

# Standard Operating Procedure CCTU/SOP013

## Paper Case Report Form Design

### 1. Scope

This Standard Operating Procedure applies to staff of the Cambridge Clinical Trials Unit, Chief Investigators and their trial teams working on Cambridge Sponsored CTIMPs or clinical studies coordinated by the CCTU.

### 2. Purpose

The purpose of this SOP is to standardise the procedure for designing a paper CRF which will be used in conjunction with a separate database on which the clinical trial/study data is ultimately stored.

### 3. Definitions and Abbreviations

The headings below contain the definitions of terms and meaning of abbreviations used within the document.

Common abbreviations and definitions can be found in CCTU/INF001 Common Abbreviations and Definitions.

#### 3.1. Definitions

Term	Definition
Cambridge Sponsored	Sponsored by Cambridge University Hospitals NHS Foundation Trust (CUH); or the University of Cambridge (UoC); or jointly by CUH and UoC; or CUH and other organisations
Trial Team	A combination of CI, PI, Coordinator, Data manager , Statistician
Case Report Form	A printed document designed to record all the required information from the protocol on each trial subject in order to have the data necessary for the final statistical analysis
CRF Generator	Software written by CCTU-Cancer Theme to produce the design of data capture using XML and XML related technologies. These data can be used to produce pCRFs and data that can be imported into EDC systems using the CDISC format.

#### 3.2. Abbreviations

Abbreviation	Meaning
CRF	Case Report Form (Paper)
CTIMP	Clinical Trial of Investigational Medicinal Product
CI	Chief Investigator
PI	Principal Investigator

### 4. Undertaken by

CIs and delegated members of their team

### 5. Items Required

Final version of the trial protocol

CCTU/SOP049 Overview of Data Management Tools and Procedures

CCTU/FRM074 Trial Data Design Approval Form

CCTU/TPL024 Revision Log

CCTU/SOP055 Using the CRF Generator to Create the Tools to Capture Clinical Trial Data

### 6. Summary of Significant Changes

PI certify form no longer a stand alone form

### 7. Method

The following sections provide a description of the processes to be followed when implementing this document's procedures.

#### 7.1. General Principles

- The CRF must be finalised prior to the start of the trial and before any site is opened for recruitment
- The CRF (and amendments) should be developed by the trial team
- After finalisation of the CRF, any changes deemed necessary must be discussed with the trial team before they are made  
NB: A change in the CRF is likely to involve a change in the database
- Each form must be dated and version controlled. Each version change must be documented in the CCTU/TPL024 Revision Log in the TMF
- The CRF should only collect trial data as set out in the associated clinical trial protocol
- Minimum necessary personal identifiable data to be recorded on CRF (consider carefully which parts of date of birth, initials etc are necessary, e.g. month and year of birth may suffice). This is intended to reduce the risk of the dataset becoming identifiable.
- The CRF must be designed to ensure compliance with the protocol and regulatory requirements
- All inclusion/exclusion criteria questions must be exact quotations from the protocol
- The CRF should be approved by the CI or delegate as part of the data design approval process using CCTU/FRM074 the Trial Data Design Approval Form
- The CRF Generator follows the guidance given in this document and will provide a format consistent with these principles Refer to CCTU/SOP055

### 7.2. Guideline of Contents

- The CRF must collect sufficient data to support analysis of the protocol's outcome measures
- Depending on the data required by the clinical trial protocol, a standard CRF document might include, but is not limited to, the following pages:
  - Front Cover Sheet (Basic Instructions)
  - Randomisation/registration form
  - Eligibility form, Baseline/screening form
  - Treatment form (treatment, doses, administration routes, reductions)
  - Patient Completion (documenting the date, reason and circumstances for the cessation of visits or data collection due to withdrawal, death, progression or other)
  - Medical History (including relapse/recurrence form)
  - Concomitant Medication Log
  - Adverse Event Log
  - Follow-up forms
  - Patient Withdrawal
  - Death form
  - PI Certification form
- According to the complexity of the trial, CRF completion guidelines may be required as detailed in the trial risk assessment
- A copy of the CRF completion guidelines should be maintained in the appropriate section of the TMF
- These guidelines should be version controlled
- Details of how and when the CRF should be returned should also be included

