Electronic Data Capture

- bidding adieu to paper CRFs!



Module 10 Topic 3

What is EDC?

Electronic Data Capture (EDC) is a technique for collecting clinical trial data in such a way that they are delivered in an electronic form instead of on paper.





Electronic Data includes:

- Lab data
- Patient data directly captured by instrumentation
- ePRO



eSource



 Information first recorded on paper then entered into computer at investigator's site

Advantage EDC – Dr. Jekyll

- Fast data entry rapid data cleaning, no paper
- Large reduction in queries (50-70%)
- Clear, Rapid, Quality status reports on the performance of each site
- More effective site management/site visit scheduling



Advantage EDC – Dr. Jekyll (contd)

- Rapid, simultaneous data visibility to Monitors, PM, DM, Statisticians and Sponsors
- More efficient trial conduct remote monitoring
- Project Management: Up-to-date information of site status and monitoring activities
- Faster (usually more expensive) clinical trials!
- DM less labor intensive/lower cost



And Mr. Hyde!

- Technology oriented, not understood clearly
- Software compliance to regulatory requirement
- Cost of implementation
- Cost of training
- Trial and error
- Relying on infrastructure
- Start-up slower
- Back end Data Integration questionable
- External data loading.. Is it fully integrated?
- What about paper CRF? Some no longer required?



Best Practices for EDC

- · Keep multiple user requirements in mind
- Avoid last minute system modifications
- Systems user friendly and flexible
- Systems not restrict answers
- Adequate data validation tools and query management tools – build into EDC software
- Audit trails must be maintained



Best Practices for EDC (contd)

- Enable easy data transfer and integration with other databases
- Integrate laboratory and other non-CRF data into the EDC database
- User Acceptance Tests performed and documented
- Change control procedures all 'user configurable procedures



Best Practices for EDC (contd)

- Automated report generation on metrics and project status
- Availability of appropriate technical support
- Established SOPs for EDC, data validation and archiving
- Integrate metrics on process and cost/benefit into the EDC process – to enable effective comparison of EDC vs non-EDC processes



Challenges of EDC

- Clinical challenges
- Site challenges
- Technology challenges
- Data Management challenges



Clinical Challenges

- CRA competence
- Can monitors tackle systems issues?
- Will monitors accept the change & challenge to their job?
- Do they have any interest in EDC?





Clinical Challenges (contd)

- Connectivity issues... staying connected?
- Training of monitors new job profile?
- Technical knowledge...





Site challenges

- Attitudinal issues technology/change?
- Site infrastructure
- Internet connectivity What about the band-width?
- Staffing issues
- Understanding of software/hardware
- Training requirements





Technology challenges

- Is the technology secure?
- How about data integrity?
- Assessment of software vendors? (off-the shelf vs in built)
- How about help desk, 24/7.. Additional resource?
- What about firewall, anti-virus, backup, disaster management?
- Is there a quick disaster recovery? At what cost?



Data Management Challenges

- Primary focus technology / data management?
- Are we ready for changed scenario?
- Conformance to 21CRF11
- Acceptance of technology
- Challenge on creating front end, than focus on data entry?
- Data Management staff...



Data Management Challenges

- Primary focus technology / data management?
- Are we ready for changed scenario?
- LOOK

- Conformance to 21CRF11
- Acceptance of technology
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- Data Management staff...



What is Life Without a Challenge?



What is Life Without a Challenge?





A complete bore!

Study Start – Up Guide

- EDC requires database go live by First Patient In (FPI)

 timelines???
- Study Start-Up Guide: on-line system that provides all the tools, procedures and documents needed to support study start-up activities —the one-stopshopping point for all your start-up information needs
- Compilation and analysis of existing study start-up materials
- Discover all the different ways people are interpreting SOPs and accomplishing their work
- Identify best practices



Key Definitions

- Archival e-CRF: a PDF file that consists of the completed e-CRF along with the associated e-CRF audit trail.
- May be an electronically signed record
- PDF recommendation may change over time
- Presentation of e-CRF in manner that resembles data entry form is critical to our position to retire EDC system when archival e-CRFs are accepted by investigator



Roles and Responsibilities

- Sponsor
- EDC System Owner
- Contract Research Association (CRO)
- Investigator



System Preparation, Testing, Installation

- Start up Time
- Data Entry Screen Design and Edits
- Customization of the EDC Tool
- Testing
- HW & Telecom Acquisition & Install



Screen Design and Edits

- Consistent with Technical Approach
- Experience of Investigator Staff
- Navigational Tools
- Re-usability of Standard Data Entry Screens
- Data migration to sponsor's database and requirements of the protocol
- Edit checks at point of data creation provide cleaner data than on paper CRFs



Customizing & Testing the EDC Tool

- Setting up new studies do not change the underlying EDC software
- Standard DE screens, navigation aids, and edit checks need to be validated and catalogued prior to first use
- Any non-standard screens, aids, or edits must be fully tested prior to use
- For each study, testing of proper study setup, including data transfer, must be performed
- SOPs for completeness, accuracy, reliability, and consistent intended performance apply



Hardware and Telecommunications

Acquisition & Installation of:

- Hardware
- Software
- Phone Lines
- Internet Connections



Preparing the Investigator

- Review of Investigator Responsibilities
- Onsite SOPs and Policies
- Documentation Requirements
- Electronic Signatures
- EDC System Training



Investigator SOPs and Policies

- Business Continuity backup & disaster/recovery procedures & support availability
- Method for access & maintenance of site SOPs & required system documentation (training records, access logs, operating manuals, contingency logs)
- Policy on electronic records & signatures as it applies to investigator staff
- Account & password issue and maintenance
- Archival e-CRF maintenance & storage policy



Preparing Sponsor Staff

- EDC System Training
- Investigator Responsibilities Training
- Method of Source Data Verification
- Monitor elapsed time between patient visits and data entry



Service Level Agreement

- Method used to communicate problems regarding the study and the EDC system
- Scope of responsibilities (i.e. types of questions handled by system support staff vs. CRAs or others)
- Time support staff are available
- Expected response time
- Problem escalation process
- Problem tracking and resolution communication process
- Disaster recovery



Study Conduct

- Investigator Data Entry
- Safety Monitoring
- Query Processing
- Allowable Sponsor Changes to EDC Sys
- Investigator Signature for Patient Data
- Mid-study Changes to EDC System
- Investigative Site Visits by Sponsor
- Investigative Site Visits by Regulatory Agency



Investigator Data Entry

- Data-knowledgeable staff entering data, so no double-data entry necessary
- SDV check against paper or electronic medical charts
- If entered directly into EDC system (eSource)
- Investigator e-signature recommended (must be Part 11 compliant)



Safety Monitoring

- Electronic identification & notification of SAEs to sponsor
- Must have additional process for SAEs to be communicated from investigator to sponsor to ensure timely reporting
- Sponsor must define the point in time when the clock starts regarding the need for sponsor review and reporting of SAEs



Query Processing

EDC system must handle:

- Auto-queries
- Manual Queries
- Tracking of query status (Open, Answered, Closed)
- Methods to view queries according to clinical site, patient, and e-CRF.



