INTERNAL QUALITY ASSURANCE PROGRAM

An audit is the systematic and independent examination of clinical trial-related documents, processes and procedures. The objective is to determine whether the clinical trial-related procedures were conducted, and the data were recorded and reported in compliance with the protocol, applicable regulations, GCP guidelines, and internal SOPs.

The sponsor of NCI-supported clinical trials has oversight responsibilities for the ongoing clinical investigation, including monitoring and auditing as stated in the Code of Federal Regulations (21 CFR §312.56) and the GCP guidelines.

Due to the infrequent schedule of audits conducted for these NCI-supported trails, it is recommended that sites implement **an internal audit program** that will provide **additional** compliance oversight for these clinical trials.

A clinical trial-focused audit will generally include a review of the following:
- Regulatory documents
- Pharmacy/drug accountability
- Data quality control
- Eligibility quality control
- Patient case review
- Education/corrective and preventive actions (CAPAs)

1. **Regulatory Quality Control**

    Verify that the following are in place:
    - IRB documents are neatly organized electronically or in binders in chronological order and filed separately by protocol. Documentation to confirm IRB review, approval and/or acknowledgement of all IRB submissions should be on file.
    - A process to systematically check the bimonthly CTSU Broadcast email for the status of protocol updates.
    - A system such as a data base or spreadsheet for tracking all amendments, revisions, informed consent changes, annual renewals, and serious adverse events that require IRB review.
    - A system to ensure the use of the most current version of the consent form when consenting new patients.
    - A system to ensure that patients currently on study are informed of important new findings (e.g., risks) in a timely manner.
    - A system to determine if annual review is being conducted for all active protocols. A "List of Patients in Follow-up" at the local site as well as the "List of Protocols with No Required Follow-up" are available on the CRA Workbench.

2. **Pharmacy / Drug Accountability QC**

    Review of drug accountability records and routine verification of inventory should be done at each pharmacy storing or dispensing investigational agents. The frequency of reviews and inventory checks is dependent on the volume of investigational agents in use. A monthly schedule is recommended at the beginning with the frequency decreased to quarterly review once a level of confidence is established. Determine that records are organized and maintained appropriately, and that policies and procedures are in place for oversight of drug receipt, dispensing and return or destruction of drug and to ensure the person prescribing and writing orders for investigational agents is an authorized CTEP investigator/APP.

New staff or anyone needing additional training that have *any* interaction with investigational agents are required to complete certification in the "*Investigational Agent Handling Video*". This video provides guidance on the proper handling of investigational drugs and is required training for new staff involved in ordering, accounting for, and disposing of investigational drugs. Control pharmacies are responsible for monitoring any satellite pharmacies under their jurisdiction.

3. **Data Quality Control**

- In the first six months of employment for any new research staff, all of the data submitted by this employee should be closely scrutinized for integrity and completeness and verified against source documentation.
- "*As needed*" reviews should be conducted when problems are identified. These reviews should continue until the precipitating factor is resolved.
- Expectation Reports and Query Reports should be reviewed by the Program Coordinator and delinquent or incorrect data should be submitted or amended in a timely manner.

4. **Eligibility Quality Control**

A double-check system should be in place to ensure that all eligibility criteria are met *before* the patient is enrolled in the study. A second review should be performed on *every* patient by research staff to confirm eligibility and to verify all source documentation is available to support eligibility *prior* to enrollment in the trial.

5. **Patient Case Internal Audit**

Select patients' charts should be reviewed for completeness, protocol adherence, and data quality on a routine basis. A review of a minimum of 10% of charts is recommended. A suggested time for the review is at the end of the protocol treatment unless the treatment plan is greater than 6 months, in which case an audit within 6 - 9 months of registration is suggested.

Using the Patient Chart Review Instruction provided by SWOG, evaluate each chart for the following:
- Informed consent
- Eligibility
- Treatment/intervention
- Toxicity assessment/reporting of SAEs
- Lab tests/procedures as outlined in the study calendar
- Scans/labs for evaluation of endpoint status
- Follow up assessments
- Accurate submission of data and specimens
- Good documentation practices
- Timeliness of data submission

6. Education/Corrective Actions

Findings from the review should be used to identify areas that require the implementation of corrective action plans or additional training. The following will help in developing in-house training plans:

- All findings should be discussed with staff and investigators.

- A method of tracking areas of deficiency should be established in order to identify trends that need to be addressed with research staff.
- Policies and procedures should be developed and updated as needed to ensure the internal Quality Assurance program is followed.
- Staff education should be on an ongoing basis. Areas noted to be deficient during either the internal audits or research base audits should be incorporated into the education process as needed. Annual review of ethical and regulatory issues should be held. It is suggested that tracking of all educational events, topics, and attendance should be recorded and kept on file at the institution.