21st Edition
December 2023

MOB Report

OFFICE OF CLINICAL SITE OVERSIGHT

Remote Monitoring

We detailed in the December 2023 MOB Memo that DAIDS monitoring modalities will now include onsite monitoring visits, hybrid monitoring visits, and remote site monitoring visits. In anticipation of requiring one remote visit per site per year, DAIDS MOB performed outreach to network sites to share details, hear challenges, and answer questions. Over the past several months, MOB presented the remote monitoring initiative at the annual conferences for the HPTN, ACTG and IMPAACT networks. Additionally, MOB held a cross-network HANC call on October 4th to discuss this topic. The recording and the Q&A session from the presentation can be accessed on the HANC website at *https://www.hanc.info/resources/sops-guidelines-resources/daids.html#daids*

The primary element of the remote monitoring visit is a review of source documents through a secure electronic platform. These platforms can be all-encompassing, such as DAIDS provided Medidata Remote Source Review (RSR), which has been programmed to provide an upload of the clinic, pharmacy and regulatory documents, or different platforms for functional areas such as Vestigo for pharmacy documents or Florence for regulatory documents. The process of uploading documents can be labor and time intensive. We received feedback from sites that DAIDS' process of releasing the final work order of all PIDs to be reviewed the night before the monitoring visit starts would make uploading required documents not feasible.

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Remote Monitoring Continued

To facilitate sites having enough time to upload all required source documents before the visit, DAIDS now issues a single Work Order (WO). A second WO of unannounced PIDs is no longer released the night before the visit. With this new process, a single WO that lists all assessments to be conducted and PIDs to be reviewed will be issued with the Pre-Visit Letter (PVL). To provide even more flexibility to site staff, starting in Q12024, the WO and PVL will be issued 20 business days before the monitoring visit. This extended timeline will be the same across all planned visit modalities – onsite, hybrid and remote. Sites are asked to use this time to start uploading documents. For electronic platforms other than Medidata RSR, sites should ensure access is granted to the monitor 10 business days prior to the start of the full remote or hybrid monitoring visit.

Some sites with a secure HIPAA and 21 CFR Part 11 compliant platform have had a remote visit this quarter. We have used these visits as a trial to focus on process improvements in our remote monitoring rollout. A key to ensuring a productive and efficient remote visit has been communication with your monitor, through the planning and preparation of the visit. Please communicate with your monitor if you encounter issues or challenges in uploading documents by the requested timelines. At the start of your remote visit, confirm with your monitor your site's preference on the frequency for communication of findings/missing documents. Communication is integral to a successful visit.

DAIDS requires each site to have one fully remote visit per year; please discuss with your monitor and identify which quarter in 2024 when your site would be ready for your first remote visit. The Site Operations and Pharmacy Operations Assessments will continue to be conducted at onsite visits.

As a reminder, Medidata RSR platform is available to all DAIDS supported sites for all network protocols. The RSR module has been configured to automatically add enrolled participants from Rave EDC. For sites using Medidata RSR, the DMCs provide you with access and support. Please refer to the Medidata RSR FAQs from the DMCs which includes step by step instructions on a variety of topics, such as uploading documents, using the regulatory folder, deleting documents, etc.

DAIDS continues to work on optimizing our monitoring operations, and the implementation of remote monitoring is a significant step forward. The MOB will continue to engage with sites and gather additional feedback to enhance our processes and ensure efficiency across all stakeholders.

Medidata Remote Source Review Platform **available** to all DAIDS supported sites

Remote Monitoring Timeline

Days noted below are US Federal business days.

PVL and FWO Released

Monitor releases the Pre-visit Letter (PVL) and Work Order (WO) via the NCRMS, CSM no later than 20 days prior to the first day of the visit.

Site Uploads Documents and Visit Logistics Confirmed

Site staff uses the WO as a guide to upload documents the monitor will need to review in the electronic platform.

Monitor and site staff communicate remote visit logistics (i.e. meeting times, frequency, point of contact, method of contact).

Monitor Verifies Access and Document Availability

Monitor accesses electronic platform to ensure no access issues.