Allowable Sponsor Data Changes

- Investigators can always change data prior to lock
- Sponsors need to follow ICH E6 guidance on making changes to data (same for electronic CRF as for paper CRF):
- Sponsor must provide site with outline document of types of obvious changes sponsor is allowed to make
- Sponsor changes must be backed by source



Investigator Signature

- Investigator must confirm observations recorded on electronic case report forms
- If e-signatures used, must comply with 21 CFR Part
 11
- Signoff on e-CRFs can be per patient or all at end of study
- Paper signatures can be used; sponsor keeps original, investigator keeps copy—eCRF does not need to be printed



Mid-study Changes to EDC System

Changes due to:

- Protocol / study design change
- Issue with EDC study implementation
- Upgrade to EDC software or hardware
- Must follow Change Control SOP
- Documentation of Change must be filed at both investigator and sponsor sites



Site Visits

- Sponsor (CRA) visits
- SDV for non e-Source
- Use patient medical record to ensure existence of patients when eSource is used
- Review investigator compliance with EDC policies; provide coaching as needed
- During-study Regulatory Agency visit
 - Read-only access to system
 - Recommended sponsor staff available for system assistance



Study Close Out

- Preventing Changes to the EDC Data
- Creation of Archival e-CRFs
- Acceptance and Signature of Archival e-CRFs
- Post-closure Changes



Record Retention & Submission

- Reconstruction of Study
- Site Inspections by Regulatory Agency
- Record Retention by Investigator
- Record Retention by Sponsor
- e-Sub CRFs
- e-CRTs



Regulatory Review & Study Reconstruction

- Once Archival e-CRF is accepted by site,
- EDC software and hardware can be removed
- Archival e-CRF includes reader to access the files (i.e. PDF)
- Regulatory inspector should need little or no training to access data via Archival e-CRF



Investigator Record Retention

- In addition to standard trial record retention requirements:
- Archival e-CRFs
- EDC system (only until archival e-CRFs are received and accepted by the investigator)
- Study Documentation
- Documentation of post-closure changes supplied by sponsor



Sponsor Record Retention

- In addition to standard trial record retention requirements:
- System validation documentation
- Archival e-CRFs & confirmation of investigator receipt
- Sponsor SOPs relating to EDC system
- Investigator SOPs relating to the EDC system
- Study specific design & validation documentation
- System configuration documentation
- Change Control & Recovery documentation
- Documentation of periodic review & refreshment of archival e-CRFs



e-Sub CRFs and e-CRTs

- Use blank e-CRF for annotated CRF
- Annotated CRF only include only data on e-CRF
- "Define" file should document methods used to derive/collect non e-CRF data
- Annotated e-CRF includes representation of screens used to enter data & associated data entry codes



System Design Considerations

- User Identification
- Audit Trails
- Password Resets
- Operational Checks
- Minimum Security Measures
- Controls for Open Systems
- Controls for Electronic Signatures
- Data transmission/migration to Sponsor Database
- System Validation



System Design Considerations (contd)

- Disaster Recovery
- Back-up Procedures
- Synchronizing Multiple Electronic Data Sources
- Clearing Cache
- Storage of Case Report Data Off-site from the Investigator



Issues, Recommended Changes

- Guidance for Industry: Computerized Systems Used in Clinical Trials
- Issues in the following areas have been resolved in the Sept. '04 Draft:
 - Reconstruction of Study
 - Site Inspection by Regulatory Agency
 - User Identification
 - Definition of Record Creation



CSUCT, Sept. '04 Draft:

- We recommend that passwords or other access keys be changed at established intervals.
- Change to allow other security schemes that do not require periodic changing of passwords. For instance, advanced security models are accepted by the Department of Justice and widely utilized by other regulated environments such as the banking industry.
- This change is consistent with direction of Secure Access for Everyone (SAFE) initiative



CSUCT, Sept. '04 Draft:

- "We recommend that each protocol identify at which steps a computerized system will be used to create, modify, archive, retrieve, or transmit data."
- ..This is difficult for systems not provided by sponsor, especially in multi-center studies
- ..Identify those steps at which system is provided or endorsed by sponsor, and indicate whether it is optional or required



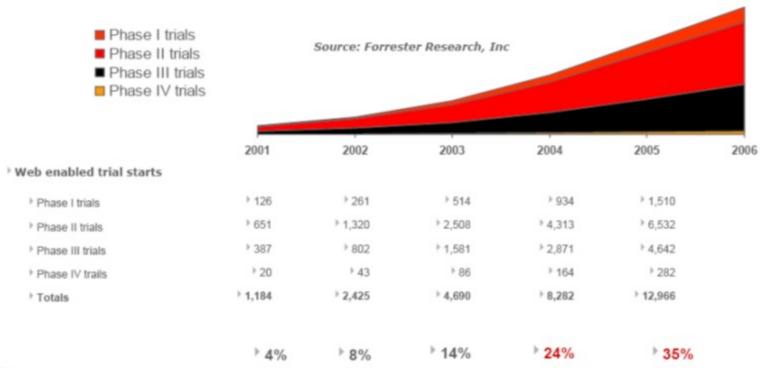
- Guidance for Industry: Providing Regulatory
 Submissions in Electronic Format –NDAs (January
 1999), Section K3 on aCRFs, assumes all data and
 information are transmitted via a form.
- The "aCRF" for EDC studies should only cover data that are included in the e-CRF. Data captured by other means need not be displayed on an aCRF, and the corresponding comment column of the "define" file should document the method used to collect/derive those data.

21 CFR Part 11:

- More clarifications and examples of adequate controls for an open system would assure consistency.
- Clarification of what constitutes an adequate link between signatures and their associated records



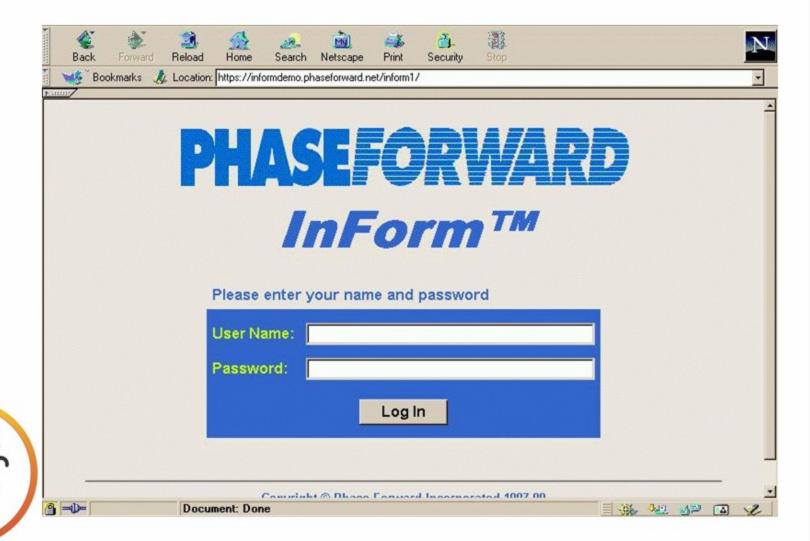
Paper to EDC Trials





Access/Login to InForm

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Passwords

- Using Passwords allows InForm to record every activity you perform and date stamps it
- InForm automatically logs you out after a period of inactivity from the system
- InForm will require you to re-login throughout the day
- Passwords will expire after a pre-determined period of time



