- Allowing or requirement for a prophylactic drug, such as an antibiotic, in an oncology trial (159,160)
- Implement a requirement that study subjects had already received some sort of therapy for the disease (first-line therapy) before enrolling in the clinical study (161,162)
- Increase the maximally allowed timeframe between presentation of the disease and enrollment/randomization in the clinical trial (163). The mean timeframe for this clinical trial, which involved acute coronary syndrome, was 5.6 h.

Once the proposed amendment is approved, subsequent versions of the Clinical Study Protocol list the dates of the amendments on the title page of the Clinical Study Protocol (164).

VII. CONCLUDING REMARKS

The study schema is a flow chart that provides a snapshot of the study design. The schema is generally included in the Clinical Study Protocol, as well as in any research publications stemming from the clinical study.

The Clinical Study Protocol is an instruction manual for physicians and healthcare workers who are employed in FDA-regulated clinical trials. The utility of this instruction manual can be enhanced by including an accurate schema.

The schema reveals the number of study arms, the identities of the study drugs, control drugs, and placebos (if any). The well-drafted schema also indicates the drug dose and the timing of the doses. Potentially confusing or unusual aspects of trial design, such as run-in periods and decision trees should be included in the schema.

The Clinical Study Protocol optionally includes instructions for dose reduction, dose delay, dose escalation, or dose discontinuation. These instructions can take the form of separate instructions that are keyed for different adverse events, separate instructions that are keyed to severity or grade for any given type of adverse event, and instructions for when to reduce, monitor response, and eventually resume dosing for a given study subject.

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