

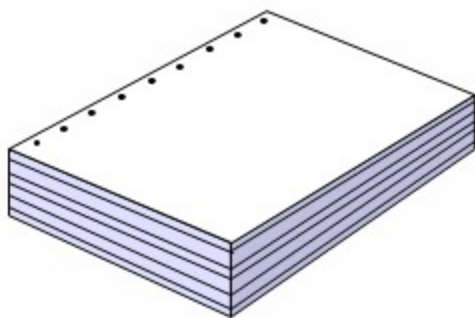
Design of Case Report Forms



Module 10 Topic 5.2

Case Report Form

- Official clinical data-recording document or tool used in a clinical study



PAPER



**RDC/RDE (Remote Data Capture,
Remote Data Entry)**

Purpose

- Collects relevant data in a specific format
 - in accordance with the protocol
 - compliance with regulatory requirements
- Allows for efficient and complete data processing, analysis and reporting
- Facilitates the exchange of data across projects and organizations esp. through standardization



CRF Relationship to Protocol

- Protocol determines what data should be collected on the CRF
- All data must be collected on the CRF if specified in the protocol
- Data that will not be analyzed should not appear on the CRF



CRF Development

- Guidelines
 - Collect data with all users in mind
 - Collect data required by the regulatory agencies
 - Collect data outlined in the protocol
 - Be clear and concise with your data questions
 - Avoid duplication
 - Request minimal free text responses
 - Provide units to ensure comparable values
 - Provide instructions to reduce misinterpretations



CRF Development (contd)

- Guidelines (contd)
 - Provide “choices” for each questions
 - allows for computer summarization
 - Use “None” and “Not done”
 - Collect data in a fashion that:
 - allows for the most efficient computerization
 - similar data to be collected across studies
 - CRF book needs to be finalized and available before an investigator starts enrolling patients into a study
 - Take the time to get it right the first time



Elements of the CRF

- Three major parts:
 - Header
 - Safety related modules
 - Efficacy related modules



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- Module Block of specific questions
 ↓



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- CRF Module(s) make up a single CRF page
 ↓
- CRF Book Series of CRF pages



Header Information

- Key identifying Information
- **Must Haves**
 - Study Number
 - Site/Center Number
 - Subject identification number



Creating Safety Modules

- Usually come from a standard library
- Select modules appropriate for your study
- Keep safety analysis requirements in mind
- Safety Modules usually include
 - Demographic
 - Adverse Events
 - Vital Signs
 - Medical History/Physical Exam
 - Concomitant Medications
 - Patient Disposition



Efficacy Modules

- Designed for each therapeutic area based on the protocol
- Considered to be “unique” modules and can be more difficult to develop
 - Use existing examples from similar protocols where applicable
 - Consider developing a library of efficacy pages
- Design modules following project standards for data collection



Creating Efficacy Modules

- Follow general CRF design guidelines
- Use pages or modules from the therapeutic library
- Define diagnostics required
- Include appropriate baseline measurements
- Repeat same battery of tests
- Define and identify
 - key efficacy endpoints
 - additional tests for efficacy



Importance of Standard CRFs

- Prepares the way for data exchange
- Removes the need for mapping during data exchange
- Allows for consistent reporting across protocols, across projects
- Promotes monitoring and investigator staff efficiency
- Allows merging of data between studies
- Provides increased efficiency in processing and analysis of of clinical data



CRF Development Process



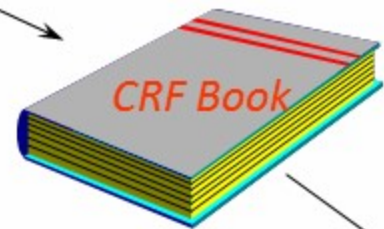
- Drafts CRF from protocol



- CRF Review Meeting
- Comments back to designer



- Updates CRF to incl. comments
- Review and Sign off
- Coordinate printing and distribution



Site



CRF Development Process (contd)

- Responsibility for CRF design can vary between clinical research organizations (CRA, data manager, specialty role)
 - Include all efficacy and safety parameters specified in the protocol using standards libraries
 - To collect ONLY data required by the protocol
 - Work with protocol grid/visit schedule
- Interdisciplinary review is necessary
 - each organization has its own process for review/sign-off
 - Should include relevant members of the project team involved in conduct, analysis and reporting of the trial
- Begins
 - As soon in the study prep process as possible