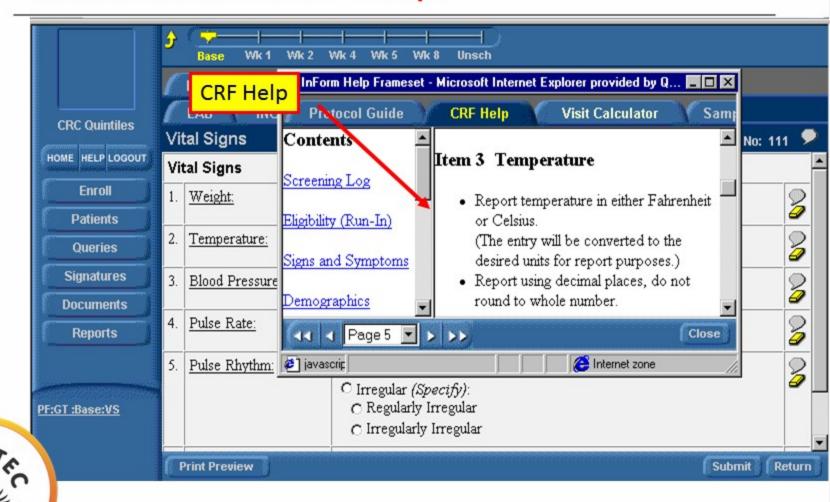
PART 11 COMPLIANCE

User Support

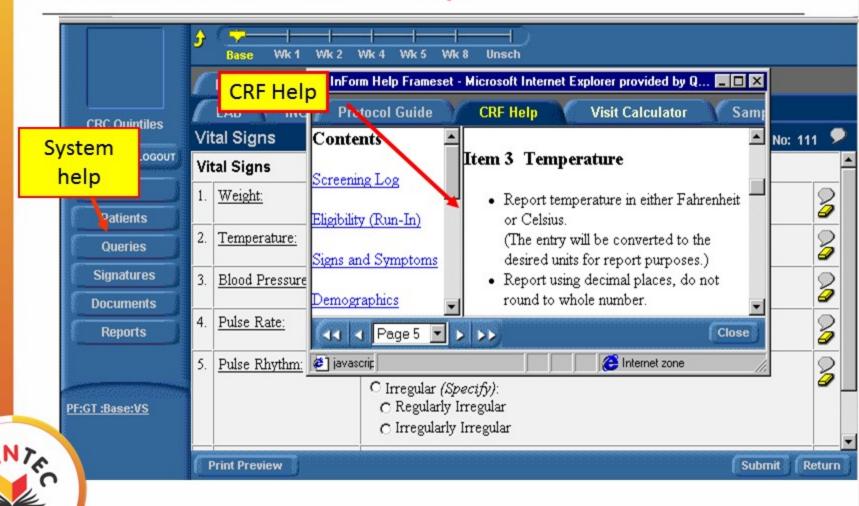
- There are four types of Help available
 - Hover help
 - Online product-specific help
 - Online study-specific documentation
 - eClinical Helpdesk