### 7.3. CRF Design

All CRF pages must be designed with:

- The same format to provide consistency
- A standard header and footer on each page
- Adequate amounts of free space on the CRF page to aid readability
- A consistent and linear format to ease completion

#### 7.3.1. Header

The header should include:

- Short title or number of the trial and logo (if applicable)
- Title and/or unique ID number of the form
- Site reference (name or number)
- Patient identifiers as stated in the protocol, these may be a combination of:
  - Participant Trial ID (mandatory)
  - Full or partial date of birth. (Day and/or Month and/or Year of Birth)

### 7.3.2. Footer

The footer should include:

- Space for Investigator and/or designee's signature (the signatory must be on the delegation log for that site)
- Space for the date of signature
- CRF version number and date
- Page number and total page number for the form if applicable (unless provided in the header or body of the document)
- Also if possible the address and details of where the forms must be returned

### 7.3.3. Main Page Content

- The CRF layout should have a logical ordering
- The format of questions must provide standardised answers that aid completion
- Questions should be constructed in the yes/no format or with a set list of options wherever possible, to limit errors and collection of unnecessary or ambiguous data
- Where a list is not exhaustive an 'other' option should be included with space for free-text comments, only if appropriate, and should be avoided if feasible
- Design format should:
  - Avoid collecting free text
  - Ask explicit questions
  - Avoid double negatives in the questions
  - Provide pre-coded answer options to ease the analysis e.g. "yes"/"no"/ "Not applicable"/ "Not known" "Please specify"
  - Indicate if a question can have one answer or multiple answers
  - Use absolute, rather than comparative, questions, e.g.: None, Mild, Moderate, Severe; rather than Better, Same, Worse
  - Collect raw data rather than calculated data, e.g. for age, collect birth date
  - Collect dates in a uniform agreed fashion
  - Collect time in a uniform agreed fashion
  - Pre-specify the choice of units wherever possible e.g. mg, ml, cm etc.
  - Avoid requesting unnecessary calculations
  - Ensure consistency across the CRF booklet (units, terminology etc.)
  - Avoid duplication of data e.g. gender only needs to be collected at screening as this is unlikely to change during the course of the trial
  - Give the option to report 'not done' or 'unknown' to avoid questions being left blank
  - If missing data is anticipated for key questions (e.g. primary endpoint) then provide questions that record the reason why the data is missing

- Include fields for “time” if time of assessment/intervention or sampling is essential (i.e. necessary for PK studies)

### **7.4. CRF Amendment**

- Any amendments to the CRF must form part of the data design
- The new version of the CRF must be consistent with the protocol
- An amendment must be designed in collaboration with the Trial team and then approved by the CI or delegate to achieve consistency with the approval process of the original CRF
- If applicable the Trial Specific data management plan and the CRF completion guidelines must be updated to reflect any changes
- Any amendments that are made to the CRF must be documented and recorded in the Revision Log CCTU/TPLO24, before any changes to the database can be made
- If problems arise with a CRF
  - New guidelines or a memorandum should be issued to all those using the form to ensure that the completion requirements are clear
  - Any problems and corrective actions should be recorded in the Trial Master File

### **7.5. CRF Archive**

- The CRF forms part of the Trial Master File
- All approved versions of the CRF and CRF approval forms must be filed in the Trial Master File
- The CRF should be archived with the TMF according to the CCTU/SOP006

## **8. Monitoring Compliance with and the Effectiveness of this Document**

### **a. Process for Monitoring Compliance and Effectiveness**

As part of routine monitoring visits, audit and inspection

### **b. Standards/Key Performance Indicators**

This process forms part of a quality management system. Documents are reviewed every two years

## **9. References**

The Institute of Clinical Research, 2008, Abbreviations used in Clinical Trials.

## **10. Associated Documents**

CCTU/SOP006 Archiving

### 11. Equality and Diversity Statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

### 12. Disclaimer

It is the user's responsibility to check against the electronic library that this printed out copy is the most recent issue of this document.

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