CRF Development Process (contd)

- Review Team (example)
 - Project Clinician
 - Lead CRA
 - Lead Statistician
 - Lead Programmer
 - Lead Data Manager
 - Others
 - Database Development, Dictionary Coding, Standards



CRF Development Process (contd)

- After the CRF book is approved
 - Initiate the process for printing
 - Note: the Protocol must be approved before the CRF book is approved and printed



CRF Development Process (contd)

- After the CRF book is approved
 - Initiate the process for printing
 - Note: the Protocol must be approved before the CRF book is approved and printed
- After it is printed
 - Stored according to organizational guidelines
 - Printed and distributed to research sites



Properly Designed CRF

- Components/All of the CRF pages are reusable
- Saves time
- Saves money



+



Poorly Designed CRF

- Data not collected
- Database may require modification
- Data Entry process impeded
- Need to edit data
- Target dates are missed
- Collected too much data – Wasted resources in collection and processing



Poorly Designed CRF Issues



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The Case Report Form

- How do we use it?
 - Collect data from the investigational sites
 - Helps project team and study site team
 - Reminder to investigator to perform specific evaluation
 - CRA uses to verify protocol is being followed and compare with source documents
 - Biometrics uses it to build database structures, develop edit checks and programming specs



The Case Report Form (contd)

- ...Used for
 - Subject tracking
 - Data analysis and reporting
 - Reports to FDA on subject safety
 - e.g.. APR
 - Promotional materials
 - New Drug Application submissions
 - Support of labeling claims
 - Articles in medical journals



Electronic CRFs

- The use of RDC is increasing
- In general, the concepts for the design of electronic CRFs/RDC screens are the same as covered for paper
- Electronic CRFs will impact the following:
 - Review of CRF is different (screen review)
 - No need to print and distribute paper



Protocol ID:

CENTER				SUBJECT ID								

DATE OF VISIT									
				-			-		
YYYY					MM			DD	

Visit: Screening

Subject Initials:

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PAGE 1

Please print all details, and INITIAL and DATE all corrections. Indicate ☒ where applicable.



DATE OF BIRTH: (yyyy-mm-dd)

				-			-		
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SEX AT BIRTH:

- ☐ (1) Male
☐ (2) Female

RACE:

- ☐ (1) White
☐ (2) Black
☐ (3) Asian
☐ (4) Other



**IF SUBJECT IS FEMALE,
HORMONAL STATUS:**

- ☐ (1) Premenarchal
 - ☐ (2) Premenopausal
 - ☐ (3) Postmenopausal
-

SMOKING STATUS:

- ☐ (1) Current Smoker
 - ☐ (2) Ex-Smoker
 - ☐ (3) Non-Smoker
-



SIGNIFICANT MEDICAL/SURGICAL HISTORY:

☐ (1) NOT DONE

☐ (1) No Significant History

	Past (1)	Present (2)
Specify:	<input type="checkbox"/>	<input type="checkbox"/>
Specify:	<input type="checkbox"/>	<input type="checkbox"/>
Specify:	<input type="checkbox"/>	<input type="checkbox"/>



VITALS NOT DONE:	<input type="checkbox"/> (1)		
Weight:	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="checkbox"/> (1) lb <input type="checkbox"/> (2) kg
Height:	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/> <input type="checkbox"/> (1) in <input type="checkbox"/> (2) cm
Blood Pressure, (1) Sitting:	<input type="text"/> <input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> mmHg Systolic Diastolic
Heart Rate, (1) Sitting:	<input type="text"/> <input type="text"/> <input type="text"/>	beats/minute	



Body Fluid/Matrix:

SERUM

Analyte:

☐ (1) PK NOT DONE

Date (yyyy-mm-dd)	Not Done	Time Post Dose (Hours)	Actual Time (24 hour clock)	Unique Sample ID	Comments (Keep brief and legible)
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PRIOR AND CONCOMITANT MEDICATIONS:☐ (1) NONE

Drug Name (Generic preferred but use brand name for combination product)	Start Date (yyyy-mm-dd)	End Date (yyyy-mm-dd)	Continuing (1)
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Questions ?