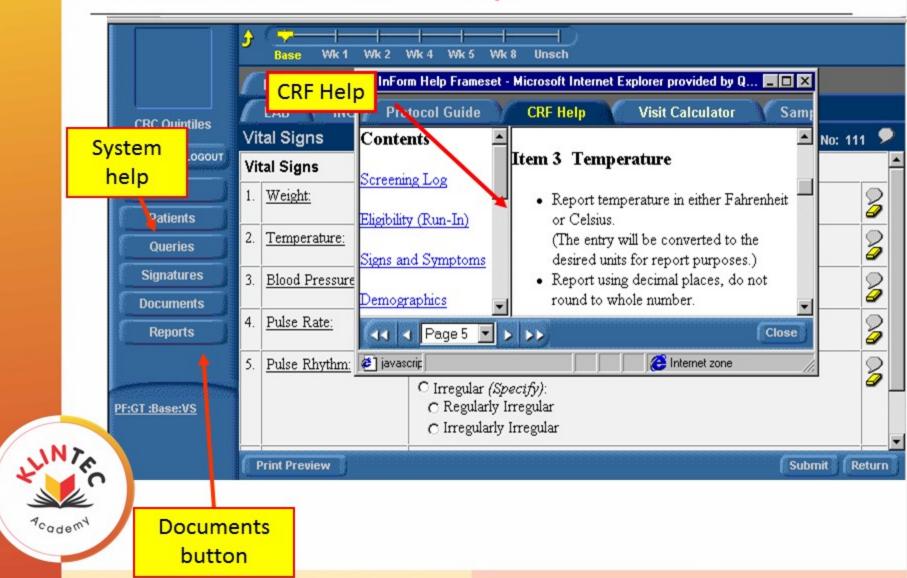


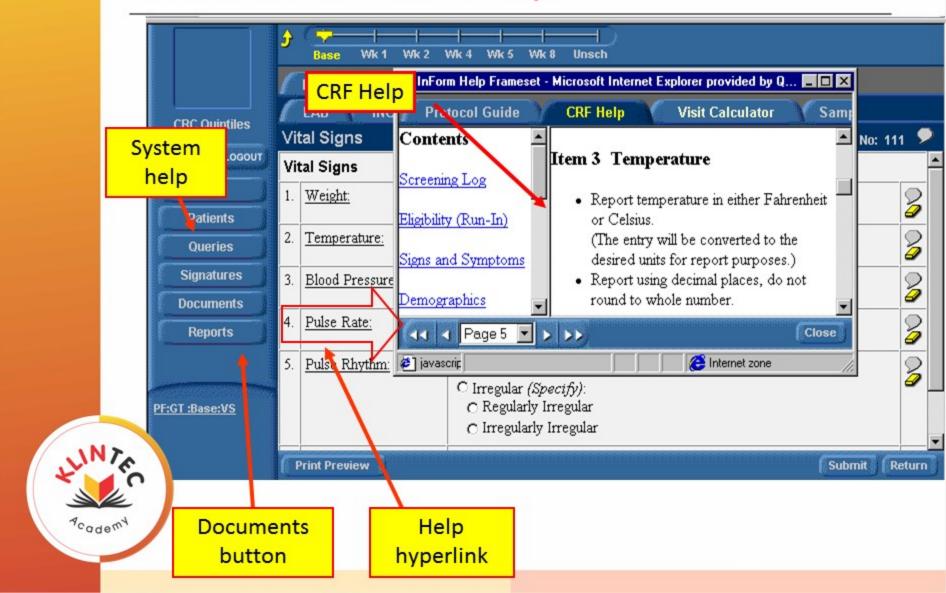
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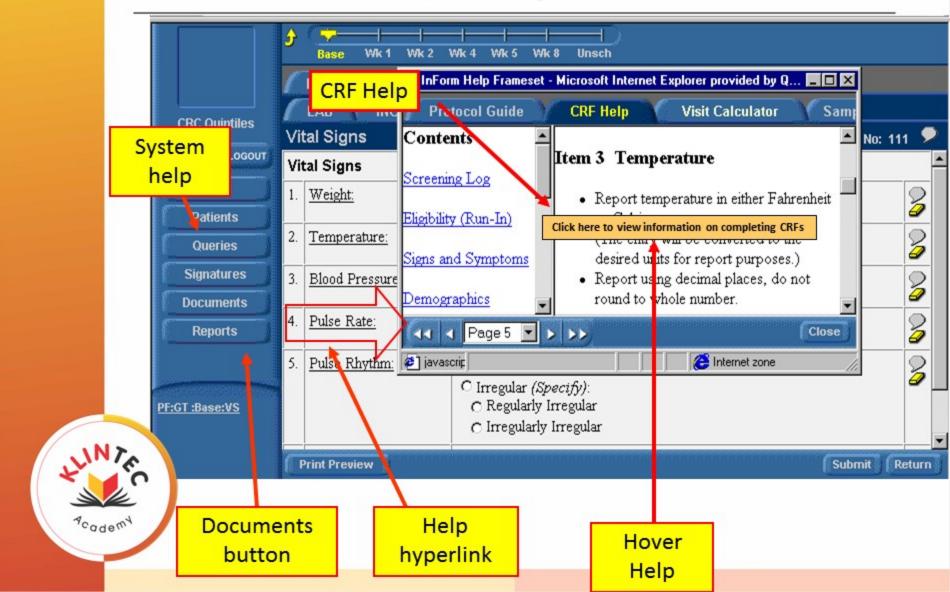


Academy









Home Screen



Academy

PHASEFORWARD Phase Forward Clinical Drug Trial

Study News

The following review of anti-hypertensives appeared in the New England Journal of Medicine. It discusses the mechanisms of action of Axelol. Stovol. PA, Harner, M, et. al. Mechanisms of Anti-Hypertensives in Mild-Moderate Essential Hypertension. New Eng J Med 176:345-349 (1998).

Alerts



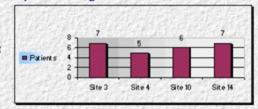
For recently enrolled patients at your site, an unusually large number of blood pressures recorded seem to have been measured in 5 mmHg steps. Please remind your study nurses that the protocol specifies blood pressures to be measured in 2 mmHg increments.

Enrollment

Total patient enrollment for all sites as of June 1st is 371. Study enrollment has exceeded our projections for three months in a rowf Let's see if the team can make it four!

June's Top Enrolling Sites

The following sites achieved the highest enrollments during the month of June:



Study Data Progress

CRBs to Complete

	Patients
CRBs with data to enter	01-002, 01-003, 01-008, 01-009, 01-010
CRRs with open queries	01-001 01-002 01-003 01-006 01-007 01-008

Patient: 009090 (RFS)



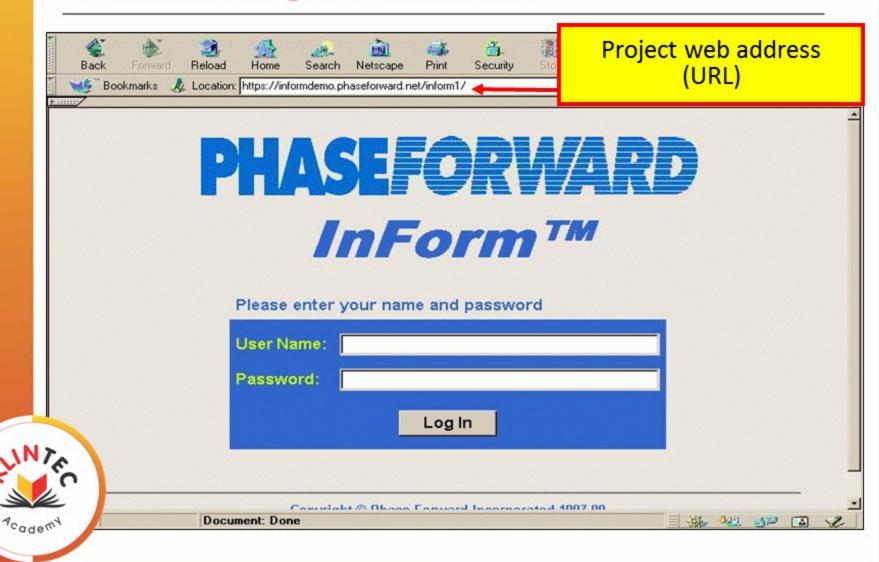


Browser & InForm

- · Accessing the study:
 - Project URL
 - Username
 - Password
 - Rights
- Browser Rules:
 - Never use the back button with InForm
 - Follow prompts to save information



Access/Login to InForm



Passwords

- Using Passwords allows InForm to record every activity you perform and date stamps it
- Automatic log off
- InForm will require you to re-login throughout the day
- Passwords will expire after a pre-determined period of time



PART 11 COMPLIANCE

Passwords (contd)

THEN ACTIVATE
ACCOUNT

DON'T WRITE IT DOWN

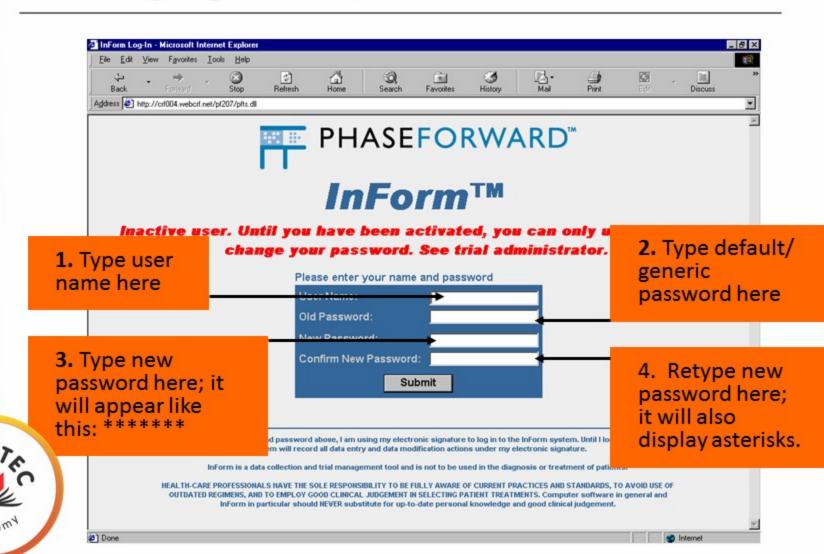
The Four Keys

DON'T SHARE IT!

