Adverse Event Reporting (pg 192)	Amy Johnson
Serious Adverse Events (pg 217)	Maggie Spillers
Audits and Quality Assurance (pg 255)	Elaine Armstrong
Specimen Tracking System (pg 291)	Hannah Hale
Tips for Specimen Submission (pg 314)	Hannah Brown
Scientific Impact of the CRA (pg 328)	Mike Leblanc

Clinical Trials Training Course

Rodney Sutter, CCRP

Program Director, Therapeutic Studies
SWOG Data Operations Center
Seattle, WA

Goals of the CTTC

- Introduce the fundamentals and expectations of SWOG and National Cancer Institute (NCI) policies and procedures to ***new*** CRAs.
- Illustrate the process for protocol development, data submission, specimen submission, SAE reporting and audits.
- Provide the foundation to efficiently perform your responsibilities as a SWOG CRA.

Agenda

WEDNESDAY, APRIL 6 **Morning Session:** **7:20 a.m. – 12:10 p.m. (PT)**

7:20 – 7:30	Introduction	Rodney Sutter, CCRP
7:30 – 7:55	Clinical Trials and Protocol Development	Dana Sparks, MAT
7:55 – 8:20	Data Submission	Tonya Johnson, BS
8:20 – 8:30	Patient Reported Outcomes	Monica Yee, BA, CCRP
8:30 – 8:55	Reports & Tools to Support Quality Data	Phyllis Goodman, MS
8:55 – 9:10	***BREAK***	
9:10 – 9:35	Long Term Follow-Up	Connie Szczepanek, RN, BSN
9:35 – 10:00	Adverse Event Reporting	Amy Johnson, BA, CCRP
10:00 – 10:30	Serious Adverse Events	Maggie Spillers, BSN, RN
10:30 – 10:45	***BREAK***	
10:45 – 11:10	Audits/Quality Assurance	Elaine Armstrong, MS
11:10 – 11:35	Specimen Tracking System	Hannah Hale, BS
11:35 – 11:45	Tips for Specimen Submission	Hannah Brown, BS
11:45 – 12:10	Scientific Impact of the CRA	Michael LeBlanc, PhD

WEDNESDAY, APRIL 6 **Afternoon Session:** **1:45 p.m. – 4:00 p.m. (PT)**

1:45 – 2:00	Introduction to the Practicum	Christine Magner
2:00 – 4:00	Practicum Session	Data Operations Center Staff

CTTC Sponsors

THE HOPE FOUNDATION FOR CANCER RESEARCH

CRAB
CANCER RESEARCH AND BIOSTATISTICS

SWOG | CANCER RESEARCH NETWORK

ORP Manual

ORP (Oncology Research Professional)

A daily reference tool for CRAs/RNs

- Administrative and data management resources, response assessment criteria and forms completion guidelines.

Located on the CRA Workbench!

CRA Workbench

SWOG
Leading cancer research. Together.

CRA Workbench

Welcome to your Workbench!

- Hello Rodney Sutter!

You are a web user for the following institutions:
SWOG Statistical Ctr
SWOG - SWOG
SWOG-L - Southwest Oncology Group
WA139 - Cancer Research and Biostatistics

Patient Management
OPEN Patient Registration
Rave Data Submission
Pre-Rave Data Submission
Specimen Tracking
SAE Reporting
Planned Unblinding

Resources
Reports
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Tools of the Trade
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Tools of the Trade

Tools of the Trade

- CTCAE
- Date Counter
- BSA Calculator
- Other LPO Contact List
- Specimen Shipment Labels
- Creatinine Clearance Calculator
- Best Practices for SWOG Studies

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SWOG Reports

SWOG Reports

- Expectation and IPR Reports
- Query Reports
- Ineligible Patients Report
- SAEs for a Given Study
- Registrations by Race and Sex
- Registrations for a Given Date Range
- Patients in Follow Up
- Protocols with No Required Follow Up

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Training Opportunities

Training

TRAINING

Please take some time to review the online training opportunities noted below. To access the training modules, JavaScript must be enabled in your browser, and it must have the Adobe Flash Player plug-in; if it does not, the program can install it for you. We suggest setting the audio volume on your computer to a moderate level before you begin.

CRA Clinical Trials Training Course (CTTC)

Are you new to the Group and the next formal CTTC at the Group Meeting is far enough away that you'd like to get started now? We have created an online version of the training course that includes audio and short quizzes to complement the formal training we conduct each spring! Once all modules are completed you will receive a Certificate of Completion from our Training Manager at the Operations Office. This course is perfect for a new CRA as well as experienced members in the group in need of a refresher.

Medidata Rave: Getting Started

A primer to what you can expect the first time you logon to Rave.

Medidata Rave Introduction

All SWOG studies that activated since April 1, 2012 require use of the **Medidata Rave** application for online submission of the data. These slides were created to introduce new members to Rave, and to explain how SWOG studies will operate in Rave. This presentation is in addition to the formal training modules in Rave that CRAs will also be required to take. Show the Comments pane in Adobe to view the speaker notes.

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Email Distribution Lists

Distribution Lists

breastquestion@crab.org
cancercontrolquestion@crab.org
giquestion@crab.org
guquestion@crab.org
leukemiaquestion@crab.org
lungquestion@crab.org
lymphomaquestion@crab.org
melanomaquestion@crab.org
myelomaquestion@crab.org
raretumors@crab.org

LungMAPquestion@crab.org

Distribution Lists

expectationreportquestion@crab.org
ctsucontact@westat.com
technicalquestion@crab.org

datamanagement@crab.org

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CRA Evaluation Form

SWOG
CLINICAL TRIALS TRAINING COURSE EVALUATION
Spring 2022 – Seattle, WA

You must return a completed evaluation to receive your Certi… …ndance.

Please Note: Although some of our presenters are profess… … or volunteers who are **not**. We appreciate all of our speakers. The… …r regular workload. Please be sure to let us know if con… …ere is another issue that we could have explained in a bet… …s improve and prepare for the next course. Than…

Submit completed form this afternoon!

---

1) Evaluate the Clinica… …ur for its over… …tent **and** presentation style on a scale of 1-5.

Scale: **1 – Poor** … **4 – Good** **5 – Excellent**

Content: the quality of the i… presented (i.e. useable, ho… relevant).

1 2 3 …

…entation: the manner in which the information was presented (i.e. clarity, flow, duration).

1 2 3 4 5

---

2) **Comments pertaining to particular presentations.** Please be specific and write your comments as clearly as possible.

SWOG CANCER RESEARCH NETWORK

NCI National Clinical Trials Network | NCI Community Oncology Research Program

Clinical Trials and Protocol Development

Dana Sparks, MAT

Director of Operations and Protocols
SWOG Operations Office
San Antonio, TX

Clinical Trials Training Course

Spring 2022

SWOG CANCER RESEARCH NETWORK

NCI National Clinical Trials Network
a National Cancer Institute program

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health

Clinical Trials and Protocol Development

Dana Sparks, M.A.T.

Agenda

- Preclinical Background
- Types of Clinical Trials
- Protocol Development
- Key Protocol Sections
- Protocol Actions

Preclinical Background

Types of Clinical Trials

Phase I

Determine Maximum Tolerated Dose (MTD)

Phase II

Tumor Response

Phase III

New Treatment vs Standard Treatment

Protocol Development

Protocol Development Process

National Cancer Institute

Cooperative Group Phase 2 (and 1/2) Concepts OEWG Timeline

OEWG timeline for opening a trial to enrollment, for Cooperative Group Phase 2 (and 1/2) Concepts:

Target timeline: 210 days

Absolute deadline: 450 days

Cooperative Group Phase 2 (and 1/2) Concepts include the following:

- Cooperative Group phase 2 (or 1/2) Concepts ≥ 100 patients **not** in response to a LOI mass solicitation.

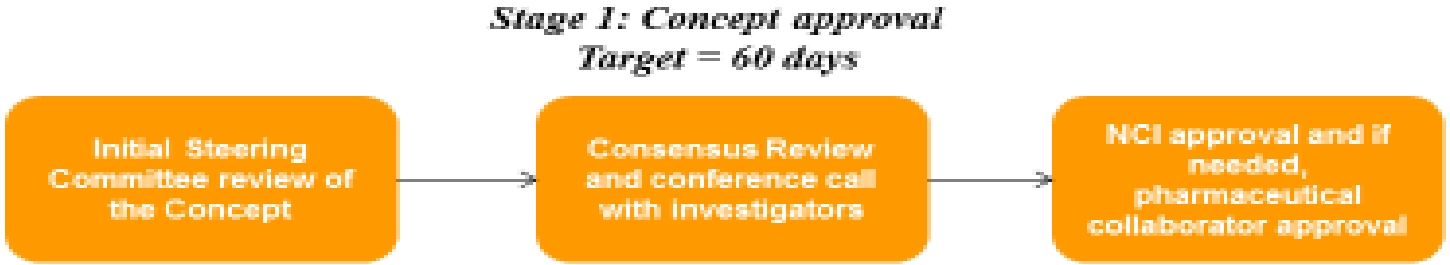
Phase 2 concept approval stage: 60 days (Day 1 – 60)

Protocol authoring stage: 60 days (Day 60 – 120)

Protocol approval and open to enrollment: 90 days (Day 120 – 210)

(Please see timeline flowchart on next slide.)

Version 3.8 01 Apr 2012



Version 3.8 01 Apr 2012

National Cancer Institute

Phase 3 Concepts
OEWG Timeline

OEWG timeline for opening a trial to enrollment, for Phase 3 Concepts:

Target timeline: 300 days

Absolute deadline: 540 days

Phase 3 Concepts include the following:

- All Phase 3 Concepts.

Concept approval stage: 90 days (Day 1 – 90)

Protocol authoring stage: 90 days (Day 90 – 180)

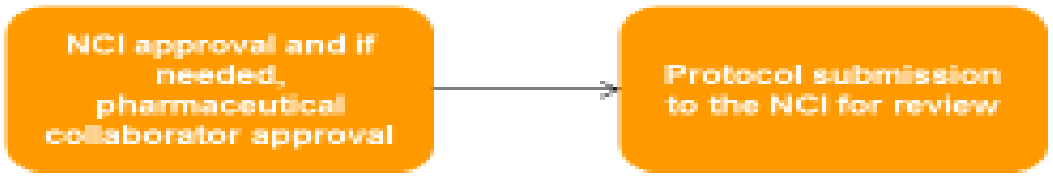
Protocol approval and open to enrollment: 120 days (Day 180 – 300)

(Please see flowchart timeline on next slide.)

Version 3.8 01 Apr 2012

Stage 1: Concept approval
Target = 90 days

Stage 2: Protocol submission
Target – 90 days



Stage 3: Protocol Approval and Activation
Target – 120 days

Target for opening trial to enrollment is 300 calendar days

Absolute deadline for opening trial to enrollment is 540 calendar days

Version 3.0 01 Apr 2012

Key Protocol Sections

Key Protocol Sections

Schema	Section 5 – Eligibility Criteria

Key Protocol Sections

Section 7 – Treatment Plan

Section 8 – Toxicities/Dose Modifications

Key Protocol Sections

Section 9 – Calendar

Section 12 – Discipline Review

Key Protocol Sections

Section 14 – Data Submission Schedule

Master Forms Set

Protocol Actions

Protocol Actions

Activation	Amendment	Revision
Memorandum	Temporary Closure	Permanent Closure

Home / Clinical Trials / S1500

S1500 SWOG clinical trial number

A Randomized, Phase II Efficacy Assessment of Multiple MET Kinase Inhibitors (Cabozantinib [NSC #761968], Crizotinib [NSC #749005], Savolitinib [NSC #785348], and Sunitinib [NSC #736511])in Metastatic Papillary Renal Carcinoma (PAPMET)

Open

Phase II

Accrual

Abbreviated Title	PhII: MET inhibitors for papillary RCC
Status Notes	The study referenced above is open for participation effective April 5, 2016 at 2:00 p.m. Eastern Time.
Activated	04/05/2016
Participants	ALL NATIONAL CLINICAL TRIALS NETWORK MEMBERS
Study chair(s)	Sumanta K. Pal, MD

Research committees

Genitourinary Cancer

Treatment

Sunitinib Cabozantinib Crizotinib Savolitinib

Create a Saved List

Email Print

Download Documents

- Funding Memorandum
- HIPAA Authorization Form
- Master Forms Set
- Most Recent Update
- Notifications
- Protocol & Model Consent Form
- Revision #4 Consent Addendum
- S1500 Spanish Translated Consent Form
- Study Calendar
- Most Recent Updates Archive

Safety Reports

- Sunitinib
- Cabozantinib
- Crizotinib

Savolitinib

Reports & Approvals

ROS REPORT

TRIAL LOCATIONS

Eligibility Criteria

Histologically or cytologically confirmed papillary histology renal cell carcinoma that is metastatic or locally advanced disease not amenable to surgical resection. Measurable disease. Eval for tumor measurement within 28 days prior to reg. Bone scan if suspicion for bone mets. No cavitating pulmonary lesions. No tumor invading the GI tract or evidence of endotracheal or endobronchial tumor within 28 days prior to reg. May have received prior surgery. May have received up to one prior systemic therapy for advanced or metastatic renal cell carcinoma with the exception of another VEGF inhibitor FDA-approved for advanced RCC. See Section 5.2.b for details. May have received prior radiation therapy but must have measurable disease outside the radiation port. Must not be taking strong CYP3A4 inhibitors, strong CYP3A4 inducers, potent inhibitors of CYP1A2, or drugs known to be CYP3A4 substrates with a narrow therapeutic range. Not receiving any other investigational agents. Within 28 days prior to reg: complete physical exam and medical history; adequate hematologic function; adequate hepatic function; adequate kidney function; echocardiogram; EKG; baseline urinalysis; electrolytes. Zubrod 0-1. No clinical evidence of CHF at reg. No unstable angina pectoris, clinically significant cardiac arrhythmias, or stroke within 3 months prior to reg. No myocardial infarction or thromboembolic event requiring anticoagulation with 6 months prior to reg. No inadequately controlled hypertension. Must be able to take orals meds. No clinically-significant GI bleeding within 6 months prior to reg. No GI disorder that bears a high risk of perforation or fistula. No hemoptysis within 3 months prior to reg. No signs of pulmonary hemorrhage within 3 months prior to reg. Imaging must not indicate the presence of tumor invading or encasing any major blood vessels. Not pregnant or nursing. No combination antiretroviral therapy. Must have tissue available and be willing to submit for central path review.

Publication Information

2017

A randomized, phase II efficacy assessment of multiple MET kinase inhibitors (Cabozantinib [NSC #761968], crizotinib [NSC #749005], savolitinib [NSC #785348], and sunitinib [NSC #736511]) in metastatic papillary renal carcinoma (PAPMET): SWOG S1500, NCT02761057

S Pal;C Tangen;IM Thompson;B Shuch;N Balzer-Haas;DJ George;M Stein;M Plets;P Lara J Clin Oncol 35, 2017 (suppl; abstr TPS4599); American Society of Clinical Oncology Annual Meeting (June 2-6, 2017, Chicago, IL), poster session

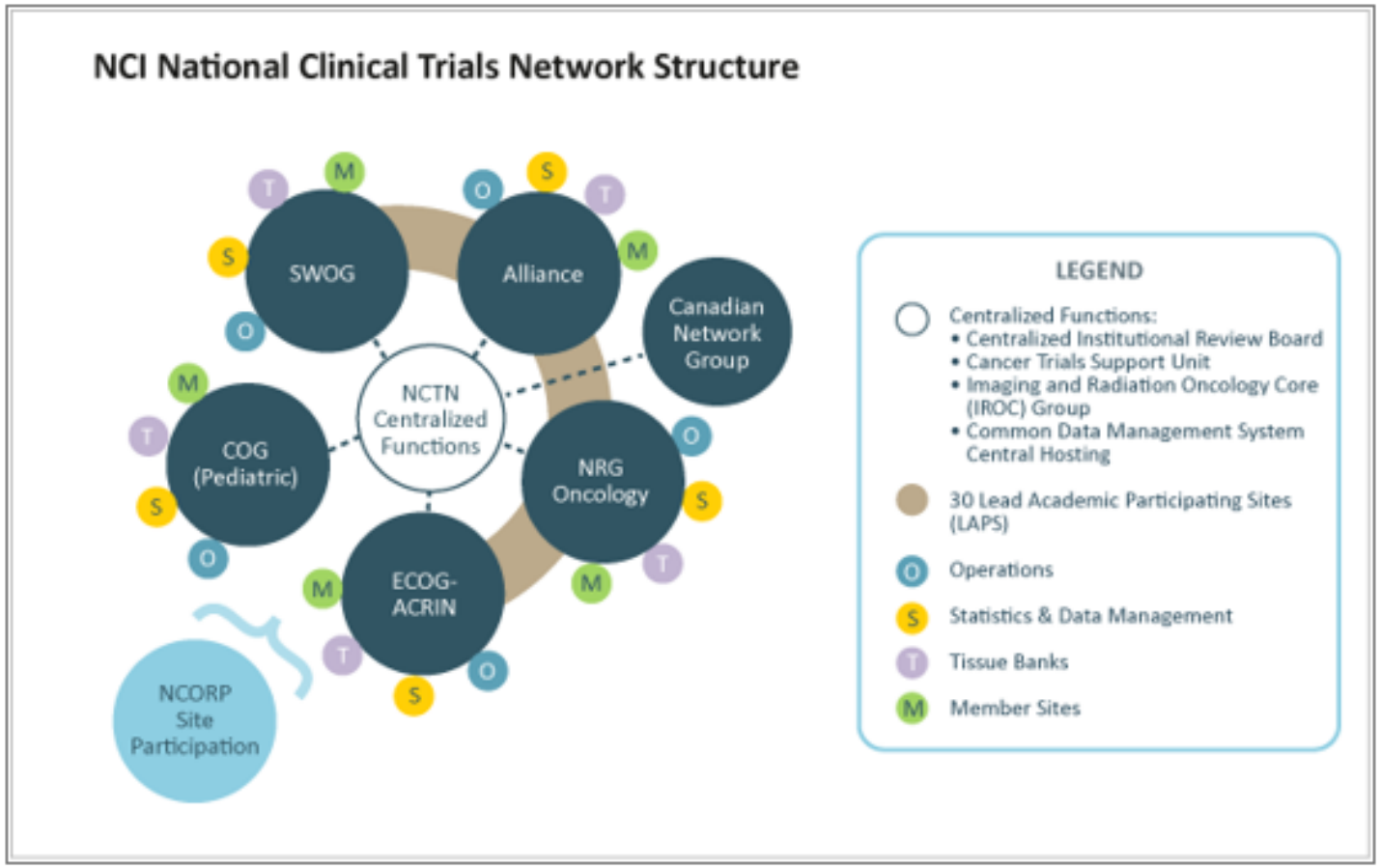
National Clinical Trials Network (NCTN)

https://ctep.cancer.gov/initiativesPrograms/nctn.htm

NCTN

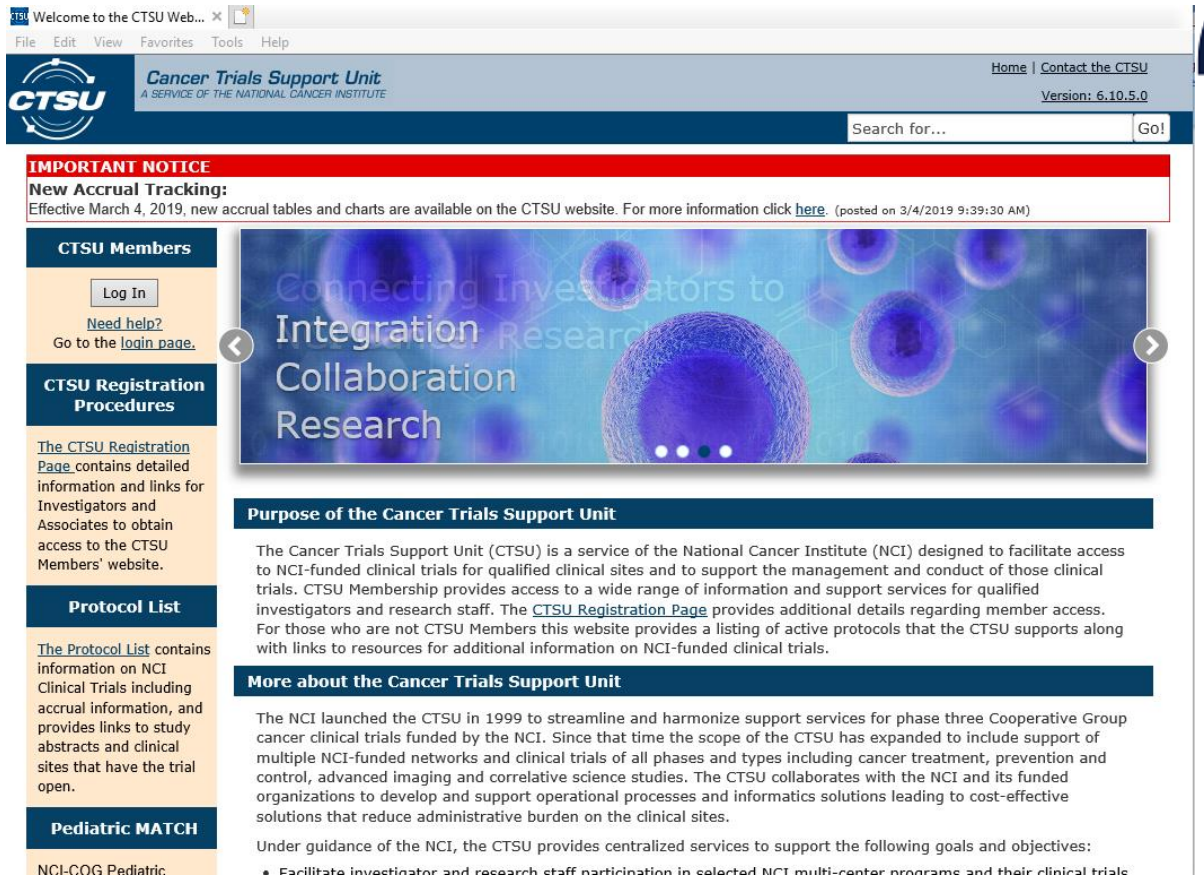
- ALLIANCE / Alliance for Clinical Trials in Oncology
- ECOG-ACRIN / ECOG-ACRIN Cancer Research Group
- NRG / NRG Oncology
- SWOG / SWOG
- CCTG / Canadian Clinical Trials Group
- COG / Children's Oncology Group

NCTN Network Structure



CTSU Website

http://www.ctsu.org



What Questions Do You Have?

Your Protocol Coordinators

Dana Sparks

NCI National Clinical Trials Network
a National Cancer Institute program

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health

Crystal Miwa

NCI National Clinical Trials Network
a National Cancer Institute program

NCI Community Oncology Research Program
A program of the National Cancer Institute of the National Institutes of Health

Michelle Maxim

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Patricia O’Kane

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Mariah Norman

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Laura Gildner

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Catrina Mireles

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Chris Kippola

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Data Submission Pre-Rave & Rave

TONYA JOHNSON

CLINICAL RESEARCH DATA COORDINATOR

SWOG STATISTICS AND DATA MANAGEMENT CENTER (SDMC)

Overview

Pre-Rave: CRA Workbench

- Also known as Chart Manager or the Legacy System
- Used for studies activated prior to April 2012
- Currently in use for 19 SWOG studies

Rave

- Used for studies activated after April 2012
- Currently in use for 73 SWOG studies

Pre-Rave

CRA WORKBENCH

CRA Workbench: Overview

- Where to access the CRA Workbench
- How to look up patient charts
- How the forms are organized

SWOG CANCER RESEARCH NETWORK

Directory LEAH

About The SWOG Network News & Events Clinical Trials Member Resources

- Member Resources
- Advocate Resources
- BMT Facility List
- Breast Cancer Commons
- CRA Workbench
- Digital Engagement
- Hope Funding Opportunities
- Membership
- Oncology Research Professionals
- Pharmaceutical Sciences
- Protocol Tracking Reports
- Publications & Presentations
- Radiation Therapy Facility List
- Recruitment & Retention

Home / Member Resources

Member Resources

Your place to get tools and information for SWOG Cancer Research Network trials.

Tools

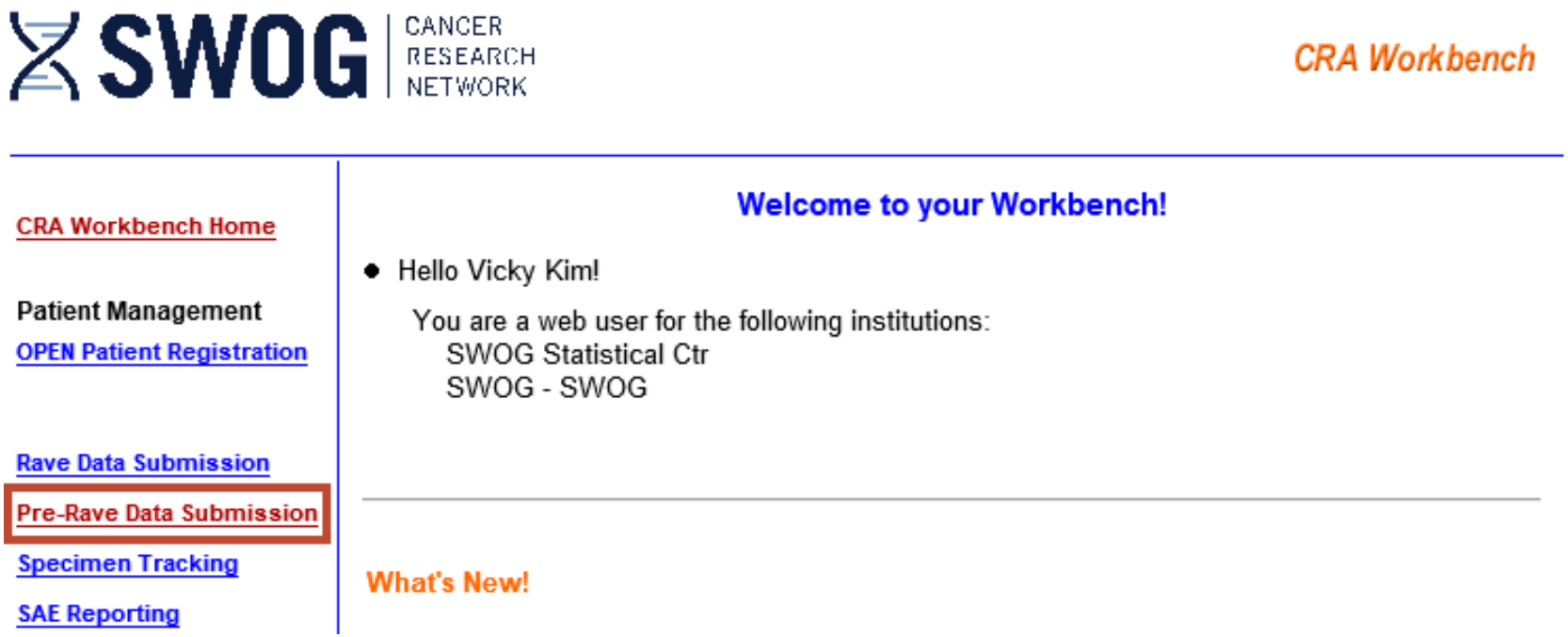
Clinical Trials

CRA Workbench

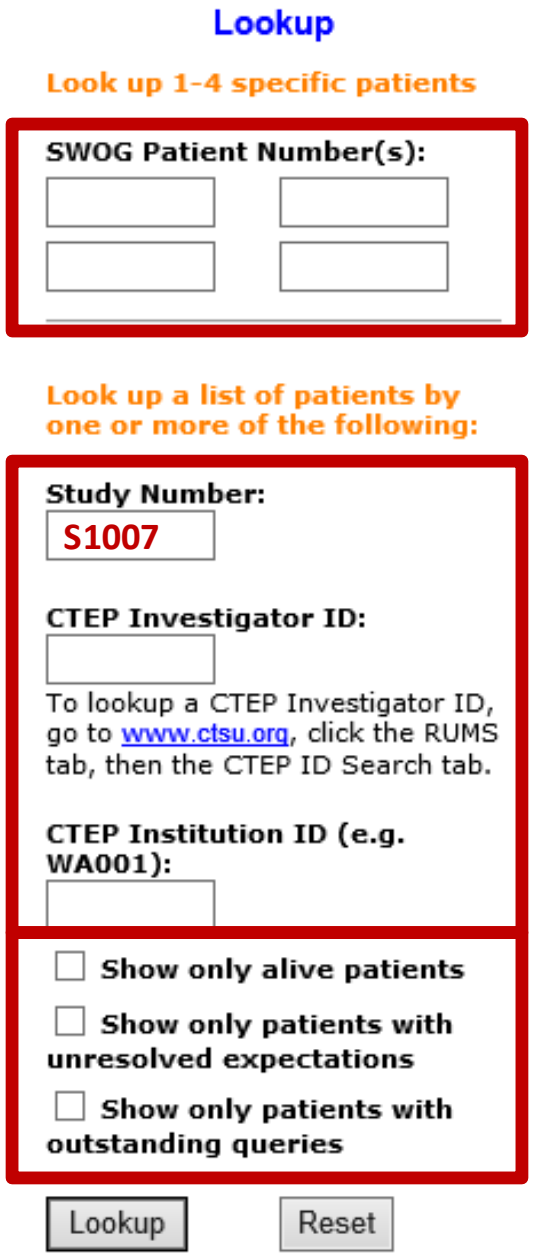
Member Directory

SWOG Meetings

CRA Workbench: Access



- Search by patient ID number
- Generate a list of patients
- Filters



CRA Workbench Home

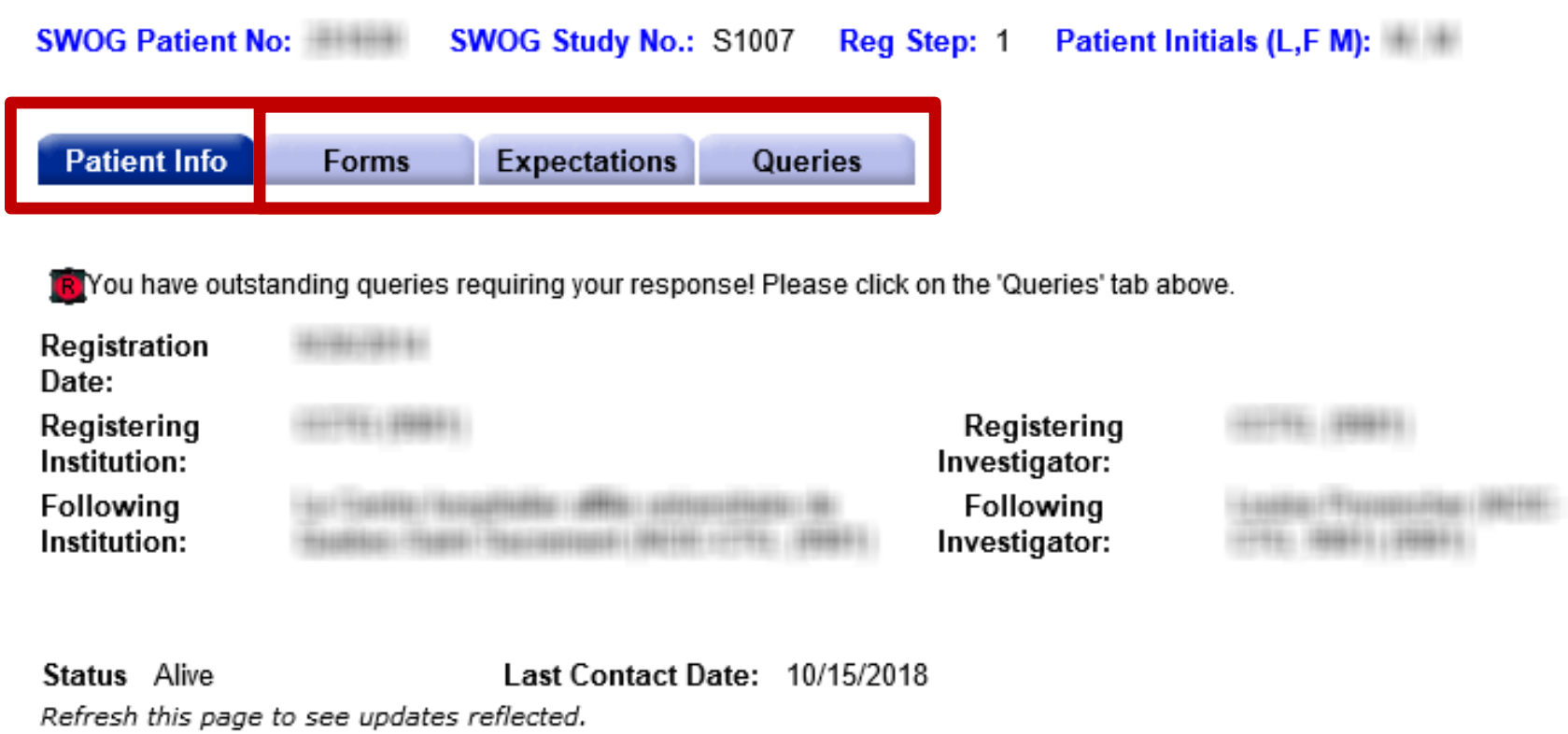
LookUp Again

SWOG Patient Number	SWOG Study Number	Reg Step
248788	S1007	1
250691	S1007	1
252825	S1007	1
259371	S1007	1
254992	S1007	1
256734	S1007	1
248741	S1007	1
254854	S1007	1
259372	S1007	1
250861	S1007	1
250906	S1007	1
256993	S1007	1
246554	S1007	1
246586	S1007	1
254975	S1007	1
246977	S1007	1
247248	S1007	1
250976	S1007	1
250967	S1007	1
249125	S1007	1
253198	S1007	1
257078	S1007	1

- Results of looking up patients by study
  - Select individual patient chart
- Arranged by patient number

CRA Workbench: Organization

Default tab = Patient Info



Rave

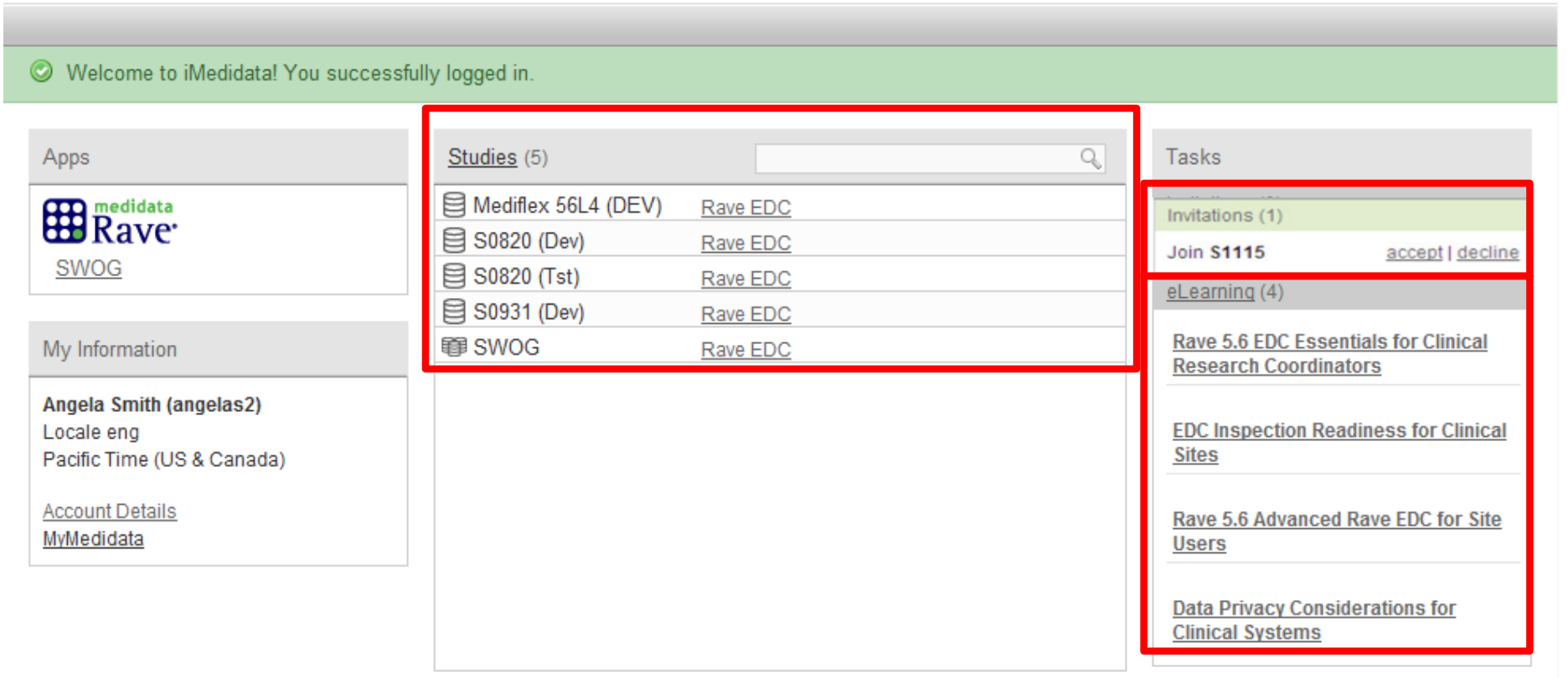
Rave: Overview

- Access
- Organization
- Data Submission
- Query Resolution/Amending Data
- Resources

Rave: Access

- Invitations are sent upon initial site registration approval in the CTSU Regulatory Support System (RSS)
  - Sent to all persons with "Rave CRA" role on SWOG Roster
  - Only Head CRAs identified as "Rave CRA" by default
  - Request role modifications from Head CRA
- If necessary, make sure you're on the Delegation of Tasks Log (DTL) and that it's up-to-date
- Logon using Rave username and password
- Accept invitations to studies
- Satisfy eLearning requirements

