SWOG
Leading cancer research. Together.

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March 15, 2012

TO: ALL SWOG INVESTIGATORS AND CRAS; CTSU

FROM: SWOG Quality Assurance Department

RE: Best Practices for SWOG Studies

MEMORANDUM

The purpose of this memo is to provide you with current information related to expectations for protocol compliance, documentation practices and consenting issues for those participating on SWOG studies.

PROTOCOL COMPLIANCE

To provide clarification and bring consistency among protocols, the following standard definitions and procedures have been developed. In the absence of protocol specific guidance, the following definitions and procedures should be followed.

Child bearing potential: Any woman who has had menses at any time in the preceding 12 consecutive months and has not undergone a hysterectomy or bilateral oophorectomy; or bilateral tubal ligation/cutting of the tubes is considered to be of "reproductive potential".

When a treatment's effects on pregnancy or on a developing fetus are of concern for a study then women/men of child bearing potential must agree to use an effective contraceptive method (including the option of heterosexual celibacy). However, if at any point a previously celibate patient chooses to become heterosexually active during the time period for use of contraceptive measures outlined in the protocol, he/she is responsible for beginning contraceptive measures.

Uncontrolled diabetes: An Hg A1C >7% within 14 days prior to registration. The same criterion will be used in patients with confirmed diagnosis of diabetes mellitus who have been on a stable dietary or therapeutic regimen for this condition in the last three months.

Uncontrolled blood pressure and hypertension: SBP > 140 mm Hg or DBP > 90 mm Hg within 14 days prior to registration. Patients are permitted to be receiving multiple anti-hypertensive medications (unless otherwise indicated in the study). All blood pressure measurements within the 14 days prior to registration and on Day 1 of Cycle 1 must be SBP ≤ 140 and DBP ≤ 90.

- See ACCF/AHA.AMA-PCPI joint statement.

Eligibility

The SWOG Data Operations Center will make no exceptions to the eligibility criteria in the protocol without a written change to the protocol from the Operations Office. No one in the Group is authorized to make an exception to eligibility criteria unless a change to the study is planned relating to the exception. In such case, the protocol will be changed. Registration of a patient based upon an exception granted by the Study Coordinator

without a subsequent change to the protocol will result in a major eligibility deficiency during an audit. The status of any pending study changes may be verified by contacting the SWOG Protocol Coordinator for the study.

Toxicity assessments

- Pre-study tests, observations and laboratory studies completed within 14 days prior to the first day of treatment need not be repeated unless otherwise indicated.
- Dose or schedule modifications must be based on toxicity observed during the preceding cycle and on Day 1 of the current cycle. Labs required on Day 1 of a cycle may be obtained up to 48 hours prior to treatment unless otherwise indicated, and results must be available prior to treatment. Dose modifications must be based on the toxicity requiring the greatest modification.

Protocol Windows

- General windows have been established for scheduled procedures and assessments (treatment administration, toxicity assessment for continuous treatment, disease assessment, specimen collection and follow-up activities) unless otherwise indicated in the protocol

Treatment or Visit Interval	**7 - 14 days**	**21 days – two months**	**3 – 9 months**	**Annual**
Allowed Window	**+/- 1 day**	**+/- 3 days**	**+/- 7 days**	**+/- 14 days**

Note: The window is calculated from the scheduled date of the requirement. For example, if a weekly treatment was given one day early, the next treatment date is calculated from the last scheduled treatment date not the actual treatment date.

Specimen collection

- If there is a requirement to seek additional patient consent for the future use of specimens, failure to include the specimen questions in the consent form will be considered a major informed consent content deficiency.
- Availability of specimens that are required for eligibility (i.e. for central pathology review or for correlatives that are an integral part of the study objectives) must be verified prior to registering the patient. Failure to submit adequate specimens will result in a major eligibility deficiency.
- If a patient consents to the future use of optional specimens, it becomes a requirement to collect and submit the specimens per protocol requirements. Failure to collect and submit specimens will be considered a major data quality deficiency during an audit. To avoid a deficiency, inability to collect specimens (e.g. difficulty in drawing blood, patient refuses on the day of the blood draw, etc.) must be documented in the research record.