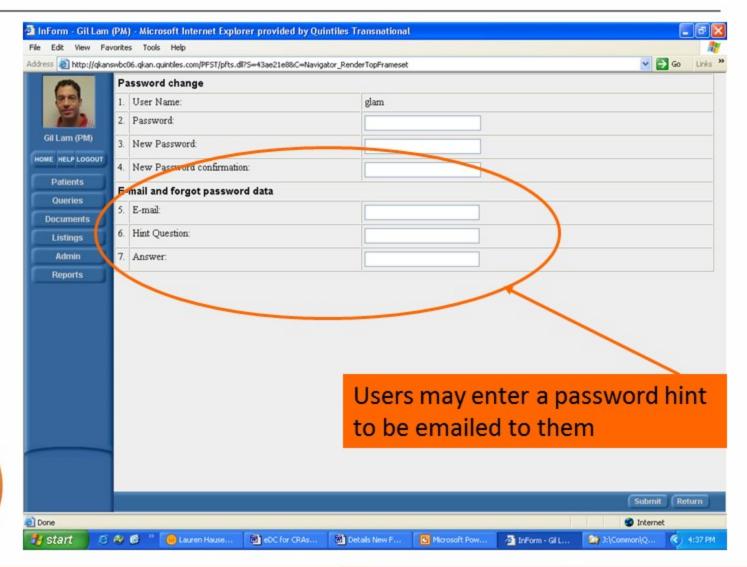


REPORT SUSPECTED FRAUD TO HELPDESK

Changing a Password



Password Hint



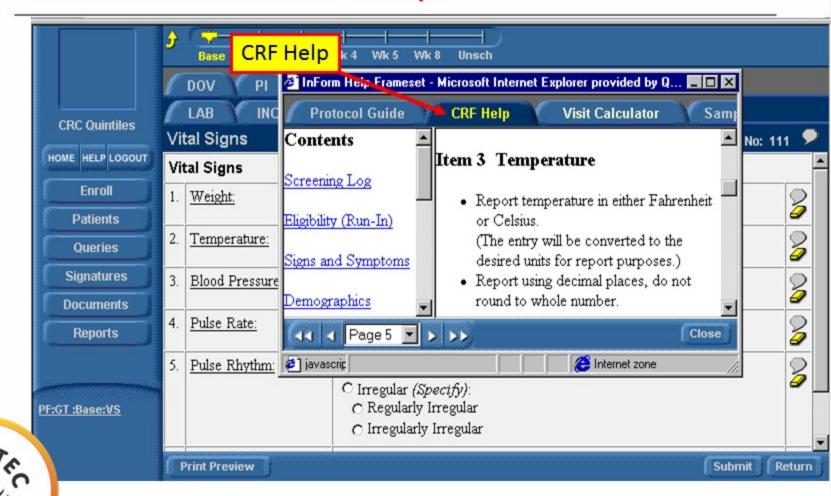


Help...

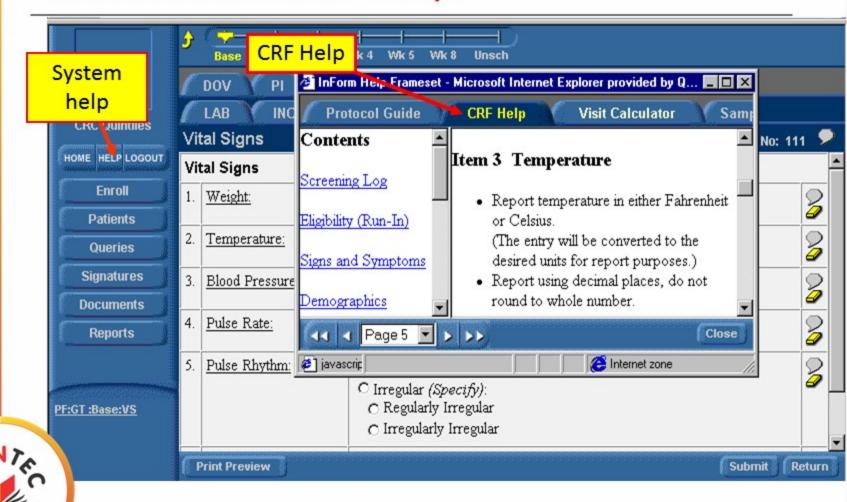
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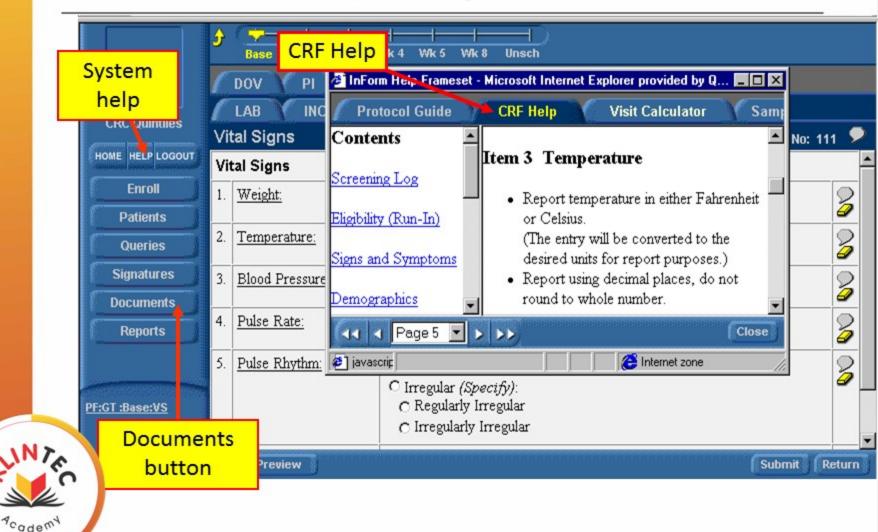