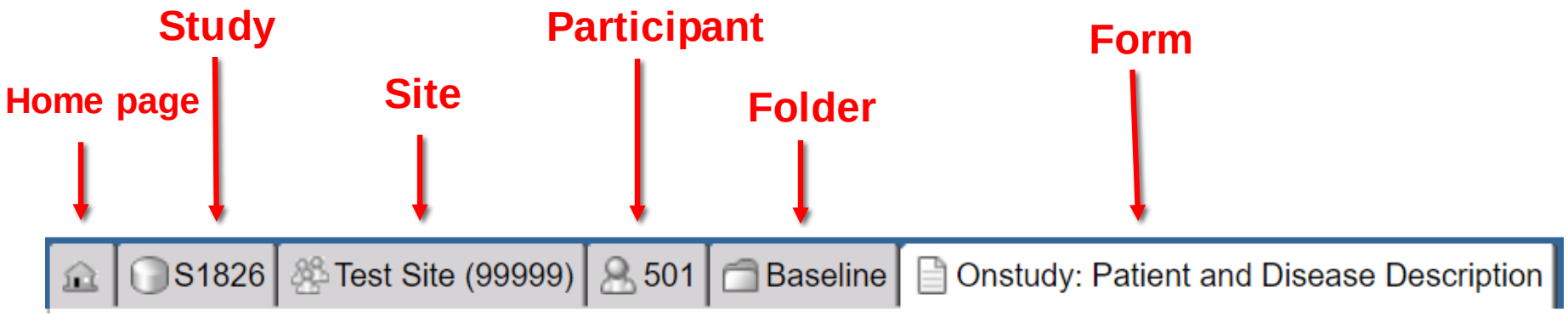
Rave: Access



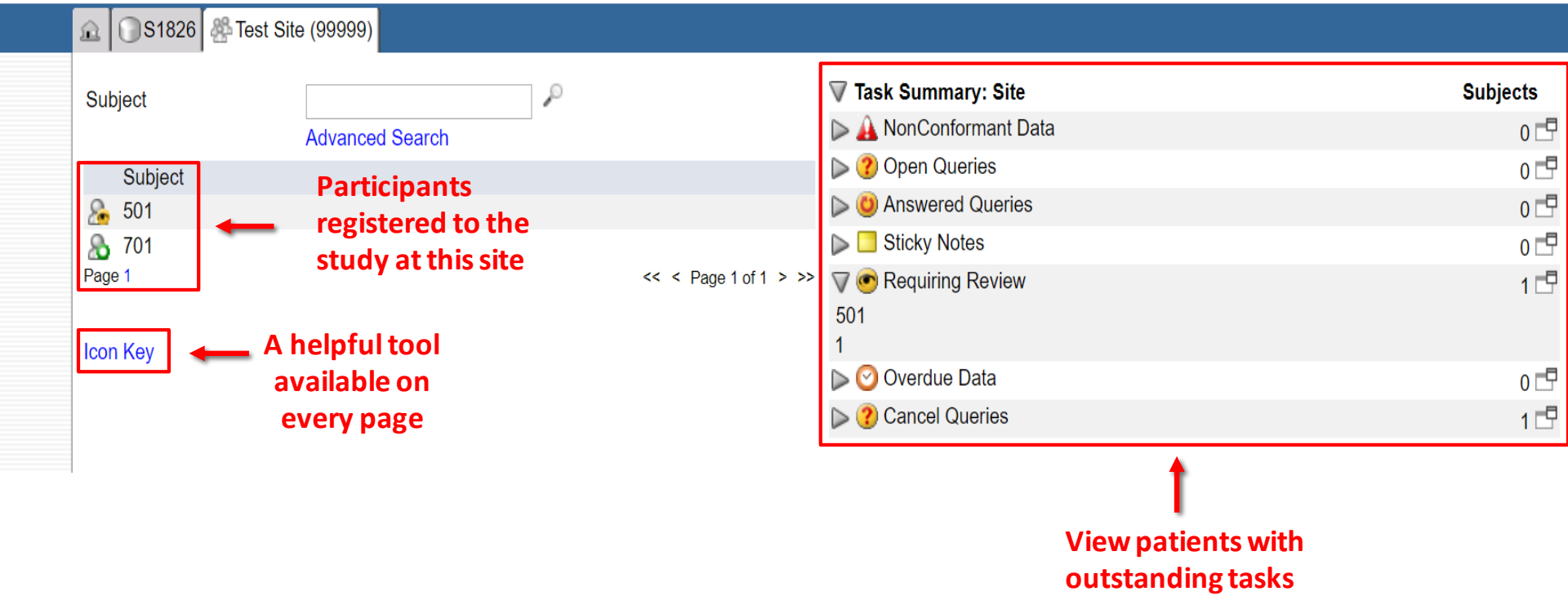
This is the iMedidata portal to all RAVE studies you have access to, both SWOG & non-SWOG

Rave: Organization

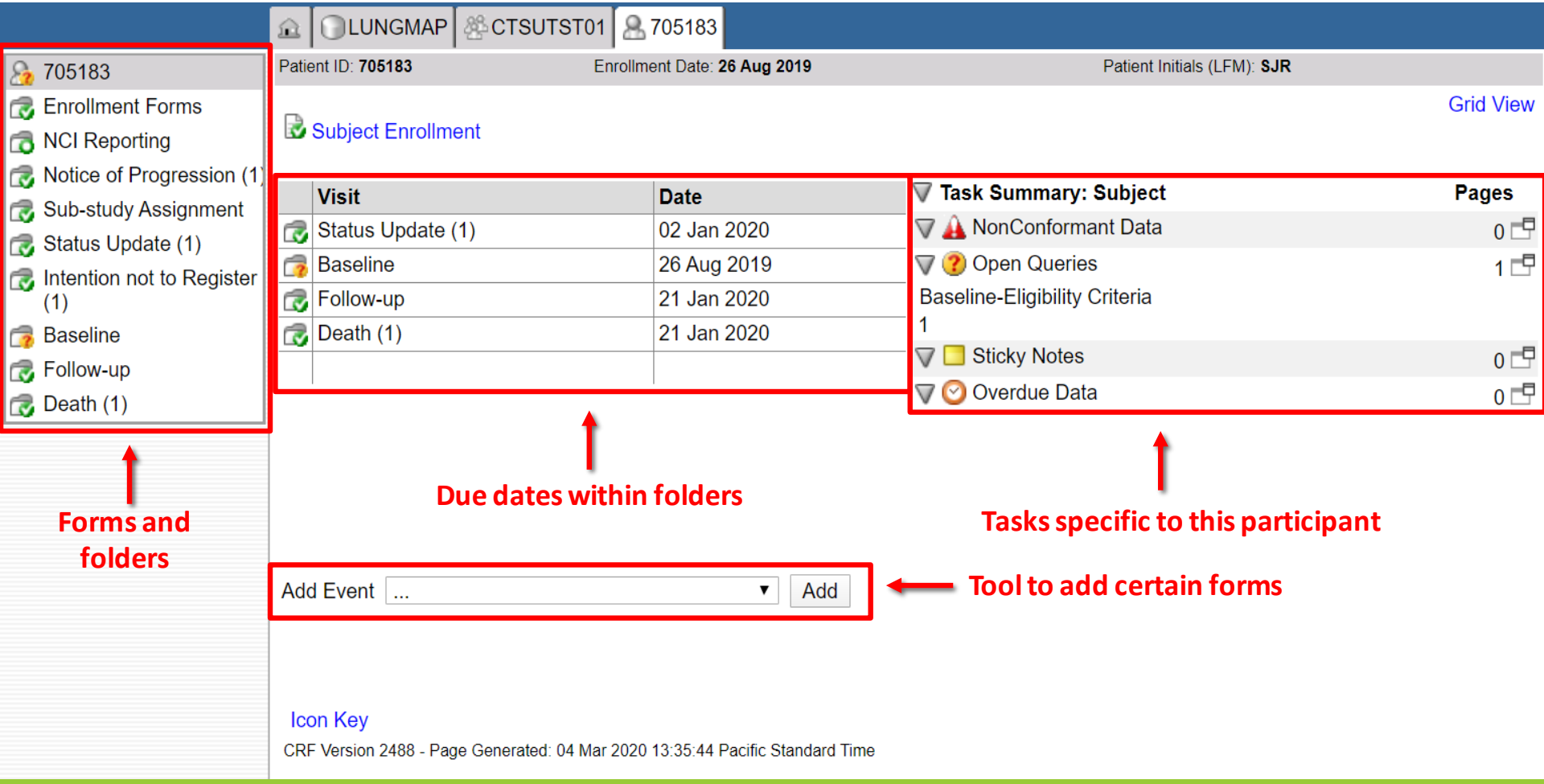
- Rave is organized by **study**
- There are no cross study functions – only one study can be viewed at a time
- The tabs across the top of the page increase in specificity from left to right



Rave: Organization

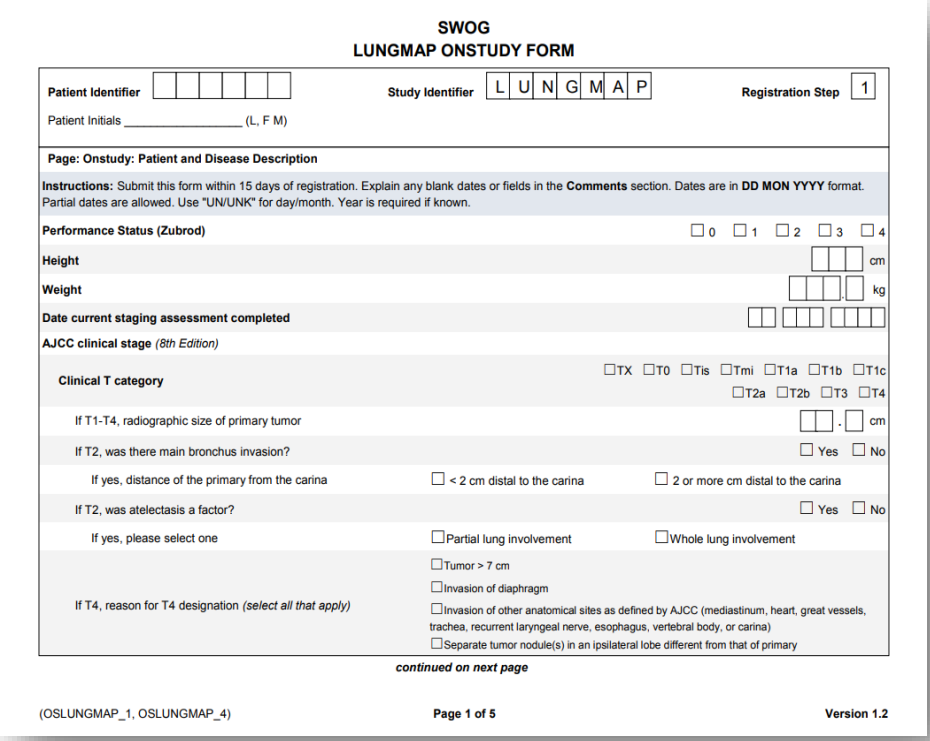


Rave: Organization



Rave: Organization

Paper Version



SWOG
LUNGMAP ONSTUDY FORM

Patient Identifier ☐☐☐☐☐☐ **Study Identifier** L U N G M A P **Registration Step** 1

Patient Initials _____ (L, F M)

Page: Onstudy: Patient and Disease Description

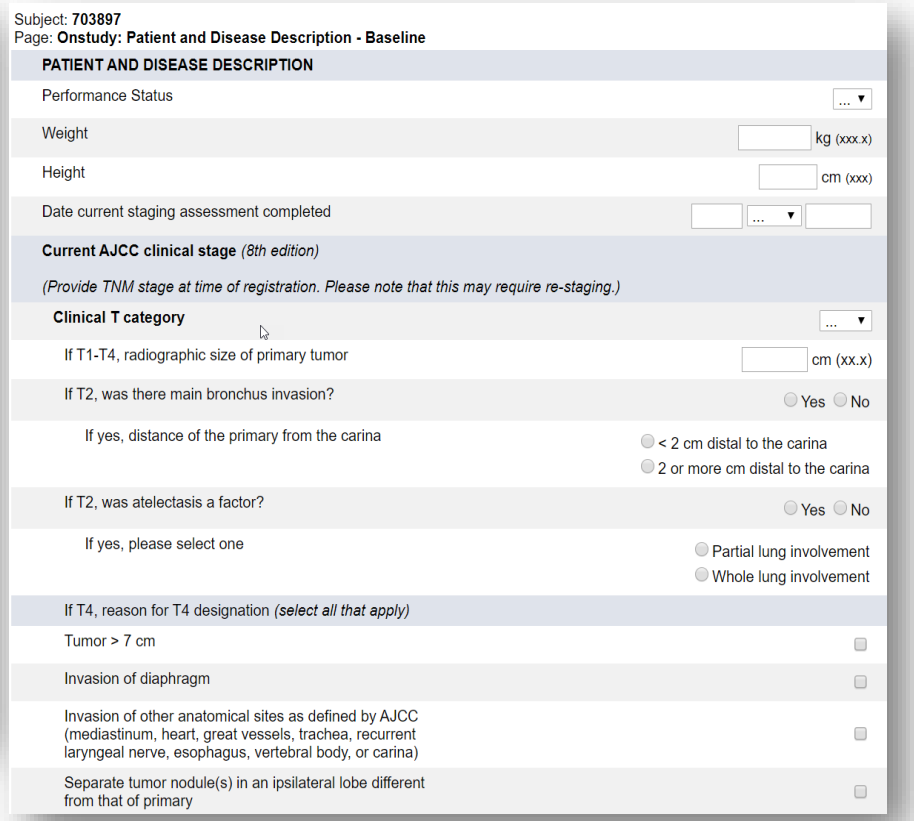
Instructions: Submit this form within 15 days of registration. Explain any blank dates or fields in the **Comments** section. Dates are in **DD MON YYYY** format. Partial dates are allowed. Use "UN/UNK" for day/month. Year is required if known.

Performance Status (Zubrod)	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4	
Height	☐☐☐	cm
Weight	☐☐☐.☐	kg
Date current staging assessment completed	☐☐ ☐☐☐ ☐☐☐☐	
AJCC clinical stage *(8th Edition)*		
Clinical T category	☐TX ☐T0 ☐Tis ☐Tmi ☐T1a ☐T1b ☐T1c ☐T2a ☐T2b ☐T3 ☐T4	
If T1-T4, radiographic size of primary tumor	☐☐.☐	cm
If T2, was there main bronchus invasion?	☐ Yes ☐ No	
If yes, distance of the primary from the carina	☐ < 2 cm distal to the carina	☐ 2 or more cm distal to the carina
If T2, was atelectasis a factor?	☐ Yes ☐ No	
If yes, please select one	☐Partial lung involvement	☐Whole lung involvement
If T4, reason for T4 designation *(select all that apply)*	☐Tumor > 7 cm ☐Invasion of diaphragm ☐Invasion of other anatomical sites as defined by AJCC (mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, or carina) ☐Separate tumor nodule(s) in an ipsilateral lobe different from that of primary	

continued on next page

(OSLUNGMAP_1, OSLUNGMAP_4) **Page 1 of 5** **Version 1.2**

Rave Version

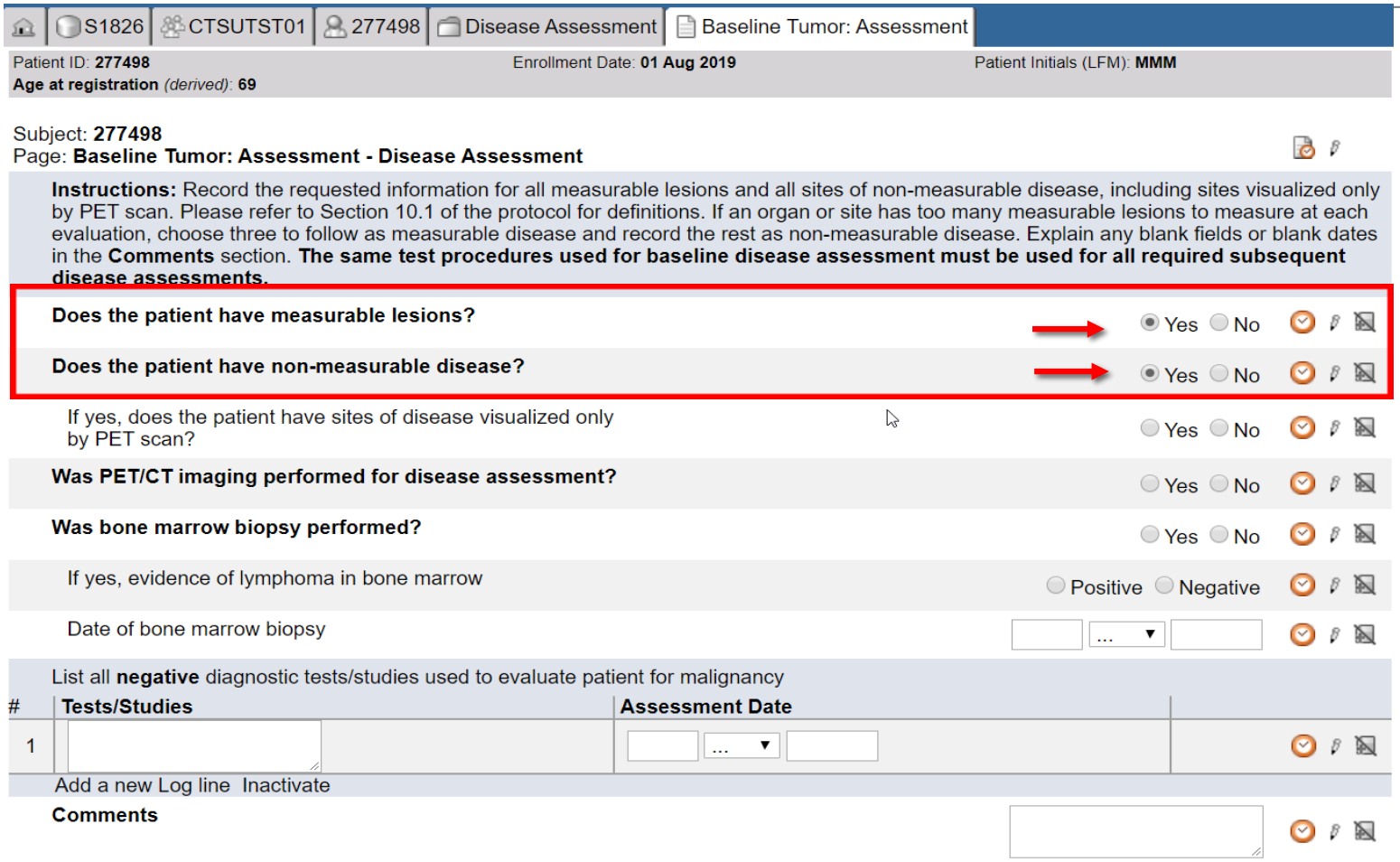


Subject: **703897**
Page: **Onstudy: Patient and Disease Description - Baseline**

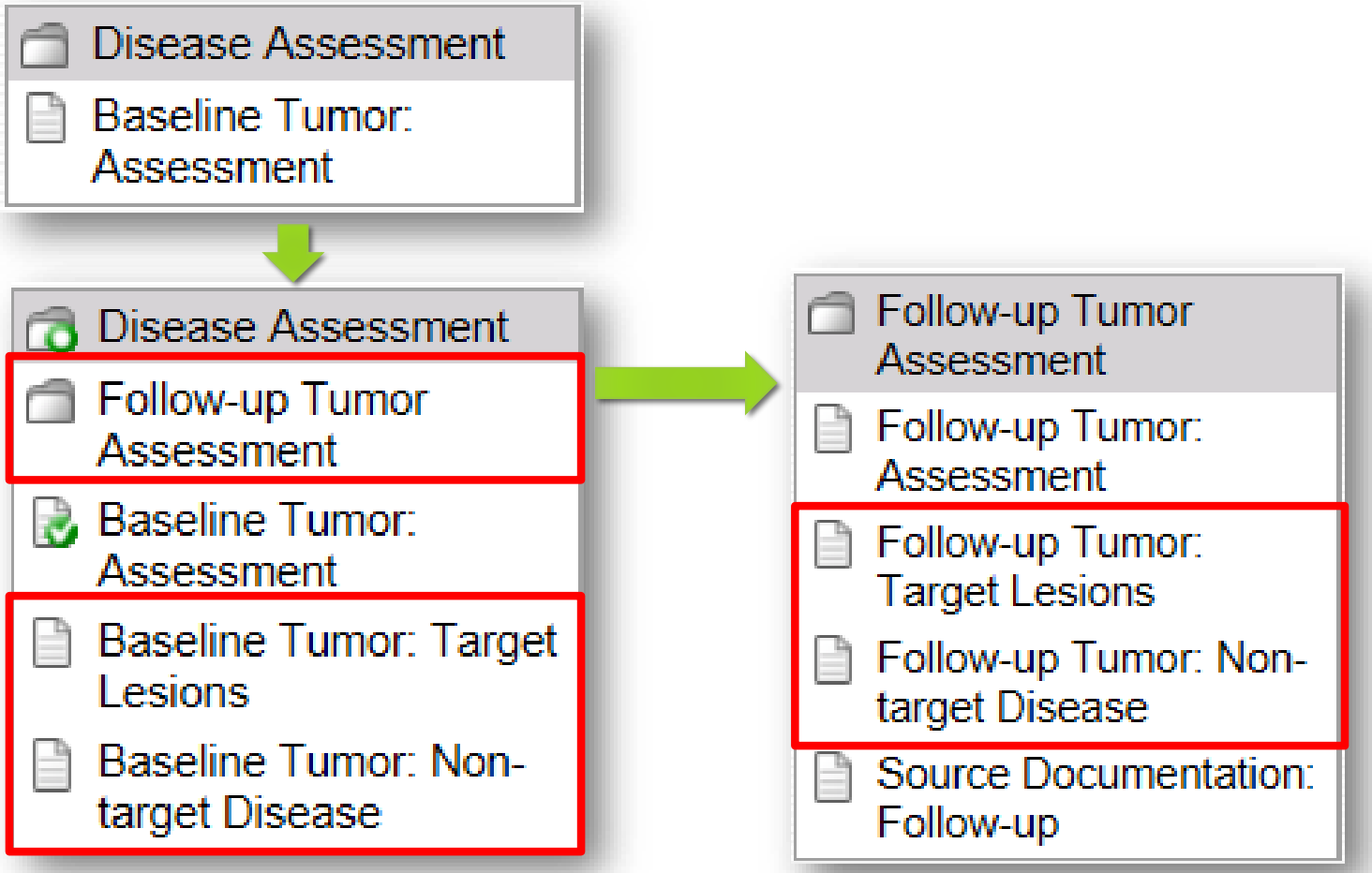
PATIENT AND DISEASE DESCRIPTION

Performance Status	...
Weight	kg (xxx.x)
Height	cm (xxx)
Date current staging assessment completed	...
Current AJCC clinical stage *(8th edition)*	
(Provide TNM stage at time of registration. Please note that this may require re-staging.)	
Clinical T category	...
If T1-T4, radiographic size of primary tumor	cm (xx.x)
If T2, was there main bronchus invasion?	Yes No
If yes, distance of the primary from the carina	< 2 cm distal to the carina 2 or more cm distal to the carina
If T2, was atelectasis a factor?	Yes No
If yes, please select one	Partial lung involvement Whole lung involvement
If T4, reason for T4 designation *(select all that apply)*	
Tumor > 7 cm	☐
Invasion of diaphragm	☐
Invasion of other anatomical sites as defined by AJCC (mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body, or carina)	☐
Separate tumor nodule(s) in an ipsilateral lobe different from that of primary	☐

Rave: Organization



Rave: Organization

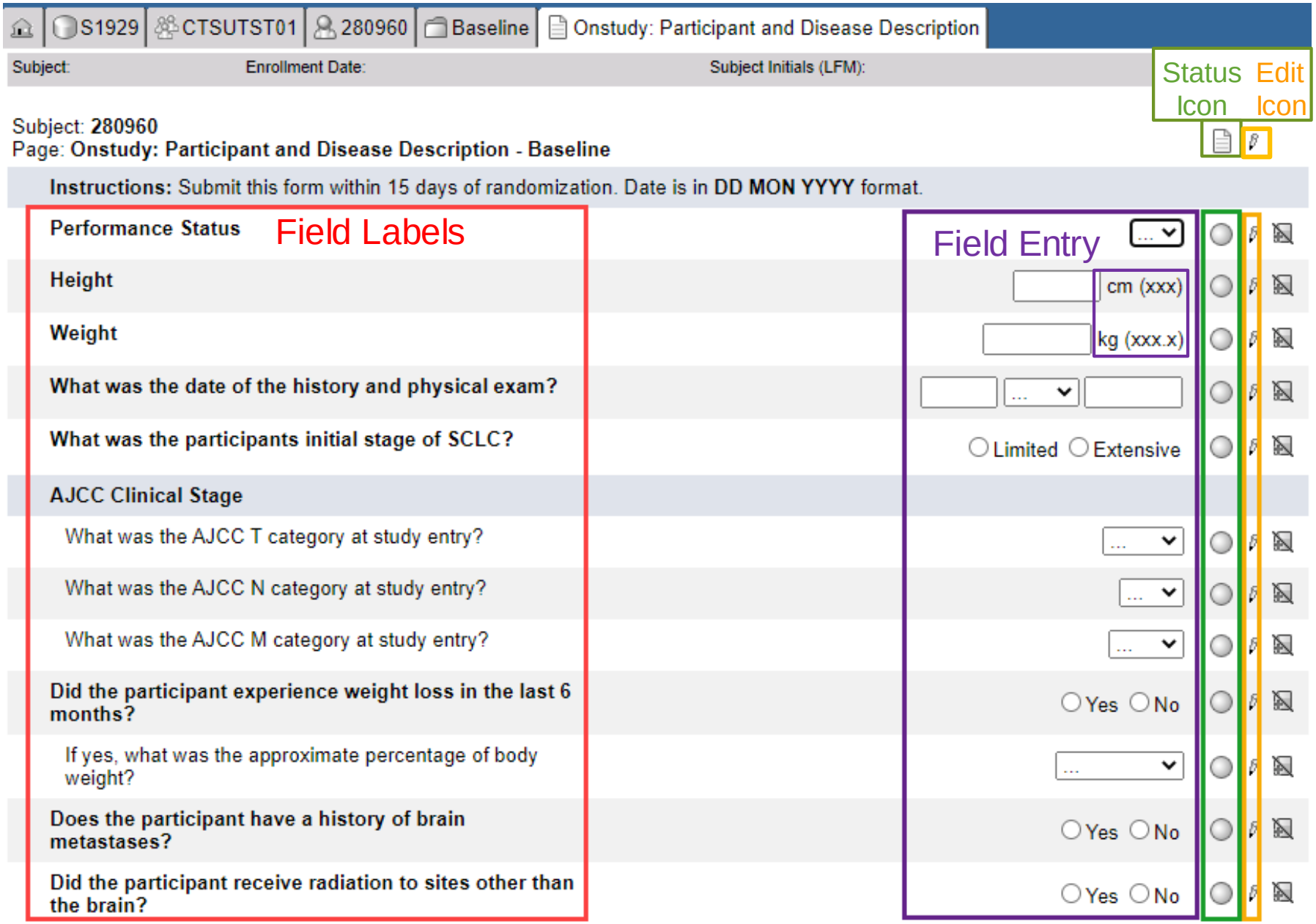


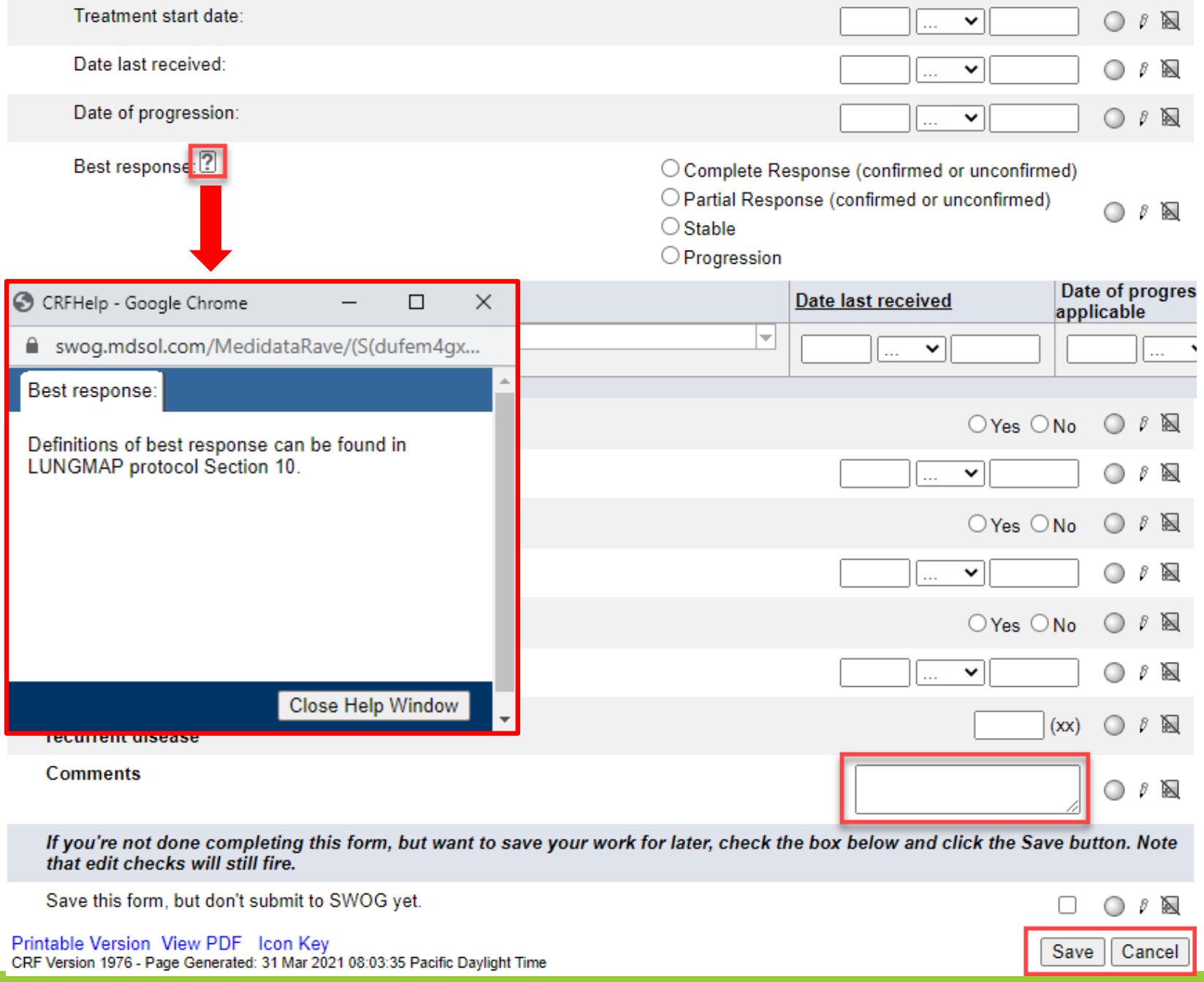
Rave: Organization

Rave Form Display document

- Found on the CTSU.org study page in the Master Forms Set
- Lists all forms and when they appear

Paper Form	What is the form called in Rave?	Where can I find the form in Rave?	When does the form show up in Rave?
Baseline Tumor Assessment Form (RECIST 1.1)	Baseline Tumor: Assessment Baseline Tumor: Target Lesions Baseline Tumor: Non-target Disease	Disease Assessment folder	The **Baseline Tumor: Assessment** form appears after the patient is registered in OPEN. If on that form "Does the patient have target lesions" = *Yes*, the **Baseline Tumor: Target Lesions** form will appear. If "Does the patient have non-target disease" = *Yes*, the **Baseline Tumor: Non-target Disease** form will appear.
Follow-up Tumor Assessment Form (RECIST 1.1)	Follow-up Tumor: Assessment Follow-up Tumor: Target Lesions Follow-up Tumor: Non-target Disease	Disease Assessment/ Follow-up Tumor Assessment sub-folders	The **Follow-up Tumor: Assessment** form first appears after the **Baseline Tumor: Assessment** form is submitted. If on the BTA form "Does the patient have target lesions" = *Yes*, the **Follow-up Tumor: Target Lesions** form will appear. If on the BTA form "Does the patient have non-target disease" = *Yes*, the **Follow-up Tumor: Non-target Disease** form will appear. If on the **Follow-up Tumor: Assessment** form "Has the patient progressed per the definition in Section 10.0 of the protocol" = *No*, a new **Follow-up Tumor Assessment** sub-folder will appear with the forms for the next assessment. Use the **Source Documentation: Follow-up** form to upload the follow-up scan reports required for the study.
N/A	Source Documentation: Follow-up		
Off Treatment Notice	Off Treatment Notice	Off Treatment folder	This form appears after the **Treatment Arm #** form is submitted with "Has the patient progressed per the definition of Section 10.0 of the protocol" = *Yes* or "Will the patient continue to receive protocol therapy" = *No*. This form can also be added any time by using the "Add Event" dropdown on the Subject tab.


S1929
CTSUTST01
280960
Baseline
Onstudy: Participant and Disease Description
Subject:
Enrollment Date:
Subject Initials (LFM):
Status Icon
Edit Icon
Subject: 280960
Page: Onstudy: Participant and Disease Description - Baseline
Instructions: Submit this form within 15 days of randomization. Date is in DD MON YYYY format.
Field Labels
Field Entry
Performance Status
Height
cm (xxx)
Weight
kg (xxx.x)
What was the date of the history and physical exam?
What was the participants initial stage of SCLC?
Limited
Extensive
AJCC Clinical Stage
What was the AJCC T category at study entry?
What was the AJCC N category at study entry?
What was the AJCC M category at study entry?
Did the participant experience weight loss in the last 6 months?
Yes
No
If yes, what was the approximate percentage of body weight?
Does the participant have a history of brain metastases?
Yes
No
Did the participant receive radiation to sites other than the brain?
Yes
No


Treatment start date:
Date last received:
Date of progression:
Best response:
Complete Response (confirmed or unconfirmed)
Partial Response (confirmed or unconfirmed)
Stable
Progression
CRFHelp - Google Chrome
swog.mdsol.com/MedidataRave/(S(dufem4gx...
Best response:
Definitions of best response can be found in LUNGMAP protocol Section 10.
Close Help Window
Date last received
Date of progres applicable
Yes No
Yes No
Yes No
(xx)
Comments
If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that edit checks will still fire.
Save this form, but don't submit to SWOG yet.
Printable Version View PDF Icon Key
CRF Version 1976 - Page Generated: 31 Mar 2021 08:03:35 Pacific Daylight Time
Save
Cancel

Rave: Data Submission

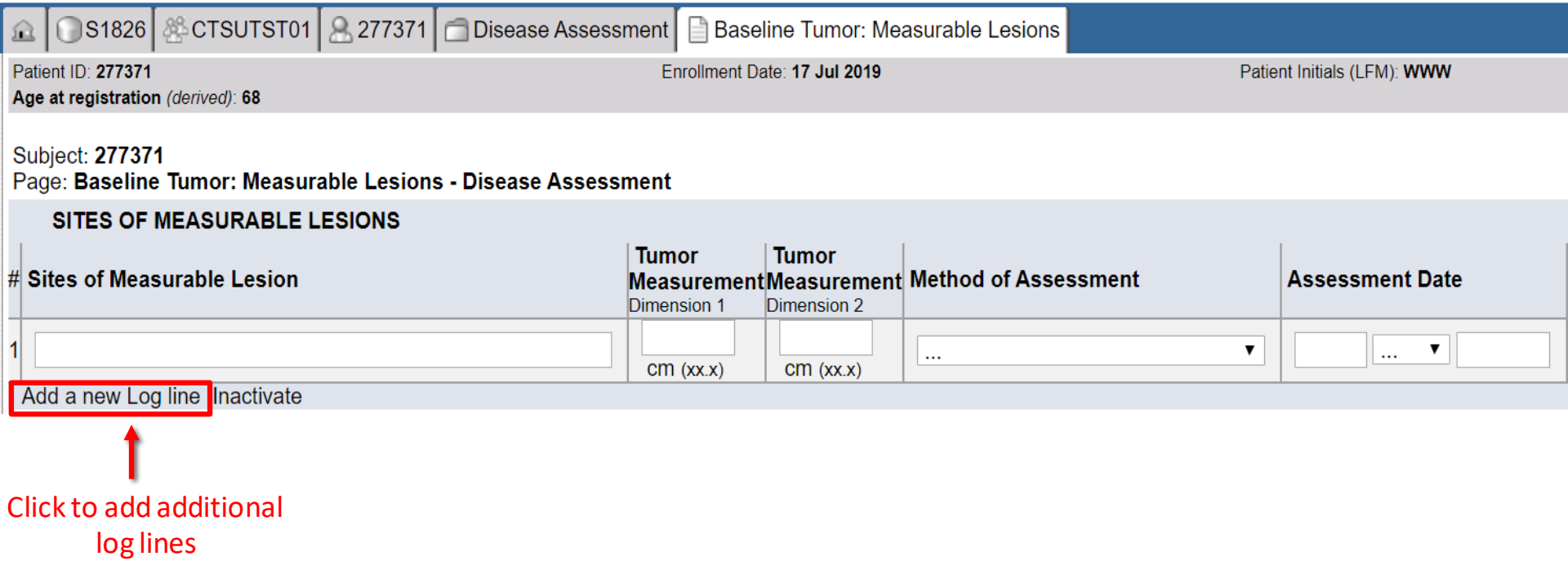
Parts of a Form – Saving & Resolution

- After Save, static message appears at the top of the form

This form is saved. Scroll down the form to look for queries, sticky notes, and/or new fields. Data are sent to SWOG when all system queries are resolved. After data are sent, expectations will be resolved the next business day.

