PURPOSE:

To outline the process and activities utilized for the management of data which pertains to clinical trial subjects within the St. Luke's University Health Network (SLUHN). The activities will be conducted by designated Clinical Trials Office (CTO) personnel, in compliance with Good Clinical Practice (GCP) guidelines.

DEFINITIONS/ABBREVIATIONS:

- **Adverse Event (AE):** Any untoward medical occurrence encountered by an individual during the course of a clinical trial which may or may not be associated with the study drug, procedure, or device. An AE can include previously undetected symptoms, or the exacerbation of a pre-existing condition. When an AE has been determined to be related to the investigational drug, it is considered an Adverse Drug Reaction.
- **AE Reports:** Investigator reports of all serious and non-serious adverse events, injuries and deaths given to the sponsor, the IRB, and the FDA or appropriate regulatory body
- **Case Report Form (CRF):** A Case Report Form can be either paper (CRF) or electronic (eCRF). These forms are used to collect data that is then submitted to the sponsor of the clinical trial. The CRF is constructed to collect pertinent information to the clinical trial from the patient's records. Patient records are kept in a shadow chart.
- **Clinical Research Associate (CRA):** Clinical Trials staff responsible for assisting with assigned research processes such as data management as necessary.
- **Clinical Research Nurse/Coordinator (CRC):** Clinical Trials staff responsible for oversight and coordination of assigned protocols.
- **Clinical Research Organization (CRO):** An organization that provides support to the pharmaceutical, biotechnology, and medical device industries in the form of research services outsourced on a contract basis.
- **Clinical Trials Office (CTO):** Centralized clinical trials staff, responsible for the conduct and support of SLUHN clinical trial functions.
- **Common Terminology Criteria for Adverse Events (CTCAE):** A National Cancer Institute document which can be used for adverse event reporting.
- **Data Doctor Office Technology Systems (DDOTS):** A software program system utilized by the CTO staff to integrate comprehensive functionalities needed throughout the clinical trial process into a single, open web platform.
- **Electronic Medical Record (EMR):** A digital/electronic version of a paper chart and documents that contain all of the patient's medical history.
- **Good Clinical Practice (GCP):** A standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of research that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of subjects are protected.

- **Health Insurance Portability and Accountability Act (HIPAA):** A rule that provides patients with federal protection and rights with respect to their individually identifiable health information while permitting entities the disclosure of health information needed for patient care.
- **Informed Consent Form (ICF):** IRB approved form outlining all aspects of a clinical trial in lay language, signed by the subject consenting to participate.
- **Institutional Review Board (IRB):** Independent ethics committee formally designated to approve, monitor, and review biomedical and behavioral research involving human subjects.
- **Investigator-Initiated Trial (IIT):** A clinical trial, either funded or unfunded, that is written by an SLUHN physician serving as both the PI and regulatory sponsor of the trial.
- **Principal Investigator (PI):** Lead investigator, responsible for the sound conduct of the project in accordance with the protocol and regulations.
- **Serious Adverse Event (SAE):** Any untoward medical occurrence that at any dose: results in death, is life-threatening, requires inpatient hospitalization or prolongation of existing hospitalization, results in persistent or significant disability/incapacity, or is a congenital anomaly/birth defect.
- **Source Documents:** any information which pertains to the subject's condition while on a clinical trial. These documents include, but are not limited to: medical records, print outs of an EMR, infusion clinic charts, physician notes, laboratory reports, radiology reports, pathology reports, medication records, drug diaries, prescriptions, EKG tracings, etc.
- **St. Luke's University Health Network (SLUHN)**
- **Standard Operating Procedures (SOPs):** Detailed, written instructions to achieve uniformity of the performance of a specific function.
- **Unanticipated Problems Involving Risk (UAP):** Unanticipated Problems posing risks to subjects or others that are unforeseen and indicate that participants or others are at increased risk of harm
- **UAP Reports:** Investigator reports of all Unanticipated Problems posing risks to subjects or others given to the sponsor, the IRB and the FDA or appropriate regulatory body.

SCOPE:

This SOP applies to all clinical research site personnel involved in the conduct of clinical research studies conducted within the CTO.

This policy describes the process:

- Starting from the time the CRC consents a patient onto a clinical trial
- Ending when SLUHN has completed the close out visit for the clinical trial and all queries have been addressed

This policy is applicable to:

- All clinical trials at SLUHN conducted by the CTO, which may include Industry or Government Sponsored trials, Cooperative Group trials and IITs

PERSONNEL RESPONSIBLE:

This SOP applies to members of the clinical trials research team involved in the documentation of a subject's participation in a clinical trial. This includes the following:

- Principal Investigator (PI)
- Clinical Research Nurse/Coordinator (CRC)
- Clinical Research Associate (CRA)

ROLES:

The following information describes which areas and associated roles that shall adhere to this policy:

Clinical Research Associate: The CRA or designee shall be responsible for maintaining quality data for each patient entered into a clinical trial. The CRA shall also be responsible for importing correct information from the source (e.g. patient chart/EMR) onto the CRFs as specified by each study.

Principal Investigator: The PI or designee shall be responsible for clinical trials conduct and overall oversight at SLUHN. S/he shall also be responsible for the timely review and sign-off of all CRFs.