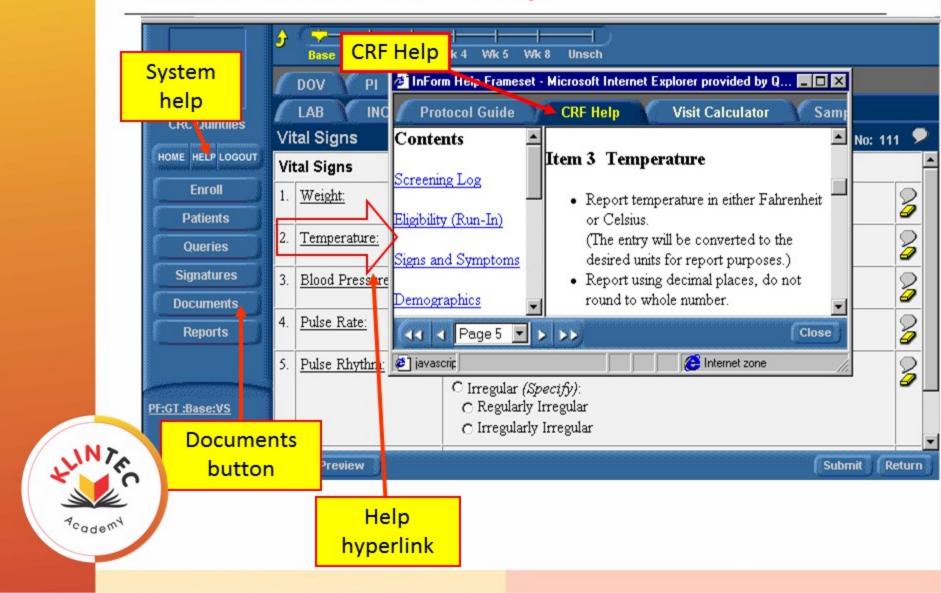
Academy

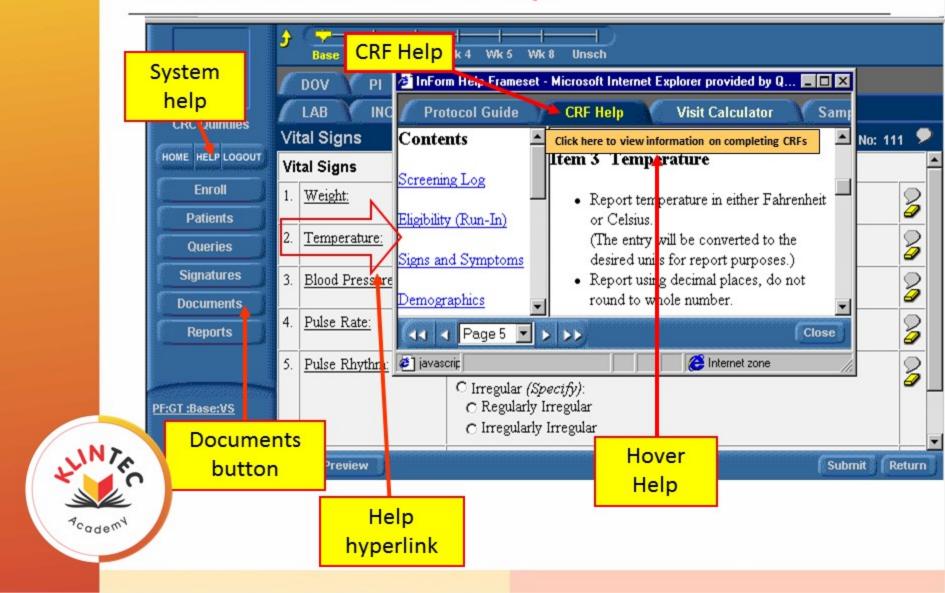


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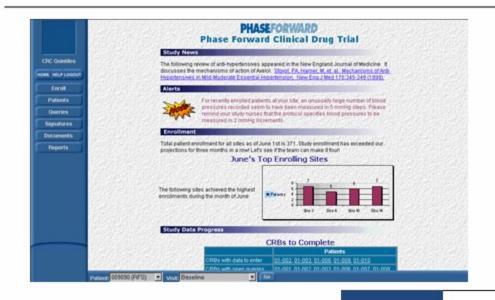








Home Screen





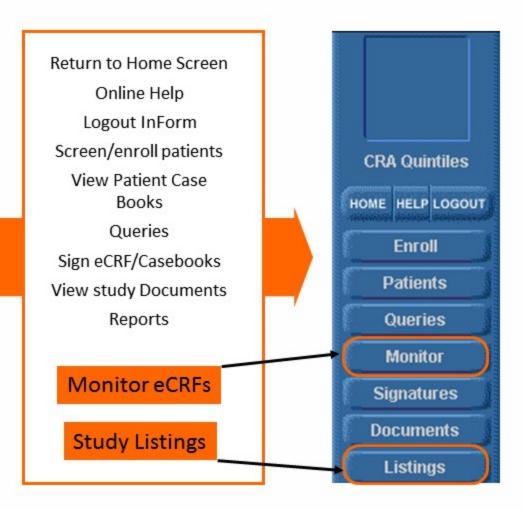
Navigation Pane

Content Pane

Content-Specific Pane

The Navigation Pane







User Rights

- Permission to perform a specific activity
- Each InForm user has a set of rights
- Functionality within InForm depends on the rights assigned to user



User Rights

CRA

De	Demographics		
1.	Gender:	Male	8
2.	Date of Birth:	1/4/55	8
3.	Race:	Caucasian	8

