



# **Trial Forge Centres**

## **Why bother?**

The evidence-base for trial process decision-making is thin and will remain so unless people work together to change things. Distributing leadership and work across Trial Forge Centres while maintaining links with a network of other centres is likely to make for faster progress and be more rewarding and enjoyable to boot.

## **What is a Trial Forge Centre?**

A Trial Forge Centre is a centre that has demonstrated expertise and capacity in trial methodology work that aims to improve trial efficiency. For example, work on resource planning, improving decisions about the choice of recruitment and retention strategy, which outcomes are selected, how data are collected, how missing data are handled, or how trial results are presented to stakeholders. A Trial Forge Centre will usually be based in a department at a university, research institute or hospital although there may be other types of centre too. We'd anticipate that a centre would have at least three people working in trial methodology at least one of whom is permanent staff so as to give some sustainability to the Centre. It should be possible to say that the Centre has a focus on a handful of methodology topics (or just one), rather than a long list of interests. Having more than one centre with the same focus is fine so long as they talk to each other.

## **What are the key features of a Trial Forge Centre?**

We'd expect members of a Trial Forge Centre to:

- Have an established program of trial methodology research that fits the Trial Forge aim of improving trial efficiency.

- Be collaborative. Trial Forge Centres are not about claiming exclusive rights to something.
- Want to be part of a bigger network.
- Be willing to follow (and perhaps develop) Trial Forge Guidance (e.g. see <https://doi.org/10.1186/s13063-018-2535-5>) and to encourage others to do the same.
- Be willing to talk to others inside and outside the network about why the Centre's work, and that of Trial Forge generally, is important.
- Want to help to steer the direction of Trial Forge as a whole.

## **What do you get for being a Trial Forge Centre?**

You get to be part of a growing network of centres, individuals and other partnerships working together to improve trial efficiency. It might expand your list of contacts and collaborators, making some things possible that might otherwise not be. If we have Trial Forge meetings we'll aim to give centres a slot on the program. Being part of the network might help with grant submissions (e.g. by highlighting that you are linked into a network, or as a route for dissemination). We should be able to supply some Trial Forge materials (e.g. leaflets and pens) that you can take to talks and other events.

Most of all though you'll be part of something that is focused on achieving health benefit for the public, is fun and collaborative. The pens are cool though.

## **Any rules about structure, governance etc?**

Not really. Each Centre should organise itself as it sees fit and stay in touch with the central Trial Forge team in Aberdeen, UK ([info@trialforge.org](mailto:info@trialforge.org)). There are a few things though:

- If a key person at a Centre moved to a different place it would be worth having a chat with the central Trial Forge team to see what the impact of that might be.

- It would be nice to get an update (a 1-page summary of key achievements, say) once a year that summarises recent activity at the Centre. This will help to show the impact that the centres and the network have on trial methodology and trial process evidence.
- If we hold a Trial Forge meeting (alongside a conference, say), it would be good if at least one person from the Centre could come along. Even better if that person wanted to present some of the Centre's work, or a idea for some new work.
- If you're giving a talk about the Centre or Trial Forge, let us know. We have a place on our website to highlight these: <https://www.trialforge.org/tour-dates/>. It's handy for sending to people who need to count presentations (e.g. we use it in Aberdeen for Researchfish submissions).
- If you write a paper, abstract or similar that could be linked to Trial Forge it would be nice to say so. Text we've added to the end of articles in the past is 'This work is part of the Trial Forge initiative (<https://www.trialforge.org/>)'.
- Please use the Trial Forge logo (see appendix) when you can. We can give you an electronic copy too.

## **How do we become a Trial Forge Centre?**

We thought about a form to fill in but opted for a chat instead. Send an email to [info@trialforge.org](mailto:info@trialforge.org) and we can set up a call. For the time being that call will be with people in Aberdeen, UK, but that may change over time. If we all (including you) feel comfortable with your group becoming a Trial Forge Centre, then that's what we'll do.

12th May 2020

**Appendix 1**

The Trial Forge logo.



