York and Scarborough Teaching Hospitals NHS Foundation Trust R&D Unit
Standard Operating Procedure
R&D/S21

Study Close-Out

IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED

All staff should regularly check the R&D Unit's website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: www.research.yorkhospitals.nhs.uk/sops-and-guidance-/ and/or Q-Pulse

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Version Number:	4.0
Author:	Monica Haritakis
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Approved by:	Name/Position:	Lydia Harris, Head of R&D
	Signature:	
	Date:	11th November 2019
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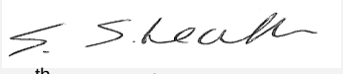
	Signature:	
	Date:	11th November 2019

This SOP will normally be reviewed every 3 years unless changes to the legislation require otherwise

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Implemented	Details of significant changes
1.0	1st November 2010	
2.0	17th October 2013	Change of SOP Controller and author. Removal of references to the North and East Yorkshire R&D Alliance Made applicable to other research in addition to CTIMP studies
3.0	21st August 2017	Change of author, routine review, minor change.
4.0	9th December 2019	Change of author. Change of link to R&D website. Change of title so that it's applicable to all studies. Minor changes to content. Addition of R&D/S94 to Related SOPs and Documents table.

Contents

1 Introduction, Background and Purpose

Trial Close-out is the act of ensuring that all clinical trial related activities have been appropriately reconciled.

Close-out is integral to the quality of a trial and is designed to ensure that all necessary documents are in place should the trial data need to be queried or inspected in the future.

This SOP establishes a procedure for closing down clinical trials of investigational medicinal products (CTIMPs) in the Trust to support compliance with the UK Clinical Trial Regulations. To ensure consistent practice this procedure should also be used for closing down non-CTIMPs.

2 Who Should Use This SOP

This SOP is aimed at:

- Chief Investigators (CIs), trial co-ordinators, and other professional or administrative research staff, in the investigator team or in support departments, working on CTIMP and non-CTIMP studies Sponsored or co-sponsored by the Trust;
- Principal Investigators (PIs) and other professional or administrative research staff, in the investigator team or in support departments, at Sites where multi-site studies sponsored or co-sponsored by the Trust are being run;
- R&D Unit personnel, who manage the sponsorship of CTIMP and non-CTIMP studies on behalf of the Trust;
- PIs, research staff and staff in all involved service departments in the Trust where externally-sponsored studies are hosted;
- Monitors employed by or contracted to the sponsoring or co-sponsoring the Trust.

3 When this SOP Should be Used

This SOP should be followed when closing down:

- a CTIMP or non-CTIMP study that is sponsored or co-sponsored by the Trust;
- a CTIMP hosted by the Trust with an external Sponsor, where an applicable Sponsor SOP has not been adopted for the trial.

This SOP should be used at the point that the study terminates. The end of study should be defined in the study protocol but may be for example, when the last patient entered onto the study has had their last study visit. Any changes to the end of study should be notified to the authorities as a Substantial Amendment. Final analysis of the data (following 'lock' of the trial database) and report writing may occur after formal declaration of the end of the project.

4 Procedure(s)

A site must be closed as soon as is practicable to do so. A site may be deemed "closed" once all study-related activities at a particular site are reconciled and/or complete. This includes ensuring:

- Investigator/institution and sponsor files are reviewed and all essential documentation for a particular site are confirmed in the appropriate files, providing a clear audit trail of study conduct at the site.
- All site data is collected, entered, validated and all data queries resolved where feasible. This includes queries resulting from reconciliation of the clinical and safety database.
- All issues from previous study monitoring procedures are resolved and documented.
- All financial matters are resolved and all site payments are complete as agreed and documented in study contracts/agreements/approvals.
- All unused trial supplies are returned or destroyed according to study and/or sponsor requirements.
- Final drug accountability is completed and IMP is returned (if returned) or destruction of unused study drug is documented in the site file (if destroyed locally at site).
- Investigator(s) are aware of the study publication policy, as documented in the study protocol and/or study contracts/agreements.
- Investigator(s) are aware of and have implemented relevant ongoing requirements such as site archiving, subsequent audit/inspection procedures and any ongoing reporting requirements.