Recommend all/most documents are uploaded by 5 days prior to the first day of the visit.

Monitor's communications with site staff are limited to ensuring requested documents are uploaded by the visit start date.

Site Visit

During the scheduled site visit dates, the monitor continues to review documents, conducts assessments, communicates with site staff (missing documents, questions or updates) and conducts debriefing.

What labs should be listed on the FDA Form 1572?

HPTN memo titled "HPTN LC on the 1572 forms" dated August 30, 2016, informed HPTN Network sites that "*laboratories within the HPTN Laboratory Center system should be listed on the 1572 form only if the test results are returned to the study site for clinical management of study participants*".

We want to clarify that this memo is no longer applicable, and all sites should **follow the guidelines in the current version of the DAIDS Protocol Registration Manual.** All local and central labs that support the clinical trial should be listed on the FDA 1572 form, with only the exceptions noted below.

See the below reference, and the entire protocol registration manual can be accessed at the following link: DAIDS Protocol Registration Manual

4. Section 4 - Name and Address of Clinical Laboratory

This section must list the complete name(s) and complete physical address of ALL clinical laboratories or testing facilities which will be used for the clinical trial to process study related and/or study defined samples that will directly contribute to or support the clinical trial (e.g., diagnostic labs performing blood work, imaging centers, cardiology labs, non-local labs). This may include analytical labs that provide pharmacokinetic analysis, and laboratories supplying efficacy data. The official name of the laboratory (e.g., Department of Pathology) should be included. If multiple CRSs and/or locations are listed on the Form FDA 1572/DAIDS IOR Form, the corresponding clinical laboratories must be listed for each CRS and/or location.

Exceptions for not including ALL clinical laboratories or testing facilities include:

- If a primary laboratory is sending samples to a satellite or other contract labs for additional testing, or
- If a laboratory is being used only to store study samples.

The additional labs do not need to be listed as long as the primary laboratory can trace, through written records, the shipment of samples to the additional labs where the tests were performed.

The Protocol Registration Manual language above is in synced with Form FDA 1572 completion guidance. The guidance can be accessed at the following link: Frequently Asked Questions – Statement of Investigator (Form FDA 1572)

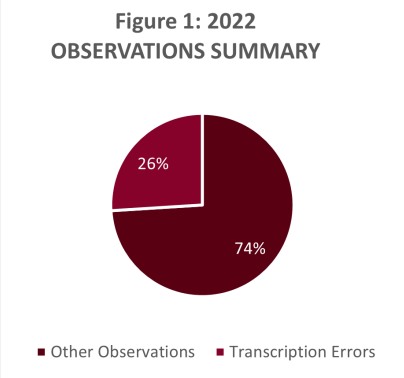
Please contact your PO for additional questions on whether a lab should be listed on your Form FDA 1572.

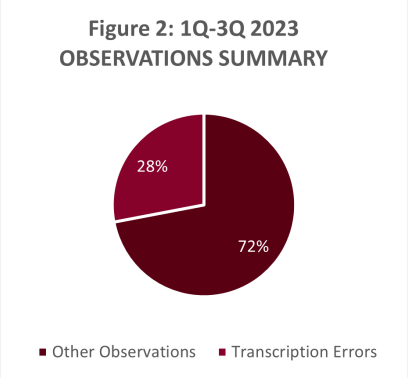
Let's Talk About Transcription Errors!

Transcription errors occur when there is a discrepancy between data entered into the eCRF and the data recorded in the source document. For the most part, transcription errors are preventable and when minimized, critical monitoring review gains more focus. The monitoring observation code used for transcription errors is A17 and is described as follows:

A17	**Transcription Errors** – This code applies when the data entered on a case report form is incorrect (different from the information in the Source Document (SD).

In the most recent year (2022), of the 6,653 total observations, 1,737 were transcription errors (Figure 1). This trend continues in 2023. By the end of 3Q2023, transcription errors accounted for approximately 28% of the 11,265 total cited observations (Figure 2).