Rave: Data Submission

Logline Fields



Click to add additional log lines

Rave: Data Submission

SITES OF MEASURABLE LESIONS

#	Sites of Measurable Lesion	Tumor Measurement Dimension 1	Tumor Measurement Dimension 2
1	R External Iliac	1.2 cm (xx.x)	1.1 cm (xx.x)
2	T9 Vertebral Body	3.2 cm (xx.x)	1.9 cm (xx.x)
3	Prevascular mediastinal	3.6 cm (xx.x)	1.7 cm (xx.x)

Add a new Log line | Inactivate

SITES OF MEASURABLE LESIONS

#	Sites of Measurable Lesion	Tumor Measurement Dimension 1	Tum
1	R External Iliac	1.2 cm (xx.x)	1.1
2	T9 Vertebral Body	3.2 cm (xx.x)	1.9
3	Prevascular mediastinal	3.6 cm (xx.x)	1.7

... ▾ | INACT_L - Log line not required ▾ | Inactivate | Cancel

... 1 2 3

SITES OF MEASURABLE LESIONS

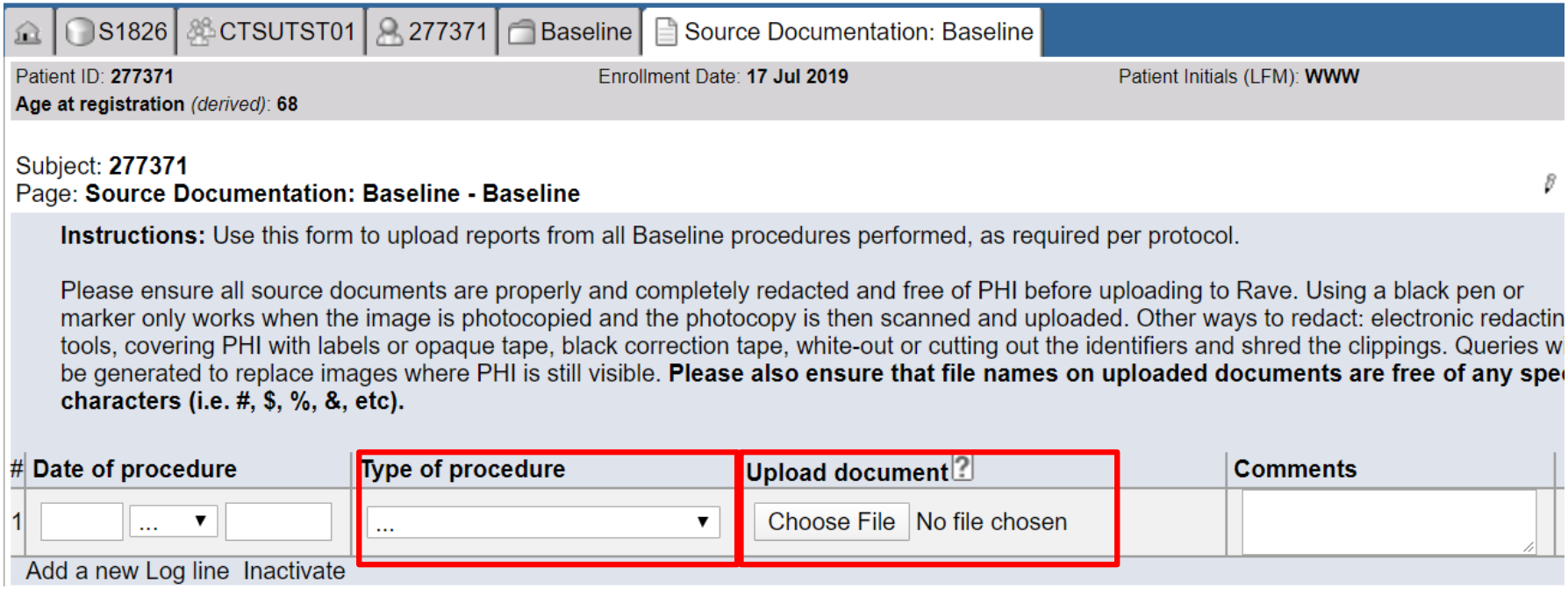
#	Sites of Measurable Lesion	Tumor Measurement Dimension 1	Tumor Measurement Dimension 2	Method of Assessment	Assessment Date	PET Status	SUV max	
1	R External Iliac	1.2 cm (xx.x)	1.1 cm (xx.x)	PET/CT	16 Jul 2019	Positive	10.3 (xx.xx)	✓
2	T9 Vertebral Body	3.2 cm (xx.x)	1.9 cm (xx.x)	PET/CT	16 Jul 2019	Positive	8.9 (xx.xx)	✓
~~3~~	~~Prevascular mediastinal~~	~~3.6~~ cm (xx.x)	~~1.7~~ cm (xx.x)	~~PET/CT~~	~~16 Jul 2019~~	~~Positive~~	~~10.4~~ (xx.xx)	⊘

Add a new Log line | Inactivate | Reactivate

Rave: Data Submission

Source Documentation

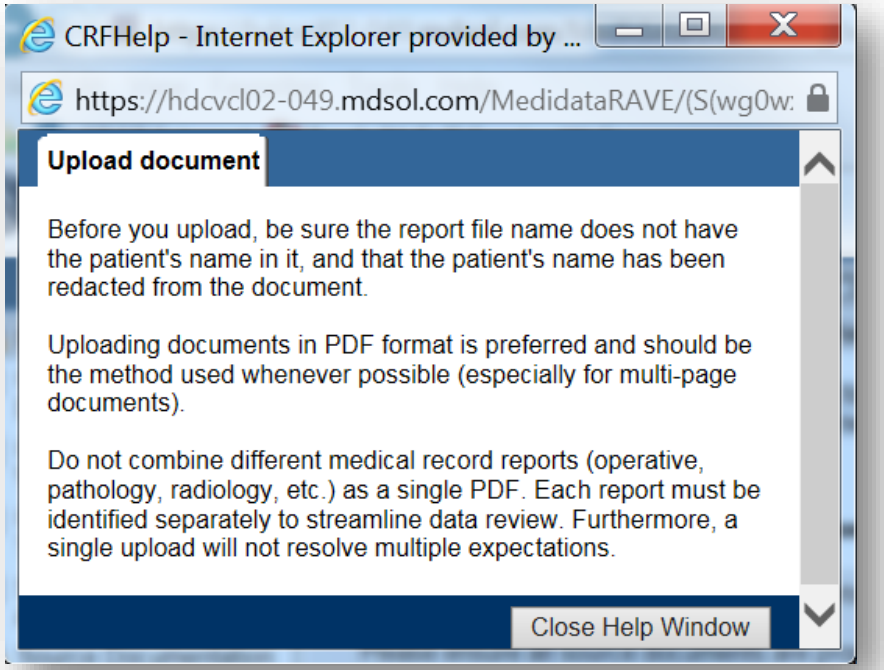
- Rave has a special field that allows the upload of electronic documents
- New log lines can be added as needed to upload multiple reports



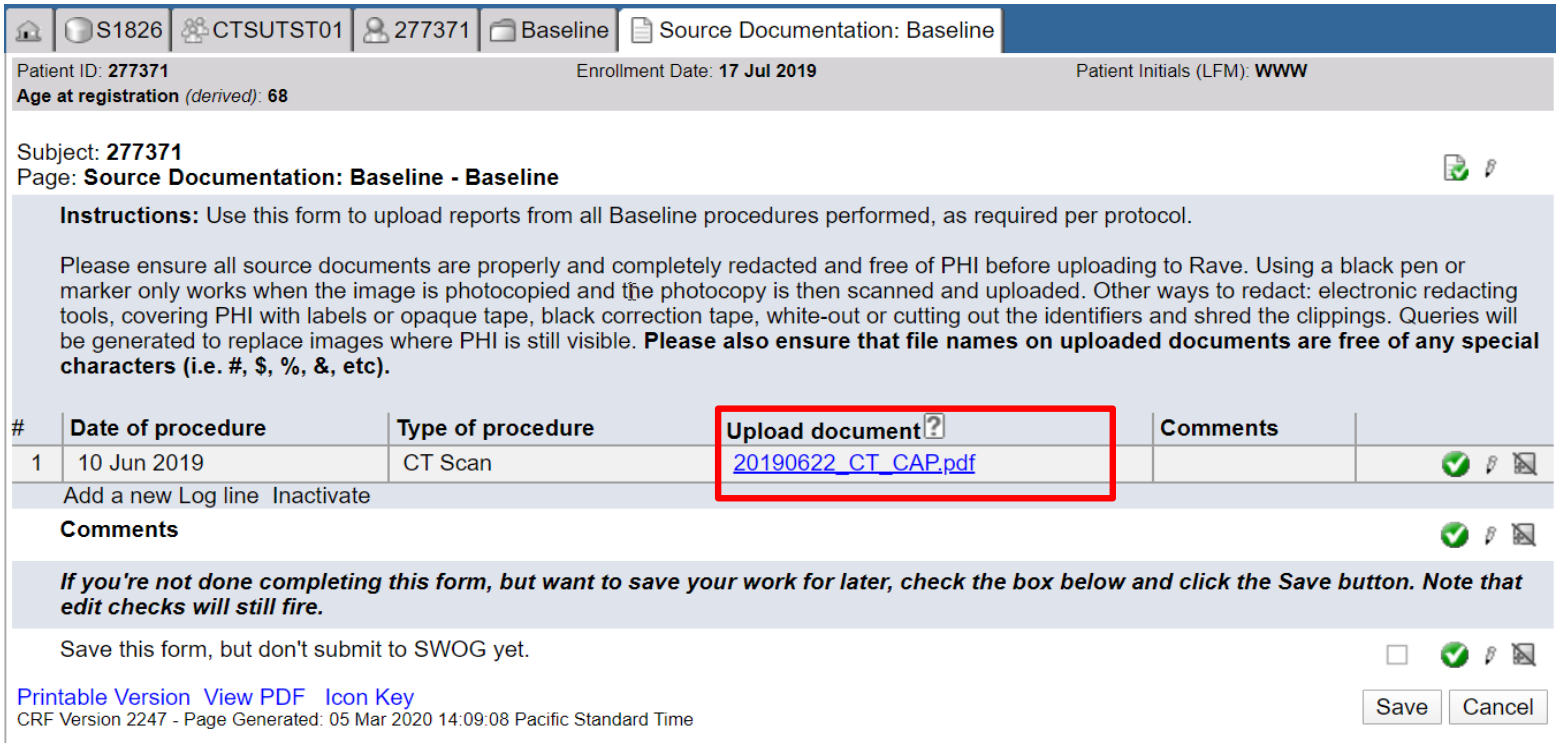
Rave: Data Submission

Source Documentation (cont.)

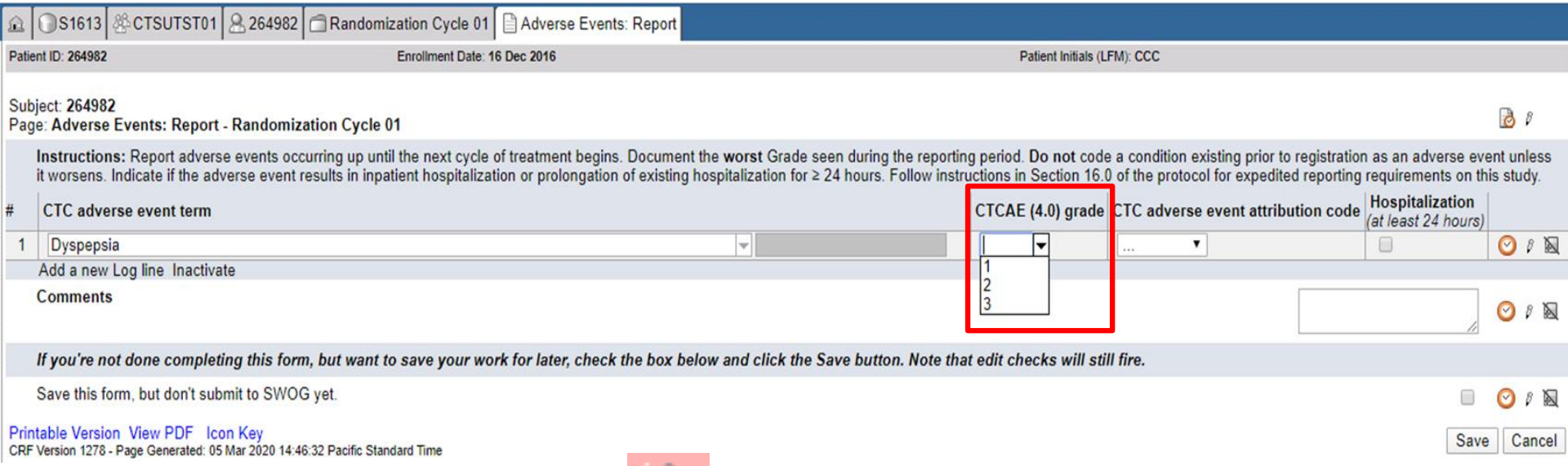
- Document MUST have participant name, MRN, and address data completely redacted
- Prefer PDFs
- Avoid special characters in the file name (#, @, %, etc.)
- Do not combine different documents as a single PDF



Rave: Data Submission



Rave: Data Submission



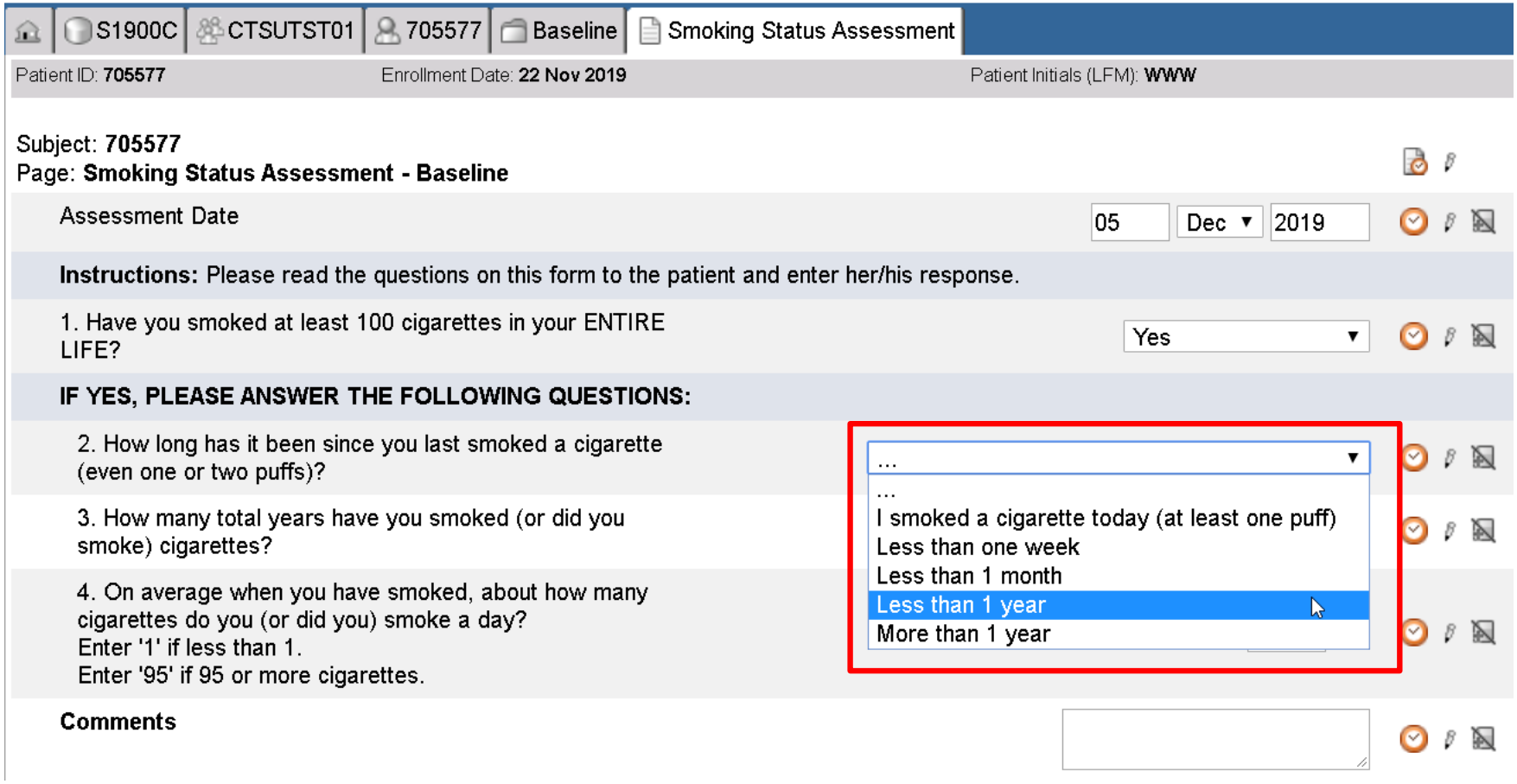
Non-conformant data error icon

Rave: Data Submission

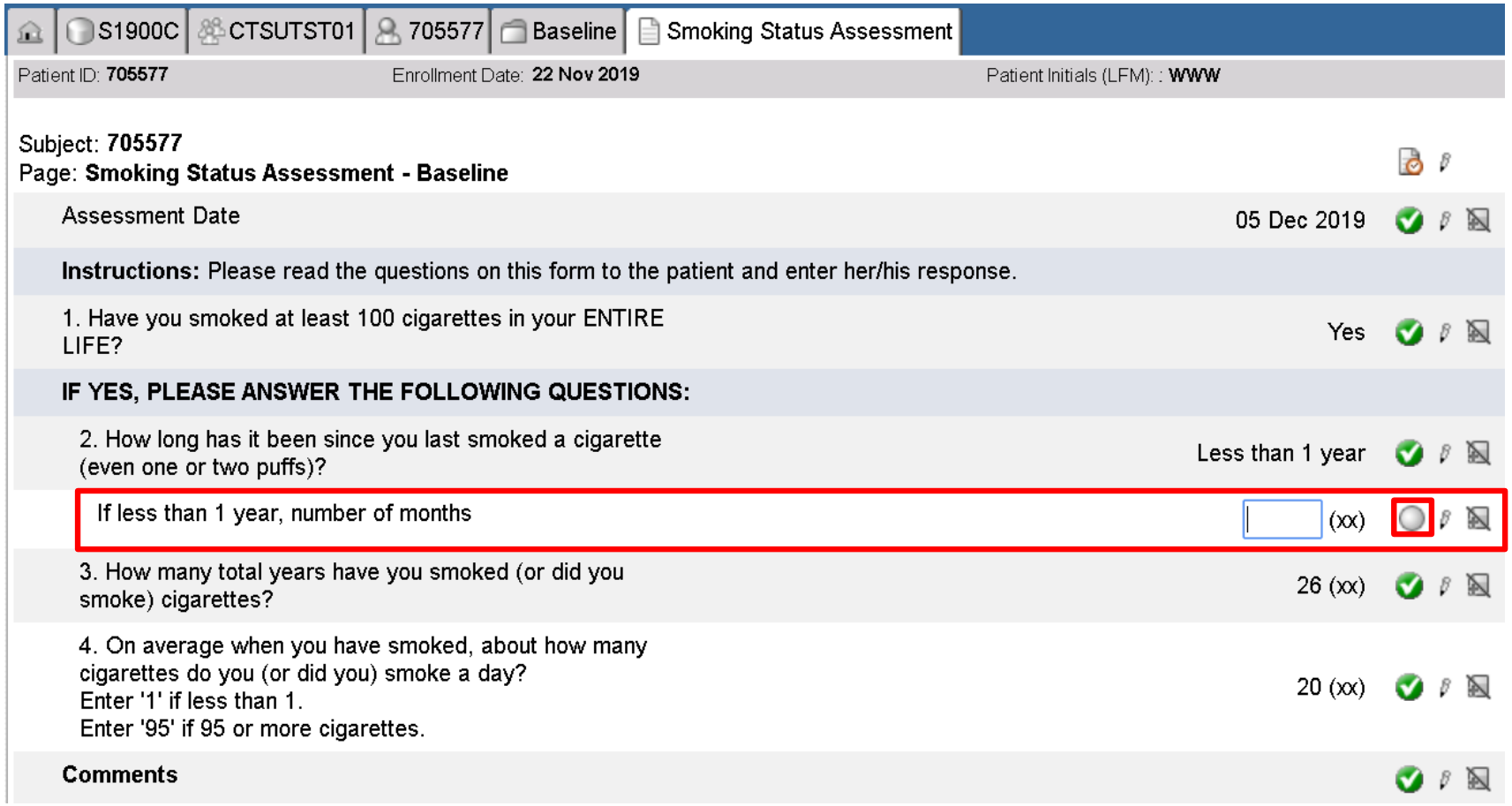
Conditional Field Display

- Rave is programmed to show certain fields and forms depending on the data that is entered

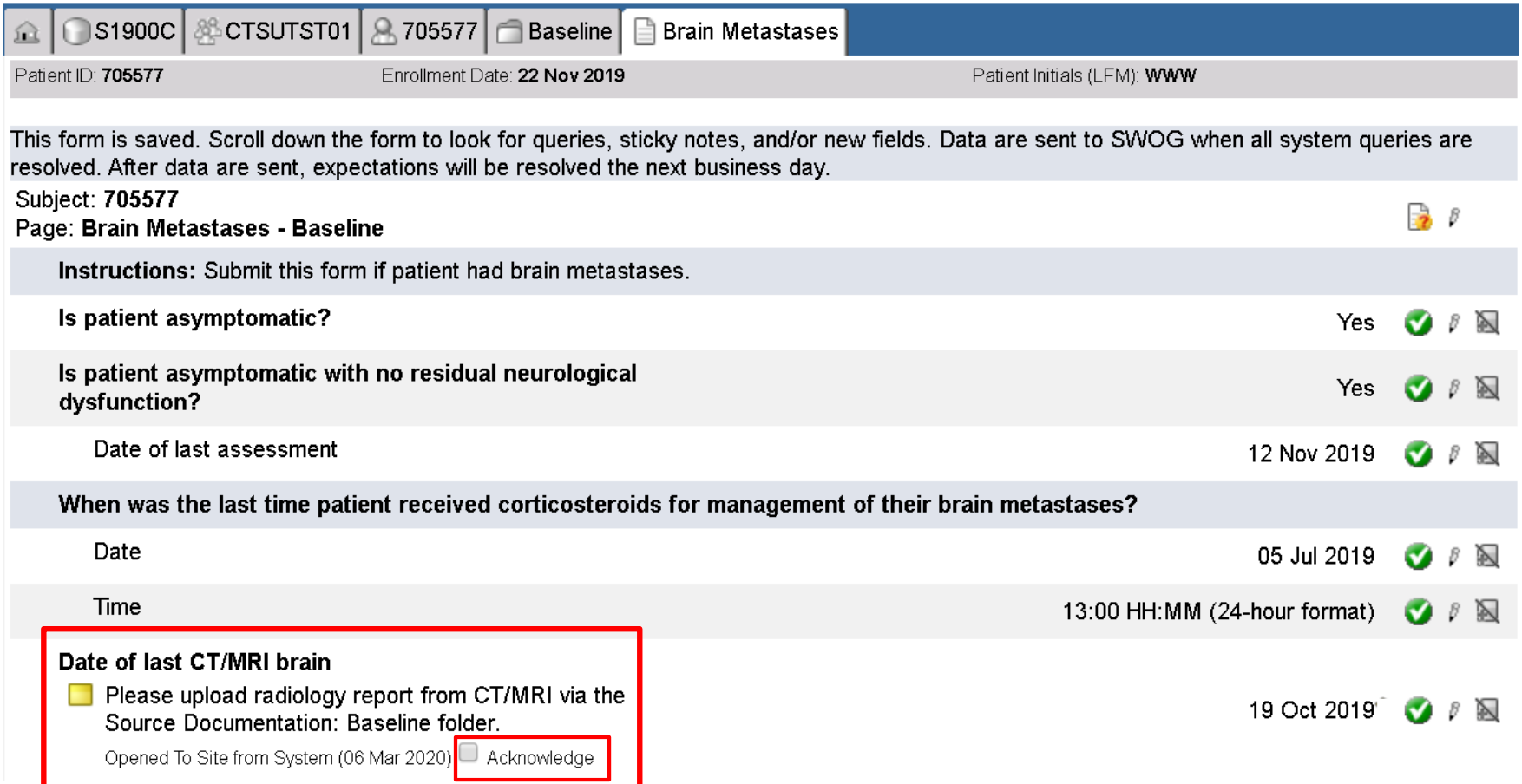
Rave: Data Submission



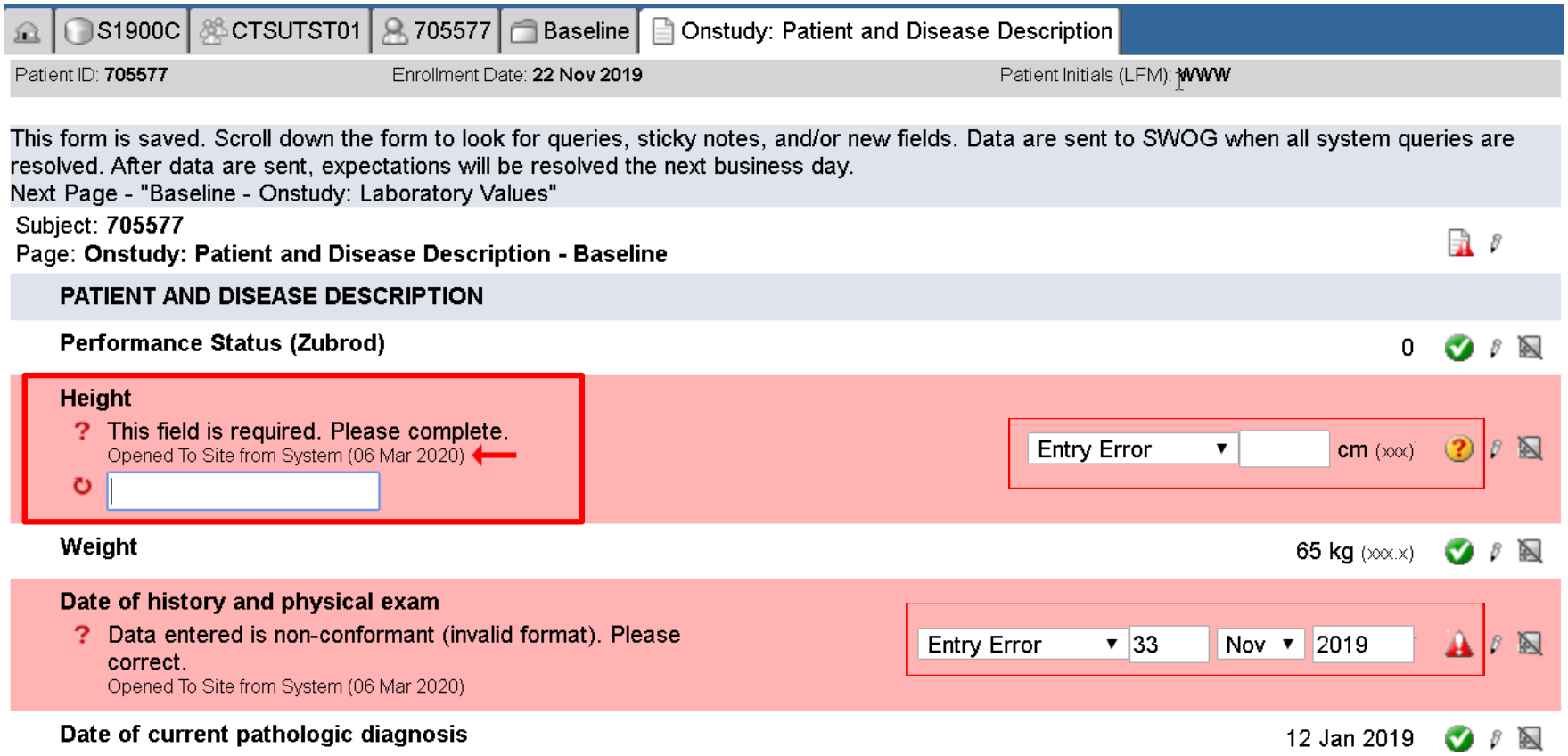
Rave: Data Submission



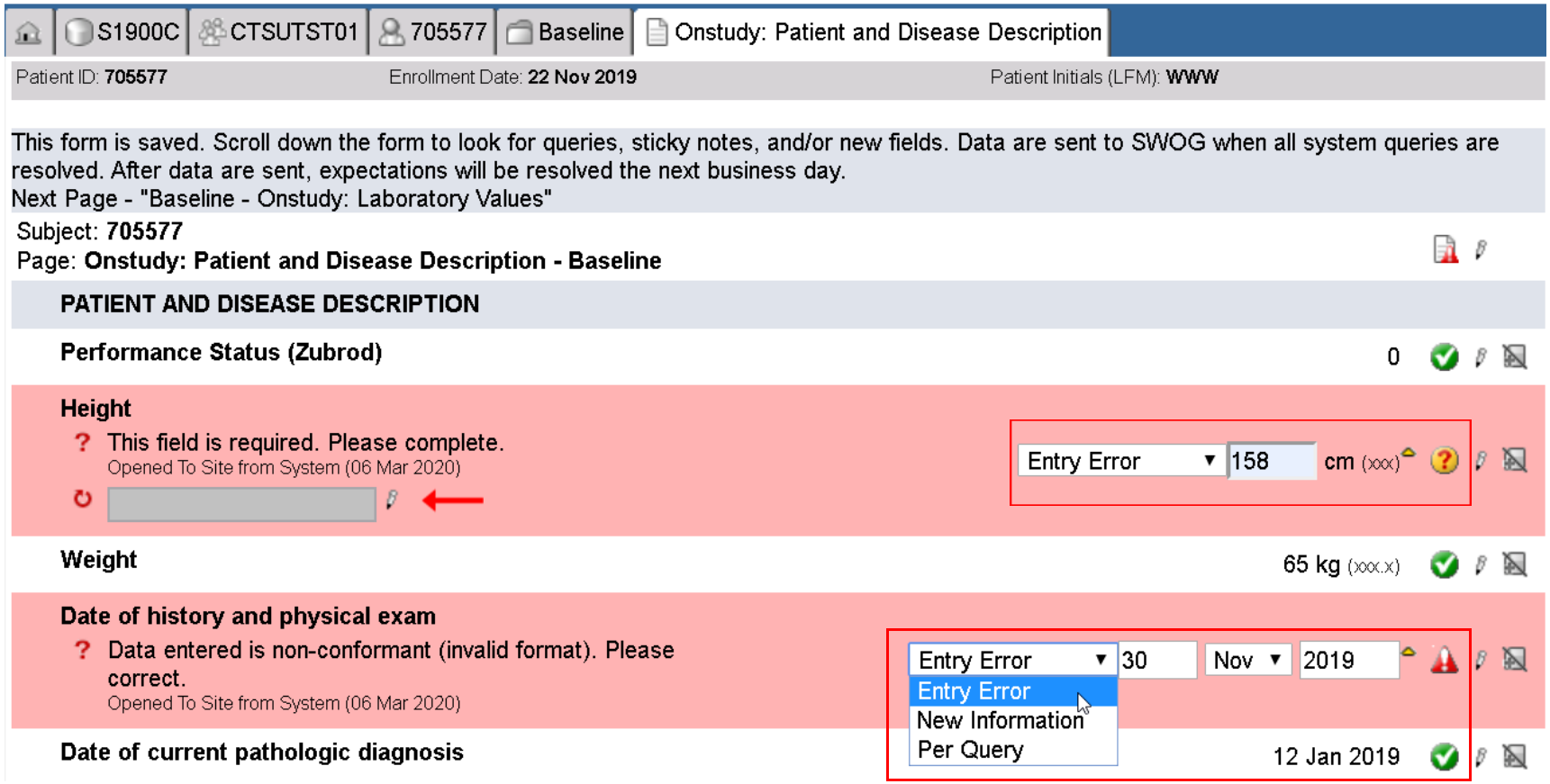
Rave: Data Submission



Rave: Query Resolution/Amending Data



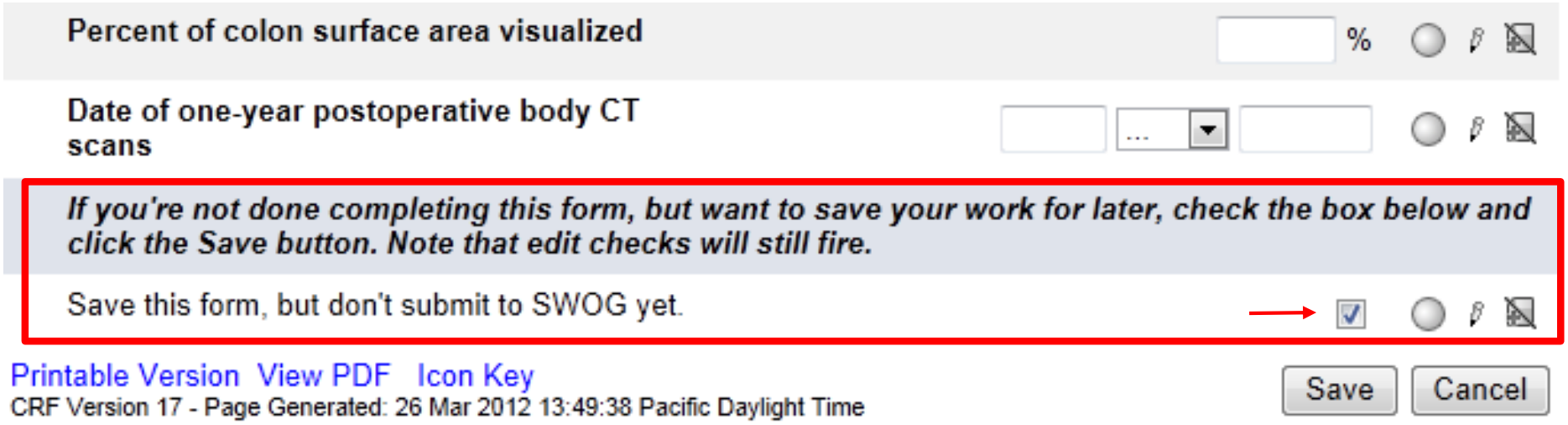
Rave: Query Resolution/Amending Data



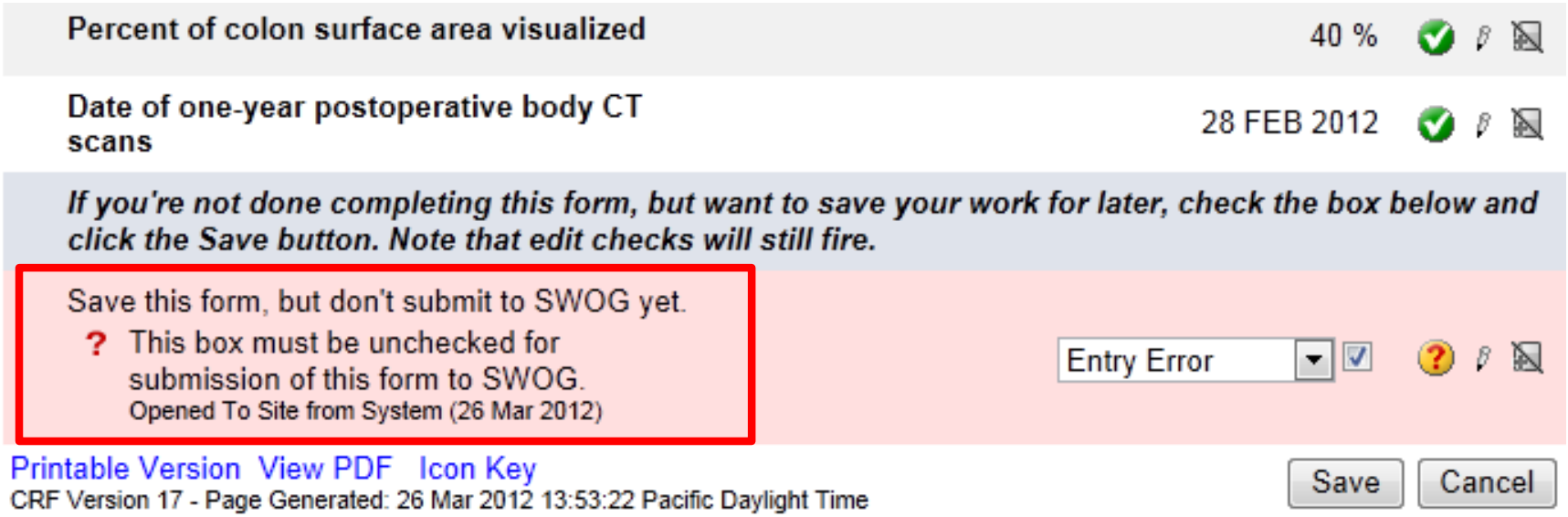
Rave: Query Resolution/ Amending Data

Special System Query: Save without submitting

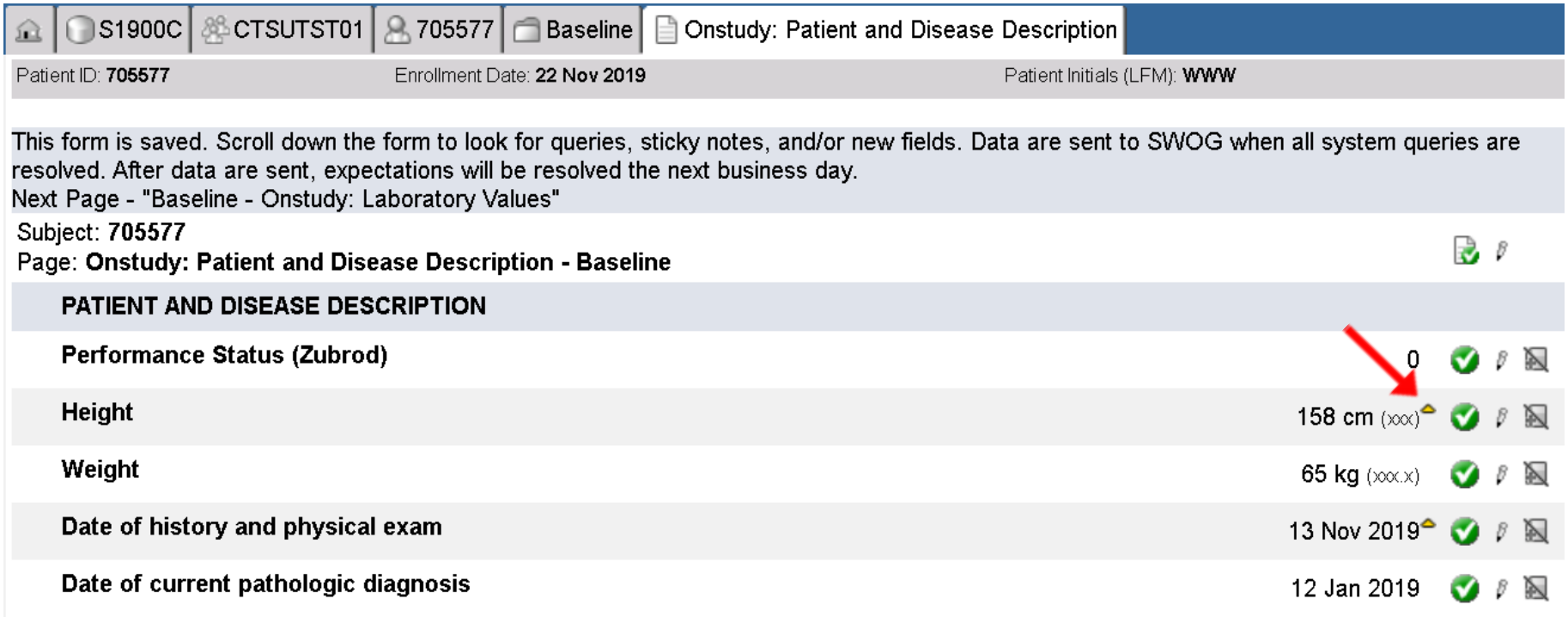
- The bottom of every form has a “Save without submitting” checkbox
- An edit check requiring the box to be unchecked will fire a query
- Edit checks **will** run on other fields as well



