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# Investigator Experiences with the Ethics Review Process of Cluster Randomized Trials: *An International Survey*

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# Introduction

## ■ **Ethics Guidelines:**

- Used by ethics committees to formulate ethical standards
- Developed primarily for individually randomized trials

## ■ **Ethical Challenges posed by CRTs:**

- Ethical foundation of cluster (as opposed to individual) randomization
- Issues around the need for informed consent
  
- Challenges not yet systematically explored → Differing views
  - Ethics committee <-> Investigator
  - Ethics committee <-> Ethics committee

## ■ **Comprehensive International ethics guidelines for CRTs:**

- **to help investigators** in the design and conduct of their CRTs
- **to guide ethics committees** in their review of CRTs

# Survey of CRT Investigators: Objectives

- **Purpose:**
  - To understand 'ethical landscape' in the conduct of CRTs in health research
- **Objective 1)** Describe the ethics *review* process of CRTs from the experience of researchers seeking ethics approval.

## Questions

- What factors are associated with seeking ethics approval for CRTs?
- Do investigators experience variability among multiple ethics committees reviewing CRTs?
- Do investigators experience positive or negative impacts of the ethics review process on various aspects of their CRTs?
- Do investigators support a need for ethics guidelines for CRTs?

# Survey of CRT Investigators: Methodology (1)

## ■ Survey Questionnaire

- **Content:** Literature review, key informant interviews, review of CRT publications
- **Personalization of each questionnaire:** by type of cluster, type of cluster member, ethics review terminology
- **Pre-testing:** Expert reviews & Cognitive interviewing

## ■ Sampling Strategy




# Survey of CRT Investigators: Methodology (2)

- **Data collection mode:**
  - Self-administered web survey

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24) For any of the CRTs, did the ethics review process ever have an **impact** on any of the following aspects of the study?  
[Check all boxes that apply and please explain whether the impact was *positive or negative* in the text box provided.]

Timely initiation of the trial.

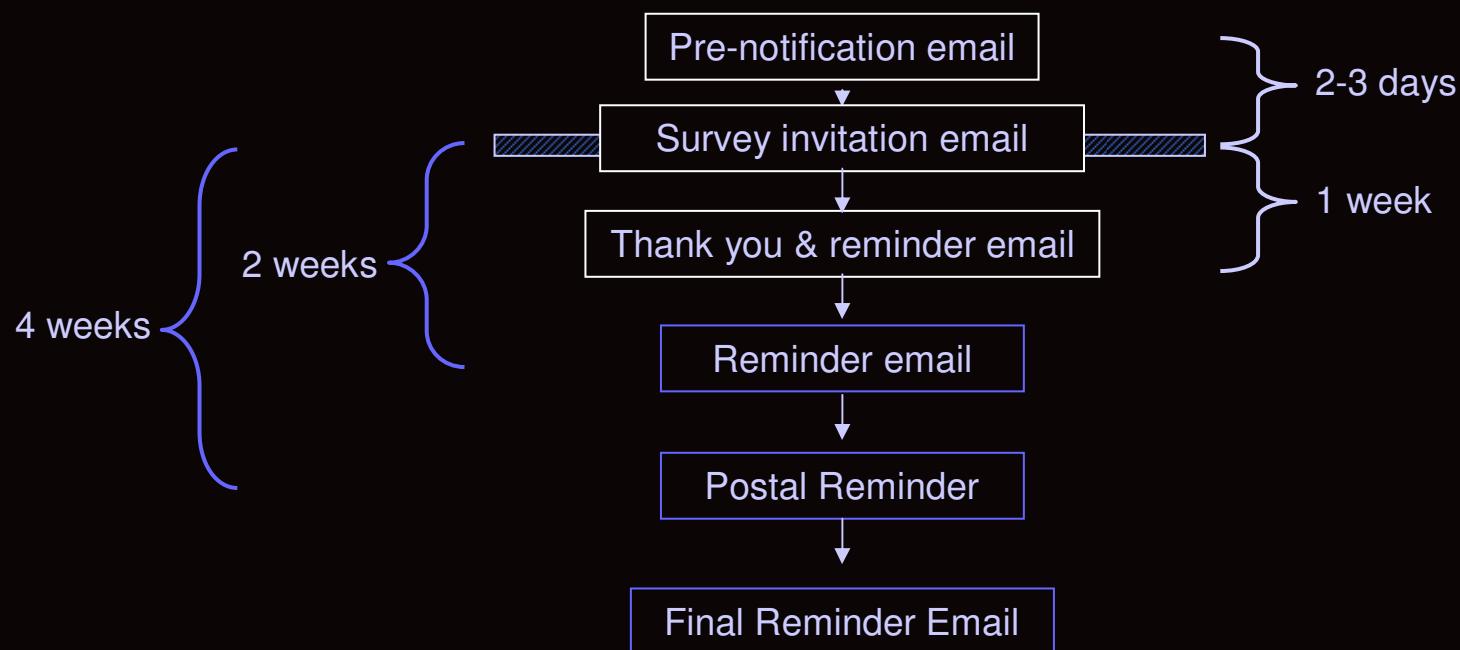
Financial cost of conducting the trial.