Common causes of transcription errors include the following:

Illegible handwritten source notes	Improper layout of source document template	Lack of understanding of expected data format	Insufficient time allocated for eCRF data entry	Lack of familiarity with eCRF completion guidelines

Suggested Tips for Sites:

While moving from paper to electronic format will reduce transcription errors, we recognize that it may not be an option for all sites. We recommend the following tips for reducing the number of transcription errors at your site:

- A site staff member other than the person who performed the original entry QC's eCRF data against the source document.
- Analyze previous SMRs to see if specific data fields are frequently affected and address the root cause.
- Allow adequate time for data entry before your monitoring visit to avoid errors and mistakes due to the pressure of last-minute data entry.
- Review eCRF completion guidelines and follow up on any areas of clarification with the protocol team.
- Train data entry staff on the format of protocol-specific data fields and abbreviations

Implementing these tips will help sites lessen or avoid the potential for A17 transcription error citations during monitoring visits.

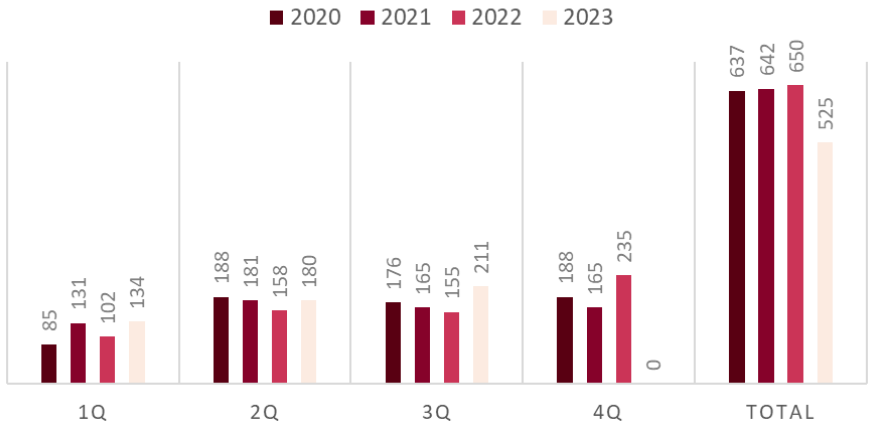
Monitoring Metrics

Year to Date Monitoring Metrics

February, March	1Q
April, May, June	2Q
July, August, September	3Q
October, November, December, January	4Q

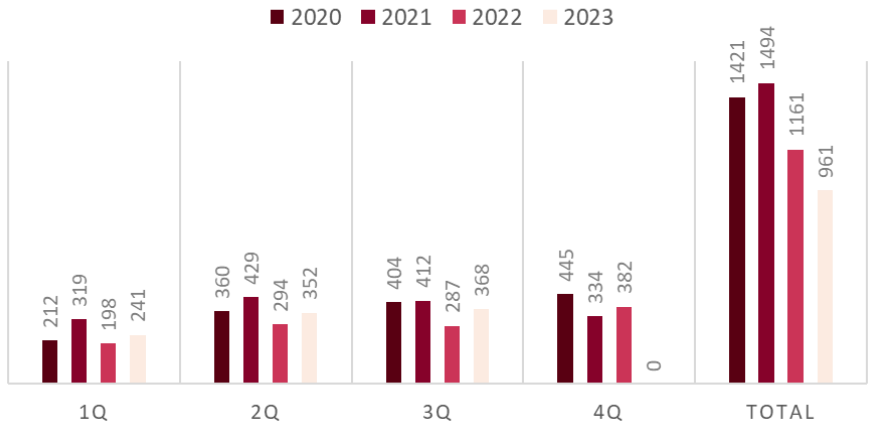
Monitoring Visits

Any time monitoring is conducted during a site visit.