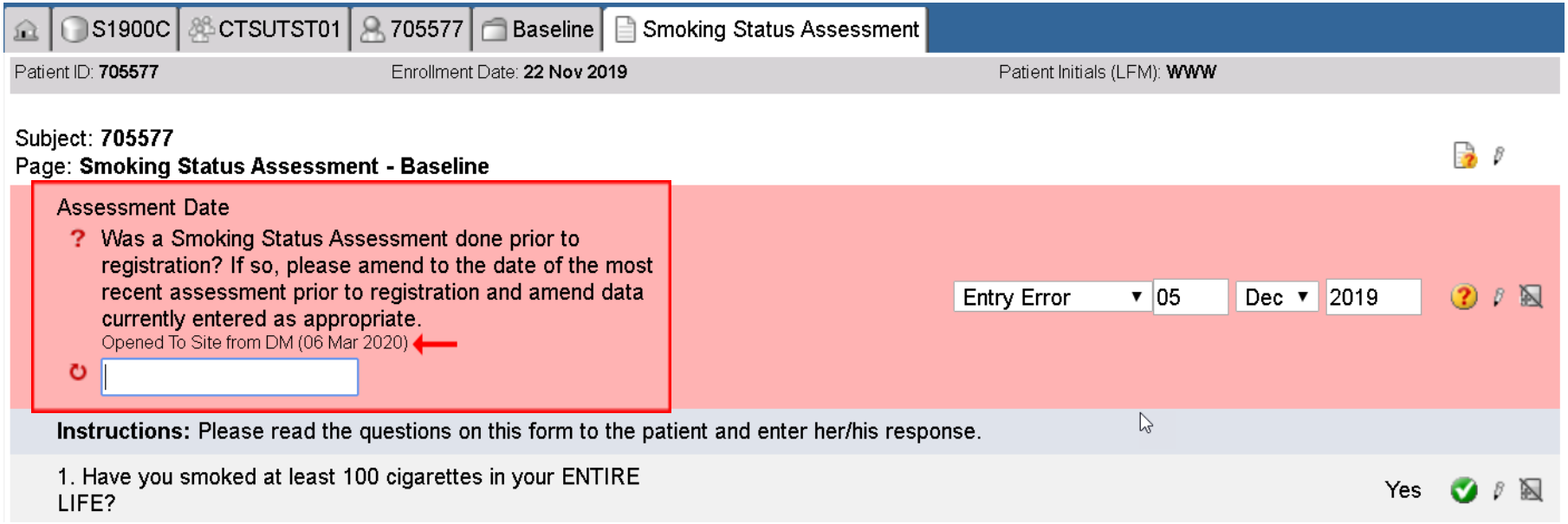
Rave: Query Resolution/ Amending Data



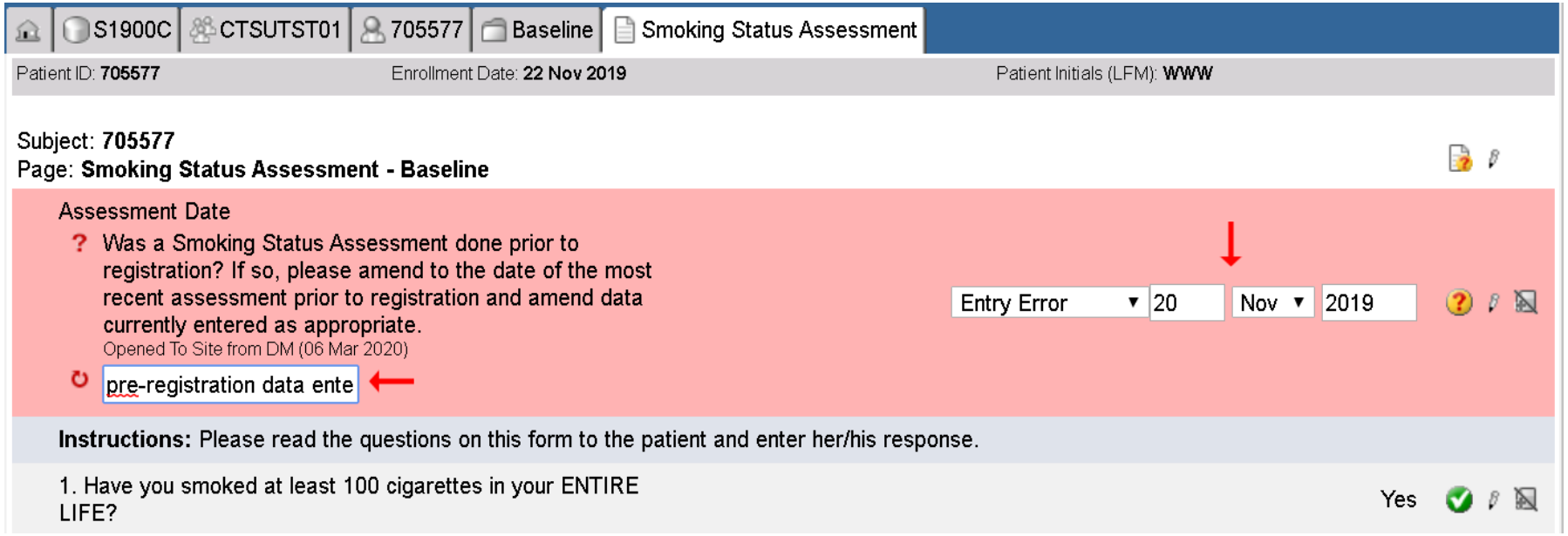
Rave: Query Resolution/Amending Data



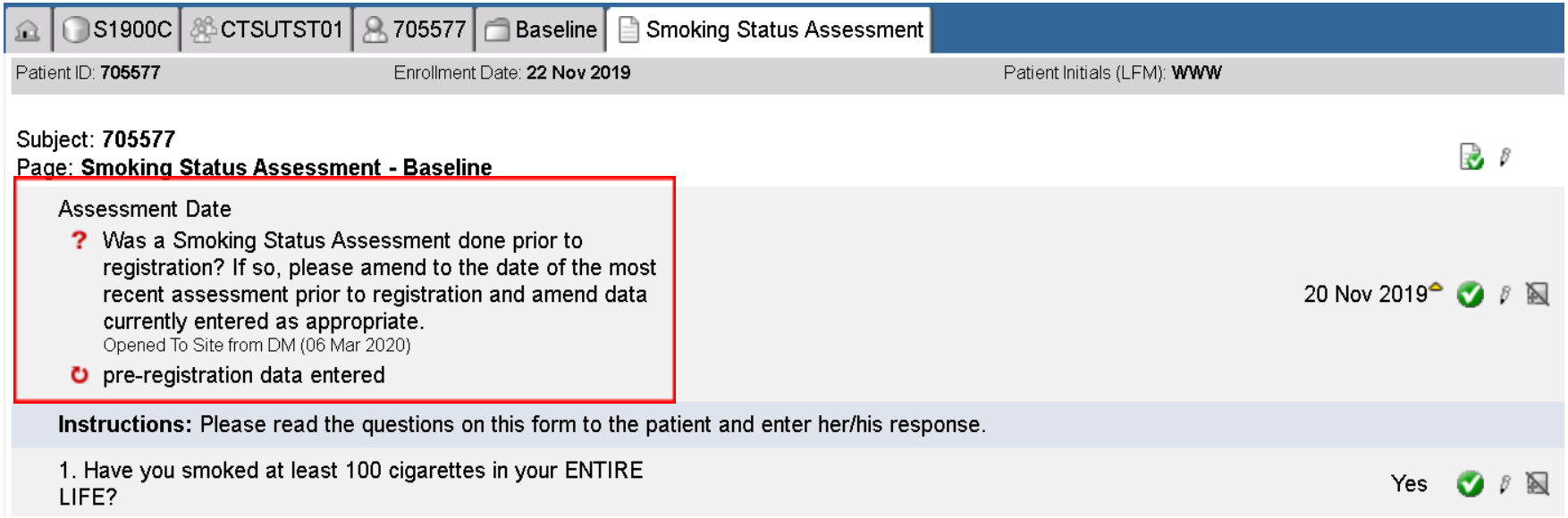
Manual Query Example



Manual Query Example



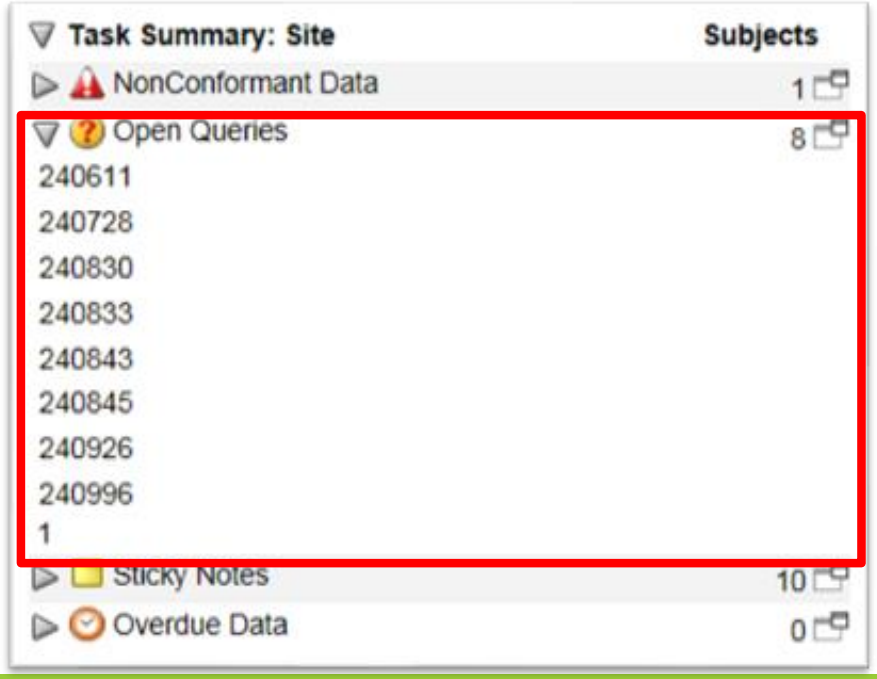
Manual Query Example

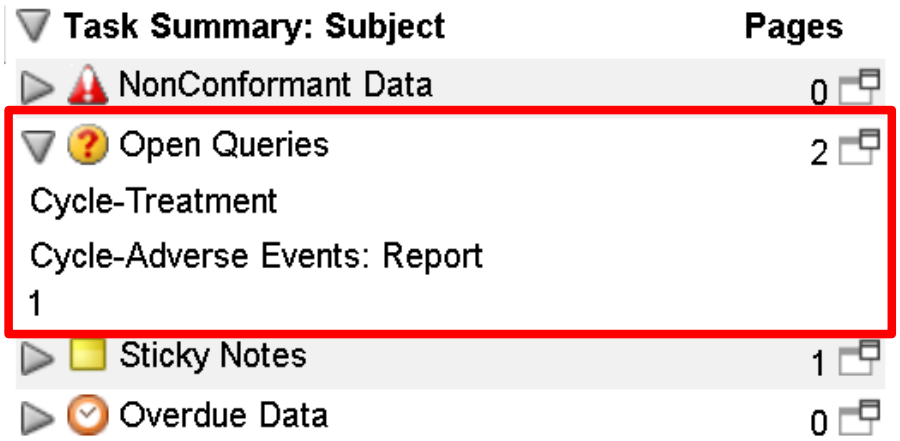


Rave: Query Resolution/Amending Data

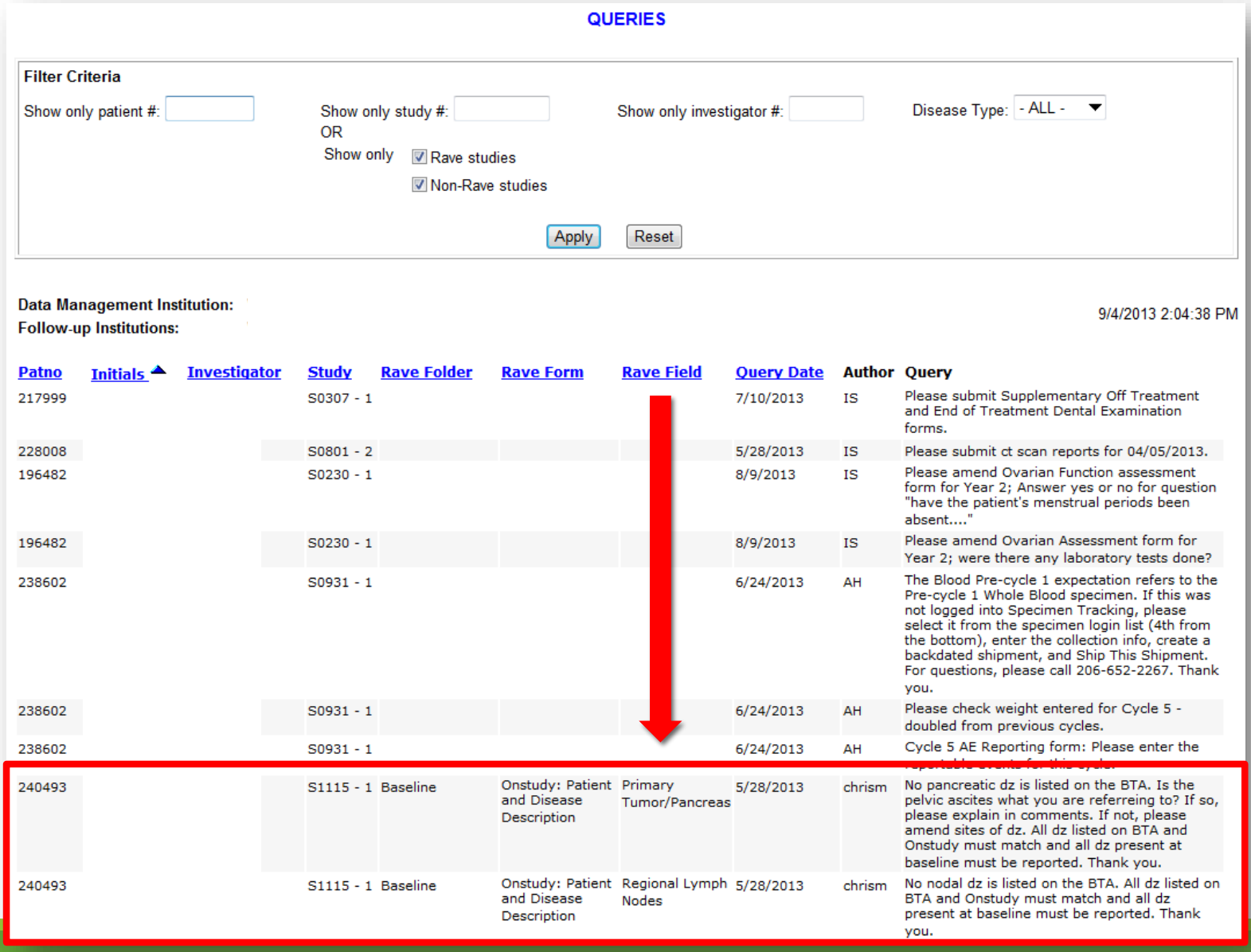
System queries and manual queries will be listed in the Task Summary

- Study Level
- Site Level
- Subject Level





CRA Workbench Reports >> Query Reports



QUERIES

Filter Criteria

Show only patient #: Show only study #: Show only investigator #: Disease Type: - ALL -

OR

Show only Rave studies Non-Rave studies

Apply Reset

Data Management Institution:

Follow-up Institutions:

9/4/2013 2:04:38 PM

Patno	Initials	Investigator	Study	Rave Folder	Rave Form	Rave Field	Query Date	Author	Query
217999			S0307 - 1				7/10/2013	IS	Please submit Supplementary Off Treatment and End of Treatment Dental Examination forms.
228008			S0801 - 2				5/28/2013	IS	Please submit ct scan reports for 04/05/2013.
196482			S0230 - 1				8/9/2013	IS	Please amend Ovarian Function assessment form for Year 2; Answer yes or no for question "have the patient's menstrual periods been absent...."
196482			S0230 - 1				8/9/2013	IS	Please amend Ovarian Assessment form for Year 2; were there any laboratory tests done?
238602			S0931 - 1				6/24/2013	AH	The Blood Pre-cycle 1 expectation refers to the Pre-cycle 1 Whole Blood specimen. If this was not logged into Specimen Tracking, please select it from the specimen login list (4th from the bottom), enter the collection info, create a backdated shipment, and Ship This Shipment. For questions, please call 206-652-2267. Thank you.
238602			S0931 - 1				6/24/2013	AH	Please check weight entered for Cycle 5 - doubled from previous cycles.
238602			S0931 - 1				6/24/2013	AH	Cycle 5 AE Reporting form: Please enter the [illegible]
240493			S1115 - 1	Baseline	Onstudy: Patient and Disease Description	Primary Tumor/Pancreas	5/28/2013	chrism	No pancreatic dz is listed on the BTA. Is the pelvic ascites what you are referreing to? If so, please explain in comments. If not, please amend sites of dz. All dz listed on BTA and Onstudy must match and all dz present at baseline must be reported. Thank you.
240493			S1115 - 1	Baseline	Onstudy: Patient and Disease Description	Regional Lymph Nodes	5/28/2013	chrism	No nodal dz is listed on the BTA. All dz listed on BTA and Onstudy must match and all dz present at baseline must be reported. Thank you.

Rave: Resources

CRA Workbench

Rave Studies YES

- Link to OPEN
- Link to Rave
- Link to Specimen Tracking
- Expectation report
- IPR report
- Queries report
- Ineligible patients report
- Training slides/documents

Rave Studies NO

- Data/Form Submission
- Query resolution

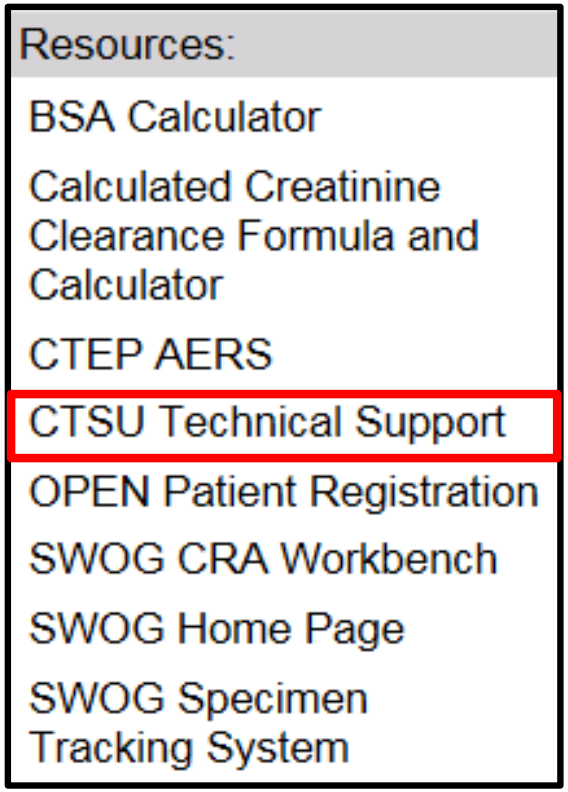
Rave: Resources

CTSU Help Desk

- 9:30am – 8:30pm ET
- 1-888-823-5923
- ctsucontact@westat.com

Multiple Resources

- Links provided in Rave at the bottom left, including CTSU contact information



Questions?

SWOG Statistics and Data Management Center (Seattle, WA)

- (206) 652-2267

Patient-Reported Outcome (PRO) Research in SWOG Clinical Trials

Monica Yee, CCRP
Program Director, Data Management
Cancer Control and Prevention Studies
SWOG Statistics and Data Management Center (SDMC)

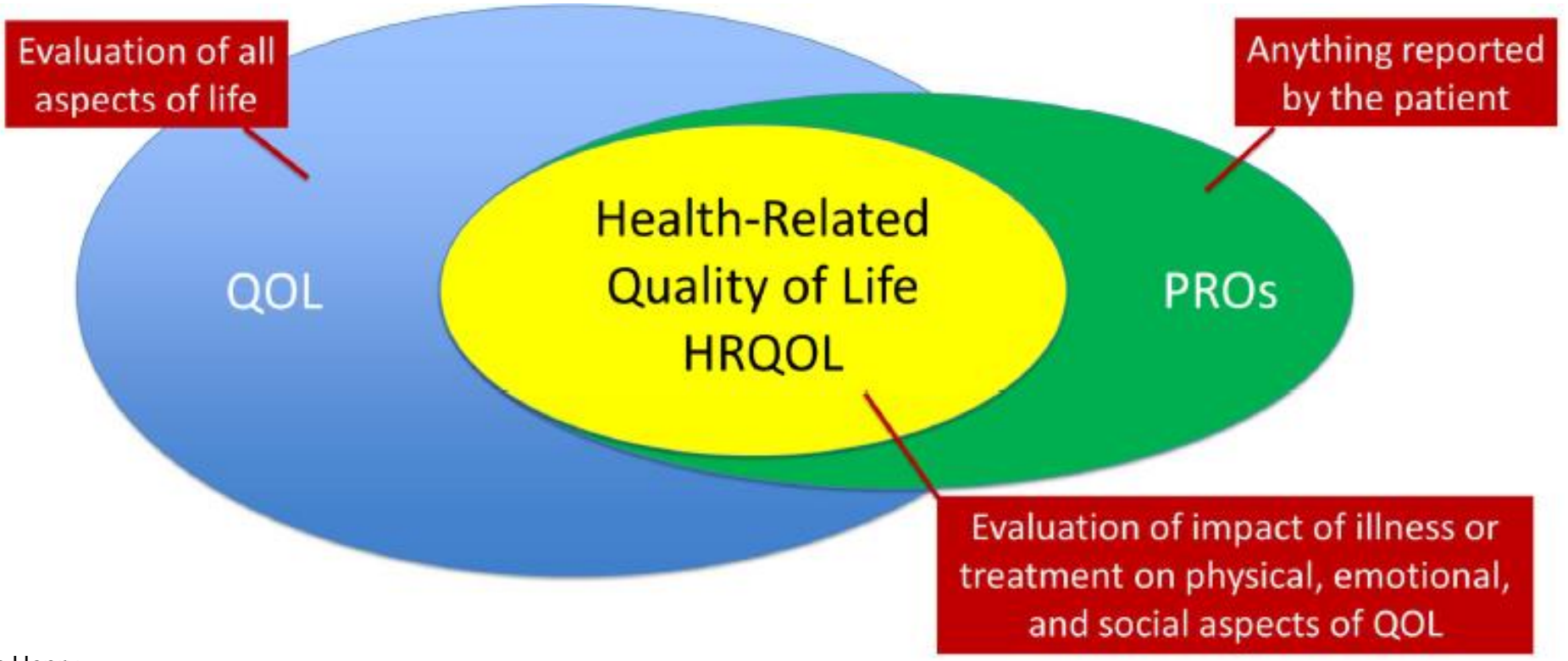
Agenda

- What?
- Why?
- Your role
- Resources
- Training

What are PROs?

- **Instruments**
  - Evaluate functioning and health outcomes
  - From the patient's perspective
- **Incorporated**
  - In some treatment and cancer control studies
- **Reported by the patient**
  - Health and overall status
  - Without interpretation by a clinician

Quality of Life (QOL)
Health-Related Quality of Life (HRQOL)
Patient-Reported Outcomes (PRO)



Dr. Lynn Henry
SWOG Symptom Control and Quality of Life Committee Co-Chair

Why PROs?

- Captures **critical information** for SWOG trials
- Outcomes **reported by patients** can be different than those reported by clinicians and researchers
- Evidence that **side effects are underestimated** by clinicians (Basch, 2006)
- Reporting by patients may lead to **improved communication, satisfaction and symptom management**

Your Role in PRO Research is Critical

- You are the primary for quality PRO data collection and submission
- **Be prepared**
- Complete the online SWOG PRO Training module before administering questionnaires on any trial
- Familiarize yourself with the PROs and process for each study
  - Perform quality control of data after patient completion and prior to submission
    - Avoid "garbage in, garbage out"
  - Submit data in a timely fashion
- Consider how you would navigate any potential patient issues or barriers
  - Refer to the protocol for options

The Protocol as a Resource

- **Study-specific details about PRO administration**
  - Data collection forms
    - Locate the forms in CTSU → CIRB Approved Documents
  - Target timepoints and windows for administration
  - Study-specific details and instructions
  - Mode of collection
    - Hard copy forms completed by patient in person then submitted by site staff in Rave
    - Electronic completion by patients via ePRO app on personal device (an option on S2013)
    - Collection of data by study collaborator by phone (e.g. Cancer Control studies)

The SWOG Protocol as Your PRO Resource

- **Section 5** – Eligibility
- **Section 7** – Treatment Plan
  - Follow-up duration defined
- **Section 9** – Study Calendar
  - Timepoints for administration
- **Section 14** – Data Submission
  - What forms are due when
- **Section 15** – Special Instructions
  - Instructions for administration of instruments
- **Section 18** – Appendix
  - Description of objectives, background, instruments, etc.

SWOG PRO Training Module

- For all research staff involved in PRO data collection and submission
- Describes the "what," "why" and details of the "how" of PRO administration to patients
- 20 minutes
- Located at www.swog.org
- Clinical Trials → Protocol Workbench → Training → Patient-Reported Outcome Questionnaires Training Program
- Review training as many times as you like; great for a refresher

SWOG CANCER RESEARCH NETWORK

About | The SWOG Network | News & Events | Clinical Trials

1

Clinical Trials

- Biospecimen Resources
- Clinical Research Resources
- Clinical Trials Search
- Publications
- Institutions
- Quality Assurance & Audits
- Serious Adverse Events
- CRA Workbench
- Protocol Workbench

2

SWOG / Clinical Trials / **Protocol Workbench**

Protocol Workbench

This page provides convenient links to other web pages and documents frequently referenced in SWOG protocols.

Helpful Pages

- Biospecimen Resources
- Serious Adverse Events

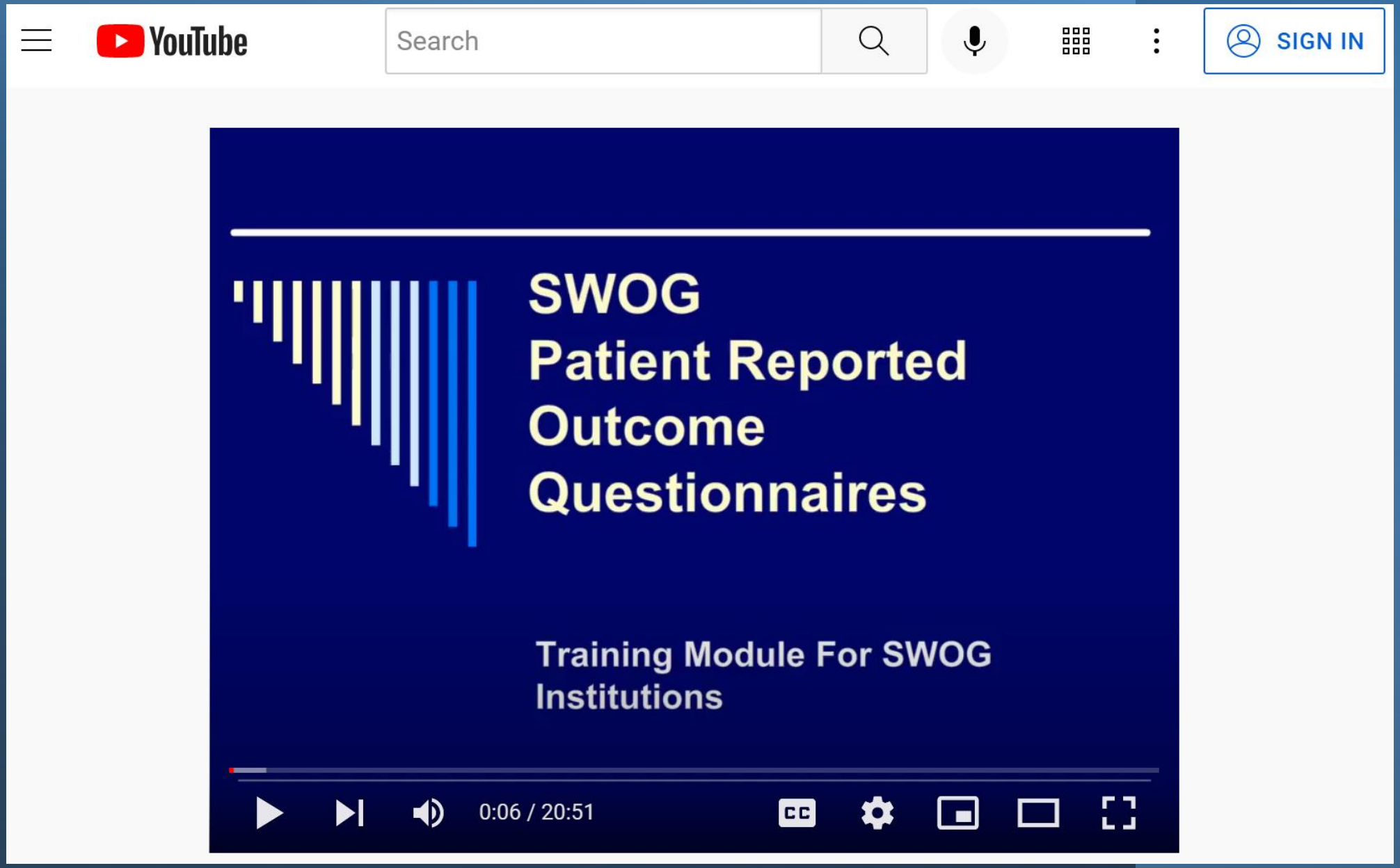
Documents

- Best Practices
  This document contains current information related to expectations for protocol compliance, documentation practices, and consenting issues for those participating on SWOG studies. Unless indicated otherwise in the relevant SWOG protocol, scheduled procedures and assessments (treatment administration, toxicity assessment for continuous treatment, disease assessment, specimen collection, and follow up activities) must follow the guidelines established in the above SWOG Best Practices document.

3

Training

- Patient-Reported Outcome Questionnaires Training Program


YouTube
Search
SIGN IN
SWOG
Patient Reported
Outcome
Questionnaires
Training Module For SWOG
Institutions
0:06 / 20:51

Questions?

Contact:

cancercontrolquestion@crab.org

Thank you for your efforts on this important aspect of SWOG clinical trials!

Reports and Tools to Support Quality Data

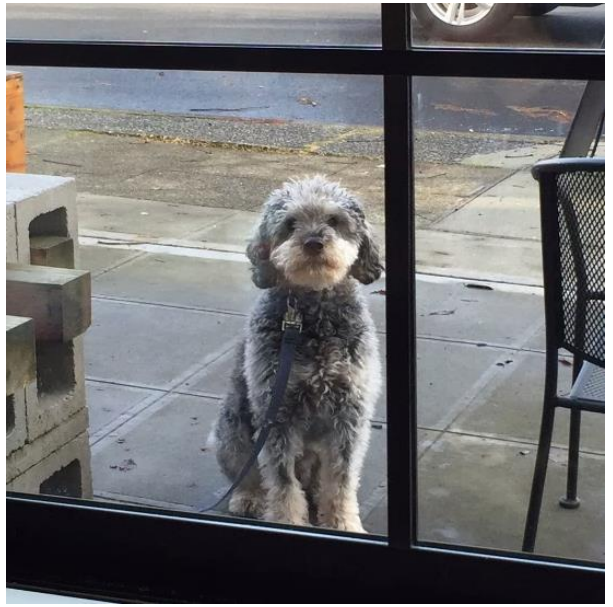
Phyllis Goodman, M.S.
Coordinating Statistician
Institution Performance
SWOG Statistical Center

What defines quality?

- NCTN Grant Submission required data on
- Timeliness
  - Were the required data forms submitted?
  - Were the required data forms submitted on time?
- Accuracy
  - We don’t compare submitted data to source documents (other than audited and monitored charts) *so…*
  - Is the submitted data free of queries?

How does SWOG facilitate data submission?

- **Expectation System:** Identifies the submission requirements for forms, reports, specimens, patient completed forms
- Expectation = Anything that is “expected” to be submitted to the Statistical Center
- Protocol-specific data requirements
- May be posted conditionally based on treatment arm, stratification factor, form disease status, consent answers, etc.



When are expectations posted?

1. At the time the patient is registered

2. During protocol treatment and follow-up

At patient registration

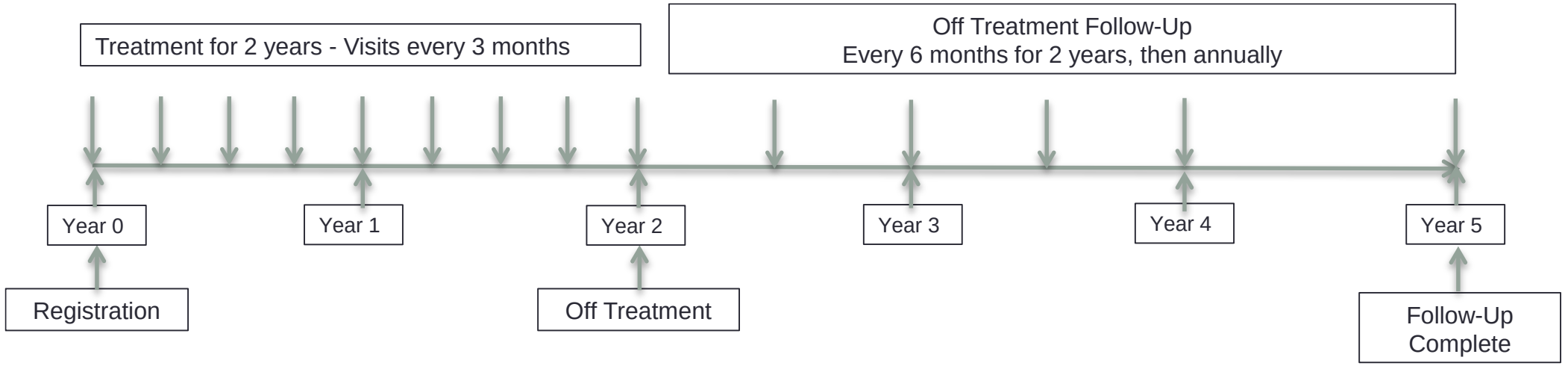
- Baseline requirements
  - Forms: On-study, Baseline abnormalities, Baseline tumor assessment, etc.
  - Source documents: Pathology/Operative reports, other source documents
  - Specimens
  - Other study-specific items (e.g., Quality of Life questionnaires, imaging)
- Defined time point post registration (e.g., Week 4)
  - Quality of Life questionnaires, other study-specific forms
  - Specimens
- Appear on the Confirmation of Registration

During protocol treatment and follow-up

- Forms for most treatment studies include
  - Adverse event, treatment, follow-up tumor assessment
- Other study-specific forms
  - e.g., S1802 prostate study with cycle-specific PSA, testosterone forms, S1614 cycle-specific lab values
- Dynamic, time-period specific
- Looks at next form due based on treatment schedule
  - “Period beginning” is determined from patient’s previous visit
- Can be conditional based on an event (e.g., progression, off treatment)

Vital Status Updates = Follow-up Expectations

- Frequency and length of follow-up is protocol specific
  - Continued follow-up is expected while patient is receiving treatment and after they are off-treatment
  - Dynamically posted based on patient's last follow-up
  - Protocol specific, e.g.,



Vital Status Updates

- Time since patient's last contact
  - Calculated as days between the day the report is run and the patient's last contact date (date last known to be alive)
- Last contact date
  - Studies prior to 2019 - updated from a number of forms including the treatment, adverse event, follow-up tumor assessment forms or SWOG Follow-Up Form
- Vital Status Update form
  - For studies activated in 2019 or later
  - Wave of the future – now on all studies going forward

Vital Status Form

SWOG
VITAL STATUS FORM

Patient Identifier ☐☐☐☐☐☐ **Study Identifier** S☐☐☐☐ **Registration Step** ☐

Patient Initials _____ (L, F M)

Instructions: Please complete this form when contact is made with the patient for any reason This form should be submitted prior to any other data entry related to that visit. Date is in **DD MON YYYY** format.

