



Case Report Form Design Issues

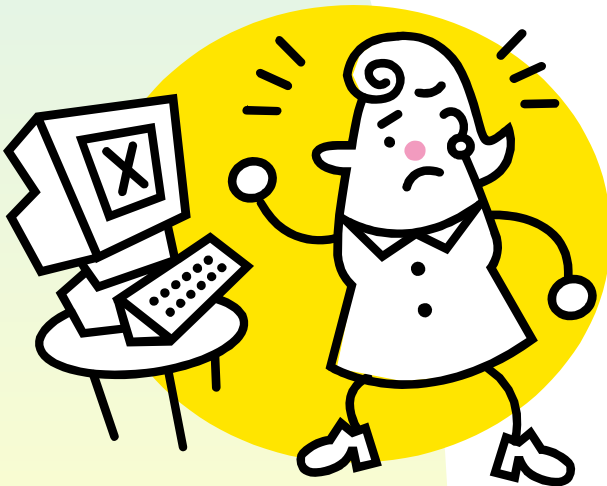
Phyllis Rathman

Biotechnical Services, Inc.

www.biotechnicalservices.com

Introduction

- Garbage in = Garbage out?
- Using Case Report Form (CRF) design guidelines to provide quality data



Topics of Discussion

- Timing of the CRF design process
- Participants in CRF design
- Goals of CRF design
- Selected CRF design guidelines
- Examples: good and not so good
- Process improvement
- Resources

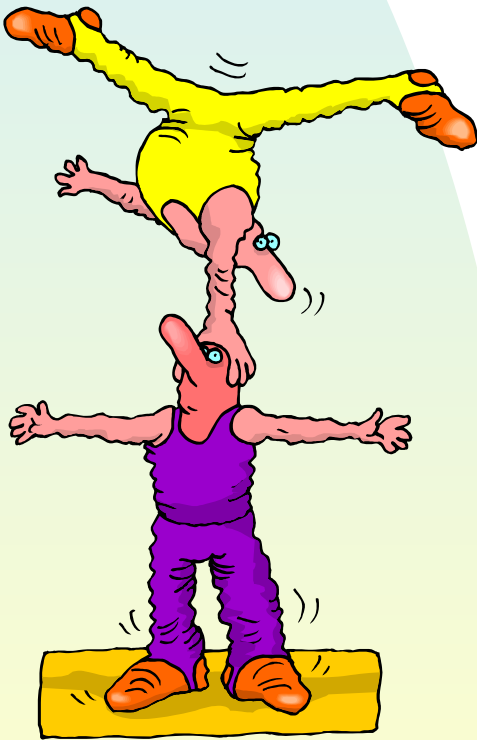
Timing of the Design Process



- During protocol development
 - ◆ Pro: identification of problems with protocol procedures prior to protocol finalization
 - ◆ Con: numerous versions of CRFs may be necessary
- After protocol finalization
 - ◆ Pro: fewer versions of CRFs and fewer reviews prior to finalization
 - ◆ Con: if issues between CRF/data and protocol arise, protocol amendment may be required

Participants in CRF Design

- CRF Designer
- Statistician
- Medical Director for study
- Database Designer/Programmer
- Clinical Monitor
- Investigator/Site Coordinator
- Data Entry Personnel



Goals of CRF Design

- Check logistics, design, and practicality of the protocol
- Expedite accurate processing, analysis, and interpretation of data
- Check protocol adherence and/or investigator compliance
- Fulfill regulatory requirements

Cato, A., and Cook, L. (1984)

Selected CRF Design Guidelines

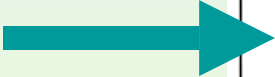
Language and Terminology

- Use well-known terminology and abbreviations
- Remember that some terms have different meanings to different people
- Provide definitions when necessary
- When a comparative judgement is required, define the basis for the comparison