Feasibility of participant recruitment.

Scientific validity or methodological quality of the trial.

# Survey of CRT Investigators: Methodology (3)

- **Incentive:** complimentary book offer;
  - *Design and Analysis of Cluster Randomization Trials in Health Research* (2000). By A. Donner and N. Klar
- **Implementation Procedures:** Dillman's tailored design method

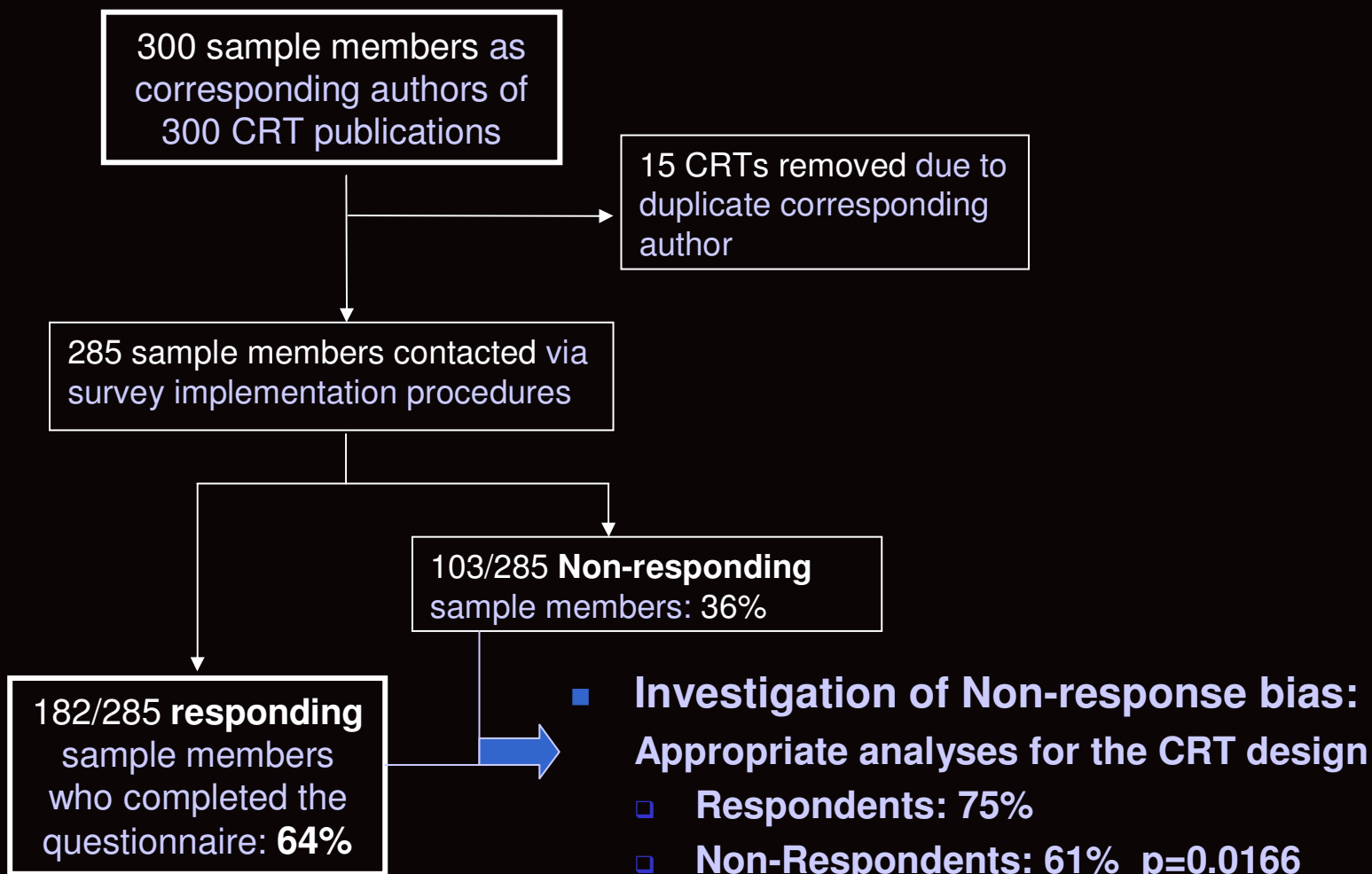


# Survey of CRT Investigators: Survey sample

■ **Table 1: Sample Characteristics (N=285)**

		Frequency %
<b>Country of primary study author</b>	Canada or USA	47% (135)
	UK or Ireland	19% (54)
	Australia or New Zealand	6% (16)
	Elsewhere in Europe	20% (58)
	Various low/middle income countries	8% (22)
<b>Unit of randomization</b>	Health care organization	57% (162)
	Non-health care	43% (123)
<b>Appropriate analyses for CRT design</b>	Yes, ICC accounted for / cluster level analyses	70% (119)
	No	30% (86)
<b>Ethics approval reported</b>	Yes, including exemption from review	74% (210)
	No, not reported	26% (75)