Vital Status *(If dead, please submit Notice of Death)* ☐Alive ☐Dead

Date of last contact *(If dead, please enter date of death)* ☐☐ ☐☐☐ ☐☐☐☐

Comments

Specimen Expectations

- Specimens for which the patient opt out will not have expectations posted
- Baseline specimens: (1) those needed to assess eligibility, stratification or future endpoint determination and (2) those needed for banking or future TM studies
- Post-baseline specimens
  - Fixed time point (e.g., month 3) posted at registration
  - Based on an event (e.g., progression) posted conditionally

Expectation due dates

- Current guidelines from CTSU = 15/15/30
  - Baseline data – due within 15 days of registration
  - On treatment data – due within 15 days of visit/event
  - Off treatment data – due within 30 days of visit/event
- **Always check Section 14 for data submission timelines as older studies will be different**
- Specimens (baseline and post-baseline) – Per Section 15. Typically…
  - Blood products, urine – due within 15 days (except for Streck tubes)
  - Tissue – due within 30 days of…but check protocol for actual time frame

SWOG Reports for Quality

- Expectation Report
- Institution Performance Review (IPR) Report
- Query Report
- Ineligible Patients Report

How do I access the reports?

- Navigate to the SWOG CRA Workbench
- “Reports” link on the left side, mid-way down
- Interface will be getting a facelift

CRA Workbench Home

Patient Management
OPEN Patient Registration
SLAI Registration
Rave Data Submission
Pre-Rave Data Submission
Specimen Tracking
SAE Reporting
Planned Unblinding

Res
Rep
ORP
Tool
Train
CRA
SWO
SWO
CTS
Join
Con

For
New
SWOG ORP Committee
SWOG IRB/Regulatory Procedures
SWOG Protocols
SWOG Roster

Expectation and Institution Performance Review (IPR) Reports

NEWS

3/10/2022

DQP and the SWOG Expectation System PPT Presentation

The PowerPoint presentation about the CTSU Data Quality Portal (DQP) and the SWOG Expectation System and Query Reports has been updated. The DQP is another tool to help with managing the submission of your data and responses to queries. We hope that this presentation will answer any questions you may have about the difference between these two systems.

CTSU Data Quality Portal vs SWOG Expectation and Query Reports

3/2/2022

Specimens Returning to IPR Metrics

Please select the report you wish to display:

For an explanation of monthly vs current reports, click here.

Current Expectation Reports	Monthly Expectation Reports	Monthly IPR Reports
	CA154 (SWOG) - Kaiser Perm NCORP + Affiliates Excel	CA154 (SWOG) - Kaiser Perm NCORP + Affiliates
CA154 (SWOG) - Kaiser Perm NCORP	CA154 (SWOG) - Kaiser Perm NCORP Excel	
CA197 (SWOG) - Kaiser, San Francisc	CA197 (SWOG) - Kaiser, San Francisc Excel	CA197 (SWOG) - Kaiser, San Francisc
CA306 (SWOG) - KaiserPermanenteSCAL	CA306 (SWOG) - KaiserPermanenteSCAL Excel	CA306 (SWOG) - KaiserPermanenteSCAL
CO034 (SWOG) - KaiserPermanenteCOL	CO034 (SWOG) - KaiserPermanenteCOL Excel	CO034 (SWOG) - KaiserPermanenteCOL

- IFS13 - Initial Forms Set for registrations > 13 months ago
- FUP – Vital Status Update
- FORM – Forms Submission
- Form/FUP – Both Vital Status Update and Forms Submission
- SPEC – Specimens expected <= 13 months ago
- SPEC13 – Specimens expected > 13 months ago

Expectation Report: 2 Versions

- Monthly Report
  - Static report generated at the beginning of the month
- Current Report
  - Dynamic report that reflects up-to-the-minute database status
- Both
  - Downloadable to Excel
  - Identify overdue expectations which affect compliance (IPR) statistics

Current Expectation Report

Filter Criteria

SWOG Patient ID: [ ]
Registrations after: [ ] (mm/dd/yyyy)
Institution CTEP ID: [-ALL-]

Study: [ ]
Items due*: ○ Before ○ After [ ] (mm/dd/yyyy)
*Within upcoming 90 days only

SWOG Investigator ID: [ ]
IPR: [- ALL -]

Disease Type: [- ALL -]
Show only IPR Category: [- ALL -]

[Apply] [Reset]

[Export Report Data to Excel]

3/15/2022 5:34:38 PM

Data Management Institution:
Follow-up Institution:

SWOG Patient ID	Initials	Study	Institution CTEP ID	Investigator	RegDate	Last Contact Date	Status	Due Date	Expectation	Days Overdue	IPR
703023		S1602-1			10/25/2017	10/14/2020	A	04/14/2021	Follow-up	335	FUP
707404		S1806-2			10/29/2020	02/11/2022	A	04/05/2021	Reconsent Form	344	
								05/06/2022	Follow-up (Prior to BI-EFS Event)/Period beginning 02/12/2022		
								05/06/2022	Off Treatment Vital Status/Period beginning 02/12/2022		
								05/20/2022	Disease Assessment Form/Period beginning 02/12/2022		
288924		S1931-1			01/11/2022	01/12/2022	A	01/26/2022	Adverse Event Form/Pre-randomization AE Summary	48	
								01/26/2022	Follow-up Tumor Assessment Form/End of pre-randomization treatment	48	

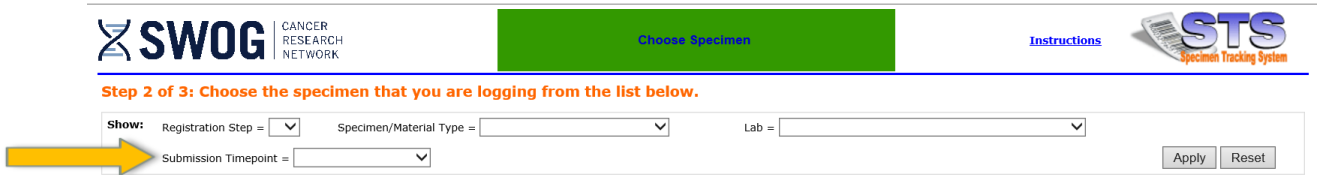
Current Expectation Report

Due Date	Expectation	Days Overdue	IPR
04/14/2021	Follow-up	335	FUP
05/06/2022	Off Treatment Vital Status/Period beginning 02/12/2022		
05/20/2022	Disease Assessment Form/Period beginning 02/12/2022		
04/22/2022	EORTC QLQ-BLM30/Week 104 (2 years)		
02/24/2022	Blood submission/CBALR Visit #1: SST to SWOG Bank	19	
02/24/2022	Blood submission/CBALR Visit #1: Streck tubes to SWOG Bank	19	
12/20/2021	Adverse Events Form/Period beginning 06/15/2021	85	FORM
12/20/2021	Treatment Form/Period beginning 06/15/2021	85	FORM

Current Expectation Report

Due Date	Expectation	Days Overdue	IPR
04/14/2021	Follow-up	335	FUP
05/06/2022	Off Treatment Vital Status/Period beginning 02/12/2022		
05/20/2022	Disease Assessment Form/Period beginning 02/12/2022		
04/22/2022	EORTC QLQ-BLM30/Week 104 (2 years)		
12/20/2021	Adverse Events Form/Period beginning 06/15/2021	85	FORM
12/20/2021	Treatment Form/Period beginning 06/15/2021	85	FORM
02/24/2022	Blood submission/CBALR Visit #1: SST to SWOG Bank	19	
02/24/2022	Blood submission/CBALR Visit #1: Streck tubes to SWOG Bank	19	

Specimen Tracking – Choose Specimen



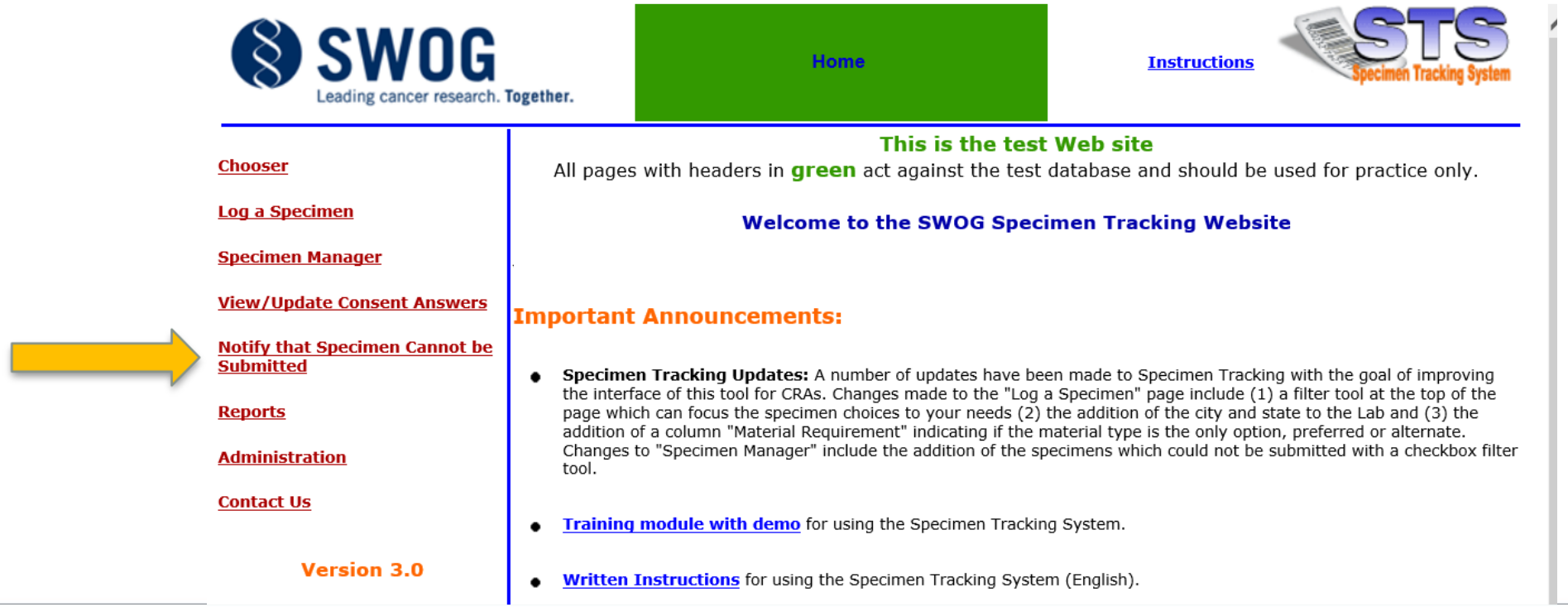
Study Number: S1418

Registration Step	Submission Timepoint	Specimen or Material Type			Material Requirements	Lab
2	Relapse/recurrence	Tissue from distant site	Blocks	Paraffin-embedded core biopsies	Only option	201 - SWOG Specimen Repository Columbus, OH
2	Relapse/recurrence	Blood	Whole Blood	Red top tube, 5 ml whole blood	Only option	201 - SWOG Specimen Repository Columbus, OH
2	Relapse/recurrence	Blood	Whole Blood	Green top tube, 5 ml whole blood	Only option	201 - SWOG Specimen Repository Columbus, OH

2	Week 55	Blood	Whole Blood	BAHO Lavender top tube, 7.5 ml peripheral blood	Only option	159 - NRG Serum Bank at Baylor College of Med Houston, TX
2	Month 18	Blood	Whole Blood	BAHO Lavender top tube, 7.5 ml peripheral blood	Only option	159 - NRG Serum Bank at Baylor College of Med Houston, TX
2	Baseline	Blood	Whole Blood	Green top tube, 5 ml whole blood	Only option	201 - SWOG Specimen Repository Columbus, OH
2	Week 13	Blood	Whole Blood	Green top tube, 5 ml whole blood	Only option	201 - SWOG Specimen Repository Columbus, OH
						201 - SWOG Specimen Repository

Specimen Expectations

- If a specimen cannot be collected
  - “Notify that Specimen Cannot be Submitted” function on Specimen Tracking resolves the expectation



Institution Performance Review (IPR)

- Statistics used to monitor and measure an institution's compliance with data submission requirements
  - Are required forms being submitted?
- SWOG Policy #33: Compliance guidelines
- The IPR report is run monthly and contains the compliance rates (percentages) for each category

- Posted on the SWOG CRA Workbench and mailed to the PI and Head CRA of the LAPS/Member/NCORP

Tracking Compliance: IPR Report

- Four categories
  - **Initial Forms Set**: expectations "associated with" patient registration data; includes specimens needed to evaluate eligibility, treatment or stratification assignment and future endpoint determination
  - **Post-baseline forms** submission
  - **Vital status updates** (patient follow-up)
  - **Specimens:** All others not covered above
- Overdue items contributing to the IPR categories are identified on the Expectation Report in the IPR column with a code
  - Categories and definitions on "Expectation and IPR Reports" page

Current Expectation Report

Due Date	Expectation	Days Overdue	IPR
04/14/2021	Follow-up	335	FUP
05/06/2022	Off Treatment Vital Status/Period beginning 02/12/2022		
05/20/2022	Disease Assessment Form/Period beginning 02/12/2022		
04/22/2022	EORTC QLQ-BLM30/Week 104 (2 years)		
02/24/2022	Blood submission/CBALR Visit #1: SST to SWOG Bank	19	
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12/20/2021	Adverse Events Form/Period beginning 06/15/2021	85	FORM
12/20/2021	Treatment Form/Period beginning 06/15/2021	85	FORM

IPR Statistics and Report

SWOG Institution Performance Review Statistics
For patients credited to SWOG
Data as of 02/02/2021

Principal Investigator:
DM Institution: I

A. Registration steps lacking submission of Initial Forms Set		
A1. Registrations within last 13 months	7 / 90	7.78%
A2. Registrations more than 13 months ago	0	
B. Overdue Vital Status Updates	36 / 230	15.65% *
C. Expected forms (post-baseline) not submitted	34 / 3009	1.13%
D. Expected specimens (post-baseline) not submitted		
D1. Specimens expected in the last 13 months	8 / 177	4.52%
D2. Specimens expected more than 13 months ago	0	

*Indicates out of compliance

Compliance Levels

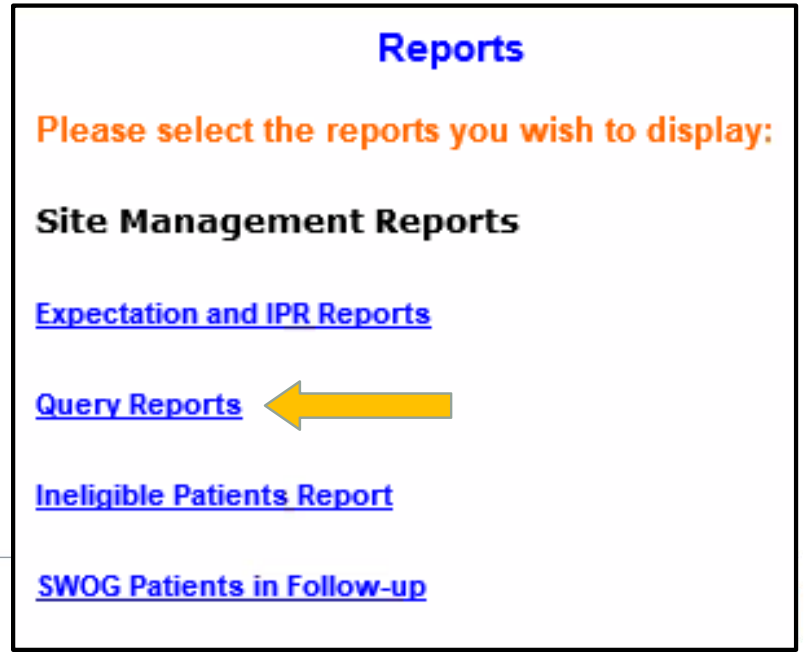
- Out of compliance if…
  - Initial Forms Set: **>10%** of patient **REGISTRATIONS** are > 30 days overdue
    - All of the items associated with the Initial Forms Set must be received; a single overdue item will result in the registration being overdue
  - Post-baseline form expectation: **>5%** of **FORMS** are > 60 days overdue
  - Vital Status updates (follow-up): **>15%** of **PATIENTS** are > 60 days overdue
  - Post-baseline specimens: **>10%** of **SPECIMENS** are > 30 days overdue
- Striving for 0% across the board

Consequence of poor performance

- Two Consecutive Months
  - If an institution remains out of compliance on any measure for two consecutive months, a **warning email** is sent to the PI and Head CRA
- Three Consecutive Months
  - The institution is at **risk of suspension** with loss of registration privileges. If not corrected within 1 month, the institution may be suspended

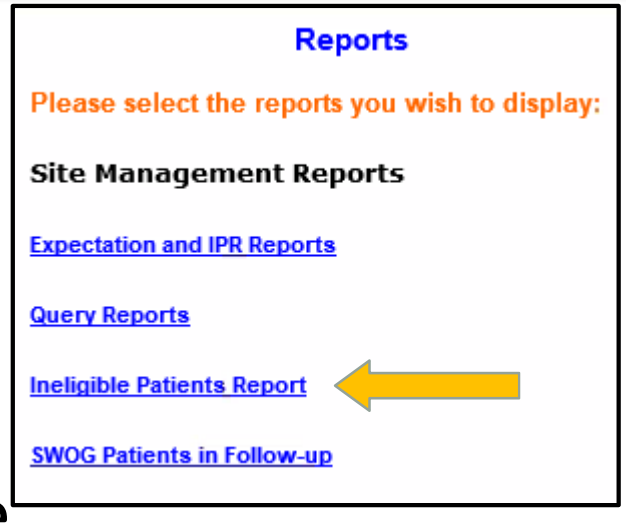
Query Report

- Queries posted by Stat Center Data Coordinators, Central Monitors, QA team, Biorepsoitory based on their review of the data
- Rave – System queries included in a separate section
- Not currently tied to Expectations or IPR but just as important and will be a future component of site performance
- Located in the Reports link on CRA Workbench



Ineligible patients report

- Eligibility determines whether patients will be included in the primary statistical analysis
- Check your ineligible patients
- Currently not a performance measure, but…
- Review your patients that are coded as ineligible
  - N = clinically ineligible — Check. Was there a data entry error?
  - NI = Insufficient information — Eligibility can't be confirmed, material unavailable.
  - NR = Reversible — Missing information! Reversible if data submitted!



Ineligible patients report

INELIGIBLE PATIENTS

The following report shows patients who have been deemed ineligible for therapeutic trials coordinated by SWOG who were registered by your institution within the last three years. Note that some of these patients may have transferred follow-up responsibility to another institution, but eligibility is credited to the registering institution.

Filter Criteria

Show only patient #

Show only CTEP investigator ID

Show only patients registered since 3/8/2016

Apply Reset

Show only study #

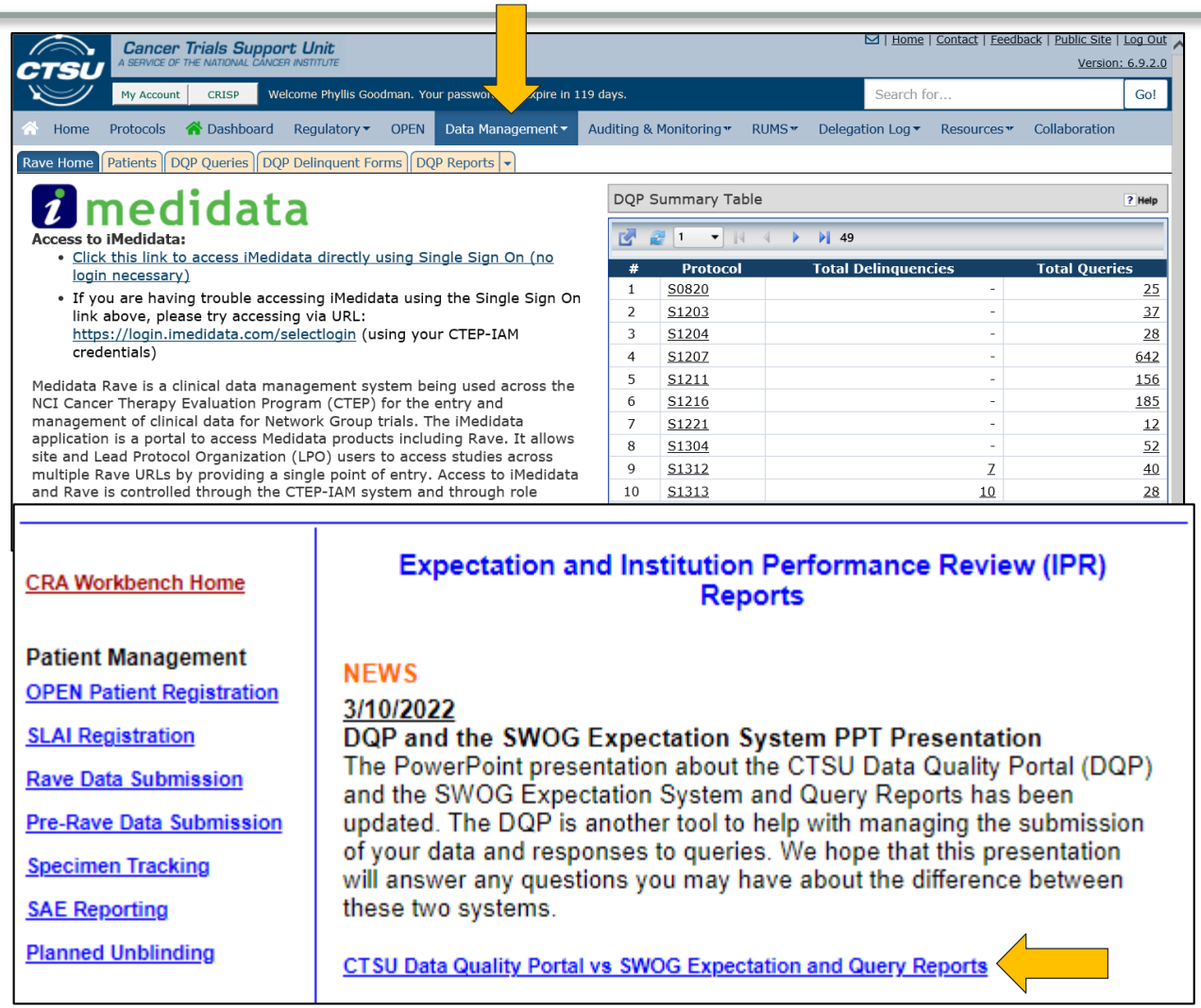
Show only CTEP institution ID

Show only Disease Type - ALL -

Patno	Initials	Registering Network Group	Registering Investigator	Registering Institution	Study	Registration Date	Ineligibility Date	Ineligibility Code	Ineligibility Reason
700835	A, J W	SWOG			S1404-1	4/21/2016	7/12/2016	NI: Inelig.,insuff info	Ineligible due to Onstudy labs being done on 04/29/2016 and MRI/CT and CT scans being done on 04/28/2016-They were done after step 1 registration 04/21/2016
261605	A, Q	SWOG			S1207-1	5/13/2016	7/15/2016	N: ineligible	HER2 ISH is equivocal or positive.
270992	B, D M	SWOG			S1207-1	2/2/2018	4/5/2018	NR: Inelig.,reversible	Required prestudy block not yet submitted. <60 days.
271748	B, G L	SWOG			S1609-1	3/30/2018	6/7/2018	N: ineligible	Patient ineligible (N): Patient ineligible d/t patient taking once daily combinations that use pharmacologic boosters (section 5.3.k.2 of the protocol)

CTSU Reports

- Data Quality Portal (DQP)
  - Delinquent Forms
  - Queries – those from Data Coordinator as well as "System Queries" and non-conformant data
- Includes
  - All SWOG Rave studies but NOT pre-Rave studies
  - Other Network Group Rave studies



FAQs

- Do the Auditors use these reports?
  - *The auditors do have access to these reports on a case-by-case basis and can use them to support their work. They provide an overview of a site's performance. However, they are not part of the formal audit report*
- Do the NCI and other Network groups have access to these reports?
  - *Currently, these reports are only used by SWOG and the information is not routinely given to the NCI or other groups.*
- Who should I contact if I have questions?
  - ExpectationReportQuestion@crab.org

High quality data are essential for good studies…

…Your efforts are essential for high quality data

Questions?

Your Mission: Patient/Participant Long Term Follow-Up

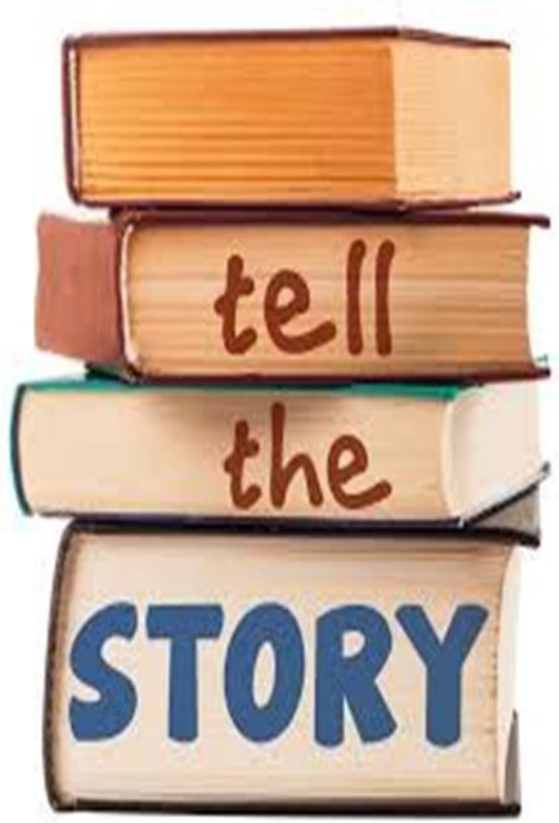
Connie Szczepanek, RN, BSN, CCRP

Cancer Research Consortium of West Michigan NCORP

Chair, SWOG Oncology Research Professionals Committee

What is long term follow-up?

- Protocol treatment discontinued
- Treatment toxicities resolved
- Response to therapy has been determined
- May vary if an observational study



The Rule

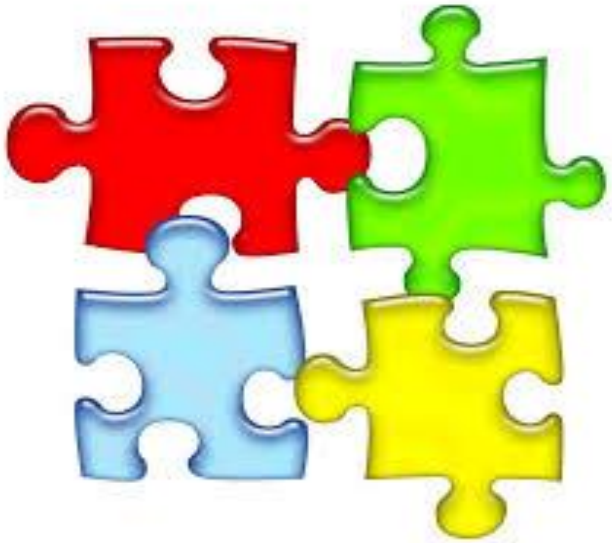
It is important you be familiar with and use the most current *SWOG and Institutional policy* to assure compliance with procedures and required documentation.

SWOG Policy Memorandum No. 30

- Defines responsibility for patient follow up, procedures for transferring a patient to another institution, the criteria utilized to classify a patient as “lost to follow-up”, and things to discuss with a patient if they wish to withdraw consent.

Purpose of long-term follow-up

- Assure continued medical surveillance
- Allow meaningful end-results reporting
- Accurate survival data
- Disease recurrence
- Disease status
- Survival
- Monitor for long-term adverse events and treatment-related malignancies
- New Malignancies



Follow-Up Intervals

- Every 6 months for first 2 years
- Annually after 2 years
- Refer to specific protocol requirements – **SWOG protocol section 14.0** Data Submission Schedule
- Read the protocol carefully for length of follow-up
- Patients on some older studies may be followed until death
- If not defined or in doubt…go with the most conservative option and verify with SWOG

Tracking Follow-Up

- Track by date of last contact
- Use the Expectation Report
- CTSU Queries/Tracking -- DQP
- Set up and use Tools:
  - Tickler systems
  - Calendar reminders
  - Database or spreadsheet
  - Clinical Trials Management System (CTMS)
- *Whatever works at your site to help you track and remember!*

Priority Sources of Follow-Up Information

- Hospital record and/or treating physician's record
- Referring physician's office
- Family physician's office
- Call or send letter to patient

Follow-Up Documentation

- Date of last contact - Vital status
- Date of last clinical assessment or disease assessment (New Cancer Registry requirements)
- Progression/recurrence
- Subsequent treatment
- New malignancy/MDS
- Long-term adverse events (AEs)

Every patient has the potential to be “lost”

Communicate Regularly

- Communication is key to building relationships
- Be part of the journey
  - Informed consent
  - Treatment
  - End of treatment
  - Follow-up plan
  - Key timepoints

Be Proactive

- It starts at the beginning
- Assume changes WILL happen
- Get to know your patients and their journey
- Confirm and update contact info at every visit
- Verify the plan and timeline for next follow-up
- Build in handoffs

Collect demographic information from chart

- Patient
- Referring or other physicians
- Relatives
- Insurance company
- Cell phone numbers and e-mail address
- Put together a Participant Information Sheet

Participant Information Sheet

- Complete at time of consent
- Review each year
- Update at time of transitions &/or when patient shares changes

- Name: _____
- Address: _____
- Phone: _____(Home) _____(Work) _____(Cell)
- E-mail address: _____
- Social security number: _____
- Spouse – Name: _____
- Phone: _____(Cell) _____(Work)
- Primary care physician: _____
- Address: _____
- Phone: _____

Participant Information Sheet

- Names, addresses and phone numbers of three people (other than spouse) who can reach participant. Include at least one from participant's hometown.

Contact #1	Contact #2	Contact #3
NAME:	NAME:	NAME:
Address:	Address:	Address:
Email address:	Email address:	Email address:
Phone (cell):	Phone (cell):	Phone (cell):
Phone (work):	Phone (work):	Phone (work):
Relationship to patient:	Relationship to patient:	Relationship to patient:

Keep in touch

- Build a bond with your patient(s)
- Stop by to see the patient at appointment check-in or while they are waiting to see physician
- Birthday cards or notes
- Appointment reminders
- Postage paid envelopes
- Make it simple for them to reach you

Foster good relationships

- Physician office personnel
- Health information personnel
- Hospital cancer registrar
- Navigators
- Genetic Counselors

IF THESE METHODS FAIL… BECOME A DETECTIVE!

Tips for finding a “lost” participant

- Hospital EHR or computer system
- Social media
- Voter registration
- Hospital cancer registries
- Family members
- State EMR systems
- State cancer registries
- Internet searches

Internet resources

- www.anywho.com
- www.whitepages.com
- www.people.yahoo.com
- www.switchboard.com
- www.findagrave.com

Other internet sources

- Local library – look for links on their web page
- Social Security Death Index (SSDI)
- Department of Corrections
- Send a letter to physician office or tertiary referral hospital center
- Lexisnexis.com – links to legal and public records
  - Academic institutions or law schools may have a subscription

Other internet sources

- www.legacy.com
  - Online obituary search
- Ancestor Hunt (www.ancestorhunt.com)
  - Obituary search
  - Newspapers by state
- www.ancestry.com
- National obituary archive (www.arrangeonline.com)
  - Online listing of funeral homes

Internet resources for Social Security Death Index

- www.geneologybank.com/gbnk/ssdi
- www.RootsWeb.com
- www.ancestry.com
- www.worldvitalrecords.com
- www.familysearch.org

Policy #30:
Responsibility for patient follow-up

- Login to SWOG member site (www.swog.org) /
  - Policies and manuals /
  - Policy 30

"All institutional and individual participants in SWOG are responsible for the follow-up of all patients registered by the institution and /or the individual at the institution for as long as the patient remains alive (or for a protocol specified length of time). The commitment to patient follow-up remains regardless of the funding status or membership status within the group."

In other words...this is important!

Policy #30 – Follow-Up

- Change in institutional status
- Change in investigator status
- Patient moves from one SWOG institution to another
- Consent withdrawal
- Lost to follow-up requirements

Patient transfer

- Patient goes to another institution***
- Transferring & accepting investigators must approve transfer
- Be sure you work with your program leadership

Patient Transfer: Transferring institution's responsibilities

- Contact new site for transfer
- Initiate patient transfer form online
- Resolve ALL expectations and queries
- Provide accepting institution with copy of research record and case report forms (CRFs)

Patient transfer:
Accepting institution's responsibilities

- Complete patient transfer form
- Obtain IRB approval prior to conducting study activities
- Patient signs new consent form and HIPAA authorization at accepting institution

Consent withdrawal

- Definitions are key!
- VERIFY with the patient:
  - No longer wish to be treated per protocol
  - No longer wish to be followed per protocol
  - Both

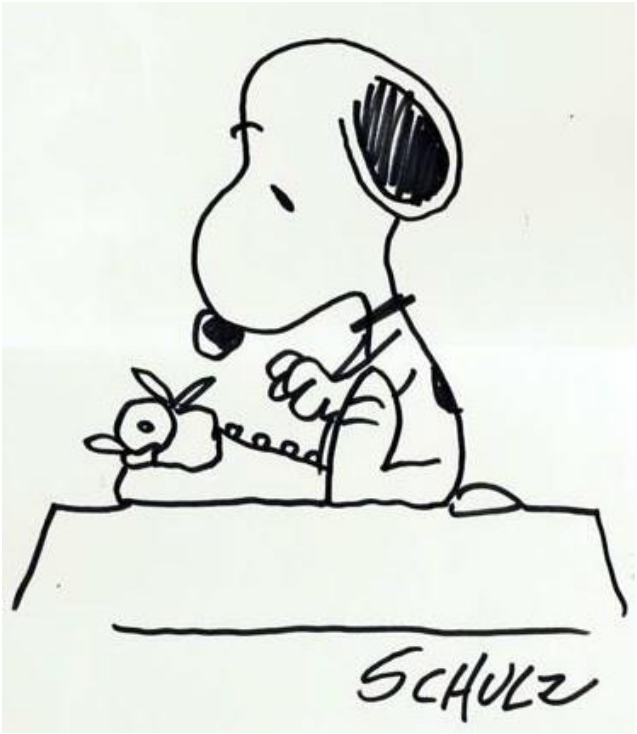
- *Withdrawing consent to participate in a study does not necessarily mean the patient also withdraws consent to being followed.*
- Please make sure the individual understands that they can still be followed on trial

Consent withdrawal

- Before finalizing this status:
  - Review and re-review the policy
  - Inform and discuss with your program leadership
- Know and understand the implications of using this designation. For example:
  - Patient withdraws consent to maintain specimens for research
  - Patient withdraws consent to be contacted for future research
- Inform SWOG
  - Connect with the study coordinator to verify form to use (e.g.: Rave vs non-Rave studies)
- DOCUMENT!

Lost to follow-up requirements

- Document >2 years since last contact
- Document contact attempts
  - Must attempt to reach patient at least 3 times
  - DOCUMENT!
  - DOCUMENT!
  - DOCUMENT!
- Before finalizing this status:
  - Review and re-review the policy
  - Inform and discuss with your program leadership
  - Connect with the study coordinator



Declaration of lost to follow-up

Look for the form on the CRA Workbench / Tools of the Trade

CRITERIA FOR LOST-TO-FOLLOW-UP STATUS

1. **Has it been at least 2 years since the last patient contact:** ☐ Yes *(if the answer is No, your patient is not eligible - please do not submit)*

   Date of last contact: ☐☐ / ☐☐ / ☐☐☐☐

2. **Please document attempts to contact patient (either 3 phone calls or a certified letter which was either returned "addressee unknown", or did not receive a reply):**

   ☐ Phone calls - please list dates:
   1: ☐☐ / ☐☐ / ☐☐☐☐
   2: ☐☐ / ☐☐ / ☐☐☐☐
   3: ☐☐ / ☐☐ / ☐☐☐☐

   ☐ Certified letter: ☐ Returned

   ☐ No response

I verify that the above information is correct, and that all attempts to contact this patient have failed.

_____ ☐☐ / ☐☐ / ☐☐☐☐

Signature of Principal Investigator — Date

SWOG S9808 Long Term Follow-Up Protocol

- Objective: Relieve burden for local IRBs doing continuing review (CR) for studies:
  - Closed to patient registration
  - On which no patients are receiving protocol treatment
  - Patients are still alive and being followed
- Local IRB
  - Approval required for protocol S9808
  - Reviews a report annually for the LFTU Protocol (vs individual study CRs)
- List of studies under S9808 on CRA Workbench / Reports / Study Management

List of No Follow-up Required Studies

- Posted on the CRA Workbench / Reports / Study Management
- Follow-up no longer required
- Includes date to keep records
- Keep until SWOG date or institution required date – whichever is longer

SWOG CANCER RESEARCH NETWORK

CRA Workbench Home

Patient Management

OPEN Patient Registration

SLAI Registration

Rave Data Submission

Pre-Rave Data Submission

Specimen Tracking

SAE Reporting

Planned Unblinding

Resources

Reports

ORP Manual

Tools of the Trade

Training

CRA Newsletter

SWOG Group Meetings

SWOG QA/Audits

CTSU Members Page

Join the CRA Mailing List!