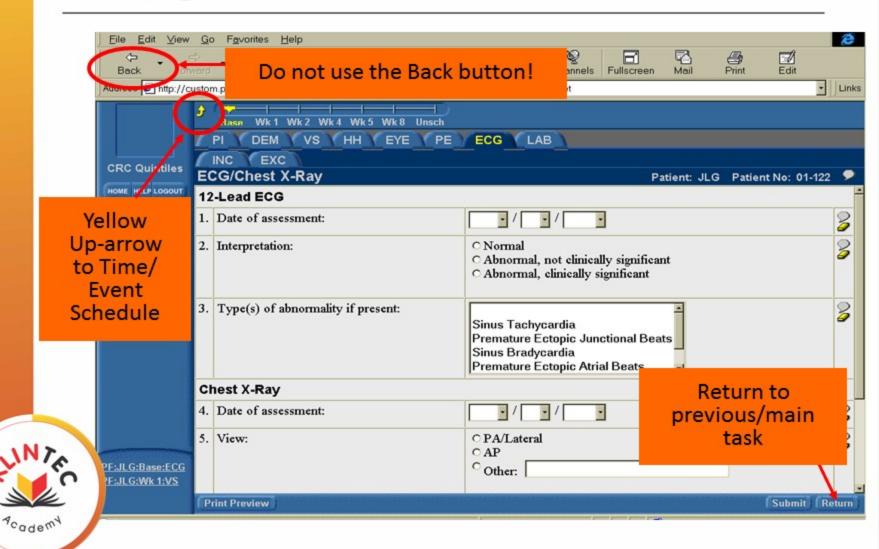
CRC

CRA - View study data
Coordinator - Edit study data

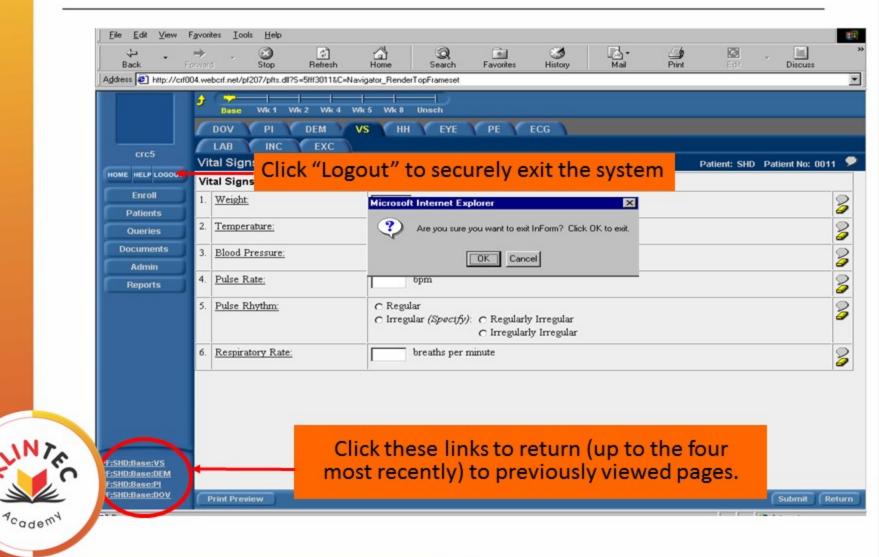


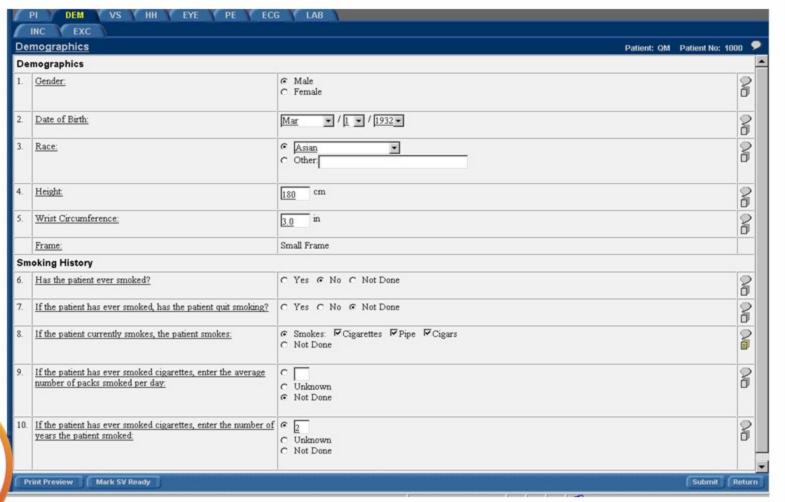
De	mographics		ŀ
1.	Gender:	C Male Female	
2.	Date of Birth:	Nov - / 11 - / 1959 -	
3.	Race:	© Caucasian ▼ C Other:	

