FLuid Optimisation in Emergency LAparotomy (FLO-ELA) Trial

Trial Steering Committee (TSC) Charter

Version 2.0
31st May 2017

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1. Introduction

Main sponsor	University Hospital of Southampton (UHS)
Funder	NIHR Health Technology Assessment programme
Study coordination	Pragmatic Clinical Trials Unit (PCTU)
ISRCTN reference	14729158

OBJECTIVE
To establish whether minimally invasive cardiac output monitoring to guide protocolised administration of intra-venous fluid during and for up to six hours after major emergency bowel surgery will reduce the number of patients who die within 90 days of randomisation.

DESIGN
Open, multi-centre, randomised controlled trial

POPULATION
Patients aged 50 years and over undergoing an expedited, urgent or emergency major abdominal procedure on the gastrointestinal tract eligible for inclusion within NELA.
The trial will recruit 7646 patients (3823 per arm).

EXCLUSION CRITERIA
Refusal of patient consent, clinician refusal, abdominal procedure outside the scope of NELA, previous enrolment in the FLO-ELA trial, previous inclusion in the NELA audit within the same hospital admission, current participation in another clinical trial of a treatment with a similar biological mechanism.

INTERVENTION]
Cardiac output monitoring to guide protocolised administration of intra-venous fluid

DURATION
57 months

PRIMARY OUTCOME
Mortality 90 days after trial randomisation

SECONDARY OUTCOMES
One-year mortality; length of stay in hospital and intensive care; hospital readmission within 90 days; cost effectiveness.

2. Membership of the TSC

Independent Members			
Name	**Position in TSC**	**Job Title**	**Institution**
Prof. Stephen Brett	Chair	Professor of Critical Care	Hammersmith Hospital
Prof. Mark Peters	Independent Member	Professor of Paediatric Intensive Care	Great Ormond Street Hospital for Children NHS Trust
Dr Andrew Klein	Independent Member	Consultant in Anaesthesia	
Suzie Cro	Statistician	Statistician	Imperial Clinical Trials Unit

Investigator Members			
Name	**Position in TSC**	**Job Title**	**Institution**
Dr Mark Edwards	Chief Investigator	Consultant in Anaesthesia and Perioperative Medicine	University Hospital Southampton
Prof. Mike Grocott	Senior Co-Investigator	Professor of Anaesthesia and Intensive Care	University Hospital Southampton

Lay Members			
Name	**Position in TSC**	**Job Title**	**Institution**
Carol Green	Public Member	Lay Member	
Keith Young	Observer	Lay Member	

Observers*			
Name	**Role in Trial**	**Job Title**	**Institution**
Prof. Rupert Pearse	Senior Co-Investigator	NIHR Research Professor & Consultant in Intensive Care Medicine	Royal London Hospital
Dr Dave Murray		Consultant Anaesthetist, National Emergency Laparotomy Audit National Clinical Lead	James Cook University Hospital
Jose Lourtie		National Emergency Laparotomy Audit Project Manager	Royal College of Anaesthetists
Yvonne Silvoe		Associate Director, Healthcare Quality Improvement Partnership	Healthcare Quality Improvement Partnership
Jade Rand	Trial Manager	FLO-ELA Trial Manager	University Hospital Southampton
Brennan Kahan	Statistician	Lecturer In Medical Statistics	Pragmatic Clinical Trials Unit (PCTU)

Gordon Forbes	Statistician	Statistician	Pragmatic Clinical Trials Unit (PCTU)
Ann Thompson	Senior Trial Manager	Senior Trial Manager	Pragmatic Clinical Trials Unit (PCTU)
Vladislav Berdunov		Health Economist	Pragmatic Clinical Trials Unit (PCTU)
Prof. Monty Mythen		Professor of Anaesthesia and Intensive Care	
Dr Sam Clark		Specialist Trainee in Anaesthesia, National Lead for Anaesthesia Trainee Research Networks	

**please note: this list is not exhaustive. Observers will be invited to attend open meetings as needed, depending on the agenda (please see 5. TSC Meetings).*