Contact Us

For SWOG Members

New SWOG CRAs!

SWOG ORP Committee

SWOG IRB/Regulatory

Reports

Please select the reports you wish to display:

Site Management Reports

Expectation and IPR Reports

Query Reports

Ineligible Patients Report

SWOG Patients in Follow-up

Accrual Reports

SWOG-credited Registrations – site-specific, patient listing

SWOG-credited Registrations by Race and Sex - summary

SWOG Disease Committee Accrual Reports

Study Management

Serious Adverse Events (SAE) for a Given Study

List of Studies with NO Required Follow-Up

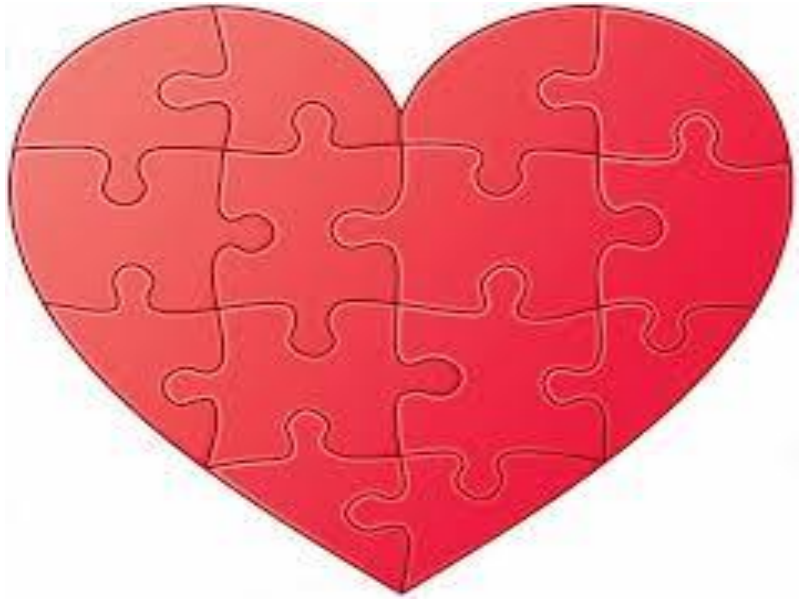
List of studies for S9808 - Long Term Follow-Up Protocol

Study-wide Unblinding Report

S0820 (PACES) Potential Patients

SWOG Facilities

Our patients have entrusted us with being part of their journey….



Questions?

Adverse Event Reporting

Amy S. Johnson
Quality Assurance Coordinator
Cancer Research And Biostatistics (CRAB)
SWOG Statistics and Data Management Center

SWOG Group Meeting

Spring 2022

Adverse Event (AE) Reporting: Outline

- Definitions and Background
- Relevant Information located in SWOG Protocols
- Reporting Adverse Events
  - NCI Common Terminology Criteria for Adverse Events (CTCAE)
  - CTCAE grade (severity)
  - Attribution
  - Status code
- Online Data Submission: Adverse Events

Definition of Adverse Event

Any untoward medical occurrence associated with the use of a drug in humans ***whether or not considered drug related*** *(21 CFR 314.80)*

- New event which was not pre-existing prior to initiation of study treatment
- Pre-existing event which recurs with increased severity (grade) or increased frequency following study drug administration
- Event present at the time of study drug administration and is exacerbated following initial study drug administration

Unless otherwise specified, **all grades of adverse events** (1-5), including abnormal laboratory findings, **must be reported** on the study's Adverse Events Form (AE Form) regardless of clinical significance or attribution to protocol treatment.

Types of Adverse Event Reporting

Routine: reporting of ALL adverse events, regardless of attribution or grade, unless otherwise specified

- Captured via Adverse Events eCRF at protocol-specified timepoints
- Note: if abnormalities are present at baseline, capture via Baseline Abnormalities eCRF

Expedited: reporting of adverse events meeting certain criteria (e.g. Serious Adverse Events and Adverse Events of Special Interest)

- Based on severity, expectedness, and seriousness of event
- Captured via Adverse Events eCRF and CTEP-AERS

Examples of Adverse Events

A **toxicity** is an adverse event considered related or possibly related to the study drug or intervention. Both terms may used in SWOG protocols depending on the context; however, **patient assessments and reporting should encompass the broader category of adverse events**.

Which of the following should be reported as Adverse Events?

- Nausea or vomiting caused by study treatment
- Worsening of allergic rhinitis from seasonal allergies
- Wrist fracture due to fall
- Abnormal lab result that was not present at baseline
- Increasing tumor pain
- COVID-19 infection and related symptoms

Importance of AE Reporting

- Provide a summary of adverse experiences to develop the drug or regimen safety profile
- Ensure research subjects are aware of all possible side effects of an investigational treatment
- Identify events that may have immediate effect on the safety of a patient
- Inform regulatory bodies, investigators, and other parties of new and important information about events that occur on a clinical trial

Importance of AE Reporting

Phase I trials

- Primary objective: accurately assess the safety of an experimental regimen and determine the maximum tolerated dose

Phase II single-arm trials

- Secondary objective: estimate the frequency and severity of toxicities in trial regimen

Phase II/III randomized trials

- Secondary objective: compare the frequency and severity of toxicities associated with each regimen

Relevant Protocol Sections

Section #	Section Name
3	Drug Information
8	Toxicities to be Monitored and Dosage Modifications
9	Study Calendar
16	Ethical and Regulatory Considerations

…and don't forget the Master Forms Set in CTSU!

Protocol Section 3.0 – Drug Information

- Describes the study drug(s), storage requirements, stability, administration, and supply information
- Lists known toxicities for each study drug, often presented in a Comprehensive Adverse Events and Potential Risks (CAEPR) table, organized by body system
  - If there are any exceptions to expedited reporting to the NCI, these will be listed in the Specific Protocol Exceptions to Expedited Reporting (SPEER)

CAEPR Table and SPEER Subset

Version 2.7, September 10, 2018[1]

Adverse Events with Possible Relationship to Dasatinib (BMS-354825, Sprycel) (CTCAE 5.0 Term) [n= 2937]			Specific Protocol Exceptions to Expedited Reporting (SPEER)
Likely (>20%)	**Less Likely (<=20%)**	**Rare but Serious (<3%)**	
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Anemia			*Anemia (Gr 3)*
	Febrile neutropenia		
CARDIAC DISORDERS			
		Heart failure	
		Left ventricular systolic dysfunction	
		Myocardial infarction	
	Pericardial effusion		
GASTROINTESTINAL DISORDERS			
	Abdominal distension		
	Abdominal pain		*Abdominal pain (Gr 3)*
	Anal mucositis		
	Constipation		
Diarrhea			*Diarrhea (Gr 3)*
	Dyspepsia		
	Gastrointestinal hemorrhage[2]		
	Mucositis oral		
Nausea			*Nausea (Gr 3)*
	Rectal mucositis		
	Small intestinal mucositis		
	Vomiting		*Vomiting (Gr 3)*
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
	Edema limbs		
Fatigue			*Fatigue (Gr 3)*
	Fever		*Fever (Gr 2)*

<< Expedited reporting is required ONLY IF the event exceeds the grade noted in parentheses.

Multiple study agents?
If an AE is listed on more than one SPEER, use the lowest grade to determine whether expedited reporting is required.

Protocol Section 8.0 – Toxicities to be Monitored and Dose Modifications

- Defines which CTCAE version will be utilized for AE and SAE reporting (latest version is 5.0)
- Lists the anticipated treatment toxicities, AE management, and dose modification guidelines
  - May also include symptom management medications (e.g. ondansetron for nausea, topical steroid for rash)
- Lists the Study Chair contacts for protocol treatment questions
- Now also included in Section 8.0: Adverse Event Reporting Requirements

Examples of Dose Modifications

Talazoparib Dose Reductions

Dose modifications must be made based on the observed toxicity, as summarized in the tables below. The 250 mcg capsule is available for dose reduction.

Talazoparib Dose Reduction Levels for Adverse Reactions	
Dose Level	Dose
Recommended starting dose	1000 mcg (one 1000 mcg capsule) once daily
First dose reduction	750 mcg (three 250 mcg capsules) once daily
Second dose reduction	500 mcg (two 250 mcg capsules) once daily
Third dose reduction	250 mcg (one 250 mcg capsule) once daily

Dose Modifications for Participants with Renal Impairment;

For participants with moderate renal impairment (CrCl 30 – 59 mL/min), the recommended dose of talazoparib is 750 mcg once daily.

Table: Renal Impairment Dose Modifications

Toxicity	Dose Modification
Grade ≥ 3	Hold protocol treatment until resolution to ≤ Grade 2, treatment may then resume at the next lower dose

Dose Modifications for Hematologic or Nonhematologic

Note: No dose modifications are required for any grade lymphopenia.

Table: Dose Modifications Based on Hematologic or Nonhematologic Toxicity

Toxicity	Dose Modification
Hemoglobin Grade ≥ 3	Hold protocol treatment until resolution to ≤ Grade 2 or baseline, treatment may then resume at the next lower dose.
Platelet count Grade ≥ 3	Hold protocol treatment until resolution to ≤ Grade 2 or baseline, treatment may then resume at the next lower dose.
Neutrophil count Grade ≥ 3	Hold protocol treatment until resolution to ≤ Grade 2 or baseline, treatment may then resume at the next lower dose.

Protocol Section 9.0 – Study Calendar

9.0 STUDY CALENDAR

	Slides for SLFN11 IHC testing submitted and results received (See Section 15.2)	Before Randomization Step 2	Treatment [A]					Off Tx Pre-progression follow-up	Off Tx Post-progression follow-up
			Cycle 1	Cycle 2	Cycle 3	Cycle 4	Subsequent Cycles		
PHYSICAL									
History & Physical Exam		X	X	X	X	X	X	X [E]	X [E]
Weight & Zubrod Performance Status		X	X	X	X	X	X		
Disease Assessment		X			X		X [B]	X [B]	
Baseline Abnormality Assessment		X							
Toxicity Assessment			X	X	X	X	X	X [C]	X [C]
LABORATORY									
CBC, including: Leukocytes, ANC, and platelets [G]		X	X	X	X	X	X		
Total bilirubin, AST, and ALT		X	X	X	X	X	X		
Creatinine or estimated creatinine clearance		X	X	X	X	X	X		
PROCEDURES AND SCANS									
CT or PET/CT of chest, abdomen, pelvis [B]		X			X		X	X	
CT or MRI of brain [H]		X							
SPECIMEN SUBMISSION									
Tissue for banking (see Section 15.3)			X [D]						
Blood for banking (see Section 15.3) [F]			X		X		X	X (progression or end of tx)	
TREATMENT									
Arm A:									
atezolizumab only			Day 1	Day 1	Day 1	Day 1	Day 1		
Arm B:									
atezolizumab			Day 1	Day 1	Day 1	Day 1	Day 1		
talazoparib			Daily oral dosing						

Protocol Section 9.0 – Study Calendar

9.0 STUDY CALENDAR

	Required (See Section 15.2)	Before Randomization Step 2	Treatment [A]					Off Tx Pre-progression follow-up	Off Tx Post-progression follow-up
			Cycle 1	Cycle 2	Cycle 3	Cycle 4	Subsequent Cycles		
PHYSICAL									
History & Physical Exam		X	X	X	X	X	X	X [E]	X [E]
Weight & Zubrod Performance Status		X	X	X	X	X	X		
Disease Assessment		X			X		X [B]	X [B]	
Baseline Abnormality Assessment		X							
Toxicity Assessment			X	X	X	X	X	X [C]	X [C]

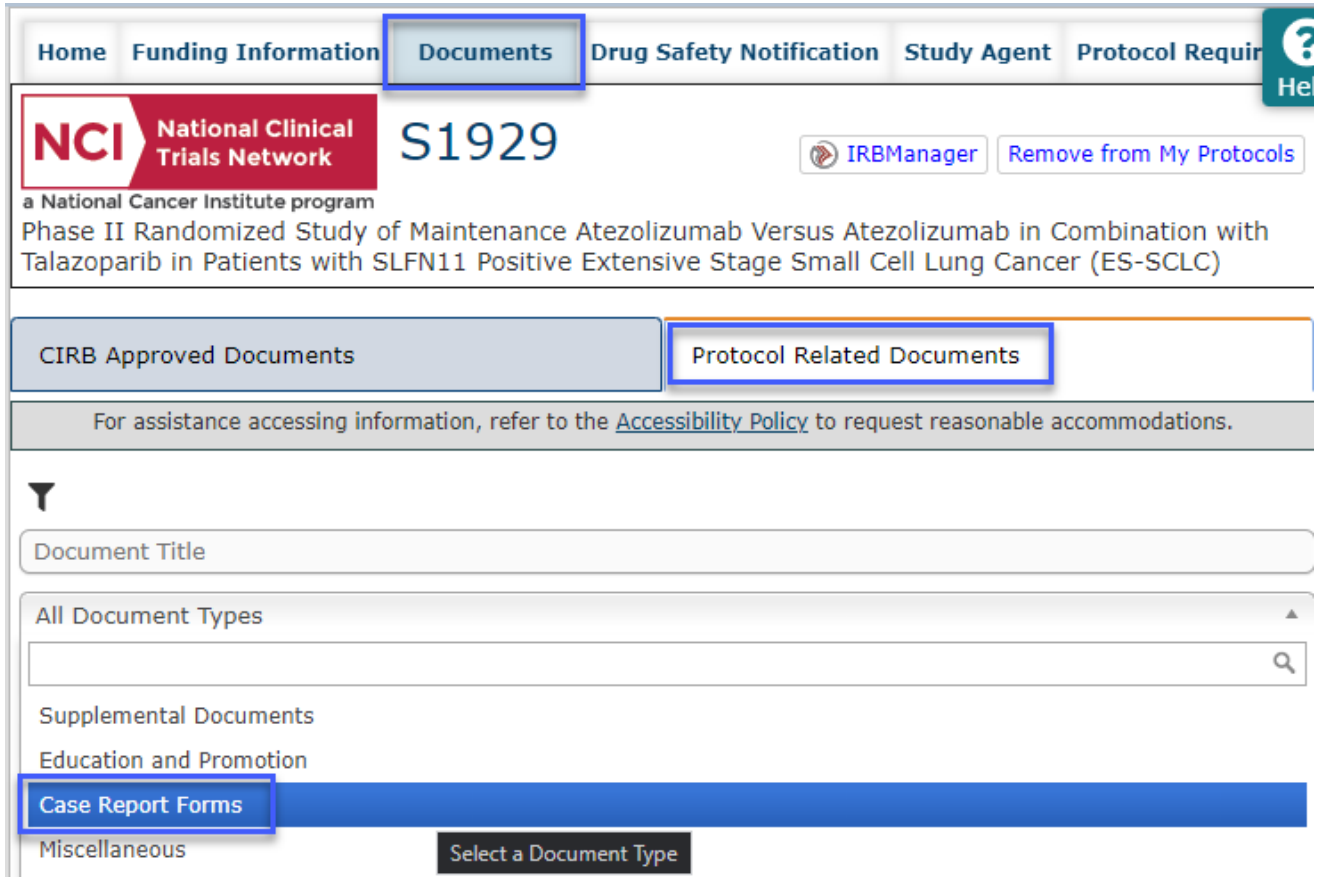
C Toxicity assessment must continue until 30 days after the last dose of protocol treatment or until resolution of all acute adverse events, whichever is later.

- Assessments required where X is present
- Refer to study calendar footnotes for additional details
- Report all AEs through the *end-of-cycle* assessment: Cycle 1 AE Form will capture all events occurring up until administration of Cycle 2 study treatment
  - This includes **C2D1 pre-treatment** lab abnormalities!

Protocol Section 16.0 – Ethical and Regulatory Considerations

- Presents information regarding informed consent, IRB, drug accountability, and monitoring
- Adverse Event Reporting Requirements (older SWOG protocols)
  - Includes instructions for reporting SAEs and, if applicable, AESIs

Master Forms Set (All CRFs)



- Available in CTSU (Document Type = Case Report Forms)
- Contains **all** case report forms for a particular protocol, including those used to report adverse events

Reporting Adverse Events: NCI Common Terminology Criteria for Adverse Events (CTCAE)

- CTCAE versions and other AE reporting resources are found at ctep.cancer.gov
  - Version 5.0 published in November 2017
    - Used for all SAE reporting (April 2018 to present)
    - Used for routine AE reporting for newer SWOG protocols
  - Version 6.0 anticipated in Fall 2022
- Some studies may use a different CTCAE version for routine AE reporting vs. SAE reporting

Reporting Adverse Events: CTCAE Grade

The CTCAE displays Grades 1 through 5 with unique clinical descriptions of severity for each AE based on this general guideline:

- Grade 1 Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; no intervention indicated
- Grade 2 Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL
- Grade 3 Severe or medically significant but not immediately life threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care ADL
- Grade 4 Life-threatening consequences; urgent intervention indicated.
- Grade 5 Death related to AE

Blood and lymphatic system disorders					
CTCAE Term	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Anemia	Hemoglobin (Hgb) <LLN - 10.0 g/dL; <LLN - 6.2 mmol/L; <LLN - 100 g/L	Hgb <10.0 - 8.0 g/dL; <6.2 - 4.9 mmol/L; <100 - 80g/L	Hgb <8.0 g/dL; <4.9 mmol/L; <80 g/L; transfusion indicated	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder characterized by a reduction in the amount of hemoglobin in 100 ml of blood. Signs and symptoms of anemia may include pallor of the skin and mucous membranes, shortness of breath, palpitations of the heart, soft systolic murmurs, lethargy, and fatigability. **Navigational Note:** -					
Bone marrow hypocellular	Mildly hypocellular or <=25% reduction from normal cellularity for age	Moderately hypocellular or >25 - <50% reduction from normal cellularity for age	Severely hypocellular or >50 - <=75% reduction cellularity from normal for age	Aplastic persistent for longer than 2 weeks	Death
Definition: A disorder characterized by the inability of the bone marrow to produce hematopoietic elements. **Navigational Note:** -					
Disseminated intravascular coagulation	-	Laboratory findings with no bleeding	Laboratory findings and bleeding	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder characterized by systemic pathological activation of blood clotting mechanisms which results in clot formation throughout the body. There is an increase in the risk of hemorrhage as the body is depleted of platelets and coagulation factors. **Navigational Note:** -					
Eosinophilia	>ULN and >Baseline	-	Steroids initiated	-	-
Definition: A disorder characterized by laboratory test results that indicate an increased number of eosinophils in the blood. **Navigational Note:** -					
Febrile neutropenia	-	-	ANC <1000/mm3 with a single temperature of >38.3 degrees C (101 degrees F) or a sustained temperature of >=38 degrees C (100.4 degrees F) for more than one hour	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder characterized by an ANC <1000/mm3 and a single temperature of >38.3 degrees C (101 degrees F) or a sustained temperature of >=38 degrees C (100.4 degrees F) for more than one hour. **Navigational Note:** -					
Hemolysis	Laboratory evidence of hemolysis only (e.g., direct antiglobulin test; DAT; Coombs'; schistocytes; decreased haptoglobin)	Evidence of hemolysis and >=2 g decrease in hemoglobin	Transfusion or medical intervention indicated (e.g., steroids)	Life-threatening consequences; urgent intervention indicated	Death
Definition: A disorder characterized by laboratory test results that indicate widespread erythrocyte cell membrane destruction. **Navigational Note:** -					

Reporting Adverse Events: CTCAE Terms

- CTCAE terms may not match the expected description of an observed adverse event. Some examples of common AE terms and their appropriate CTCAE v5.0 term:

Pneumonia	→	**Lung infection**
Thrombocytopenia	→	**Platelet count decreased**
Shortness of breath	→	**Dyspnea**

- Each system category includes an “Other, specify” option in the rare case there is no term is available for an adverse event (e.g. COVID-19 infection). Please use “other” sparingly!

Reporting Adverse Events: Attribution

The attribution code describes**, in the opinion of the investigator**, how likely it is that the adverse event is due to protocol treatment:

Relationship	Attribution	Description
Unrelated to Investigational Agent/Intervention	1- Unrelated	The AE is *clearly not* related to the intervention
	2- Unlikely	The AE is *doubtfully* related to the intervention
Related to Investigational Agent/Intervention	3- Possible	The AE *may be* related to the intervention
	4- Probable	The AE is *likely* to be related to the intervention
	5- Definite	The AE is *clearly* related to the intervention

Reporting Adverse Events: Status Code

Some SWOG studies will collect **status** in addition to grade and attribution. The status code describes the state of the adverse event at various points throughout the study.

Status Codes range from 1 to 3:

1 = New
2 = Continues at same or lower grade
3 = Increased grade OR improved then worsened

Additional AE Data Collection Items

Some additional data items may be collected for AE reporting purposes:

- Serious?
- Hospitalization?
- Is the AE immune-related?
- Onset date
- Resolution date
- Ongoing?
- Action taken with study drug
- Outcome of AE
- Treatment received for AE?

General Rules for AE Reporting

- Record and report adverse events as they occur
- Report all adverse events, regardless of attribution or clinical significance
- Avoid using “Other, specify” for reporting, unless no specific CTCAE term applies
- After each treatment cycle or reporting period, report the most severe grade experienced, unless otherwise specified in the study protocol
- Know your protocol and ensure events are reported in the required timeframe, whether routine or expedited
- When in doubt, reach out!

Questions?

BreastQuestion@crab.org
CancerControlQuestion@crab.org
GIQuestion@crab.org
GUQuestion@crab.org
GYNQuestion@crab.org
LeukemiaQuestion@crab.org
LungQuestion@crab.org
LungMAPQuestion@crab.org
LymphomaQuestion@crab.org
MelanomaQuestion@crab.org
MyelomaQuestion@crab.org
RareTumors@crab.org

- **Also refer to the SWOG ORP Manual, available in the CRA Workbench!**

Serious Adverse Event Reporting

Maggie Spillers, BSN RN
Lead SAE Coordinator

Spring 2022

Definition of Adverse Event

- An Adverse Event (AE) is any unfavorable and unintended sign (including an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medical treatment or procedure that may or may not be considered related to the medical treatment or procedure.

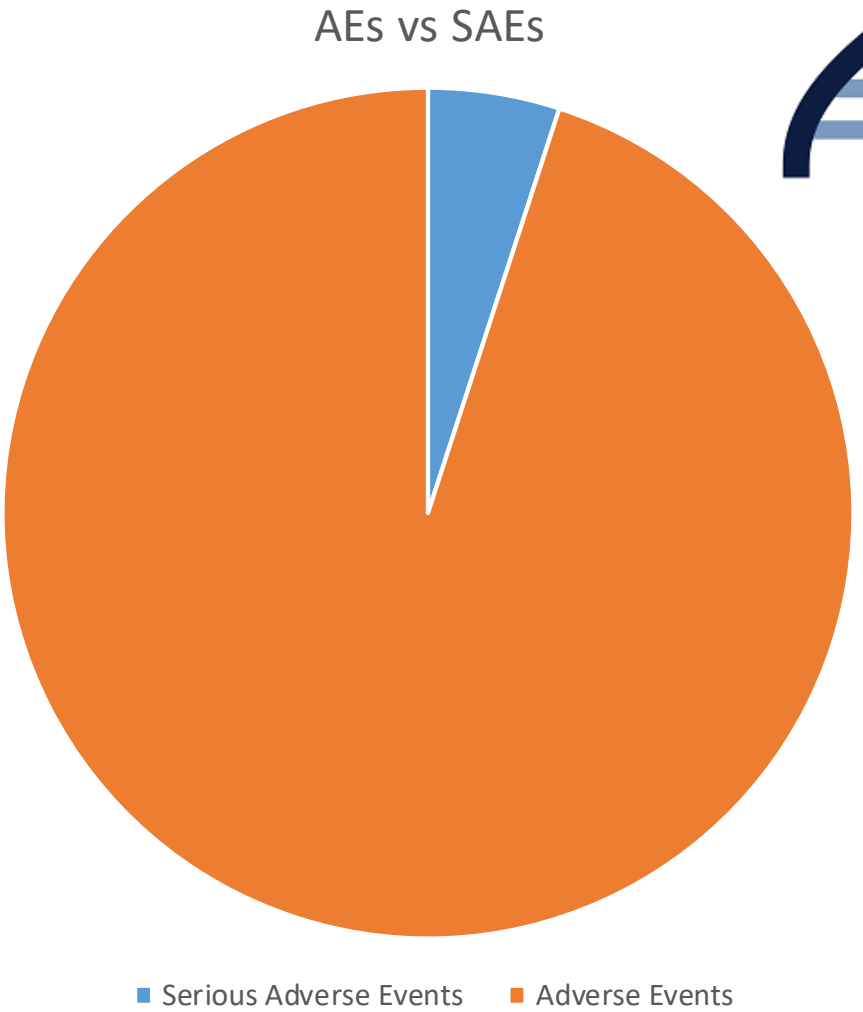
- An AE is a term that is a unique representation of a specific event used for medical documentation and scientific analyses.

CTCAE 5.0

Serious Adverse Events

- SAEs are a subset of all adverse events collected.

- The reporting of SAEs is in addition to, and does not replace, the necessity of adequately reporting adverse events on the case report forms and in the final results of the clinical trial.



Serious Adverse Events

As of April 1, 2018, SAEs will be graded using CTCAE 5.0.

- To obtain a copy of CTCAE 5.0, go to:

  ctep.cancer.gov

  → Click on Protocol Development.

  → Choose Adverse Event/CTCAE From the drop-down menu.

  (https://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm)

CTCAE

- Common Terminology Criteria for Adverse Events

- The NCI Common Terminology Criteria for Adverse Events is a descriptive terminology which can be utilized for Adverse Event (AE) reporting. A grading (severity) scale is provided for each AE term.

Adverse Event Grade

- Grade refers to the severity of the AE.

- The CTCAE displays Grades 1 through 5 with unique clinical descriptions of severity for each AE.

CTCAE 5.0

CTCAE Adverse Event Grades

- **Grade 1** - Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated.
- **Grade 2** - Moderate; minimal, local or noninvasive intervention indicated; limiting age-appropriate instrumental ADL*.
- **Grade 3** - Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care ADL**.
- **Grade 4** - Life-threatening consequences; urgent intervention indicated.
- **Grade 5** - Death related to AE.

SAE Reporting Criteria Can Be Found

Section 8 **OR** Section 16.1

SAE Reporting Table

Example of SAE Reporting Criteria for Investigational Agent

FDA REPORTING REQUIREMENTS FOR SERIOUS ADVERSE EVENTS (21 CFR Part 312)
NOTE: Investigators **MUST** immediately report to the sponsor (NCI) **ANY** Serious Adverse Events, whether or not they are considered related to the investigational agent(s)/intervention (21 CFR 312.64)

An adverse event is considered serious if it results in **ANY** of the following outcomes:

1) Death
2) A life-threatening adverse event
3) An adverse event that results in inpatient hospitalization or prolongation of existing hospitalization for ≥ 24 hours
4) A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions
5) A congenital anomaly/birth defect.
6) Important Medical Events (IME) that may not result in death, be life threatening, or require hospitalization may be considered serious when, based upon medical judgment, they may jeopardize the patient or subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition. (FDA, 21 CFR 312.32; ICH E2A and ICH E6).

ALL SERIOUS adverse events that meet the above criteria **MUST** be immediately reported to the NCI via CTEP-AERS within the timeframes detailed in the table below.

Hospitalization	Grade 1 Timeframes	Grade 2 Timeframes	Grade 3 Timeframes	Grade 4 & 5 Timeframes
Resulting in Hospitalization ≥ 24 hrs	10 Calendar Days			24-Hour 5 Calendar Days
Not resulting in Hospitalization ≥ 24 hrs	Not required		10 Calendar Days	

NOTE: Protocol specific exceptions to expedited reporting of serious adverse events are found in the Specific Protocol Exceptions to Expedited Reporting (SPEER) portion of the CAEPR or Section 16.1f.

Expedited AE reporting timelines are defined as:

- "24-Hour; 5 Calendar Days" - The AE must initially be reported via CTEP-AERS within 24 hours of learning of the AE, followed by a complete expedited report within 5 calendar days of the initial 24-hour report.
- "10 Calendar Days" - A complete expedited report on the AE must be submitted within 10 calendar days of learning of the AE.

[1]Serious adverse events that occur more than 30 days after the last administration of investigational agent/intervention and have an attribution of possible, probable, or definite require reporting as follows:

Expedited 24-hour notification followed by complete report within 5 calendar days for:

- All Grade 4, and Grade 5 AEs

Expedited 10 calendar day reports for:

- Grade 2 adverse events resulting in hospitalization or prolongation of hospitalization
- Grade 3 adverse events

SAE Reporting Table

Example of SAE Reporting Criteria for Commercially Available Agent

Grade 4, Unexpected, *and* Possibly, Probably, Definitely Related

OR

Grade 5

ATTRIBUTION	Grade 4		Grade 5[a]	
	Unexpected	Expected	Unexpected	Expected
Unrelated or Unlikely			CTEP-AERS	CTEP-AERS
Possible, Probable, Definite	CTEP-AERS		CTEP-AERS	CTEP-AERS

CTEP-AERS: Indicates an expedited report is to be submitted via CTEP-AERS within 10 calendar days of learning of the event[b].

[a] **This includes all deaths within 30 days of the last dose of treatment with a commercial agent(s), regardless of attribution. Any death that occurs more than 30 days after the last dose of treatment with a commercial agent(s) and is attributed (possibly, probably, or definitely) to the agent(s) and is not due to cancer recurrence must be reported according to the instructions above.**

[b] **Submission of the on-line CTEP-AERS report plus any necessary amendments generally completes the reporting requirements. You may, however, be asked to submit supporting clinical data to the Operations Office in order to complete the evaluation of the event. If requested, the specified data should be sent within 5 calendar days by fax to 210-614-0006.**

Additional Reporting Requirements

A subsection that may contain information on events that are exceptions to expedited reporting as well as events that require expedited reporting regardless (AESI)

16.1 Adverse Event Reporting Requirements

f. **Additional Instructions or Exceptions to CTEP-AERS Expedited Reporting Requirements for Phase 1 and Early Phase 2 Studies Utilizing an Agent under a CTEP-IND:**

1) **Group-specific instructions.**

Submission of the on-line CTEP-AERS report plus any necessary amendments generally completes the reporting requirements. In addition, you may be asked to submit supporting clinical data to the SWOG Operations Offices in order to complete the evaluation of the event. If requested, the supporting data should be sent within **5 calendar days** by fax to 210-614-0006. Supporting clinical data submitted should include:

- Printed copy of the first page of the CTEP-AERS Report.
- Copies of clinical sourced documentation of the event.
- If applicable, and they have not yet been submitted to the SWOG Data Operations Center copies of Off Treatment Notice and/or Notice of Death.

2) The adverse events listed below also require expedited monitoring for this trial:

- *Thromboembolic events, any Grade regardless of attribution*

3) For study arm(s)[applicable study arm(s)], the adverse events listed below do **not** require expedited reporting via CTEP-AERS:

- *≤ Grade 4 myelosuppression*
- *≤ Grade 4 Infection*

SPEER

Link to NCI Guidelines: [Adverse Event Reporting Requirements]

Adverse Events with Possible Relationship to Nivolumab (CTCAE 5.0 Term) [n= 2069]			Specific Protocol Exceptions to Expedited Reporting (SPEER)
Likely (>20%)	**Less Likely (<=20%)**	**Rare but Serious (<3%)**	
		Eye disorders - Other (optic neuritis retrobulbar)[3]	
		Eye disorders - Other (Vogt-Koyanagi-Harada)	
	Uveitis		
GASTROINTESTINAL DISORDERS			
	Abdominal pain		***Abdominal pain (Gr 2)***
	Colitis[3]		
		Colonic perforation[3]	
	Diarrhea Dry mouth		***Diarrhea (Gr 3)*** ***Dry mouth (Gr 2)***
		Enterocolitis	
		Gastritis	
		Mucositis oral	
	Nausea		***Nausea (Gr 2)***
	Pancreatitis[4]		

Reporting a Death

Any death while on treatment or within 30 days of the last dose of study agent must be reported via expedited reporting (CTEP-AERS).

CTCAE Terms:

- Death Attributable to CTCAE Term
- Death, NOS [If it cannot be attributed to a CTCAE term associated with Grade 5]
- Sudden Death NOS
- Disease Progression

Pregnancy Reporting

Refer to SAE Reporting Section of the Protocol

- Report via CTEP-AERS
- NCI Pregnancy Reporting Form must also be completed.
  - NCI Pregnancy Reporting Form

CTCAE Terms:

- Pregnancy (Study Participant)
- Pregnancy Loss
- Death Neonatal

Secondary Malignancies

A secondary malignancy is a cancer caused by treatment for a previous malignancy (e.g., treatment with investigational agent/intervention, radiation or chemotherapy). A secondary malignancy is not considered a metastasis of the initial neoplasm.

SWOG requires all secondary malignancies that occur following treatment with an agent under a Non-NCI IND to be reported via CTEP-AERS. Three options are available to describe the event.

- Leukemia secondary to oncology chemotherapy (e.g., Acute Myelocytic Leukemia [AML])
- Myelodysplastic syndrome (MDS)
- Treatment-related secondary malignancy

Any malignancy possibly related to cancer treatment (including AML/MDS) should also be reported via the routine reporting mechanisms outlined in each protocol.

Second Malignancies

Second Malignancy: A second malignancy is one unrelated to the treatment of a prior malignancy (and is NOT a metastasis from the initial malignancy). Second malignancies require ONLY routine reporting unless otherwise specified.

Any malignancy possibly related to cancer treatment (including AML/MDS) should also be reported via the routine reporting mechanisms outlined in each protocol.

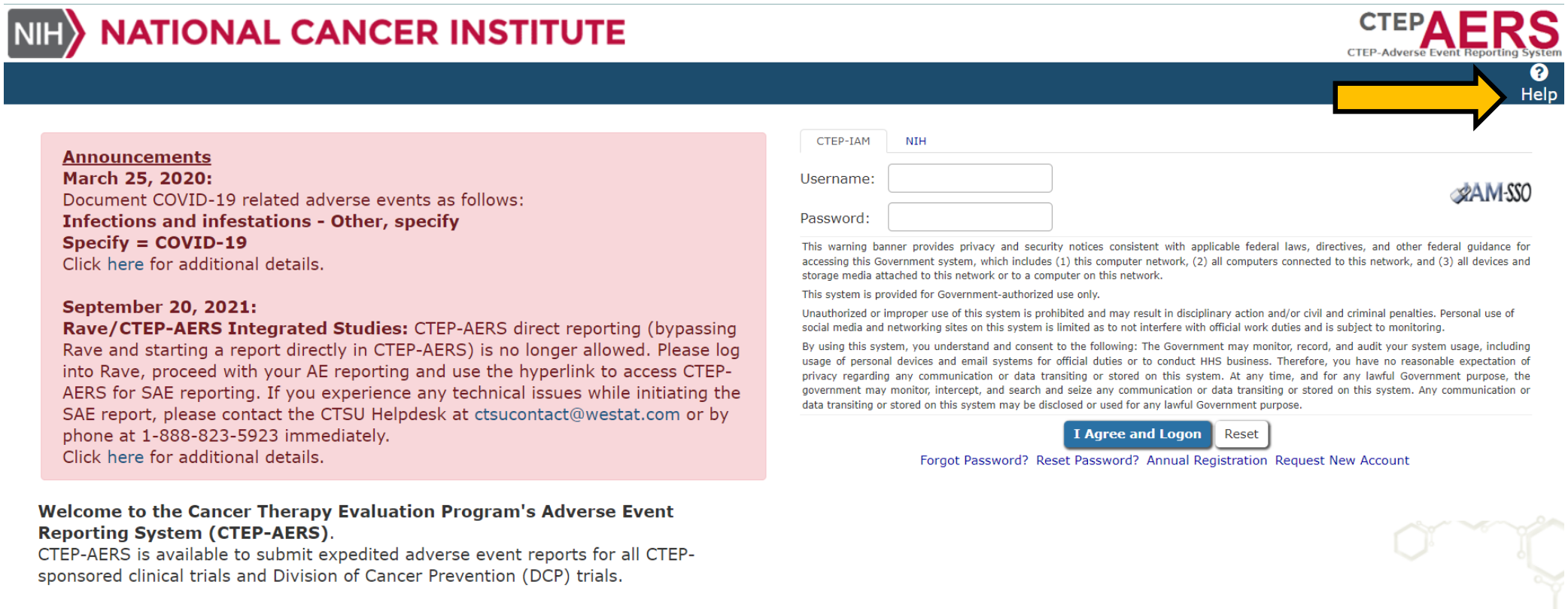
How to Report an SAE

SAE Reporting is done electronically through CTEP-AERS.

- For older protocols, SAE reporting should be done directly in CTEP-AERS.
- For newer protocols using the RAVE/CTEP-AERS integration, the report will be generated through RAVE, then completed in CTEP-AERS.

