



# Quality Assurance Program

Laura Gonzales, BSN, MA, RN, OCN  
Quality Assurance Manager  
Spring 2023



1

---

---

---


---

---

---




---

---



## 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



2

---

---

---


---

---

---




---

---



## 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



3

---

---

---

---

---





---

---

---

### FDA Registration Study Site Visits

- 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
- S2302 (Pragmatica) – will be audited on same schedule as treatment audits



4

---

---

---

---

---

---

---

---





### On-Site Versus Off-Site Audits

On-site

- LAPS / Main Member / NCORP
- Component / affiliate with large accrual
- FDA registration study site visits for sites requesting onsite audits

Off-site

- Most NCORP components and Main Member affiliates audited off site with parent institution
- Most FDA registration study site audits can be audited off site



5

---

---

---

---

---





---

---

---

### 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.



6

---

---

---

---

---

---

---

---

**The Audit Team**

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

SWOG Cancer Research Network | NCI National Clinical Trial Network | NCI Community Oncology Research Program

7

---

---

---

---

---

---

---

---

**Site Representatives**

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

SWOG Cancer Research Network | NCI National Clinical Trial Network | NCI Community Oncology Research Program

8

---

---

---

---

---

---

---

---

**Audit Process**

SWOG Cancer Research Network | NCI National Clinical Trial Network | NCI Community Oncology Research Program

9

---

---

---


---

---



---

---

---

**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

10

---

---

---


---

---



---

---

---

**Regulatory Audit** 

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

11

---

---

---


---

---



---

---

---

**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)

12

---

---

---


---

---



---

---

---

**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**

13

---

---

---


---

---



---

---

---

**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

14

---

---

---


---

---



---

---

---

**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)
  - All registration studies (S1418, S1806, S1914)
  - LungMAP sub-studies
  - All new studies that use investigational agents (since August 2020 for Ph III studies/since October 2020 for Ph I/II studies)

15

---

---

---


---

---




---

---

---

**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)

16

---

---

---


---

---




---

---

---

**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

17

---

---

---


---

---




---

---

---

**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

18

---

---

---


---

---



---

---

---

**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
- Off-site audits: Tour of pharmacy conducted via Teams, FaceTime, WebEx, etc.

19

---

---

---

---

---


---

---



---

---

---

**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

20

---

---

---

---

---


---

---



---

---

---

**Patient Case Review: Categories** 

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

21

---

---

---

---

---

---

---

---




---

---

**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

22

---

---

---

---

---

---

---




---

---

---

**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

23

---

---

---

---

---

---

---




---

---

---

**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.

24

---

---

---

---

---

---

---

---

---

---



### 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

SWOG Cancer Research Program | NCI National Clinical Trials Network | NCI Community Oncology Research Program

---

---

---

---

---

---

---

---

25

### 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

SWOG Cancer Research Program | NCI National Clinical Trials Network | NCI Community Oncology Research Program

---

---

---

---

---

---

---

---

26

### 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

SWOG Cancer Research Program | NCI National Clinical Trials Network | NCI Community Oncology Research Program

---

---

---

---


---

---



---

---

27

**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

28

---

---

---


---

---



---

---

---

**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

29

---

---

---


---

---



---

---

---

**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.

30

---

---

---


---

---

---



---

---

**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.

31

---

---

---

---

---


---

---



---

---

---

**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

32

---

---

---

---

---


---

---



---

---

---

**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.

33

---

---

---

---

---


---

---

---




---

---

**Additional Resources** 

SWOG website (<https://swog.org>): > Clinical Trials > Quality Assurance & Audits

- Site Preparation for an Audit
- Best Practices guidance document
- SWOG regulatory guidance
- Patient chart review guidance
- Investigational drug videos / PMB policies

34

---

---

---


---

---




---

---

---

**Additional Resource on SWOG website** 

- Guidance on record retention
- Internal QA audits
- Site Authority Log
- Links to NCI and PMB
- TMF requirements for FDA registration trials

35

---

---

---

---


---

---

---

---

**Questions?** 

36

---

---

---

---

---

---

---

---