Navigation

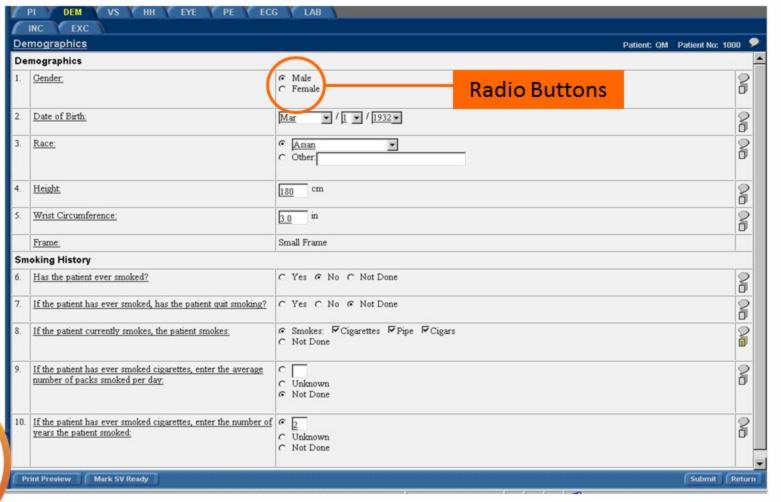


Key Buttons

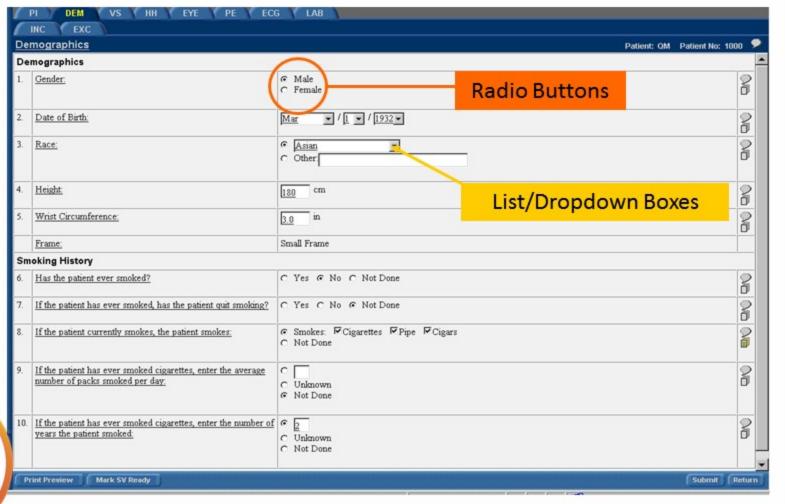




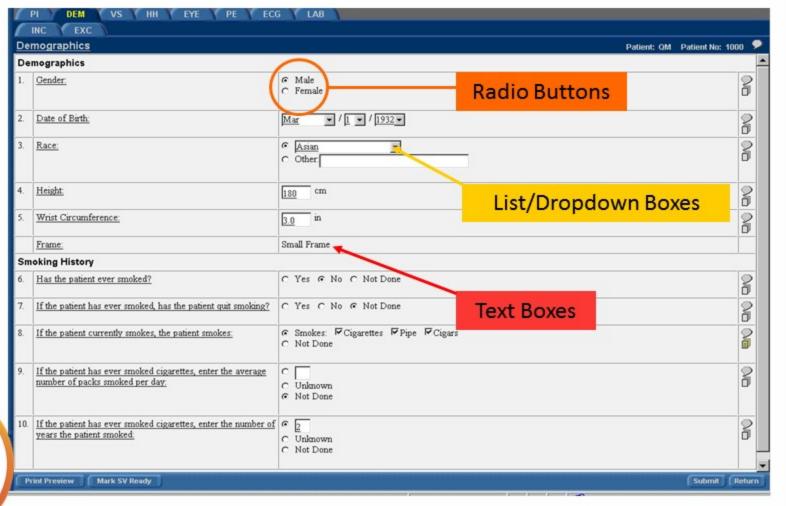






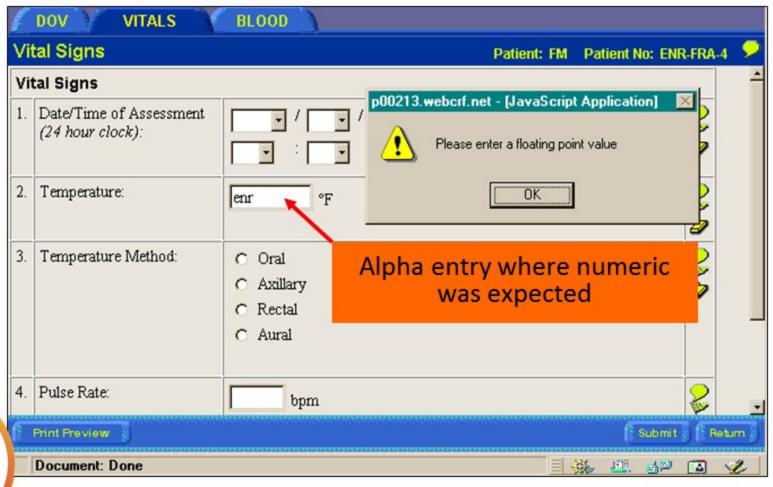








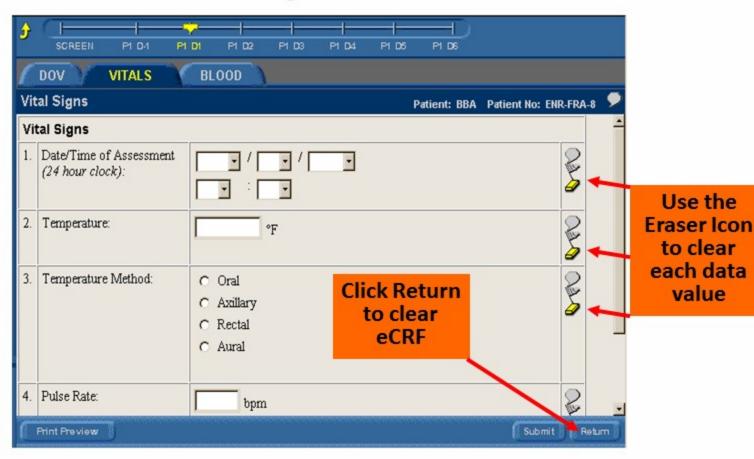
InForm Checks Your Entries





Making Corrections

Prior to submitting the data



Use the

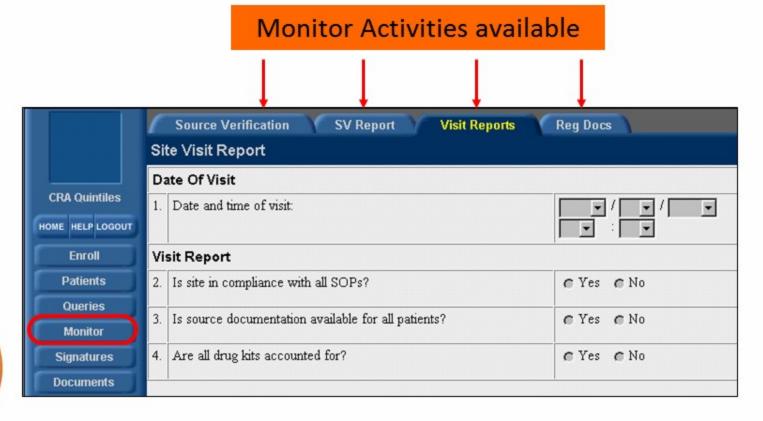
to clear

value



Monitor Options

 Visit Report & Regulatory Docs checklist can be customized





Electronic Signatures

- Signing indicates that the individual confirms that the task they are responsible for is complete
- Documents are normally signed after all data/comments are complete and all queries resolved

Note: If data are changed after signature, signature is removed and PI must resign



FDA Requirements

- Must use biometric means or two identification components
- Must use both components for first signing per session
- Can use one component for remainder of session





Freezing & Locking

Prevents changes to the eCRF either temporarily or permanently



Freezing & Locking

Freezing

- Prohibits data entry or data updates
- Comments and query activities still permitted
- Use unfreeze to enable data entry/update

Lock

- Locking prohibits entry, updates, comments or query activities
- Data can be unlocked to make changes
- Can add additional patients



Reports

- Report categories available
 - Patient
 - Case Records
 - Source Verification
 - Queries
 - Custom



Example Report

CRF Status - By Site								
				CRFs Started but Data Entry Not Completed		CRFs Started and All Data Entry Completed		
Site	Patients Enrolled	CRFs Expected	CRFs Started	With Open Queries (% CRFs started)	No Open Queries (% CRFs started)	With Open Queries (% CRFs started)	No Open Queries (% CRFs started)	
PF	18	239	124 (52%)	2 (2%)	18 (15%)	5 (4%)	99 (80%)	
TOTAL	18	239	124 (52%)	2 (2%)	18 (15%)	5 (4%)	99 (80%)	

- Reports run interactively
- Report output is displayed on screen
- Report categories appear as tabs



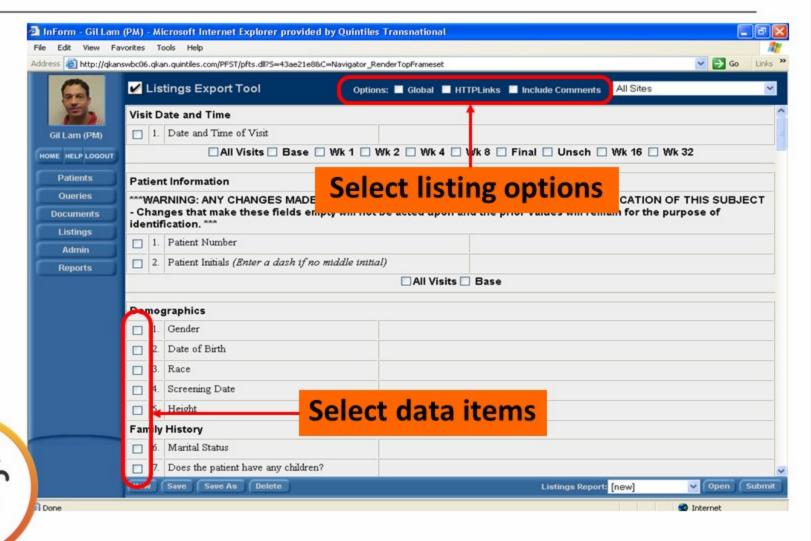
Listings

- Selected data items are sent to a spreadsheet
- These data items can be downloaded and saved to a local directory
 - Be sensitive to the distribution of this file (trial data)
- Once downloaded, data tables can be manipulated using Microsoft Excel
- Users may save their listings settings and run the same listing again later



Listings (contd)

Academ4



Laboratory Data

- Can be imported into InForm
- Can be entered directly into eCRF as with other data
- Import tool used to map and load external data
 - Agree to data format, define mapping, execute program
 - Can run rules against imported data at the time of import;
 queries generated as if data put in directly
- Customized programming required for each lab used; efficiencies gained with imports from central laboratories



Data Coding

- Coding for items using external coding tools
- Exported data run against dictionary using coding engine (SAS, Clintrial)
- Multiple dictionaries available
- Code can be imported back into InForm, but must predefine specifications for form and process