The Chief Investigator (CI) site should not be closed until all the participating sites have been closed-out.

Consideration must also be given to those trials that can be 'closed' but where the patients are placed into long term follow-up (e.g. Oncology trials).

4.1 Chief Investigator (CI) Responsibilities – Trust Sponsored Studies

- It is the responsibility of the CI, acting on behalf of the Sponsor, to notify the main REC, the MHRA (CTIMPs only) and the Sponsor (via R&D Unit) of the end of the trial for every participating site and CI site using the appropriate Declaration of End of Trial Form which can be found on the Health Research Authority website (see R&D/S06 for details).
- The CI must notify the end of the study within 90 days of the trial ending (trial end as defined in the protocol) or within 15 days if terminated early.
- Once notified of the end of study, the CI (or delegated individual) will contact the Monitor in order to arrange the Close-Out monitoring visit(s) as specified in the study monitoring plan. Support departments (e.g. pharmacy) should also be notified in order that they can prepare for Close-Out.
- Organise Trial Master File (TMF) ensuring all necessary documents are present.

- The CI must submit an end of study report to the R&D Unit within 10 months of the date of the end of trial. This Report will be submitted to the York and Scarborough Teaching Hospitals NHS Foundation Trust R&D Group for information. The R&D Unit will subsequently be responsible for submitting the end of study report to the MHRA (CTIMPS only) and Main Ethics Committee to arrive within 12 months of the date of the end of the study (see R&D/S27).
- Instigate archiving procedures in line with R&D/S11 ensuring that files are retrieved from support departments (e.g. pharmacy) so that all essential documents relating to a particular trial are archived together.

4.2 Pharmacy

Pharmacy Close-Out procedures are covered in more detail in Pharm/S56 (Close Down of a Clinical Trial in Pharmacy).

All Investigational Medicinal Product (IMP) must be accounted for, including a check that all of the IMP has been returned by trial subjects and that all of the IMP not used for the study is present and unopened. All IMP logs must be checked for accuracy and any discrepancies must be accounted for. Serious breaches in IMP accountability must be brought to the attention of the CI and Sponsor.

Return and destruction of IMPs must be carried out according to protocol and legal requirements. IMPs must not be destroyed until permission to do so is given by the Sponsor. A Certificate of Destruction should be obtained when the IMP is destroyed, this should be filed in the Trial Pharmacy File.

4.3 Research Samples

Storage and destruction of research samples must be carried out according to Protocol and Sponsor requirements. Research samples must not be destroyed until permission to do so is given by the Sponsor. Destruction of research samples should be recorded on the Specimen Destruction Log as per R&D/S94.

4.4 Close-Out Monitoring Visit

Monitor's Close-Out procedures are covered in more detail in SOP R&D/S08.

4.5 R&D Unit Responsibilities

1. Receive end of study notification from CI.
2. Update end date on EDGE and change study status to completed/closed.
3. Notify the CI that the study is closed, once the close-out procedures have been completed.
4. At the time when trial documentation is ready for archive, the Named Archivist will prepare archive boxes in line with SOP R&D/S11.

5 Related SOPs and Documents

R&D/S03	Delegation of Roles and Responsibilities for Trust Sponsored Research Studies
R&D/S06	Safety Reporting
R&D/S08	Monitoring of Trust sponsored Research Studies
R&D/S09	Set Up and Management of Research Studies
R&D/S11	Archiving of Essential Documents
R&D/S27	End of Study Reports
Pharm/56	Trial Closedown in Pharmacy
R&D/F19	Close-Out Visit Monitoring Report
R&D/S94	Processing Laboratory Research Samples