Data Submission

- Baseline forms are due within 7 days
- Treatment and follow-up data are due within 30 days unless otherwise stated in the protocol
- Delinquent data greater than 3 months for baseline forms and greater than 6 months for on treatment and follow-up data will result in a major data quality deficiency during an audit.

Specimen Submission

- Specimens are due within 30 days unless otherwise stated in the protocol.

- Delinquent submission greater than 3 months for specimens submitted for pathology review or testing required for eligibility and greater than 6 months for all other specimens will result in a major data quality deficiency during an audit..

DOCUMENTATION EXPECTATIONS

Documenting the history and physical (H & P):

The baseline H & P should include vital signs, review of symptoms, performance status and past medical history performed by a physician or other qualified health professional. A focused, treatment-related exam may be done during follow-up at the discretion of the investigator. The medical history should include the following:

- Details of the malignancy including date of diagnosis, primary tumor characteristics (histology, grade, size and hormonal receptor status);
- Relevant prior surgical procedures;
- Prior chemotherapy and/or radiotherapy (including start and stop dates, number of cycles and doses) for the current malignancy;
- Concomitant medications;
- History of hypertension, hyperglycemia, hypercholesterolemia, or relevant medical disorders and whether the subject has ever taken medications for these conditions;
- History of treatment for a prior malignancy;
- Social and Family history.

Documenting performance status:

- A numeric value is required to be documented to reflect the patient's functional status pre-treatment. This is usually part of the eligibility criteria. Subsequent evaluations during a study must also have a numeric representation of patient's performance status. The NCI's Clinical Data Update System (CDUS) has required the use of the Zubrod performance score.

Documenting treatment administration:

- The rationale for a dose modification or a delay in treatment beyond the timeframe allowed in the protocol must be documented in the medical record. If the patient refuses treatment or for any reason is unable to begin treatment, the rationale must be documented in the medical record and the patient must continue to be followed per protocol.
- Drug orders or a prescription indicating drug, dose, route, frequency, and duration of administration frequency must be on file as well as documentation of treatment administration.
- Infusions: Start and stop times must be documented to support the proper sequencing and timing of drug administration. Administration of any required supportive medication(s) must also be documented.
- Oral medication: Adherence to oral medications must be documented through the use of the Intake Calendar provided by SWOG, pill diaries or progress notes.

CONSENT ISSUES

Informing patients of new risk information:

- Per OHRP, new risk information typically described in CTEP Action Letters may be considered to represent significant new findings developed during the course of research that may relate to a subject's willingness to continue participation. There is no requirement for IRB review and approval of such statements before they are provided to subjects; therefore, CTEP may advise investigators to communicate such new risk information promptly to already enrolled subjects.

- Per SWOG policy, this requires that patients be informed no later than their next scheduled visit. If the local IRB requires that patients be re-consented, verbal communication of new risks to the patient must take place in the interim until the consent document is amended if necessary to meet notification requirements.

Withdrawal of consent

- Withdrawal of consent occurs when the patient refuses to participate further in the research study and does not wish for future medical information to be used for the purpose of research.
- All research activities involving the subject's participation in the study (direct intervention, collecting PHI from outside sources such as other departments accessible through the EMR, etc.) must be discontinued.
- Public records, such as those establishing survival status (e.g. Social Security Index), may be consulted for reporting survival status.
- When a subject withdraws from a study, the data collected on the subject to the point of withdrawal remains part of the study database and may not be removed.
- Data forms must be submitted, queries addressed, etc. for the timeframe prior to the time of withdrawal.
- If a patient wishes to withdraw from a study, it is important that the investigator clarifies whether the patient wishes to withdraw from the research study or only the primary intervention. The subject may be willing to allow the investigator to continue other research activities (e.g. follow-up assessments, specimen collection, survival status, etc.).
- Withdrawal of consent from all components of the research study or just the primary intervention must be documented via:
  - A letter from the patient
  - A note in the research record by the investigator

This document can be found under the Additional Resources section of the QA/Audits page of the SWOG website. For comments or questions, please contact Elaine Armstrong at the SWOG Operations Office at (210) 614-8808 or qa@swog.org.