Language and Terminology Example

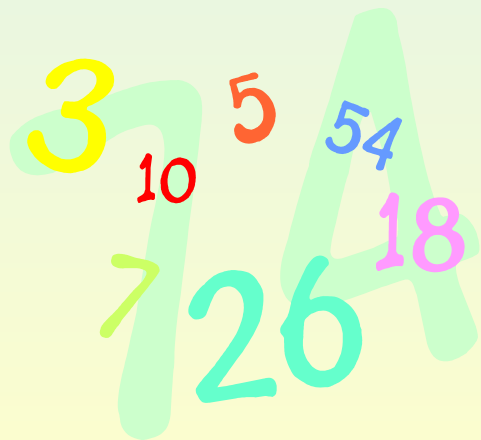
(If yes, record all information on the Non-Study Feeding Record form)			
7. been fed any solid/baby foods? (If yes, record all information on the Non-Study Feeding Record form)			
8. How would you describe your baby's overall acceptability and tolerability of this study formula?			
Satisfactory: Reason: _____		Unsatisfactory: Reason: _____	



Selected CRF Design Guidelines

Measurements/Calculations

- Specify unit of measurement
- Indicate the number of decimal placed to be recorded
- If an average value is to be calculated, create a place on the CRF for the calculation
- Indicate how measurements should be collected (rectal vs. oral temp., sitting vs. supine BP)



Measurements/Calculations

Example 1

VITAL SIGNS		
Was Exam Performed? <input type="checkbox"/> Yes , complete below <input type="checkbox"/> No , specify reason: _____		
Heart Rate: (beats/min) □□□/min	Respirations: (resp/min) □□/min	Temperature: □□□.□ Unit: <input type="checkbox"/> °F <input type="checkbox"/> °C Method: <input type="checkbox"/> Oral <input type="checkbox"/> Tympanic <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary <input type="checkbox"/> Other, specify: _____
Weight: □□.□□ Unit: <input type="checkbox"/> kg <input type="checkbox"/> lb Scale ID: _____	Length/Height: □□.□ Unit: <input type="checkbox"/> cm <input type="checkbox"/> in	Head Circumference: □□.□cm

Measurements/Calculations

Example 2

Study Visit	1		2		3		
Study Period	Week -4		Week -2		Day 1		Week
Exam Performed? Y=Yes N=No	Y	N	Y	N	Y	N	Y
Date of examination (mm/dd/yyyy)	/	/	/	/	/	/	/
Date of last dose of test drug (mm/dd/yyyy)			/	/	/	/	/
Enter exact time (AM/PM) of the last dose of test drug			<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Enter exact time (AM/PM) for start of BP measurements	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Body Weight (lbs)							

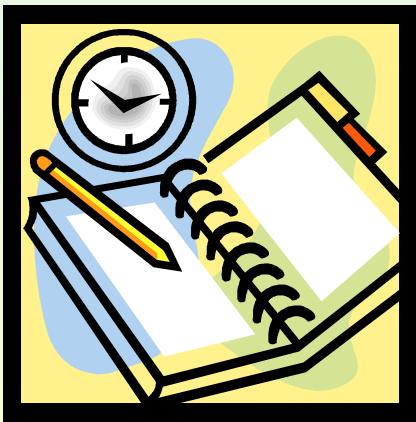
Circle Arm Used for Measuring Blood Pressure						
L=Left R=Right	L	R	L	R	L	R
Blood Pressure (mmHg) Systolic (mean of 3 readings) Sitting Position - 5 min.						
	Diastolic					
Pulse Rate (beats/min) Sitting Position - 5 min.						



Selected CRF Design Guidelines

Times and Dates

- If using 24-hr clock times, indicate as such on the CRF
- If using 12-hr clock times, include AM and PM check boxes
- Collect dates in the same format (US or European) on all CRFs
- If complete dates are required, clearly indicate this on the CRF



Times and Dates Example



Study Visit	1		2		3		Week
Study Period	Week -4		Week -2		Day 1		Week
Exam Performed? Y=Yes N=No	Y	N	Y	N	Y	N	Y
Date of examination (mm/dd/yyyy)	/	/	/	/	/	/	/
Date of last dose of test drug (mm/dd/yyyy)			/	/	/	/	/
Enter exact time (AM/PM) of the last dose of test drug			<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Enter exact time (AM/PM) for start of BP measurements		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM		
Body Weight (lbs)							

Circle Arm Used for Measuring Blood Pressure						
L=Left R=Right	L	R	L	R	L	R
Blood Pressure (mmHg) Systolic (mean of 3 readings) Sitting Position - 5 min.						
	Diastolic					
Pulse Rate (beats/min) Sitting Position - 5 min.						

