

University of Leicester Research Governance Office Standard Operating Procedures

SOP S-1035 UoL

Randomisation and Blinding for Research Studies Sponsored by the University of Leicester

Version 3.2, March 2024

Office Base
Research Governance Office
University of Leicester
Academic Department, Ground Floor
Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

Effective Date: April 2024

This SOP will be implemented in line with this document's effective date for all UoL Sponsored research still in set up. For active clinical research that is already in the recruitment phase (or further) at the time of implementation, this SOP must be implemented within 3 months of the effective date.

1.0 Introduction and Scope

This Standard Operating Procedure (SOP) applies to all research studies sponsored by the University of Leicester (UoL) where there is a requirement to blind or randomise and outlines the process required. It is not always necessary to randomise and/or blind treatments or assessments but these options may be appropriate when designing a study. In accordance with GCP each task must be conducted by appropriately qualified and trained individuals and it is expected that a statistician or other suitably qualified individual will undertake, or be involved in, the randomisation and blinding of a study.

2.0 Useful Definitions

Randomisation is the process by which participants in a clinical trial are randomly assigned to treatment groups in an unbiased and balanced manner, such that neither the participant or investigator can influence which treatment group the participant is assigned to.

Blinding is the process that keeps one or more parties involved in a study (for example, the Sponsor, pharmacy, the investigator team and/or the subject) unaware of what treatment arm subjects have been randomised to. It is vital that the blind is maintained throughout the study (with the exception of the circumstances described in Section 8) to ensure that no bias is introduced.

3.0 Randomisation Process

The protocol should describe the method of randomisation and any stratification factors. It is recommended that a “randomisation specification” is developed that contains the key features of the randomisation although this may not be necessary if the protocol contains sufficient information and the study has a straightforward design.

4.0 Randomisation Methodology

The methods of preparing the randomisation schedule (or randomisation list) can be quite varied; including the use of random number tables, online randomisation programs and bespoke programs/macros. For the latter situation and for complex algorithms, where computer systems are used, there should be some method of Quality Control or validation of the program and documentation to demonstrate this must be retained. The method of generating the randomisation schedule should be clearly documented and should include who was responsible for its generation and who had access to the schedule before database lock. The randomisation schedule should be version controlled so it is clear which is the final version.

Methods of randomisation that cannot be verified at a later date and reconstructed must be avoided.

Where an interactive response technologies (IRT) system is used, a statistician should be involved in any specification and programming of the system to undertake complex randomisation. This is not needed if the statistician is just providing a randomisation schedule (that the system uses as a ‘look up’ table).

5.0 Distribution and Storage of the Randomisation Schedule

The randomisation schedule may consist of a paper record only or also as an electronic version. There should be adequate control of all electronic versions of the randomisation schedule, both as it appears on the computer system and on the document, if printed. It should be apparent which version is the final one.

The randomisation schedule can be used for numerous purposes and it is recommended that the distribution requirements are documented on the specification.

6.0 Blinding

The only difference between various treatments provided as part of a study should be the subject number on the label. In the case of Investigational Medicinal Product (IMP) studies, there should be no indication whether a given subject is receiving active drug, comparator or placebo; if this is not possible then an unblinded operator may be responsible for reconstitution and/or administering the IMP.

7.0 Maintenance of the Blinding

Maintaining the integrity of the blind is a key consideration for all those involved in the study, as compromising the blinding will have a significant impact on the interpretation of the results.

The Chief Investigator (CI) (or delegate) (delegated by the Sponsor) should implement procedures to control the randomisation schedule to prevent accidental or deliberate unblinding. These procedures should include consideration of documented access restrictions for electronic schedules, so it is clear who had access and when, to the code throughout the conduct of the study. The processes for handling code breaks, randomisation envelopes, master randomisation list and drug administration records are all important in maintaining the blinding and should all be taken into consideration. However, unnecessarily complex randomisation, packaging and dispensing procedures should be avoided as involving numerous individuals and process increases the risk of mistakes occurring.

Consideration must be given to the identifiers present on IMP packaging to ensure that they do not compromise the integrity of the blind. For example, investigators should consider if IMP and placebo/comparator drug production batch numbers could lead to unblinding.

In cases where data monitoring committees require interim unblinded analysis reports there should be robust procedures in place to protect the study team from gaining access to unblinded data or the randomisation schedule. If possible, it is recommended that interim unblinded reports are produced by a separate statistician to the one who will undertake the final analysis.

7.1 Drug Accountability

In those circumstances where it is necessary for an unblinded operator to perform the reconstitution, dispensing and dosing of treatment it is important to demonstrate that the blinding has been maintained.