3. Responsibilities of the TSC

- The role of the Trial Steering Committee (TSC) is to provide overall supervision of the FLO-ELA trial. The FLO-ELA TSC includes members who are independent of the investigators, their employing organisations, funders and sponsors. Day to day management of the trial is the responsibility of the investigators. A separate Trial Management Group (TMG) has been convened for this purpose.
- The TSC should concentrate on progress of the trial, adherence to the protocol, patient safety and the consideration of new information of relevance to the research question.
- The safety and well-being of the trial participants is the most important consideration and should prevail over the interests of science and society.
- The TSC should provide advice, through its chair, to the Chief Investigator, the Trial Sponsor, the Trial Funder, the Host Institution and the Contractor on all appropriate aspects of the trial.
- Specific roles of the TSC include:
    - providing expert oversight of the trial
    - maintaining confidentiality of all trial information that is not already in the public domain
    - making decisions as to the future continuation (or otherwise) of the trial
    - monitoring recruitment rates and assisting the TMG in developing strategies to deal with any recruitment issues or data management concerns
    - reviewing regular reports of the trial from the trials unit (sent on behalf of the Trial Management Group (TMG))
    - approving / commenting on the statistical analysis plan
    - approving / commenting on the publication plan
    - assessing the impact and relevance of any accumulating external evidence
    - advising corrective actions for sites that are deviating from the protocol

- approving any proposals by the TMG concerning any change to the design of the trial
- overseeing the timely reporting of trial results

4. TSC reports

- Reports will be prepared by the trial co-ordinating centre.
- The reports, where applicable, will be circulated at least a week before each TSC meeting.
- The contents of the reports will include: screening and recruitment rates, numbers allocated to each arm, CRF completion rates and retention data.

Where the required data source is available reports will also include: missing outcome data, missing data for prognostic baseline covariates which will be adjusted for in the primary analysis and compliance with assigned treatment arm (adherence/contamination pooled by treatment arm).

5. TSC Meetings

Planned Meetings:

- The responsibility for calling and organising TSC meetings lies with the Chief Investigator, in association with the Chair. The TSC will plan to meet every 6 months. Or, if all members agree that a 6 monthly meeting is not necessary, the committee will meet at least once a year.
- If a member misses 3 meetings in a row, the remaining members will appoint a new member to replace them.
- The agenda will be drafted by the Trial Management Group (TMG) and agreed by the chair.
- TSC meetings will be arranged to try and ensure all members can attend. Members who cannot attend in person will be encouraged to attend by teleconference.
- The observers are not members of the TSC but may be invited to all or part of the meeting to provide expert input.
- If any members cannot attend at short notice, the TSC will still meet as long as the Chair, Chief Investigator, the trial manager and one other member is present. If the TSC is considering major action, then the TSC Chair and Chief Investigator will communicate with absent members as soon as possible after the meeting to check they agree. If they do not, then a further full TSC meeting will be arranged.

Minutes:

- Minutes of the meetings will be written by the Trial Manager and approved by the Chief Investigator and the TSC Chairman.

- These minutes will be circulated to members of the TSC and any observers present.
- The minutes will be filed and stored in the Trial Master File (TMF).
- TSC members would be expected to securely store copies of the reports to and from the TSC, agenda and minutes, as well as copies of communications between meetings. All documentation should be considered confidential.

Recommendations:

- Every effort should be made to achieve consensus. The role of the Chair is to summarise discussions and encourage consensus.
- It is important that the implications (e.g. ethical, statistical, practical, and financial) for the trial be considered before any decision is made.
- The Chair, Chief Investigator and Trial Manager are responsible for reporting TSC recommendations to the relevant bodies and groups.

TSC Members Signature Page

Do you have any conflicts of interest? YES/NO (*if yes please detail them below*):

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I confirm that I have read this Charter; I understand it and I will work according to it. I will also work consistently with the ethical principles according to ICH Guidelines of Good Clinical Practice and the applicable laws and regulations.

Name	
Position	
Signature	
Date	

TSC Members Confidentiality Agreement

All members of a trial steering committee convened to oversee the conduct of a study must recognise, confirm their commitment to, and comply with the principles of confidentiality in relation to all study data made available to them to discharge their responsibilities as members of the trial steering committee. This includes:

- Non-disclosure of the protocol, protocol amendments, data, minutes of meetings or any other documentation circulated in relation to the operation of the TSC to unauthorised individuals
- Ensuring that all documents relating to the operation of the TSC are held securely and are not accessible to others
- Ensuring that all documents in their possession are destroyed at the end of the study

I confirm that as a member of the TSC for the study entitled **FLuid Optimisation in Emergency LAparotomy (FLO-ELA) Trial**, I will abide by the principles of confidentiality outlined above.

Name	
Position	
Signature	
Date	