Selected CRF Design Guidelines

Miscellaneous

- Use “continuing” boxes for therapy, treatment, or AEs that may continue past study completion
- Capture the reason for each therapy, treatment, procedure, etc.
- Use AE prompts on applicable CRFs (concomitant therapy, procedures, treatments, exams, etc.)
- Avoid capturing the same piece of data in more than one place on the CRFs

Miscellaneous Example 1

MEDICATION RECORD (ALL VISITS)

MEDICATIONS <input type="checkbox"/> None			
Drug Name)	Start Date (MO/DY/YR)	Stop Date (MO/DY/YR)	Continues (X)
	□□/□□/□□	□□/□□/□□	<input type="checkbox"/>
	□□/□□/□□	□□/□□/□□	<input type="checkbox"/>
	□□/□□/□□	□□/□□/□□	<input type="checkbox"/>
	□□/□□/□□	□□/□□/□□	<input type="checkbox"/>
	□□/□□/□□	□□/□□/□□	<input type="checkbox"/>

Miscellaneous Example 2

COMPLETION/TERMINATION RECORD

A Date of last dose:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
	MO DY YR
B Did the patient complete the study?	<input type="checkbox"/> Yes
Final Visit Date:	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
	MO DY YR
	<input type="checkbox"/> No (<i>proceed to part C</i>)
C Reason for Discontinuation (check only one):	
Date Discontinued:	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
	MO DY YR
<input type="checkbox"/>	Adverse Event (<i>Specify on AE record, Form #17</i>)
<input type="checkbox"/>	

Process Improvement

- Define your organization's process for CRF design
- After study completion evaluate and document which CRFs worked well and which did not
- Get input from others involved in CRF design inside and outside of your organization

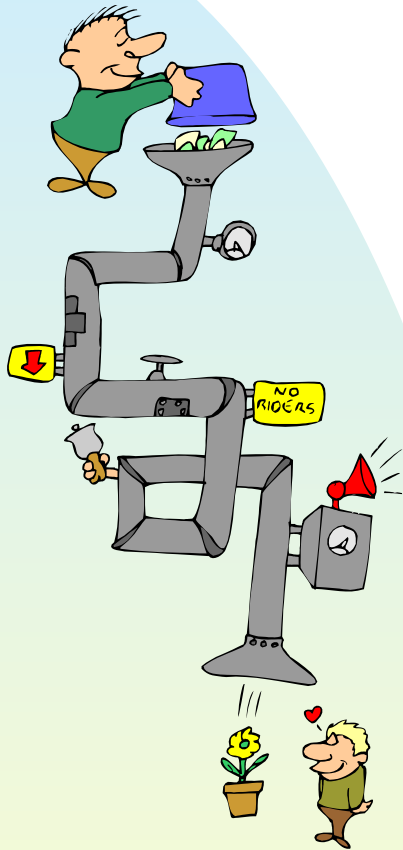


Resources

- Spilker, B., and Schoenfelder, J. (1991). *Data Collection Forms for Clinical Trials*. New York, NY, Raven Press.
- Good Clinical Data Management Practices, Version 3, September 2003, Society of Clinical Data Management.
- Drug Information Association (www.diahome.org)
- Society for Clinical Data Management (www.scdm.org)

Summary

To ensure quality data, apply CRF design principles:



- Determine the best time for the CRF design process
- Involve the right people
- Know the goals of CRF design
- Apply CRF design guidelines
- Include process improvement as part of CRF design
- Search out resources