Blinding processes should be defined in a formalised procedure and records must be available to reconstruct who had access to the randomisation schedule, who assigned the treatment to the subjects, who performed the blinding process and who released the IMP to the person who administered it.

7.2 Efficacy and Safety Assessments

Where there are unblinded personnel there should be clear documentation (for example on the Delegation of Authority and Signature Log) of who is authorised to perform the unblinded activities, to provide assurance that those performing efficacy and safety assessments remain blinded and, therefore, unbiased. This could take the form of an blinded and unblinded personnel Delegation of Authority and Signature Log, or a separate document listing the various personnel and the status of their blind. In order to maintain the blinding, unblinded documentation should be retained separately from the rest of the study documentation until the end of the study or until the randomisation code has been broken for analysis. Should the case occur where a member of the blinded study team changes to the unblinded team, this should be clearly and formerly documented.

Where the design of the study, or administration of the intervention, does not facilitate blinding of the participants or investigators, the assessors of the endpoint data must be blinded. For example, in a study that compares an overnight dressing against a twice-daily application of steroid cream)

the assessor for the skin condition would need to be blinded in order to perform the assessments objectively. In addition, the subjects would need to be educated not to reveal the treatment to the assessor.

7.3 Monitoring

For blinded studies consideration should be given to allocating an unblinded monitor for the IMP aspects and how any visits and communication will be documented, reviewed and approved without compromising the blinding. This will be discussed during the Sponsor Review Process.

7.4 Laboratory Data

For studies using laboratory data, review of this data may lead to unblinding. It is therefore important that any such laboratory data are only communicated and available to the appropriate people involved in the conduct of a study. Laboratories that generate clinical trial data should be aware of whether the study is blinded or not and exercise due diligence when communicating data to ensure the blind is not compromised.

8.0 Unblinding

8.1 Unblinding in a Medical Emergency

There must be the ability to unblind a subject immediately in the case of a medical emergency. This may be undertaken by the use of physical code breaks or via an interactive response technologies (IRT) system. There should be a backup system in place to enable breaking of the blind in the event that an IRT system is not functioning. Unblinding should only occur if knowledge of the treatment assignment is considered necessary to determine the optimal medical management of the patient.

8.2 Unblinding for SUSAR Reporting

SUSARs need to be unblinded prior to reporting to the competent authority and Research Ethics Committee (REC), however, this unblinding must not be undertaken by the investigator or the research team. The SUSAR should be reported to the Sponsor who will have an appropriate individual identified for each study to unblind the event and report it. To reduce the potential for bias to occur, following a SUSAR, procedures need to be in place to cover how the unblinding necessary for expedited reporting purposes can be managed and documented without compromising the blinded members of the study team.

8.3 Unblinding of the Study for Analysis Purposes

There should be a formal process to control the unblinding of a study for analysis purposes and this should be recorded. There should be documentation which confirms when the randomisation code was requested or provided and when the randomisation data were applied to the analysis datasets or database at final analysis. This information should contain times as well as dates.

9.0 Reconciliation of Code Breaks at the End of the Study

Reconciliation of physical code breaks should be undertaken at the end of the study and a check made that they have not been tampered with. When using an IRT system it should be possible to demonstrate that the blinding has not been compromised.

10.0 Randomisation Errors


Randomisation errors must be treated in the same way as Protocol Deviations. SOP S-1013 UoL must be used to manage these errors.

11.0 Responsibilities

Responsibility	Undertaken by	Activity
UoL Research Governance Office/CI	Head of Research Governance or delegate & CI	Appoint an individual (not the investigator or a member of the research team) during the Sponsor review process to be responsible for SUSAR reporting.
CI	Statistician or suitably qualified individual	Produce the randomisation schedule.
CI (delegated by the Sponsor)	CI or delegate	Implement procedures to control the randomisation schedule and other documents to prevent unblinding throughout the lifetime of the study.

12.0 Development and approval Record for this document

This table is used to track the development and approval of the document:

Author	Job title	Reviewed by	Approved by	Date approved
Cat Taylor	Head of Research Governance	UoL Research Management and Operations Group (RSMOG)		25/03/2024

13.0 Review Record

This table is used to track any changes made on revised / reviewed versions:

Date	Issue Number	Reviewed By	Description Of Changes (If Any)
August 2015	2	Wendy Gamble	Reviewed and amended to include University of Loughborough on front page, change of review dates, version etc.
Nov 2016	3	Diane Delahooke	Change of logo and RGO address. Change trial to study to be consistent with UHL. Addition of Randomisation Errors section.
Sept 2021	3.1	Cat Taylor	Administrative changes
march	3.2	Cat Taylor	Administrative changes Minor updates to wording Update review schedule to every 3 years Removal of distribution record