**TRIAL FORGE**

## Appendix 2

### Trial Forge Centres

Location	Focus of work	Contact
<b>Australia</b>		
The George Institute for Global Health, Level 5, 1 King Street, Newtown NSW 2042, Australia	<p>Risk-based / remote monitoring</p> <p>Data management / data quality</p> <p>Patient engagement</p> <p>Outcome collection and adjudication</p>	<p>Laurent Billot <a href="mailto:lbillot@georgeinstitute.org">lbillot@georgeinstitute.org</a></p> <p>Helen Monaghan <a href="mailto:hmonaghan@georgeinstitute.org">hmonaghan@georgeinstitute.org</a></p>
University of Queensland Centre for Clinical Research (UQCCR) Level 8, Building 71/918 (RBWH Campus) Herston Qld 4029 Australia	<p>International aspects related to:</p> <p>Recruitment and retention in multi-centre international clinical trials.</p> <p>Recruitment and retention in seriously and critically ill populations.</p> <p>Resource planning, risk-based remote monitoring</p> <p>SWATs</p> <p>Effective site selection in international, multi-centre projects.</p> <p>Use of optimized participant information in critical care research.</p> <p>Determinants affecting predicted versus accrual enrolment.</p>	<p>Roberta Littleford <a href="mailto:r.littleford@uq.edu.au">r.littleford@uq.edu.au</a></p> <p>David Paterson; <a href="mailto:d.paterson1@uq.edu.au">d.paterson1@uq.edu.au</a></p> <p>Patrick Harris; <a href="mailto:p.harris@uq.edu.au">p.harris@uq.edu.au</a></p> <p>Adam Stewart; <a href="mailto:adam.stewart@uq.edu.au">adam.stewart@uq.edu.au</a></p> <p>Tiffany Harris-Brown; <a href="mailto:t.harrisbrown@uq.edu.au">t.harrisbrown@uq.edu.au</a></p>

<b>Canada</b>		
McMaster University School of Rehabilitation Sciences Faculty of Health Sciences, Institute of Applied Health Sciences, Room 403, 1400 Main St. W. Hamilton, ON L8S 1C7	Design, conduct, and evaluation of rehabilitation clinical trials  Pilot and feasibility studies  Critical care trial methodology	Michelle Kho; <a href="mailto:khome@mcmaster.ca">khome@mcmaster.ca</a>
<b>Ireland</b>		
HRB Clinical Research Facility, University College Cork, Mercy University Hospital, Grenville Place, Cork, Ireland. T12 WE28	SWATs  Trial conduct  Communication	Frances Shiely <a href="mailto:f.shiely@ucc.ie">f.shiely@ucc.ie</a>
<b>Switzerland</b>		
Department of Clinical Research, University of Basel, Switzerland	Resource planning, recruitment, trial monitoring, use of routine data	Matthias Briel; <a href="mailto:Matthias.briel@usb.ch">Matthias.briel@usb.ch</a>  Lars Hemkens <a href="mailto:lars.hemkens@usb.ch">lars.hemkens@usb.ch</a>
<b>United Kingdom</b>		
Health Services Research Unit, University of Aberdeen, UK	Trial Forge coordination.  Recruitment, retention and data collection	Shaun Treweek; <a href="mailto:stweek@mac.com">stweek@mac.com</a>  <a href="mailto:info@trialforge.org">info@trialforge.org</a>
Population Health Sciences, University of Bristol, UK	Recruitment (especially in trials with very different arms, or 'less treatment' comparators)  Using qualitative research to inform trial design and planning; feasibility studies	Lelia Rooshenas; <a href="mailto:Leila.Rooshenas@bristol.ac.uk">Leila.Rooshenas@bristol.ac.uk</a>  Marcus Jepson; <a href="mailto:Marcus.jepson@bristol.ac.uk">Marcus.jepson@bristol.ac.uk</a>

<p>Centre for Trials Research, Cardiff University, UK</p>	<p>Routine data and trials</p> <p>Consent models for the vulnerable/research excluded</p> <p>Use of digital &amp; sensor data in trials</p> <p>Maintaining patients through multiple randomisations</p>	<p>Fiona Lugg-Widger; <a href="mailto:luggfv@cardiff.ac.uk">luggfv@cardiff.ac.uk</a></p> <p>Kerry Hood; <a href="mailto:Hoodk1@cf.ac.uk">Hoodk1@cf.ac.uk</a></p> <p>Monica Busse; <a href="mailto:Busseme@cf.ac.uk">Busseme@cf.ac.uk</a></p> <p>Richard Adams; <a href="mailto:Adamsra3@cf.ac.uk">Adamsra3@cf.ac.uk</a></p>
<p>York Clinical Trials Unit, University of York, UK</p>	<p>SWATs</p>	<p>Adwoa Parker; <a href="mailto:adwoa.parker@york.ac.uk">adwoa.parker@york.ac.uk</a></p> <p>Catherine Arundel; <a href="mailto:catherine.arundel@york.ac.uk">catherine.arundel@york.ac.uk</a></p>