

Strategies to Collaboratively Manage Protocol Deviations in Multi-site Clinical Trials- **Overview of Original Process**

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Reporting Protocol Deviations in EDC

- **Protocol Deviation and Protocol Deviation Review Forms**
 - document the occurrence of protocol deviations
 - must be completed any time a protocol deviation is discovered
- **Protocol Deviation Form**
 - captures detailed information about the protocol deviation
- **Protocol Deviation Review Form**
 - details the review of the protocol deviation by CCC staff

Protocol Deviation eCRF

Completed and Submitted by Site Staff

1	Is this deviation related to one or more participants?	<input type="radio"/> No <input type="radio"/> Yes
2	Date deviation identified:	MM/DD/YYYY
3	Deviation type:	<div><div>INFORMED CONSENT/ASSENT PROCEDURES</div><div>-- No consent/assent obtained -- Invalid/incomplete informed consent/assent form -- Unauthorized assessments and/or procedures conducted prior to obtaining informed consent/assent -- Non IRB approved/outdated/obsolete informed consent/assent documents used -- Informed consent/assent process not properly conducted and/or documented -- Other informed consent/assent procedures issues (specify)</div><div>INCLUSION/EXCLUSION CRITERIA</div><div>-- Ineligible participant randomized/inclusion/exclusion criteria not met -- Ineligible participant enrolled/inclusion/exclusion criteria not met -- Other inclusion/exclusion criteria issues (specify)</div><div>LABORATORY ASSESSMENTS</div><div>-- Biologic specimen not collected/processed as per protocol -- Other laboratory assessments issues (specify)</div><div>STUDY PROCEDURES/ASSESSMENTS</div><div>-- Protocol required visit/assessment not scheduled or conducted -- Study assessments not completed/followed as per protocol -- Inappropriate unblinding -- Other study procedures/assessments issues (specify)</div></div>
4	Brief description of what occurred:	
5	Brief description of the actual or expected corrective action for this event:	
6	Brief description of the plan to prevent recurrence:	
7	Is this deviation reportable to your IRB?	
Comments:		

Major Protocol Deviations

No consent/assent obtained

Unauthorized assessments and/or procedures conducted prior to obtaining informed consent/assent

Ineligible participant randomized/inclusion/exclusion criteria not met

Ineligible participant enrolled/inclusion/exclusion criteria not met

Inappropriate unblinding

SAE not reported

Safety assessment (e.g., labs, ECG, clinical referral to care) not conducted per protocol

Stratification error

Medication dispensed to ineligible participant

Medication dispensed to incorrect participant

Medication dosing errors (protocol specified dose not dispensed)

Participant use of protocol prohibited medication

Breach of Confidentiality

Protocol Deviation Review eCRF

Completed by Protocol Specialist:	
1 What section of the protocol does this deviation refer to?	<input type="text"/>
2 Does the report of this deviation require site staff retraining?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If "Yes", specify plan for retraining:	<input type="text"/>
3 Date deviation was discussed with Lead Investigative Team:	<input type="text" value="MM/DD/YYYY"/>
4 Deviation is categorized as:	<input type="radio"/> Major <input checked="" type="radio"/> Minor
5 Deviation assessment by Protocol Specialist complete:	<input checked="" type="radio"/> No <input type="radio"/> Yes
Protocol Specialist reviewer:	<input type="text"/> (initials)
Protocol Specialist comments:	<input type="text"/>

Protocol Deviation Review eCRF contd.

Completed by Protocol Monitor:	
6 Deviation requires review by Protocol Monitor:	<input checked="" type="radio"/> No <input type="radio"/> Yes
7 Corrective action for this deviation was completed and documented on-site as described:	<input type="radio"/> No <input type="radio"/> Yes
If "No", specify reason:	<div></div>
8 Deviation was reported to the IRB as required:	<input type="radio"/> No <input type="radio"/> Yes
If "No", specify reason:	<div></div>
9 Preventive action plan related to this event was completed and documented on-site as described:	<input type="radio"/> No <input type="radio"/> Yes
10 Review by Protocol Monitor is complete:	<input type="radio"/> No <input type="radio"/> Yes
Protocol Monitor reviewer:	<div></div> (initials)
Protocol Monitor comments:	<div></div>

Automated Emails and Listings

- Immediate email when protocol deviation is entered in EDC
 - Sent to members of Clinical Coordinating Center, Data and Statistics Center, and Investigative Team
- Weekly email with links to listing
 - Newly reported (last 7 days) protocol deviations
 - Cumulative list of protocol deviations

NIDA Protocol Deviation Notification - [REDACTED]



DoNotReply@emmes.com

To [REDACTED]

This message was sent with High importance.