# Survey of CRT Investigators: Response





# Results: Ethics approval of selected CRTs (1)

- **Table 2:** Ethics approval of the selected CRT publication:

	Frequency % (N=182)
<b>Ethics approval sought</b>	<b>91.2% (166)</b>
<b>Number of ethics committees approached for approval</b>	<b>(N=163)</b>
Median [25% quartile (Q1), 75% quartile (Q3)]	1 [1, 2]
Range [Min, Max]	90 [1, 91]
<b>Time delay (years) from ethics approval until CRT publication</b>	<b>(N=166)</b>
Median [Q1, Q3]	5 [3, 7]
Range [Min, Max]	16 [0, 16]
<b>Ethics approval not sought</b>	<b>8.8% (16)</b>

- Reasons ethics approval was not sought:
  - Quality improvement or service evaluation
  - Not required for the study
  - Lack of ethics guidance or review structure at the time
  - Ethics considered by a research committee

# Results: Ethics approval of selected CRTs (2)

- **Table 3:** Characteristics associated with obtaining research ethics approval in CRTs

		Ethics Approval sought (N=182)	
		Yes (%)	p
<b>Publication Year</b>	2000-2002	94% (33)	0.2264
	2003-2005	94% (65)	
	2006-2008	87% (68)	
<b>Country of primary study author</b>	Middle/low income countries	94% (16)	<b>0.0272</b>
	Canada or USA	97% (82)	
	Other high income countries	<b>85% (68)</b>	
<b>Unit of randomization</b>	Health care organization	90% (95)	0.4355
	Other	93% (71)	
<b>Target of planned interventions</b>	Individual level only	97% (60)	<b>0.0245</b>
	Cluster level only	<b>84% (56)</b>	
	Cluster and individual level	94% (50)	
<b>Types of data collection interventions</b>	Routine data only	<b>75% (18)</b>	<b>0.0069</b>
	Individual level only	96% (110)	
	Cluster level only	85% (17)	
	Cluster and individual level	91% (21)	

# Results: Experiences with ethics review (1)

- Table 4:** Investigator experiences with the ethics review process of CRTs

	Frequency %
<b>Experiencing variability in the ethics review of a CRT undergoing review by more than one ethics committee=yes</b>	
Yes, among all respondents	28% (50)
Yes, excluding N/A: ethics review of a CRT did not involve multiple ethics committees	47% (50)
<b><u>Negative</u> Impact of the ethics review process on aspects of a CRT=yes</b>	
Timely initiation of a CRT	26% (48)
Financial cost of conducting a trial	9% (17)
Feasibility of participant recruitment	15% (28)
Scientific validity or methodological quality of a trial.	9% (16)
Other aspects of a trial.	5% (9)
<b><u>Positive</u> Impact of the ethics review process on aspects of a CRT=yes</b>	
Timely initiation of a CRT	1.6% (3)
Financial cost of conducting a trial	1.1% (2)
Feasibility of participant recruitment	4% (7)
Scientific validity or methodological quality of a trial.	5% (9)
Other aspects of a trial.	1.6% (3)

# Results: Investigator views on CRTs (1)

- **Table 5:** Investigator views on ethics guidelines and ethics committee review of CRTs

	Frequency %	95% CI for %
<b>There is a need to develop ethics guidelines for CRTs</b>		
Agree or strongly agree	73.5% (133)	[67%, 80%]
Disagree or strongly disagree	16% (29)	[11%, 21%]
No opinion	10.5% (19)	[6%, 15%]
<b>Ethics committees could be better informed about distinct ethical issues surrounding CRTs</b>		
Agree or strongly agree	70% (126)	[63%, 77%]
Disagree or strongly disagree	12% (22)	[7%, 17%]
No opinion	18% (32)	[12%, 23%]
<b>Ethics committee application forms standardized for various study designs are hard to use in the context of the CRT design</b>		
Agree or strongly agree	46% (84)	[39%, 54%]
Disagree or strongly disagree	30% (54)	[23%, 37%]
No opinion	24% (43)	[18%, 30%]

# Survey of CRT Investigators: Conclusion

## ■ **Study Findings:**

- **Ethics committees demonstrate variable standards as to the type of research requiring ethics approval**
- **Investigators conducting CRTs are experiencing challenges with the ethics review process**
  - Variability in the ethics review of multijurisdictional CRTs
  - Negative impacts in greater proportion to positive impacts of the ethics review process on various aspects of the trials

## ■ **Limitations:**

- Exact contribution of CRT design to challenges is uncertain

## ■ **Strengths:**

- Surveyed investigators with varying levels of experience in conducting CRT
- Many commented about challenges arising from the CRT design
- Majority of respondents agreed that there is need for ethics guidelines for CRT, and that ethics committee could be better informed about distinct ethical issues arising from CRTs

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# Acknowledgements

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# Questions