Research Nurse/Coordinator: The CRC or designee shall be responsible for the proper documentation of a subject's participation in a clinical trial (e.g. clearly documented source documents). These documents serve as verification of any data entered on a CRF and are in compliance with the clinical trial protocol and GCPs. The CRC shall be responsible for the accurate, complete and timely data entry of information onto a CRF. The CRC shall also be responsible for ensuring that all data is entered in accordance with the CRF completion guidelines as specified by the sponsor or protocol. S/he shall also be responsible for timely query resolution.

PROCEDURES:

NOTE: This SOP does not describe the informed consent process. Please refer to ***SOP 301.***

- The CRC obtains informed consent from subject.
- Information regarding the subject's participation in a clinical trial is entered in to DDOTS by the CRC or CRA.

- The CRC maintains progress notes. All site staff notes related to the clinical trial, are recorded and filed in the research shadow chart.
- Source documents are signed/initialed and dated by the person making the entry
- The CRC or CRA maintains source documentation in a research shadow chart. Source documentation refers to any information which pertains to the subject's condition while on a clinical trial.
- The shadow chart must contain all source data entered onto a CRF in accordance with CRF completion guidelines of a specific clinical trial protocol. CRF completion guidelines are provided by the sponsor and are specific to each clinical trial.
- The CRC or CRA insures that documents in the shadow chart have identifiers. Each document related to a clinical trial subject has a unique identifier, such as subject ID number or both initials and date of birth.
- The CRC or designee documents communication regarding a subject's participation in a clinical trial. Verbal and written communications, pertaining to the clinical trial subject, are documented in the progress notes, inclusive of the date and method of communication, along with a detailed summary of communication. In addition, documents regarding communications sent via courier (FedEx, UPS, certified mail) are kept in the form of copies of tracking forms or receipts.
- The CRC maintains a log of adverse events, serious adverse events and unanticipated problems posing risks to subjects or others.
- The CRC or CRA enters data regarding the subject participation in a clinical trial onto a CRF. Any data entered onto a CRF must be entered in a timely manner, correctly and accurately and in accordance with the CRF completion guidelines. The shadow chart contains any information which is entered onto a CRF.
- Queries or requests for information issued by the sponsor or CRO are addressed by the CRC or CRA in a timely manner, correctly and accurately.
- The CTO may need to make changes to the source documents as follows::
    - a single line is drawn through the incorrect information
    - site staff initials and dates near the line
    - site staff inserts correction
    - neither pencils nor white out are used
    - Stickies notes are discouraged but in the event that they are used please make sure they are taped firmly with signature and date on source docements.

INFORMED CONSENT

Role	Step	Activity
PI, CRC or designee	1.0	Provide informed consent to subject and file the original wet ink signed consent in research shadow chart, along with the Documentation of Informed Consent.

CRC or CRA	1.1	.Make a copy of the signed informed consent document, with the patient's name and date of birth, and place in pick-up bin for medical record upload into Epic.
Not Applicable	---	**NOTE:** This SOP does not describe the informed consent process and/or patient registration. Please refer to ***SOP 301 and SOP 302.***

RESEARCH CHART ORGANIZATION

Role	Step	Activity
CRC or designee	2.0	Maintain and file all source documentation in research shadow chart.
CRC or designee	2.1	Ensure all source documents are identified with subject unique identification code. **NOTE:** All records must be handled and stored in compliance with HIPAA. Any information identifying the patient is considered protected health information
CRC or designee	2.2	Maintain progress notes related to the clinical trial. Document all verbal and written communications in progress notes, as well as communications sent via courier/mail (e.g. FedEx, UPS, Certified Mail), and file in research shadow chart. **NOTE:** These progress note entries must be signed/initialed and dated each time an entry is made by the person making the entry
PI or CRC or designee	2.3	Maintain a log of adverse events, serious adverse events and unanticipated problems posing risks. **NOTE:** This SOP does not describe the AE, SAE, and UAP process. Please refer to ***SOP 305***.

DATA ENTRY/SIGN-OFF

Role	Step	Activity
CRC, CRA	3.0	Enter data onto a CRF which may be paper or electronic within 5 business days, or as indicated in the Clinical Trial Agreement. **NOTE:** Any data entered onto a CRF must be entered in a timely manner, correctly and accurately, and in accordance with the CRF completion guidelines. **NOTE:** The research shadow chart must contain any information which is entered onto a CRF to serve as source documentation.
CRC or CRA	3.1	Address any sponsor data queries accurately within 5 business days, or as indicated in the Clinical Trial Agreement
CRC, or designee	3.2	Correct source documents if necessary, ensuring the following steps are observed: 1. a single line is drawn through the incorrect information 2. site staff initials and dates near the line 3. site staff inserts correction 4. neither pencils nor white out are used
PI	3.3	Review and approve CRFs as required by the sponsor.

RESOURCES:

http://www.fda.gov/downloads/Drugs/Guidances/ucm073122.pdf

Clinical Trials Audit Preparation: A Guide for Good Clinical Practice (GCP) Inspections, by Vera Mihajlovic-Madzarevic
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Endorsed by: SOP Committee (12/20/13; 3/21/14; 2/27/15; 4/8/16)
Approved by: Tracy Butryn, Director of Clinical Trials (12/30/13; 5/9/14; 2/27/15; 6/29/16)