This is a notification of a protocol deviation reported in Advantage eClinical for CTN [REDACTED]

Protocol deviation date: **11/19/2020**

Sequence number: **01**

Site: [REDACTED]

Protocol Deviation Type: -- **Other significant deviations issues - Major (specify)**

Description of Protocol Deviation: [REDACTED]

Deviation related to the following participants:

This protocol deviation form was submitted by [REDACTED]

Processing Events as Confirmed Protocol Deviations

Event Occurs

If Clearly Identified as a Protocol Deviation

- Site reports protocol deviation in EDC
- CCC reviews protocol deviation in EDC
- CCC reviews PD with the Investigative Team
- CCC completes review of protocol deviation in EDC

Processing Events as Potential Protocol Deviations

Event Occurs

If Unclear Whether Event is a Protocol Deviation

- CCC leads discussion with the Investigative Team
- CCC communicates decision to the site(s)
- If determined to be a protocol deviation, site reports in EDC
- CCC reviews PD in eClinical
- CCC reviews PD with the Investigative Team

Cleaning and Reporting Protocol Deviations

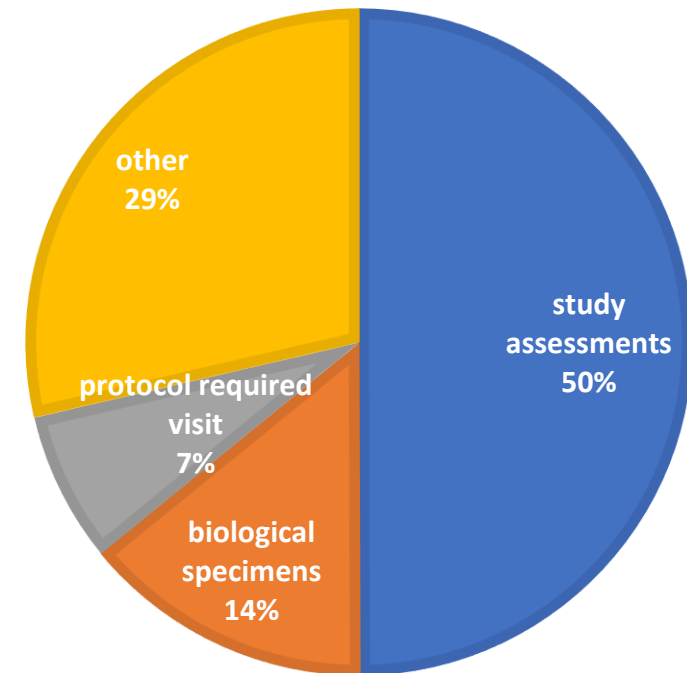
Date of Protocol Deviation and Protocol Deviation number	Deviation Type	Participant ID (located within the PDV form)	Deviation Description	Resolution Corrective Action	Action Required by the Site
2019-04-21 1st Protocol Deviation of the day	STUDY MEDICATION MANAGEMENT: Medication dispensed to incorrect participant	02340000680012	Due to a staff outage I was by myself. I was running a study visit when another subject came in. This subject was running late and had not called to let me know. The subject was in a big hurry to leave. I was in a hurry and mistakenly selected a card from an incorrect medication box. I gave the incorrect card to the MC who then dispensed to the participant.		<ol style="list-style-type: none">1. Provide a revised description of the deviation only. A) Do not include why the deviation occurred. B) Include the participant ID number (0012) of the card that was inadvertently dispensed.2. Complete the resolution corrective action.

Protocol Deviations of a Completed Trial

- ~1,000 protocol deviations
 - 5% major deviations
 - 95% minor deviations
- Minor deviations
 - 50% study assessments not completed/followed as per protocol
 - 14% biologic specimen not collected/processed as per protocol
 - 7% protocol required visit/assessment not scheduled or conducted

MINOR DEVIATIONS

■ study assessments ■ biological specimens ■ protocol required visit ■ other



Purpose

- report and document deviations from the protocol
- clarify results during statistical analyses
- present to regulatory bodies (e.g., DSMB) for monitoring of safety/integrity of the study
- inform potential protocol amendments
- identify issues that warrant re-training/clarification/process updates

Perception

- punishing/blaming site staff
- poorly conducted study
- poorly managed study