CTEP-AERS Home Page

[Link to CTEP-AERS Home Page]

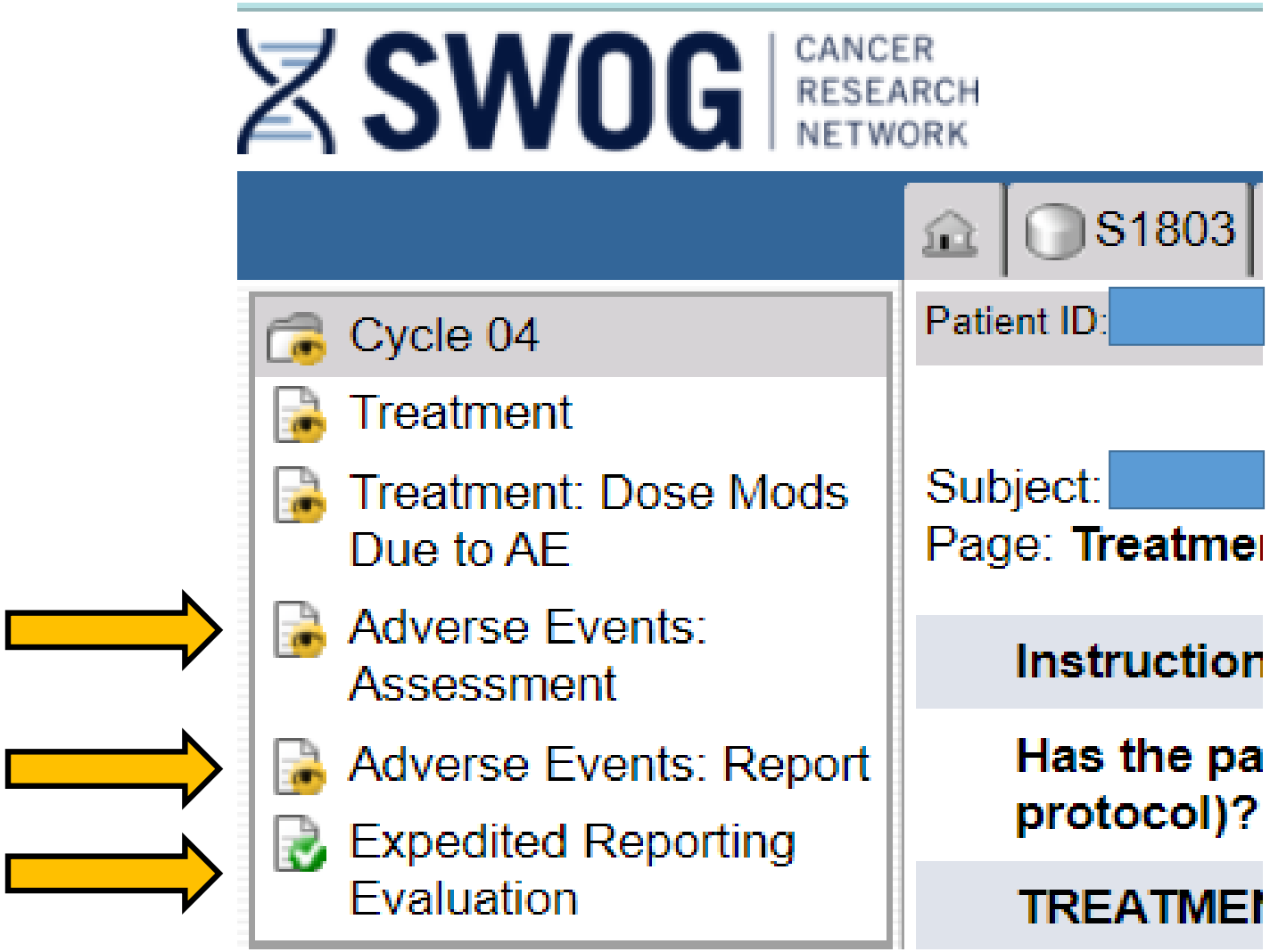


CTEP-AERS Report Pathways

- 24-Hour Pathway
  - 24-Hour Notification Report
  - Complete Report due in five Calendar Days

- 10 Calendar Day Report

**Regardless of pathway, the CTEP-AERS system will send reminder emails to sites as long as the report remains *pending* in the system.


SWOG
CANCER
RESEARCH
NETWORK
S1803
Cycle 04
Treatment
Treatment: Dose Mods Due to AE
Adverse Events: Assessment
Adverse Events: Report
Expedited Reporting Evaluation
Patient ID:
Subject:
Page: Treatme
Instruction
Has the pa
protocol)?
TREATME

Subject: [redacted]
Page: **Adverse Events: Report - Cycle 04**

Form Instructions

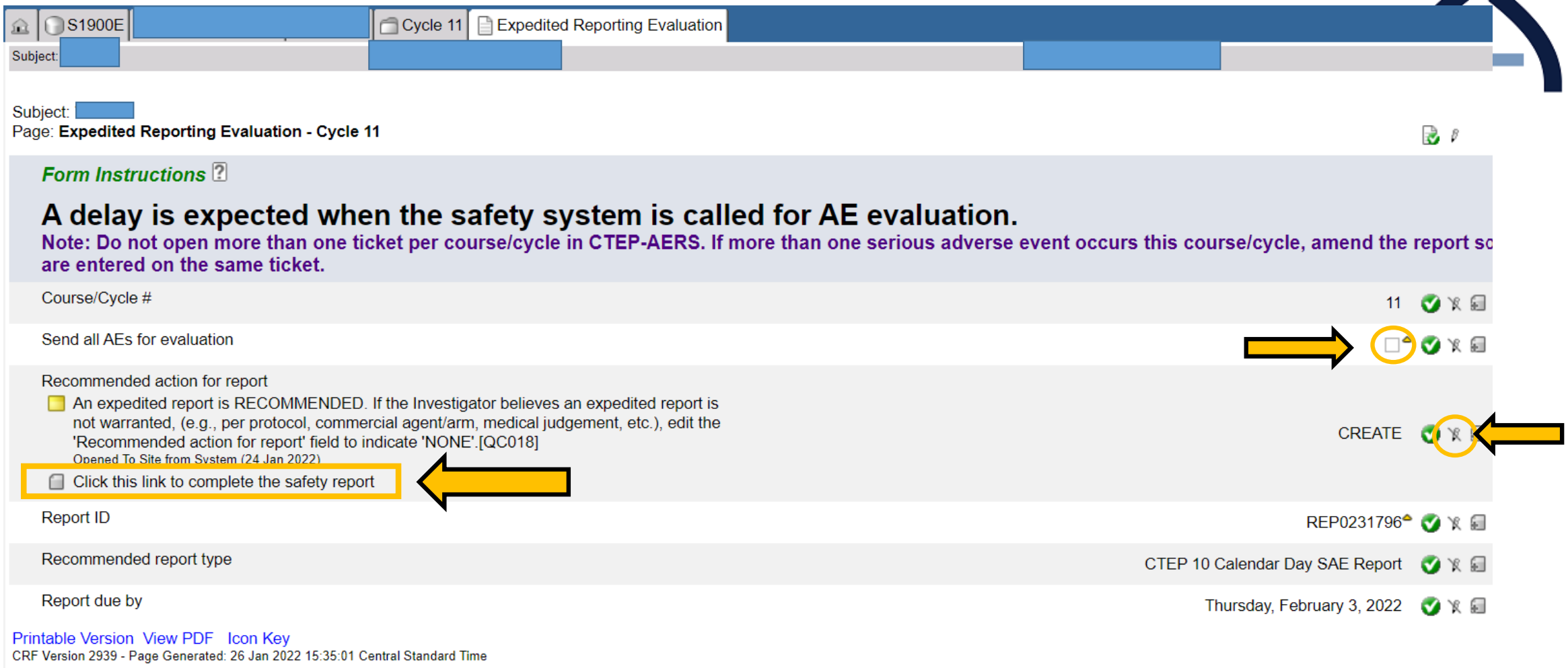
*** Red asterisk before a field denotes that it is required by the system for rules evaluation.**

* Start date of this course/cycle — 12 May 2021

* Start date of first course/cycle *(derived)* — 17 Feb 2021

#	*Adverse event term (CTCAE v5.0)	*Adverse event grade description *(first 120 characters)*	Attribution to study intervention	Treatment received for this AE	If yes, concomitant agent name	None	Hospitalization	Life-threatening	Death	Disability	Congenital anomaly/birth defect	Required intervention	Other	SAE report recommended *(derived)*	* AE entry date *(derived)*	*Time zone *(derived)*
1	Neutrophil count decreased	(3) <1000 - 500/mm3; <1.0 - 0.5 x 10e9 /L	Definite	No	–	☑	☐	☐	☐	☐	☐	☐	☐	Yes	25 Sep 2021 02 44 13 PM	Eastern Standard Time
2	Pain in extremity	(2) Moderate pain; limiting instrumental ADL	Unlikely	No	–	☐	☐	☐	☐	☐	☐	☐	☑	No	25 Sep 2021 02 47 59 PM	Eastern Standard Time

INSTRUCTIONS: After entering new or modified data in the table above, adverse events must be submitted to CTEP-AERS for rules evaluation by saving the **Expedited Reporting Evaluation** CRF in Rave.


S1900E
Cycle 11
Expedited Reporting Evaluation
Subject:
Subject:
Page: Expedited Reporting Evaluation - Cycle 11
Form Instructions
A delay is expected when the safety system is called for AE evaluation.
Note: Do not open more than one ticket per course/cycle in CTEP-AERS. If more than one serious adverse event occurs this course/cycle, amend the report so
are entered on the same ticket.
Course/Cycle #
11
Send all AEs for evaluation
Recommended action for report
An expedited report is RECOMMENDED. If the Investigator believes an expedited report is not warranted, (e.g., per protocol, commercial agent/arm, medical judgement, etc.), edit the 'Recommended action for report' field to indicate 'NONE'.[QC018]
Opened To Site from System (24 Jan 2022)
CREATE
Click this link to complete the safety report
Report ID
REP0231796
Recommended report type
CTEP 10 Calendar Day SAE Report
Report due by
Thursday, February 3, 2022
Printable Version View PDF Icon Key
CRF Version 2939 - Page Generated: 26 Jan 2022 15:35:01 Central Standard Time

Adverse Events: Report

#	Adverse Event (Verbatim term)	*Adverse event term (CTCAE v5.0)	*What is the description of the toxicity? *(first 120 characters)*	Start Date	End Date	Ongoing	Relationship to Study Treatment	Hospitalization (initial or prolonged)	Life Threatening	Death	Disability or Permanent Damage	Congenital Anomaly or Birth Defect	Other Serious (Important Medical Events)	What action was taken with study treatment?	*AE Number	SAE report recommended	*Date/Time of Collection
1	Back Pain	Back pain	(1) Mild pain	20 Oct 2021	–	Yes	Unrelated	No	No	No	No	No	No	Dose Not Changed	AE06-8D42262B58D84E7DB89AF2E673BDF834	No	26 Oct 2021 01 44 31 PM
2	dyspnea	Dyspnea	(3) Shortness of breath at rest; limiting self care ADL	20 Jan 2022	–	Yes	Unrelated	Yes	No	No	No	No	No	Drug Interrupted	AE11-D8EDA7F92CFC4E5882D38F86076B5653	Yes	24 Jan 2022 02 18 36 PM

Subject 222333

Study (S1203) A Randomized Phase III Study of Standard Cytarabine Plus Daunorubicin (7+3) Therapy or Idarubicin with Hi...

Course/Cycle/ Intervention ARM 2 (Induction and Re-Induction (Cycle = 28 days):
AraC: 1500mg/m2/day continuous IV infusion on days 1...

An action is NOT recommended.

Based on the data you have entered and the rules enabled for this study, **expedited reporting is not required**.

Possible exceptions (please consult your protocol for specific expedited reporting requirements):

- Commercial agent only studies
- Studies utilizing one of the legacy AE Reporting tables (those that incorporate expectedness and attribution into the table)
- Adverse events that occurred more than 30 days after the last administration of investigational agent/intervention or >10 radioactive half-lives for PET or SPECT agents

Platelet count decreased: Thrombocytopenia , 3: <50,000 – 25,000/mm3; <50.0 – 25.0<50,000 – 25,000/mm3; <50.0 – 25.0 x 10e9 /L

Available Actions

Based on the data you have entered and the rules enabled for this study, expedited reporting is not required. If you believe expedited reporting is warranted, click 'Override' and select the report you wish to complete.

Override

Adverse Events

Attribution

RELATIONSHIP	ATTRIBUTION	DESCRIPTION
Unrelated to Investigational Agent / Intervention	Unrelated	The AE is clearly NOT Related to the intervention
	Unlikely	The AE is Doubtfully Related to the intervention
Related to Investigation Agent / Intervention	Possible	The AE May be Related to the intervention
	Probable	The AE is Likely Related to the intervention
	Definite	The AE is Clearly Related to the intervention

Attribution Error

Each adverse event must have at least one attribution of Possible, Probable, or Definite.

- The adverse event, 'Infections and infestations - Other: Treating for cellulitis., ' is not attributed to a cause. An attribution of possible or higher must be selected for at least one of the causes.

- Each Adverse Event needs one or more attributions of Possible, Probable, or Definite. An adverse event that resulted in death with AE term Death NOS, Sudden death NOS, Fetal death and Death neonatal is considered exempt from this requirement.

Attribution

Additional information entered in any of the following CTEP-AERS sections will result in an attribution assignment being required:

- Treatment agent(s)
- Cancer
- Concomitant Medication
- Contributing Cause

Creating an Amendment

One Ticket per Course/Cycle

Course Information

Start date of first course :	21-NOV-2019
Start date of course associated with Expedited Report :	18-NOV-2021
Start date of primary AE :	06-DEC-2021
End date of primary AE :	
Course Number on which event(s) occured :	27
Total number of courses to date :	27
Was Investigational Agent(s) administered on this Study?:	Yes

Items To Keep In Mind

- Expedited reporting should be done based protocol-specified criteria. If the automated recommendation in RAVE does not match the protocol, follow the protocol.
  - Sites can email adr@swog.org or call 210-614-8808 anytime with SAE questions.
- If sites are amending a CTEP-AERS report and find an item/section that is unable to be changed (greyed out), this indicates the information is derived from RAVE. The data must be changed directly in RAVE.
- The Expedited Reporting Evaluation form must always be run. Anytime the data in a cycle is changed, this evaluation should be re-run to ensure no changes are needed to an existing CTEP-AERS report.

Reporter/Submitter

Reporter Information Section

- Reporter Name/Email/Phone
- Submitter Name/Email/Phone

This is the information SWOG uses to make contact for supporting document requests, amendments, and query requests. Sites should ensure the contact information listed is accurate and current.

- Check CTEP-IAM account
- Email member@swog.org

Provide Resolution

For each CTEP-AERS report submitted, sites should provide resolution for the event(s) reported.

<u>Resolution Updates:</u>

- Provide End Date of AEs
- Update Event Description with any Follow-Up information
- Update Subject Status

Supporting Documentation

For some protocols where SWOG holds the IND, supporting documentation will be requested to support the CTEP-AERS report.

Once requested, Supporting Documentation should be submitted by email to the SWOG Operations Office (adr@swog.org) within 5 days.

- This is a separate submission from any documentation sent to NCI/CTEP.
- Submission Instructions will be contained in the email request you will receive from the SAE Program.
- Ensure all documents are redacted to protect patient privacy.

SAEs and Audits

- SAEs Reported Late
  - If no date of discovery is provided, SWOG uses the date of the report minus the date of event to determine late reporting.
  - If a date of discovery exists, please enter it in CTEP-AERS Section 3: Describe Event.
- SAEs Reportable to Local Institutional Review Board (IRB)
  - Varies due to local IRB guidelines. Check with your IRB.
- SAEs Reportable to Central Institutional Review Board (CIRB)
  - Use the CIRB algorithm to determine reporting.

SWOG SAE Reporting Summary

- Consider the possibility that any AE could be reportable as an SAE.
- If indicated, initiate a CTEP-AERS Report within the protocol-specified number of days.
  - Reports will be initiated in RAVE for newer protocols.
  - Reports will be initiated in CTEP-AERS for older protocols.
- Send supporting documentation as requested.
  - For select SWOG protocols, SWOG will request documentation directly.
  - For other protocols, NCI will request documentation.

Timely Reporting = Patient Safety & Regulatory Compliance

SWOG SAE Program Contacts

- General email: adr@swog.org

- Maggie Spillers, Lead SAE Coordinator
  Phone: 210-817-4008
  email: mspillers@swog.org

- Patti Felts, SAE Coordinator
  Phone: 210-614-8808 extension 1015
  email: pfelts@swog.org

Resources and Support

- For Information on CTEP-AERS application
  - → Click on Protocol Development.
  - → Choose Adverse Event/CTCAE From the drop-down menu.
    (https://ctep.cancer.gov/protocolDevelopment/electronic_applications/ctc.htm)

- NCI Guidelines for Investigators: Adverse Event Reporting Requirements

- SWOG Policy #23 available on swog.org

Resources and Support

CTSU Helpdesk - General Inquiries
Email: CTSUContact@westat.com
Phone: (888) 823-5923

CTEP-AERS **Medical** Questions / Help:
Email: aemd@tech-res.com
Phone: (301) 897-7497
Fax: (301) 897-7404

CTEP-AERS **Technical** Questions / Help:
Email: ncictephelp@ctep.nci.nih.gov
Phone: 1-888-283-7457 or 301-948-2242

Questions?

Quality Assurance Program

Elaine Armstrong, MS

Quality Assurance Manager

Spring 2022

Purpose of the audit program

- Verify study data that could affect the interpretation of primary study endpoints by checking compliance to protocol and regulatory requirements and accuracy of submitted data
- Assessment of trial related activities and documents for adherence to Good Clinical Practice (GCP)
- Provide educational support for data quality and data management practices

Scheduling of Audits

- New LAPS, Members, NCORPs – within 18 months of first patient registration
- New affiliates, components – at next parent institution audit
- Institutions audited at least once every three years but remain at risk for more frequent audits
- FDA registration studies – more frequent monitoring

FDA Registration Study Site Visits

- S1400, LUNGMAP – initial audit at three months after first registration to a sub-study, then every six months
- S1418, S1806, S1914 – initial audit at six to nine months after first registration, additional site visits dependent on accrual

On-Site Versus Off-Site Audits

On-site

- LAPS / Main Member / NCORP
- Component / affiliate with large accrual
- FDA registration study site visits for sites using investigational agents to include on site pharmacy review

Off-site

- Most NCORP components and Main Member affiliates audited off site with parent institution
- Majority of audits currently remote due to Covid-19

Notification Process

- Scheduled three to four months prior to the audit.
- Formal notification/case list by email four to six weeks prior to the audit.
- Includes detailed instructions on how to prepare for the audit and Site Questionnaire for audit planning.

The Audit Team

- QA representative
- One or more Nurse or CRA auditors
- NCI-CTMB observer occasionally in attendance

Site Representatives

- CRAs
- Research Nurses
- Principal Investigator or designate
- Regulatory Representative
- Pharmacy staff

Audit Process

Audit Process

- Regulatory review (IRB, consent form content and Delegation of Task Log/Site Authority Log)
- Investigational drug accountability (drug accountability, pharmacy visit)
- Patient case review

Regulatory Audit

- IRB: Regulatory documents for all protocols on the case list plus one to two long term follow-up protocols
- Informed consent content: minimum of four consents
- Delegation of Task Log (DTL) and Site Authority Log
- Trial Master File (TMF): FDA registration studies

IRB Audit – Local IRB

- Approvals: initial and continuing reviews, protocol updates
- Reportable external Safety Reports and internal SAEs
- All versions of IRB-approved consent forms or a comprehensive list
- SOPs for alternative procedures (e.g., submission of unanticipated events only)

IRB Audit – CIRB

- Documentation that CIRB is the IRB of record (Study Specific Worksheet approval)
- Approved boilerplate language for ICFs
- Date of local implementation of protocol updates and consent versions
- Submission of unanticipated events (e.g., reportable local SAEs)
- NO COPIES OF CIRB APPROVAL DOCUMENTS REQUIRED

Consent Form Content

- Compared to model consent
- Contains all elements required by federal regulations
- Updated by protocol modifications
- Specimen banking/optional studies questions same as model
- CIRB sites: identical to approved boilerplate merged with model

Delegation of Task Log

- Site Authority Log (delegation of authority, signatures, handwriting samples) for key research personnel to cover all NCI sponsored studies
- Delegation of Task Log (CTSU website)
  - S1418
  - S1806
  - S1914
  - LungMap sub-studies
  - All registration studies
  - All new studies that use investigational agents

Trial Master File

- Protocol
- Regulatory documents
- CLIA Certificates and list of normal lab values/range
- List of local SOPs
- Site training documents (GCP, protocol specific, etc.)
- Placeholder for centrally filed documents (e.g., CVs, 1572s)

Investigational Drug Accountability

- Review of Drug Accountability Record Forms: NCI DARF or NCI Oral DARF required for all studies using investigational agents
  - Control and satellite records
  - Complete and timely entries
  - Good documentation practices
  - Patient returns documented on Oral DARF

Investigational Drug Accountability

- Shipping receipts, transfer and return forms
  - Unused or expired drug returned or destroyed within 90 days of end of use
  - No substitution of commercial drug for investigational agent

Investigational Drug Accountability

- Cross reference DARFs against patient records to verify dose and dates of dispensing
- SOP for authorized prescriptions (ordering investigator must have active CTEP account)
- On-site audits: Tour of pharmacy
  - Assess security and storage conditions
  - Verify physical inventory

Patient Case Review

- 10% of SWOG and CTSU accrual
- 10% of treatment and cancer control cases
- Minimum of one case for each non-SWOG FDA registration study
- Minimum of three cases
- One unannounced case for on-site audits

Patient Case Review: Categories

- Informed consent
- Eligibility
- Treatment administration
- Disease / endpoint assessment
- Toxicity assessment
- General data quality

Case Review: Categories

Chart preparation

- Shadow chart is acceptable
- Recommended chart organization: Consent and screening/eligibility, then chronological by cycle / reporting period - H&P, labs,disease assessments, etc.
- Color coded flagging
- Specimen submission documents flagged (print out of specimen tracking documents)
- If auditor will review records in EMR, EMR Source Documentation Locator Form must be completed prior to the audit

Informed Consent

- Most current version signed prior to registration
- Contains all required signatures
- Informed of new findings in a timely manner
- Specimen banking/optional studies offered and intent reported correctly in OPEN at time of registration
- HIPAA authorization signed

Eligibility

- Verify diagnosis by review of pathology or other diagnostic reports.
- Review medical history for exclusion criteria.
- Verify pre-study assessments meet protocol requirements and performed within specified time limits.
- Eligibility affirmation signed.
- NO EXCEPTIONS GRANTED.

Treatment Administration

- BSA / dose calculations verified
- Verification of both drug orders and drug administration
- Appropriate dose modifications
- Patient diaries or other supporting documentation of compliance to oral medications
- Documentation to support delays or deviations in treatment

Endpoint Assessment

- Disease/endpoint assessments performed per protocol
- Review of radiology reports, pathology reports, lab reports, records of physical examinations, etc.
- Same method of measuring the disease at baseline and at each assessment
- Tumor measurements documented
- Off treatment follow-up conducted per protocol

Adverse Event Assessment

- Required baseline and follow-up studies performed
- Grade and attribution of AEs documented, signed off by investigator/qualified practitioner
- Documentation of immune-related status, if applicable
- Adverse events reported appropriately.
- Serious Adverse Events (SAEs) reported in a timely manner

General Data Quality

- Adequate source documentation
- Data accurately reported on the data collection forms
- Timely submission of data
- Specimens/images/questionnaires submitted per protocol
- Good documentation practices

Exit Interview

- Meet with PI and staff
- Summarize findings
- Clear up any questions
- Preliminary Report indicating any major deficiencies submitted within one working day to the NCI

Audit Ratings

- Acceptable
  - See you in three years

- Acceptable, Follow-up Needed
  - A written response including a corrective and preventive action plan must be submitted.

Audit Ratings

Unacceptable

- A written response including a corrective and preventive action plan must be submitted.
- Repeat audit within 6 - 12 months.
- If repeat offender: Site Improvement Plan required / possible suspension of registration privileges.

Some Helpful Hints

- Take lots of notes, sign and date them
- No white out
- Keep records on a real-time basis
- Document height and weight and performance status
- Keep logs for tracking adverse events, concomitant medications

Some Helpful Hints

- Conduct secondary review of eligibility prior to registration.
- Look at an audit as a “Positive Learning Experience.”
- Include Affiliate/Component staff in the audit process.
- Conduct internal audits, training.
- Use reports on CRA Workbench.

Additional Resources

- SWOG website (https://swog.org : QA/Audits)
- Best Practices guidance document
- SWOG regulatory guidance
- Patient chart review guidance
- Investigational drug videos / PMB policies

Additional Resource on SWOG website

- Guidance on record retention
- Guidance on reporting protocol deviations (in process)
- Internal QA audits
- Site Authority Log
- Links to NCI and PMB
- TMF requirements for FDA registration trials

Questions?

SPECIMEN TRACKING SYSTEM

SPECIMEN TRACKING SYSTEM (SPEC TRACK OR STS)

- Also known as "Spec Track" or "STS"
- Web based program
- Resolving expectations
- Accessibility

HISTORY OF STS

- First released in November 2003
- S0221 was the first study to use STS
- It's been 18 years
- All current SWOG studies use STS

DIFFERENT VERSIONS/IMPROVEMENTS

- Study specific specimen options
- Pre-populated lab information
- Specimen manager
- Assay results

DOES MY STUDY USE STS?

- Section 15.0 (Special Instructions)
- The consent form
- Rarely, section 12.0 (Discipline Review)

GUIDES AND TUTORIALS

- Protocol
- Written instructions
- Training module
- Data Coordinators

SWOG CANCER RESEARCH NETWORK

CRA Workbench

CRA Workbench Home

Patient Management

OPEN Patient Registration

SLAI Registration

Rave Data Submission

Pre-Rave Data Submission

Specimen Tracking

SAE Reporting

Planned Unblinding

Resources

Reports

ORP Manual

Tools of the Trade

Training

CRA Newsletter

SWOG Group Meetings

SWOG QA/Audits

CTSU Members Page

Join the CRA Mailing List!

Contact Us

Welcome to your Workbench!

- Hello Sean O'Bryan!

You are a web user for the following institutions:
SWOG Statistical Ctr

CRA Newsletter

What's New!

11/15/2019

Several updates have been made to Specimen Tracking. Some of the changes are behind the scenes and there are a few to bring to your attention:

1. The "Log a Specimen" page now indicates which specimens have either been (a) logged or (b) reported as unsubmittable. Please note that even if the specimen has been logged or reported as unsubmittable, you can still choose that specimen again if needed.
2. For S1418 and S1613, the Registration Step 1 specimens are now labeled "Screening", to differentiate them from the "Baseline" specimens at Step 2.
3. On the "Notify that a Specimen Cannot be Submitted" page, you can now select more than one specimen at a time. Previous notifications are now under a "View previous notifications" link at the bottom of Step 1.
4. Other changes include the addition of Registration Step to the "Specimen Manager" page, the change of "Instructions" to "Comments" where applicable, and on the "View and Update Contacts" link, an email address is now required for all contacts.

SWOG CANCER RESEARCH NETWORK

Logon

You are currently using the Production System. If you would like to logon on to the Test system, click on the Test Specimen Tracking link.

Site Users

All site users (both SWOG members and Non-SWOG Members) must log on to the SWOG Specimen Tracking using your **CTEP IAM username and password**.

Username:

Password:

IAM-SSO

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following: The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

I Agree and Logon | Reset

Forgot Password? Reset Password? Annual Registration Request New Account

Lab Users

All lab/repository users log on to the SWOG Specimen Trackin
Roster ID Number and password.

SWOG Roster ID Number: **Passwor**

I forgot
Reset m

Logon

04/05/2019 09:49:31 Pacific Time (US & Canada)

SWOG CANCER RESEARCH NETWORK

Chooser

Please select the institution for which you are acting

Institution:

Go!

CIRB-PA042 - NCICIRB - Penn State College o (25314)
PA037 - ECOG-ACRIN - Mount Nittany Medica (11846)
PA041 - ECOG-ACRIN - Carlisle Hospital Ca (19083)
PA042 - ALLIAN - Penn State Milton S (19497)
PA042 - ALLIANCE - Penn State Milton S (15632)
PA042 - CTSU - Penn State Milton S. (13118)
PA042 - ECOG-ACRIN - Penn State Milton S (11843)
PA042 - NCICIRB - Penn State Milton S (21411)
PA042 - NRG - Penn State Milton S (15640)
PA042 - P2C-CA189 - Penn State Milton S (21721)
PA042 - SWOG - Penn State Milton S. (13036)
PA043 - ECOG-ACRIN - Lewistown Hospital (13076)
PA055 - ECOG-ACRIN - Lehigh Valley Hospit (12254)
PA108 - ECOG-ACRIN - Saint Joseph Medical (13053)

SWOG CANCER RESEARCH NETWORK

Home

Instructions

STS Specimen Tracking System

This is the test Web site

All pages with headers in green act against the test database and should be used for practice only.

Chooser

Log a Specimen

Specimen Manager

View/Update Consent Answers

Notify that Specimen Cannot be Submitted

Reports

Administration

Contact Us

Version 3.0

Welcome to the SWOG Specimen Tracking Website

You are logged in as a user for NCRF - Nevada Cancer Research Foundation NCORP

Important Announcements:

- **Specimen Tracking Updates (11/15/2019):**

  Several updates have been made to Specimen Tracking. Some of the changes are behind the scenes and there are a few to bring to your attention:

  1) The "Log a Specimen" page now indicates which specimens have either (a) already been logged or (b) reported as unsubmittable. Please note that even if the specimen has been logged or reported as unsubmittable, you can still choose that specimen again if needed.

  2) For S1418 and S1613, the Registration Step 1 specimens are now labeled "Screening", to differentiate them from the "Baseline" specimens at Step 2.

  3) On the "Notify that a Specimen Cannot be Submitted" page, you can now select more than one specimen at a time. Previous notifications are now under a "View previous notifications" link at the bottom of Step 1.

  4) Other changes include the addition of Registration Step to the "Specimen Manager" page, the change of "Instructions" to "Comments" where applicable, and on the "View and Update Contacts" link, an email address is now required for all contacts.

- Training module with demo for using the Specimen Tracking System.
- Written Instructions for using the Specimen Tracking System (English).
- Specimen Repositories and Shipping Guidelines for shipping addresses, lab contacts, and general specimen collection and shipping instructions for the Leukemia, Lymphoma, Myeloma, and Solid Tumor Specimen Repositories.

- **Specimen Shipment Labels**
  SWOG recommends using Avery neon magenta high visibility labels (see product number 5160 at www.avery.com). All dates need to be in month/day/year format.

  Large Specimen Labels

SWOG CANCER RESEARCH NETWORK

Log a Specimen

Instructions

STS Specimen Tracking System

STEP 1 of 3: Specify the patient from whom the specimen was collected.

SWOG Patient ID: * 270242 No Patient ID yet?

Patient Initials (L,FM): * H,MA

SWOG Study ID: * S1609

Note: *Required fields are indicated by the * character.*

Next Step Home

56559
03/02/2020 13:12:58 Pacific Time (US & Canada) TEST

SWOG CANCER RESEARCH NETWORK

Choose Specimen

Instructions

STS Specimen Tracking System

Step 2 of 3: Choose the specimen that you are logging from the list below.

Show: Registration Step = Specimen/Material Type = Lab =

Submission Timepoint =

Apply Reset

Study Number: S1609

Registration Step	Submission Timepoint	Specimen or Material Type			Material Requirements	Lab
		= This specimen has been logged already = This specimen was reported as unsubmittable				
1	Baseline, Prior to tx start	Tissue from primary site	Blocks	5-10 mm3 FFPE block	Preferred	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Tissue from primary site	Unstained Slides	30 (5 micron) positive charge unstained slides	Alternate	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Metastatic tissue from distant site	Blocks	5-10 mm3 FFPE block	Preferred	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Metastatic tissue from distant site	Unstained Slides	30 (5 micron) positive charge unstained slides	Alternate	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Metastatic tissue from local site	Blocks	5-10 mm3 FFPE block	Preferred	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Metastatic tissue from local site	Unstained Slides	30 (5 micron) positive charge unstained slides	Alternate	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, <= 2 days prior Ipi tx	Blood	Serum	4 mL in Plastic SST, Frozen	Only option	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, <= 2 days prior Ipi tx	Blood	Whole Blood	9 mL in plastic EDTA, refrig	Preferred	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, <= 2 days prior Ipi tx	Blood	Whole Blood	9 mL in Cryotube, refrig	Alternate	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, <= 2 days prior Ipi tx	Blood	Whole Blood	2x2mL in Tempus tubes, frozen	Only option	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, <= 2 days prior Ipi tx	Blood	Whole Blood	4 mL in EDTA Tube, frozen	Preferred	201 - SWOG Specimen Repository Columbus, OH

SWOG CANCER RESEARCH NETWORK

Log a Specimen

Instructions

STS Specimen Tracking System

SWOG Patient ID: 270242 **Registration History:** **S1609-1-12/05/2017:** Consent Questions
Patient Initials: H,MA

Specimen Chosen:

Registration Step	Submission Timepoint	Specimen or Material Type	Quantity	Lab
1	Baseline, Prior to tx start	Tissue from primary site Blocks 5-10 mm3 FFPE block	1	201 - SWOG Specimen Repository

STEP 3 of 3: Enter Specimen details.

Type: Tissue from primary site

Date Collected: * ___ / ___ / ___

Time Collected: ___ : ___ ▼

Institutional Specimen ID number
(e.g. local lab's pathology specimen number, surgical pathology number or accession number)**:** ___

Block Number:
(e.g. B1, A2, etc.) ___

Follow-up Investigator: Oscar B. Goodman Jr., MD

Pathology Contact: ▼ New

Billing/Payment Contact: ▼ New

Shipping Contact: ▼ New

Quantity * ___

Specimen Subtype
Blocks

Log Specimen | Previous Step | Cancel

SWOG CANCER RESEARCH NETWORK

Log a Specimen

Instructions

STS Specimen Tracking System

[redacted] successfully logged on 3/2/2020 1:27:20 PM (Pacific time) by [redacted]

Status: Not Shipped -- once all the specimens for your shipment are logged, please go to the Specimen Manager page to ship the shipment (required).

Specimen Manager | Home

SWOG Patient ID: 270242 **Registration History:** S1609-1-12/05/2017: Consent Questions

Patient Initials: H,MA

Specimen Chosen:

Registration Step	Submission Timepoint	Specimen or Material Type	Quantity	Lab
1	Baseline, Prior to tx start	Tissue from primary site Blocks 5-10 mm3 FFPE block	1	201 - SWOG Specimen Repository

STEP 3 of 3: Enter Specimen details.

Type: Tissue from primary site

Date Collected: * 3 / 2 / 2020

Time Collected: :

Institutional Specimen ID number (e.g. local lab's pathology specimen number, surgical pathology number or accession number):

Block Number: (e.g. B1, A2, etc.)

Follow-up Investigator: Oscar B. Goodman Jr., MD

Pathology Contact: New

Billing/Payment Contact: New

Shipping Contact: New

Quantity * 1

Specimen Subtype Blocks

Update Specimen | Delete Specimen | Log Another Specimen for this Person | Specimen Manager | Home

SWOG CANCER RESEARCH NETWORK

Specimen Manager

Instructions

STS Specimen Tracking System

Specimens for NCRF - Nevada Cancer Research Foundation NCORP

Show

Patient Number:

Specimen Number:

Study Number:

Shipment Number:

Status:
- [x] Not Shipped
- [ ] Shipped (not received)
- [ ] Received
- [ ] Not Collected

Receiving Lab #:

Apply

Reset

Click to delete specimen	Patient	Study	Specimen Number	Specimen	Timepoint	Collection Date	Receiving Lab	*Select specimen to ship*	Status	Shipment Number	Ship Date	Received Date	Condition
Delete	270242	S1609-1	2401616	Tissue from primary site - Blocks - 5-10 mm3 FFPE block	Baseline, Prior to tx start	03/02/2020	201 - SWOG Specimen Repository	☐	Not Shipped				

Create a Shipment

Home

56559
03/02/2020 13:31:44 Pacific Time (US & Canada) TEST

SWOG CANCER RESEARCH NETWORK

Specimen Manager

Instructions

STS Specimen Tracking System

Please select specimen(s).

Specimens for NCRF - Nevada Cancer Research Foundation NCORP

Show:

Patient Number: | Specimen Number: | Status: ☑ Not Shipped ☐ Shipped (not received) ☐ Received ☐ Not Collected | Receiving Lab #: | Apply | Reset

Study Number: | Shipment Number:

Click to delete specimen	Patient	Study	Specimen Number	Specimen	Timepoint	Collection Date	Receiving Lab	*Select specimen to ship*	Status	Shipment Number	Ship Date	Received Date	Condition
Delete	270242	S1609-1	2401616	Tissue from primary site - Blocks - 5-10 mm3 FFPE block	Baseline, Prior to tx start	03/02/2020	201 - SWOG Specimen Repository	☐	Not Shipped				

Create a Shipment | Home

56559
03/02/2020 13:35:38 Pacific Time (US & Canada) TEST

SWOG CANCER RESEARCH NETWORK

Ship a Shipment

Instructions

STS Specimen Tracking System

Step 1: Verify Shipment Contents

Shipment 308504 Contents:

Patient	Study	Specimen Number	Specimen	Quantity	Timepoint	Collection Date
270242	S1609	2401616	Tissue from primary site - Blocks	1	Baseline, Prior to tx start	3/2/2020

Add or modify shipment contents

Step 2: Verify Lab and Address

Ship To: 201 - SWOG Specimen Repository

Address:
Standard
Solid Tissue,Myeloma & Lymphoma Div
Nationwide Children's Hospital
700 Children's Dr, WA1340
Columbus, OH 43205

Shipment Tracking Number:

(e.g. Federal Express tracking number)

Name of Shipper: Sean O'Bryan

Shipper Phone Number: (206) 652 - 2267 Ext.

Comments:

Step 3: Enter the Shipment Date

Once you ship, you may not modify or delete the shipment or any of its contents. It is REQUIRED to put a copy of the Packing List in the shipment

Shipment Date: * / /

Generate Shipment Label (optional)

Ship this Shipment and Generate Packing List | Cancel | Delete Shipment

SWOG CANCER RESEARCH NETWORK

Ship a Shipment

Instructions

STS Specimen Tracking System

Shipment 308504 successfully recorded on 3/2/2020 1:41:54 PM (Pacific time) by Sean O'Bryan

Shipment 308504 Contents:

Patient	Study	Specimen Number	Specimen	Quantity	Timepoint	Collection Date
270242	S1609	2401616	Tissue from primary site - Blocks	1	Baseline, Prior to tx start	3/2/2020

Ship To: 201 - SWOG Specimen Repository

Address: **Standard**
Solid Tissue,Myeloma & Lymphoma Div
Nationwide Children's Hospital
700 Children's Dr, WA1340
Columbus, OH 43205

Shipment Tracking Number:
(e.g. Federal Express tracking number)

Name of Shipper: Sean O'Bryan

Shipper Phone Number: (206) 652 - 2267 Ext.