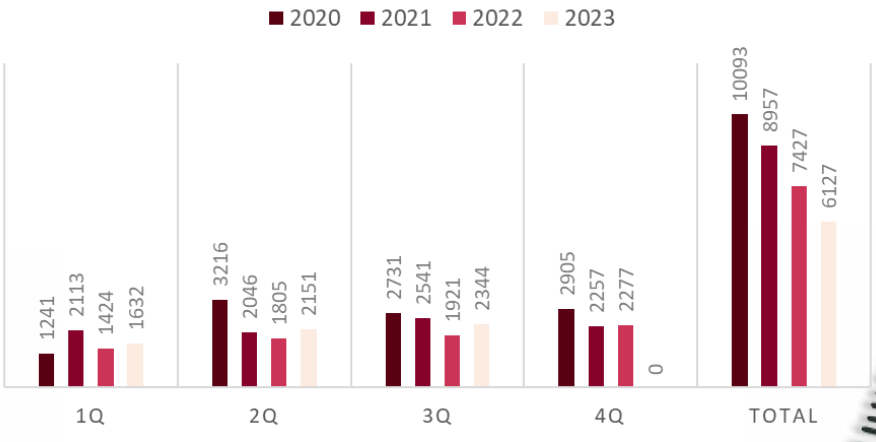


Monitoring Trips

Includes the total number of monitors conducting monitoring during a site visit.



Records Reviewed



February, March	1Q
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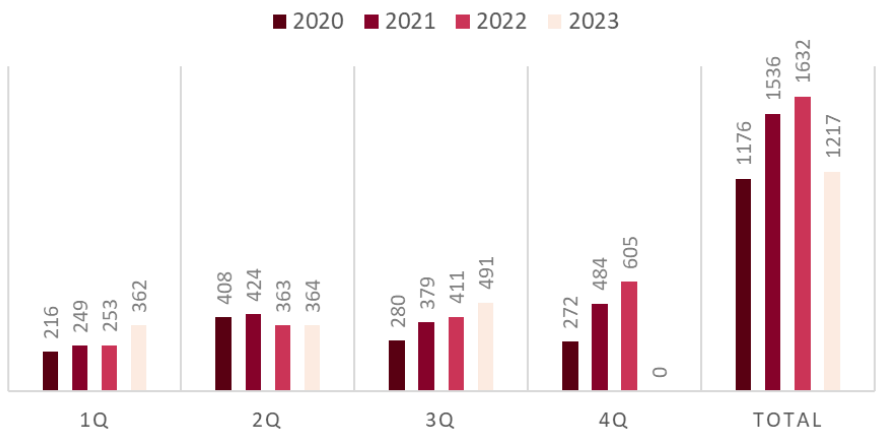
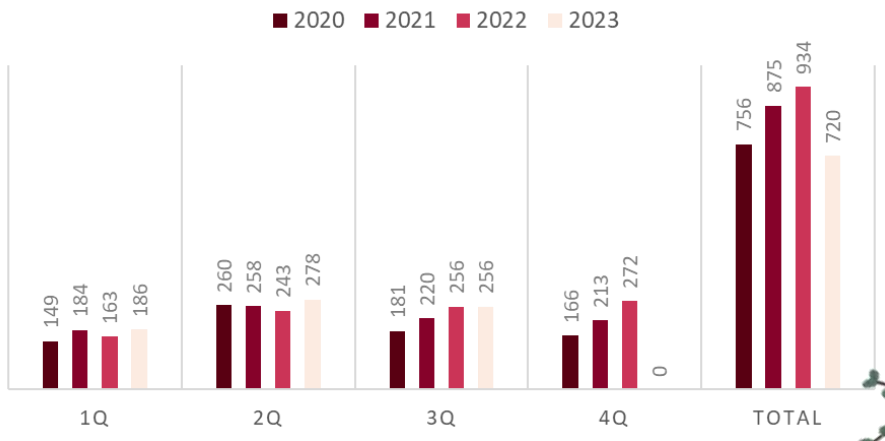
Monitoring Metrics

Pharmacy Assessments



Regulatory



ORGANIZATION
NIAID, DIVISION OF AIDS,
MONITORING OPERATIONS BRANCH
5601 FISHERS LANE, ROCKVILLE, MD 20852
EMAIL: OCSOMOB@NIAID.NIH.GOV

THE FEDS
BARIATU SMITH, KAREN REESE,
PIA LOHSE, GRACE ROY,
DOREEN CAMPBELL*, KAYODE KOLEOSO

* contractor