, ECG, etc.) This must be documented as a protocol deviation and reported in the Clinical Study Report. In addition, the changes must be submitted to the ehtics for **"silent acknowledgement**". The lead ethics has the right to contact the sponsor for further evaluation.[1]		As an alternative to the study visits on site, the family doctor can collect essential parameters (e.g.: blood count, X-ray, ECG, etc.) This must be documented as a protocol deviation and reported in the Clinical Study Report. In addition, the changes must be submitted to the ehtics for **"silent acknowledgement**". The lead ethics has the right to contact the sponsor for further evaluation.[1]	

	What should I do, in case of…	ClinO: COVID19	*Studies at USB*	HRO: COVID19	*Studies at USB*
Monitoring	**Postponement of monitoring visit**	Cancellation or postponement of monitoring visits must be changed in the monitoring plan. This must be submitted to the lead EC for **"silent acknowledgement"**.[1]		Monitoring not required	
	Exchange on-Site Monitoring through remote-monitoring/centralized monitoring	On-site visits can be replaced by telephone visits. Monitoring should be limited to the essentials. Remote access to patient records/ICFs via video call systems (zoom, Skype, ...) is not allowed. The change of the type of monitoring must be adjusted in the monitoring plan. This must be submitted to the lead EC as "silent acknowledgement" [1]		Monitoring not required	

[a] Study visits are only carried out by its own study staff, without any additional burden on hospital staff.

[b] Follow-up visits for outpatients should be possible by telephone or home visits only.

[c] The current hospital instructions and hygiene guidelines for handling COVID-19 must be observed by all study staff.

[d] The hospital infrastructure/resources must not be additionally burdened by study activities.

[e] In particular, participants over the age of 65 years or with previous illness should be protected.

[f] If the patient has a life-threatening disease and there are no other options for treatment, he or she can be included.

[g] Compliance with the distance rules (minimum distance of 2m to patients must be marked and ensured), compliance with the general hygiene rules, in particular hand hygiene.[h] A minimum distance of 1.5 m between all persons as well as . Groups up to max. 5 persons and max. 1 patient/proband per room in the Outpatient Study Center.

[i] Contacts between patients and study personnel as well as study personnel among themselves must be retrospectively traceable.

[j] Protective material available to see patients with symptoms in droplet isolation (analogous to chapter "Protective measures for suspected patients" according to epidemic manual).

[k] Mouth/nose protection type II/IIR (surgical masks) for staff and all outpatients

[l] Written request to the patient for appointment: SMS, e-mail, letter to be presented at the entrance control USB.

[m] Compliance with the existing cleaning/disinfection concept.

Referenzen:

[1] Joint Guidance of Swissmedic and Swissethics (…) in Switzerland during the COVID-19 pandemic (V 2.4, 17.12.2020)

[2] ICH GCP 2.2 und 5.0

[3] HFG, KlinV, Art. 16, Abs. 2, 3

[4] Addendum Formular: https://swissethics.ch/covid-19/guidance-docs

[5] Swissethics.ch, Information on the Coronavirus (18.03.2020)

[6] HFG, KlinV, Art. 38, Abs. 1-3

[7] HFG, KlinV, Art. 38, Abs. 2, 5

[8] GCP 5.20

[9] ICH E3

[10] HFG, KlinV, Art. 42

[11] Swissmedic (Form: Submission of Changes to a Clinical Trial and Answer to Conditions)

[12] Drug Accountability nach ICH GCH E6 (R2)

[13] HFG, KlinV, Art. 29, Art. 37, Abs. 1-3

[14] HFG, HFV Art. 18, Abs. 1-5

[15] HFG, HVF, Art. 21

[16] HFG, HFV, Art. 20

[17] HFG, HFV, Art. 22

[18] Spitalhygienische Vorgaben an die ambulanten Sprechstunden des USB während der COVID-19 Epidemie

[19] USB Epidemiehandbuch v3 (08.02.2021) und USB Weisung Nr. 11 (15.01.2021)

Abbreviations:

EC = Ethics commission

GCP = Good Clinical Practice

HRA = Human Research Act

HRO = Human Research Ordinance

ICF = Informed Consent From

ICH = International Council of Harmonisation

ISF = Investigator Site File

ClinO = Ordinance for clinical trials

MP = Monitoring Plan

(S)AE = Serious Adverse Event

SM = Swissmedic

TMF = Trial Master File