Comments:

Shipment Date: * 3/2/2020 View Packing List

Generate Shipment Label (optional)

Specimen Manager | Home

56559
03/02/2020 13:41:54 Pacific Time (US & Canada) TEST

THE SPECIMENS LISTED ON THIS PACKING LIST ARE IN THE TEST DATABASE ONLY. DO NOT INCLUDE THIS PACKING LIST IN ANY SHIPMENTS. IF YOU MEAN TO SUBMIT THESE SPECIMENS TO SATISFY SPECIFIC STUDY REQUIREMENTS, PLEASE USE THE PRODUCTION DATABASE.

SWOG Specimen Tracking System Packing List for Shipment 308504

Specimen Number	Study	Submission Timepoint	Date Collected	Type	Subtype	Block Number	#
Patient 270242 - H,MA							
2401616	S1609-1	Baseline, Prior to tx start	3/2/2020	Tissue from primary site	Blocks - 5-10 mm3 FFPE block		1

Consent Questions for S1609	Response
I agree to the additional blood sample collection (collected prior to beginning study treatment)	Yes
My blood samples and related information may be kept in a Biobank for use in future health research.	Yes

Shipment Tracking Number:
Comments:
Shipment Number: 308504

Shipped Date: 3/2/2020
Shipped By: Sean O'Bryan (seano@crab.org)
Nevada Cancer Research Foundation NCORP (NCRF)
SWOG Data Operations Center
Cancer Research And Biostatistics
1505 Westlake Ave N, STE 750
Seattle, WA 98109-6244
(206) 652-2267

Sent To: SWOG Specimen Repository
Solid Tissue,Myeloma & Lymphoma Div
Nationwide Children's Hospital
700 Children's Dr, WA1340
Columbus, OH 43205
(614) 722-2865

Note to Recipients: Use this packing slip as a reference for accurately confirming shipments. It is your responsibility to log on to https://SpecTrack.crab.org/ to confirm the receipt of this shipment. Thank you!

SWOG CANCER RESEARCH NETWORK

Specimen Manager

Instructions

STS Specimen Tracking System

Specimens for TX035 - MD Anderson Cancer Center

Show:

Patient Number: 707418

Specimen Number:

Status: ☑ Not Shipped ☑ Shipped (not received) ☑ Received ☑ Not Collected

Receiving Lab #:

Apply Reset

Study Number: S1602

Shipment Number:

Click to delete specimen	Patient	Study	Specimen Number	Specimen	Timepoint	Collection Date	Shipping Temperature	Receiving Lab	*Select specimen to ship*	Status	Shipment Number	Ship Date	Received Date	Condition
	707418	S1602-1	2416270	Tissue from primary site - Stained Slides - 2 H&E stained slides	Baseline, Prestudy	10/08/2020	Ambient	201 - SWOG Specimen Repository		Received	316409	12/02/2020	12/04/2020	Usable as received
	707418	S1602-1	2416269	Tissue from primary site - Unstained Slides - 10 (5 micron) unstained slides	Baseline, Prestudy	10/08/2020	Ambient	201 - SWOG Specimen Repository		Received	316409	12/02/2020	12/04/2020	Usable as received
	707418	S1602-1	2414390	Blood - Whole Blood - 10 mL in EDTA tube	Baseline, Prior to start of therapy	11/04/2020	Ambient	201 - SWOG Specimen Repository		Received	315446	11/04/2020	11/05/2020	Usable as received
	707418	S1602-1	2418572	Blood - Serum - 1 mL aliquots into 2 mL cryovials	Other, Week 1 Induction	11/24/2020	Frozen	201 - SWOG Specimen Repository		Shipped	317630	01/11/2021		
	707418	S1602-1	2418574	Urine - - PELLET: ~2-4 ml urine before BCG instillation	Other, Week 1 Induction	11/24/2020	Frozen	201 - SWOG Specimen Repository		Shipped	317630	01/11/2021		
	707418	S1602-1	2418573	Urine - - SUPERNATANT: ~20 mL urine before BCG instillation	Other, Week 1 Induction	11/24/2020	Frozen	201 - SWOG Specimen Repository		Shipped	317630	01/11/2021		

HELP AND REFERENCE

- Access the system via CRA workbench at www.swog.org and review the written instructions and use the interactive training module
- For technical assistance or general feedback contact: technicalquestion@crab.org

HELP AND REFERENCE

Contact the assigned Data Coordinator for your study for assistance:

BreastQuestion@crab.org
CancerControlQuestion@crab.org
GIQuestion@crab.org
GUQuestion@crab.org
RareTumors@crab.org
LungQuestion@crab.org
LymphomaQuestion@crab.org
MelanomaQuestion@crab.org
MyelomaQuestion@crab.org
LeukemiaQuestion@crab.org

QUESTIONS?

Tips for Specimen Submission to the SWOG Biospecimen Bank

Hannah Brown

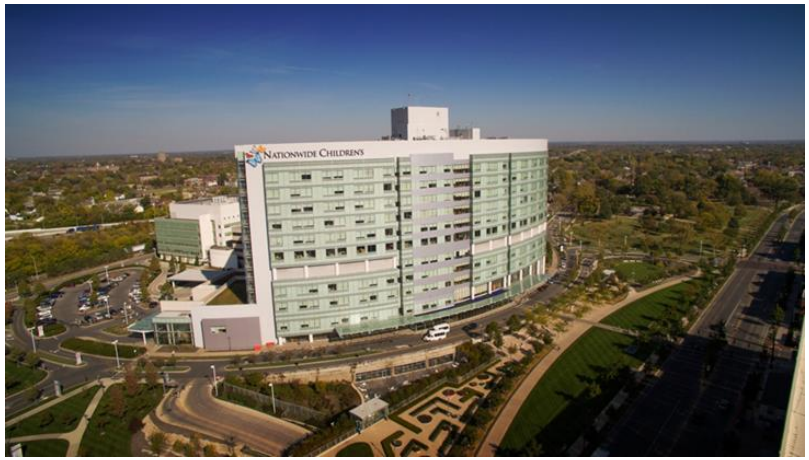
Biorepository Protocol Coordinator

Nationwide Children's

When your child needs a hospital, everything matters.℠

Overview of the Biopathology Center (BPC)

- The SWOG Biospecimen Bank is part of the Biopathology Center at The Abigail Wexner Research Institute at Nationwide Children's Hospital.
- We serve as the biorepository for several other major groups and organizations:
  - SWOG
  - Children's Oncology Group (COG)
  - NRG Oncology - Columbus
  - GOG Foundation
  - Sarcoma Alliance for Research through Collaboration (SARC)
  - NCI Early-Phase and Experimental Clinical Trials (EET)



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

Overview of Specimen Receipt

- On an average day, the BPC receives 100-160 packages, which may contain upwards of 1,000 specimens for all groups!
- We receive several different specimen types for SWOG protocols:
  - FFPE tissue (blocks, slides)
  - Fresh blood, bone marrow, stool, and urine
  - Frozen blood products and urine
  - Frozen tissue
- We accept all specimen types Monday – Friday.
  - Shipments of fresh blood and bone marrow may be received on Saturday for immediate processing.
- Accurate specimen submission is crucial to our day-to-day operations.

Specimen Collection

- Protocol sections that provide guidance for specimen collection are:
  - 9.0 Study Calendar
    - Includes general information about specimen collection time points.
    - **Refer to section 15.0** for additional details on specimen collection.
  - 12.0 Discipline Review
    - States whether the protocol includes quality control pathology review or central review.
  - 15.0 Special Instructions
    - Provides details about specimen requirements (specimen types and time points), collection, specimen labeling, processing and shipment.
- Biospecimen Processing and Submission Procedures
  - Located under the Biospecimen Resources tab on the SWOG website.
  - Provides **general** specimen processing instructions (instructions in the protocol take precedence over these instructions).
  - Provides instructions for specimen labeling (including templates) and shipment (including **laboratory addresses for labs 200 and 201).**

Specimen Labeling Requirements

Label all specimens with the following:

- SWOG patient ID#
- Patient Initials
- Date of specimen collection
- Specimen type (whole blood, serum, etc.)

Additional labeling for FFPE tissue blocks and slides:

- Tissue type (Primary, Metastatic, Normal)
- Surgical pathology ID (SPID or Accession #)
- Block Number (from pathology report)

Note: Missing information will result in the Bank contacting the submitting institution, which can delay specimen processing, and may require a waiver. Some submission issues may result in a query.

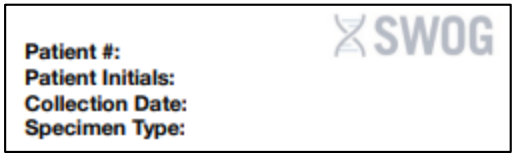
We cannot assume any information!

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

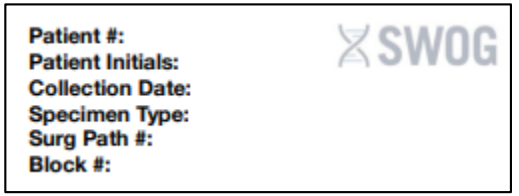
Labeling Templates

- Specimen Labels, Avery 5160
- Every specimen submitted must be labeled!
- Biospecimen Processing and Submission Procedure Page on swog.org

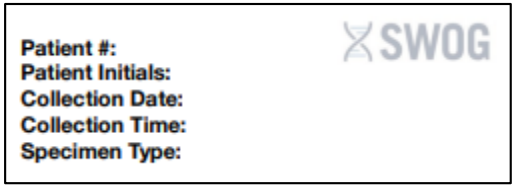
Basic Labels (Fresh or Frozen Blood/Bone Marrow/Urine Products)



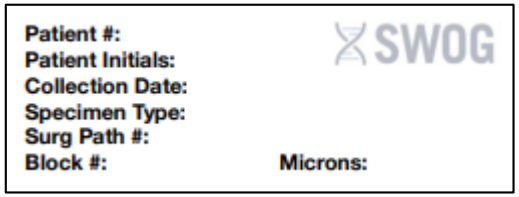
Tissue Labels (FFPE, Snap Frozen)



Time-Based Labels (for studies where collection time is a labeling requirement)



Tissue with Microns Labels (for specimens that require micron thickness)



Preparing the shipment

- Verify that **all specimen labels** include **all required information.**
  - Requirements are located in Section 15 of the protocol and/or the SWOG Biospecimen Resources webpage.
- Verify that the information on **STS packing list matches the specimens shipped.**
  - Double check specimen label information (e.g., collection dates). It should match the **example label that populates on the packing list**.
  - Ensure that the number of specimens matches the number on the STS packing list (e.g., for 2 10-mL tubes of blood, quantity = 2, not 20).
- Confirm that all **required paperwork** is included.
  - STS Packing List
  - Redacted Pathology Report (FFPE tissue only)
    - Do *not* remove surgical pathology ID (SPID), block number, collection date, diagnosis, results, gross description, or other information about the specimen.
    - Additional guidelines will be posted to the SWOG website.
  - Include SWOG patient ID# on every page of all paperwork.

Shipping Considerations

- Unless otherwise stated in the protocol, frozen specimens or FFPE tissues (blocks, slides, or scrolls) may be batch shipped.
  - Do not include more than 5 patients in one shipment (no more than 50 vials/200 slides, whichever is fewer).
  - Package each patient's specimens separately.
  - If there are multiple time points per patient, then include fewer than 5 patients in the shipment.
- Pack specimens according to the season
  - Frozen Specimens
    - ALWAYS include plenty of dry ice to prevent thawing, regardless of weather.
  - Ambient Specimens
    - Warmer months (April-September): Include a cold pack (not frozen!), unless otherwise stated in the protocol or kit instructions (e.g., cfDNA Streck tubes).
    - Colder months (October-March): Insulate well (e.g., bubble wrap) to prevent specimens from freezing.
- Specimens shipped **FedEx Priority Overnight** arrive in the morning – other carriers or shipping methods may delay receipt.

Shipping Considerations

- Remember when shipping, that even if weather is fine where you are, the specimens are traveling from your city ➡ FedEx Hub ➡ SWOG Bank in Columbus, Ohio.

Common Specimen Quality Issues

Issue	Prevention
Specimen that should be frozen arrived thawed or with insufficient dry ice	• Choose an appropriately-sized container. • Add dry ice to the bottom ~1/3, add the specimens, and then add dry ice to the top of the container.
Blood / bone marrow is hemolyzed or clotted	• Thoroughly mix the specimen with anticoagulant in the tube immediately after collection. Do not shake or vortex, but gently invert tube 8 – 10 times after collection.
Specimen arrived in a cracked, broken, or leaking container	• Always use plastic collection tubes if submitting frozen specimens. • Do not overfill cryovials (~1.5 mL liquid can be frozen in a 2-mL cryovial). • Package specimens carefully – if it rattles, don't ship it! • Be generous with bubble wrap – it's both a good insulator and specimen protectant. • Do not ship cracked, broken, or leaking specimens.
Incorrect specimen type received (e.g., protocol indicates to send whole blood, and blood arrives processed)	• Refer to the protocol - verify that you are using the correct version. • If the protocol is unclear – email the Bank.

Common Shipment Issues

Issue	Prevention
Missing Paperwork	• STS packing list is *always* required. • Pathology reports are required for all formalin-fixed paraffin-embedded (FFPE) tissue submissions – including blocks, slides, and scrolls.
Missing information on specimen label	• Include all required labeling information on all specimens submitted. • Refer to protocol for any protocol-specific labeling requirements.
STS Packing List does not match specimens	• All specimen labeling information (identifiers, collection date, etc.) must correspond with the information entered in the STS. • The number of specimens (e.g., number of tubes, vials, glass slides, etc.) received must match the STS packing list.
Insufficient dry ice	• Include lots of dry ice *all year round.* • Keep in mind that dry ice will sublimate at a rate of 5-10 lbs. every 24 hours.

Helpful Sites

SWOG Biospecimen Processing and Submission Procedures

- General SWOG specimen submission guidelines, links to labeling templates, and more!
- https://www.swog.org/clinical-trials/biospecimen-resources/biospecimen-processing-and-submission-procedures

BPC Kit Management

- Order biospecimen collection kits (when provided, refer to protocol) – select SWOG sponsor group.
- Users must be registered.
- https://kits.bpc-apps.nchri.org/

Contact Information

Solid Tissue, Myeloma & Lymphoma Division

SWOG Biospecimen Bank #201
614-722-2865
bpcbank@nationwidechildrens.org

SWOG Biospecimen Bank
Nationwide Children's Hospital
700 Children's Drive, WA1340
Columbus, Ohio 43205

Leukemia Division

SWOG Biospecimen Bank #200
614-722-3270
bpcmglab@nationwidechildrens.org

SWOG Biospecimen Bank
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*Use the group emails above and please **Reply All** when responding so that our team can better assist you!*

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

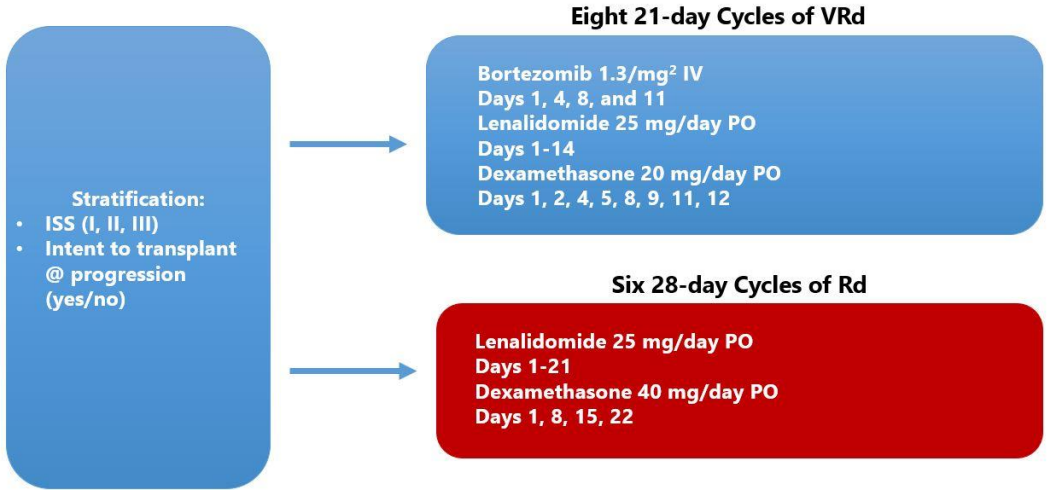
Questions?

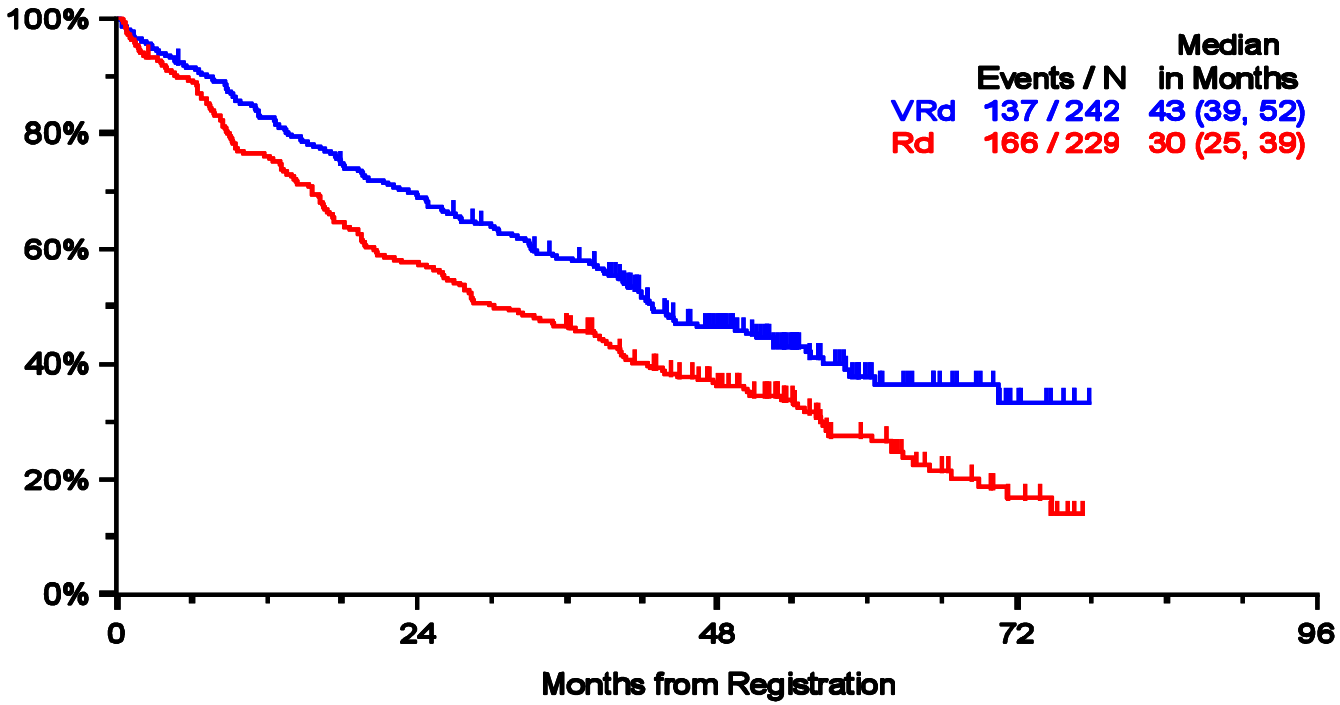
Scientific Impact of the CRA

Michael LeBlanc

SWOG Myeloma Study S0777

Key role of the CRAs in achieving high quality follow-up data and results





HR = 0.712 (0.560, 0.906)*

Stratified Log-rank P value = 0.0018 (one sided)

Strong Result Because of Best Science and Data

Bortezomib with lenalidomide and dexamethasone versus lenalidomide and dexamethasone alone in patients with newly diagnosed myeloma without intent for immediate autologous stem-cell transplant (SWOG S0777): a randomised, open-label, phase 3 trial

Brian G M Durie, Antje Hoering, Muneer H Abidi, S Vincent Rajkumar, Joshua Epstein, Stephen P Kahanic, Mohan Thakuri, Frederic Reu
Christopher M Reynolds, Rachael Sexton, Robert Z Orlowski, Bart Barlogie, Angela Dispenzieri

Summary

Background Lenalidomide plus dexamethasone is a reference treatment for patients with newly diagnosed
The combination of the proteasome inhibitor bortezomib with lenalidomide and dexamethasone h
significant efficacy in the setting of newly diagnosed myeloma. We aimed to study whether the a
bortezomib to lenalidomide and dexamethasone would improve progression-free survival and prov
response rates in patients with previously untreated multiple myeloma who were not planned for i
autologous stem-cell transplant.

Methods In this randomised, open-label, phase 3 trial, we recruited patients with newly diagnosed multiple
aged 18 years and older from participating Southwest Oncology Group (SWOG) and National Clinical Tria

And regulatory impact

NEWS RELEASE

Celgene Receives CHMP Positive Opinions for Both REVLIMID® (lenalidomide) and IMNOVID® (pomalidomide)-Based Triplet Combination Regimens for Patients with Multiple Myeloma

3/29/2019

The CHMP adopted two positive opinions recommending European Commission approval of:

Stages of Treatment Testing

- Phase I
  - The safe dose range, side effects, early activity.
- Phase II
  - Sufficient promise for further testing, more side effect assessment, refinement of dose, evidence of disease subtypes with most promise and feasibility.
  - Some design examples: single arm 2-stage, single arm pilot, multi-arm randomized (screening or selection).
- Phase III
  - Formal comparison of new treatment to standard treatment.

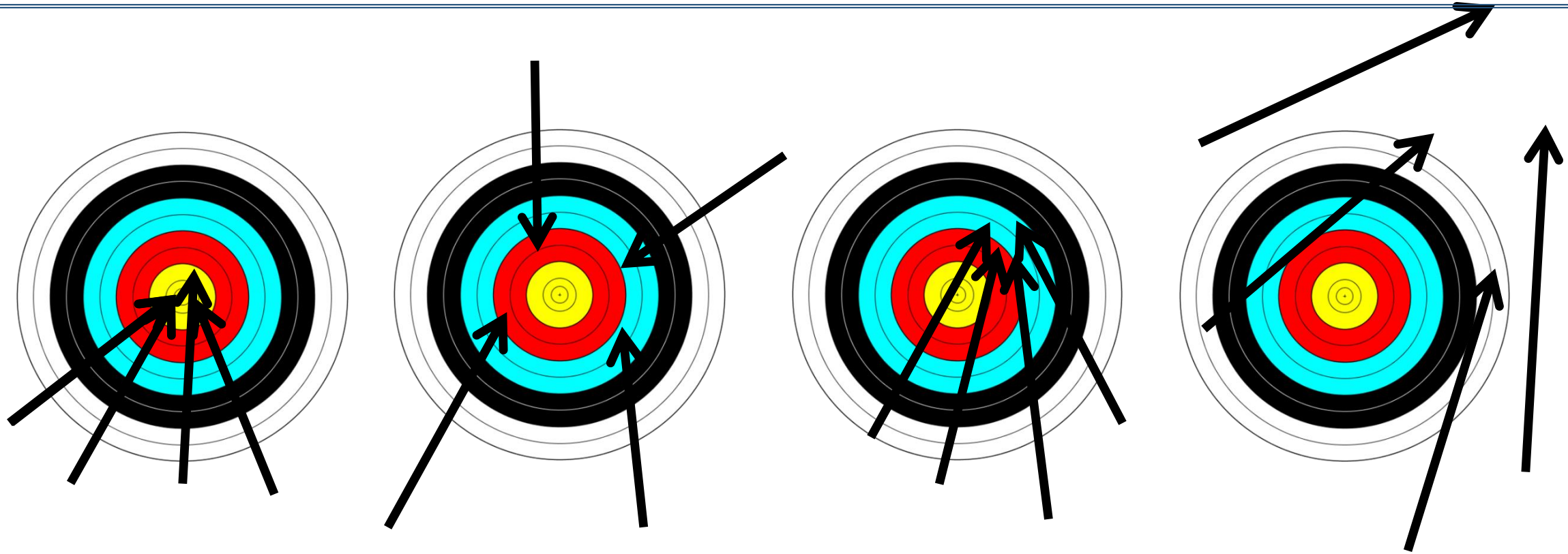
Critical Elements in Evaluating Therapeutic Interventions

- Biological Activity
- Safety/Toxicity
- Clinical Efficacy
  - Clinical Response
  - Patient Reported Outcomes
  - Disease recurrence or progression
  - Survival
- Other long-term data
  - Long term adverse events and related malignancies

Variability and Bias

- What are they and how do they arise?
- What problems do they cause?
- How can they be prevented or reduced?

Variability and Bias



Accurate & Precise

Accurate & Imprecise

Inaccurate & Precise

Inaccurate & Imprecise

How do we control variability?

- Eligibility criteria

  Example: Results of studies which allow only patients with local disease and performance status 0-1 will be less variable than those from studies allowing any stage and any performance status.

How do we control variability? (cont.)

- Sample size

  Larger numbers of patients lead to reduced variability.

The CRA's Role in Reducing Variability

- Verification of eligibility
- Avoidance of deviations from protocol treatment plans
- Submission of complete and timely data

Bias

- A tendency for a statistical result to differ on average from the true state of affairs, often due to flaws in the design or conduct of a study.

Bias

- Example

  If a study of a treatment intended for patients with local disease includes a number of patients with more advanced disease, the treatment's efficacy may be underestimated.

Bias

- Solution

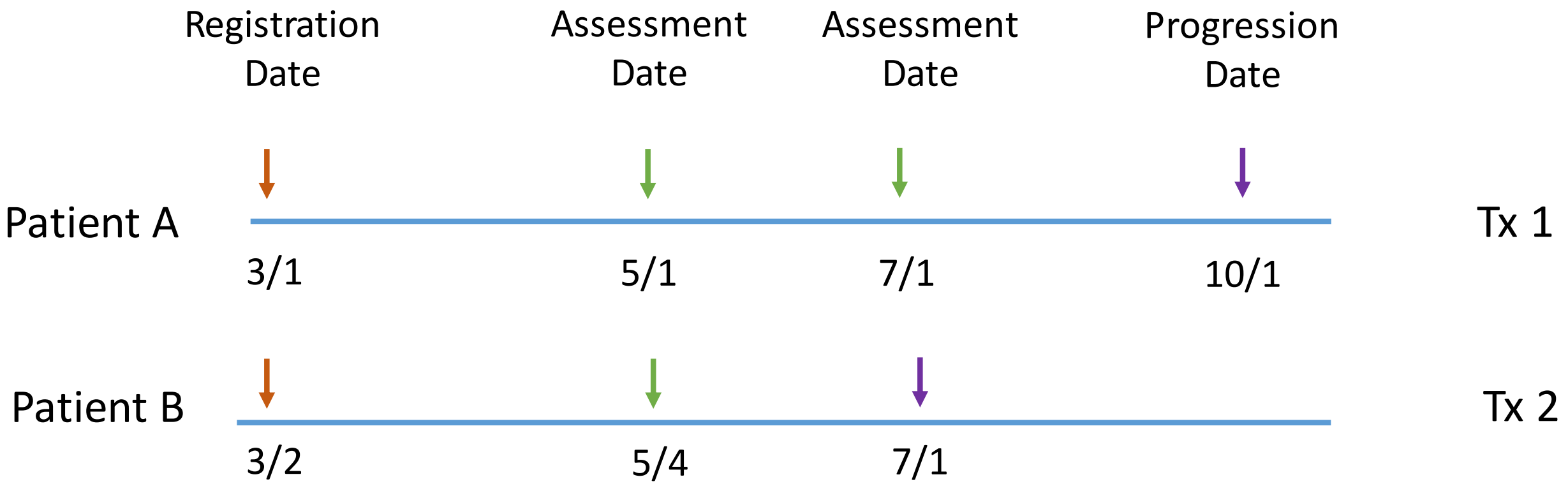
  Ensure adherence to eligibility criteria

Bias

- Example

  If patients in an adjuvant therapy arm of a comparative study are followed more closely than those in an observation arm, the benefit of the adjuvant therapy may be underestimated.

Illustration of Impact Lost to Follow-up



Result: Progression 10/1 for Patient A and 7/1 for Patient B

Illustration of Impact Lost to Follow-up

Result: Progression 10/1 for Patient A and no progression for Patient B

Bias

- Solution
  - Ensure adherence to protocol requirements for follow-up examinations
- Schedule
  - Have patients return for evaluation according to protocol schedule
- Tests
  - Have all required tests performed at each evaluation

The CRA's Role in Controlling Bias

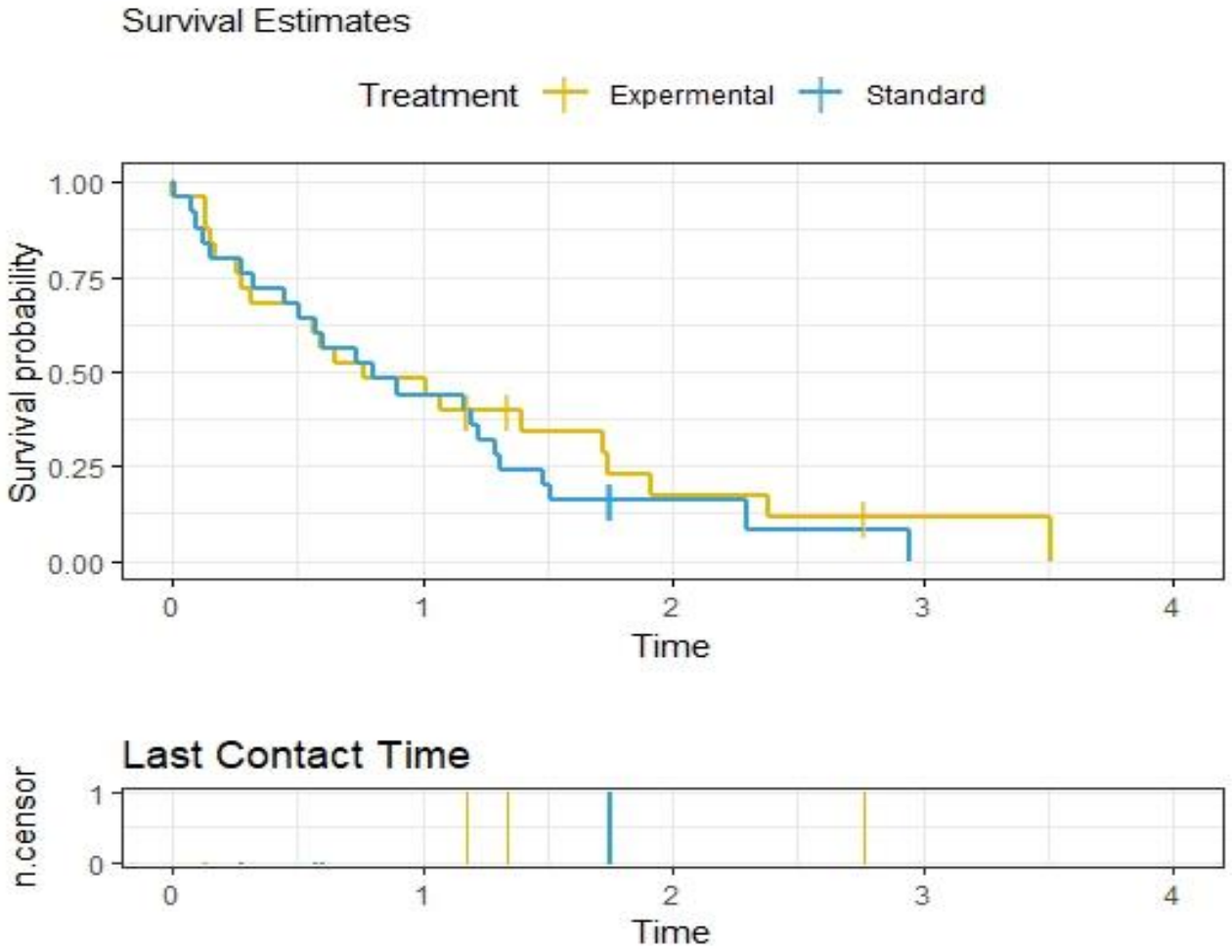
- Verification of eligibility
- Adherence to protocol follow-up requirements

Variability and Bias in Survival Data

- Survival - how long patients live after entering a study - is often the most important outcome we study
- Incomplete data increases both variability and potentially bias in studies of survival

Estimated Survival

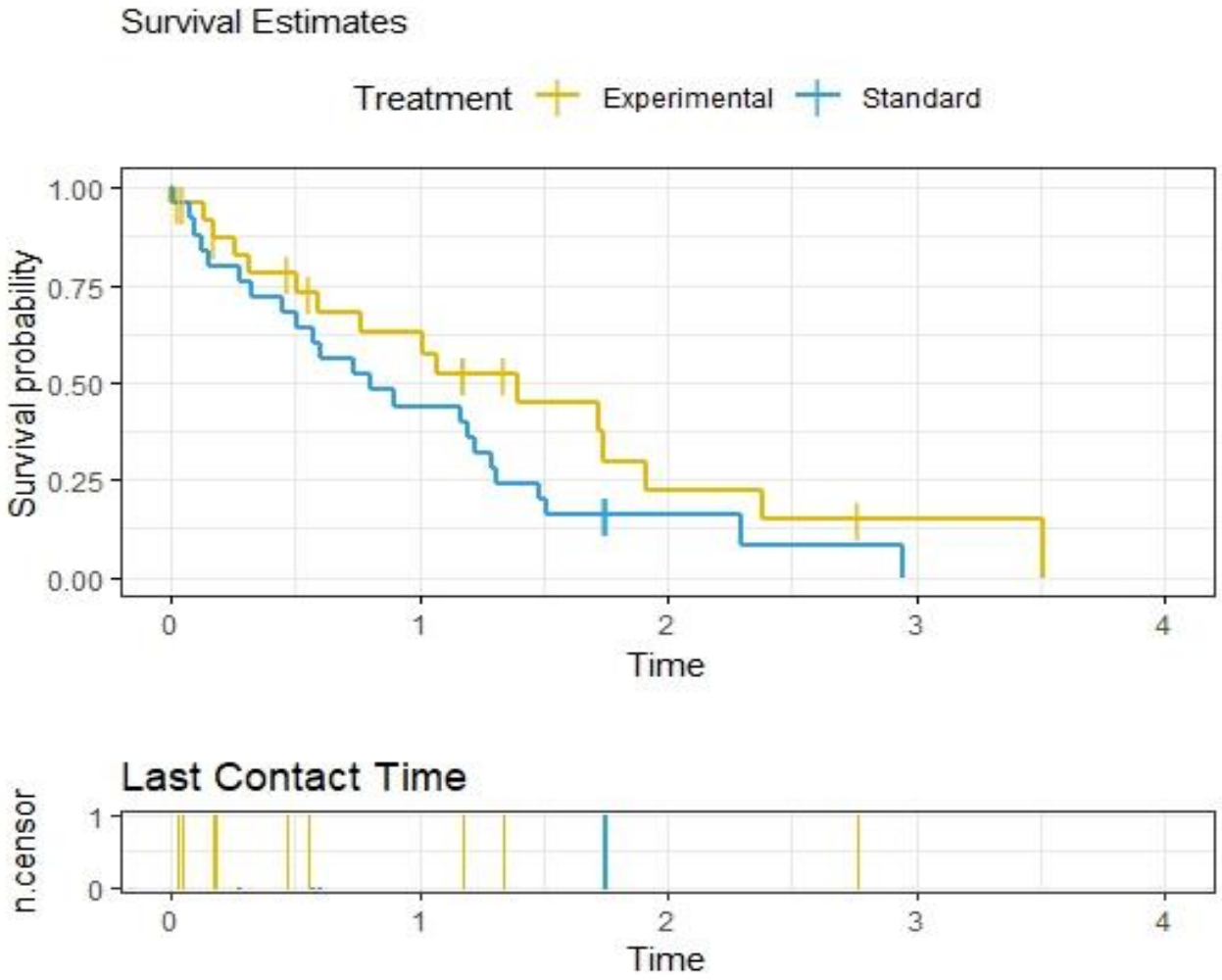
Study design: accrued over 3 years + 1 year of follow-up



Correct conclusion: new treatment does not help survival outcome

Estimated Survival

Some Patients lost to follow-up on one arm



Incorrect conclusion: new treatment helps survival outcome

What We Need

- Complete and timely submission of accurate
- Thorough documentation of all eligibility criteria

What We Need, cont.

- Complete description of all treatment received, whether according to protocol or not
- Complete description of objective status and toxicities at every evaluation

Effect of Non-dropout or Non-adherence on Sample Size

New sample size = sample size $\div (1\text{-}r)^2$

Non-adherence Rate	Sample Size (Example)
0%	100
10%	123
20%	156
30%	204
40%	278

High quality data are essential for good studies.

Your efforts are essential for high quality data.

WHY IS IT ALWAYS CRITICAL?

Trial Monitoring

- Accrual monitoring (Stats, SC)
- Adverse event monitoring
  - SC, Stats, AE coordinator
  - CTEP-AERS reporting
  - Monthly reports (AE and dose summaries)
- Interim Analyses
- Data and Safety Monitoring Committee (DSMC)

SWOG Data Safety Monitoring Committee

- Evaluation of interim results (endpoints, safety)
- Recommendations on when to stop accrual, when to report early results
- Evaluate data requests from disease committee leadership for planning purposes
- NEED HIGH QUALITY CURRENT DATA TO MAKE CRITICAL RECOMMENDATIONS

High quality and timely data are essential for good studies.

Your efforts are essential for high quality data.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