Essential Documentation FERCSL GCP workshop October 2016

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Introduction

‘Essential documents are those documents, which individually and collectively permit evaluation of the conduct of the trial and the quality of the data produced.’

International Conference on Harmonisation (ICH) Guidelines for Good Clinical Practice

Good Clinical Practice

- 'These essential documents serve to demonstrate the compliance of an investigator, sponsor and monitor with the standards of Good Clinical Practice and with all regulatory requirements'

And Initially…

remember:

- **What is written down is what happened !!!**
- **What is not written down did not happen !!!**

Maintaining Good Files

- "Adhering to GCP is one thing, but proving that this has been done is another. For a trial to be credible in the eyes of the authorities, investigators must be able to show that the study is in compliance with GCP guidelines. This means documenting every study-related action" (Hutchinson 2009).

- Hutchinson (2009) 12 Golden GCP Rules for Investigators. Canary Publications, London.

Trial file

- **It is a good practice to dedicate a member of the research staff for maintenance and updating of the trial file.**

- **Filing of essential documents at the investigator/institution and sponsor sites in a timely manner can greatly assist in the smooth running of the trial**

Version Control

- It is essential that all users of a controlled document use the most up to date version in order to ensure that accurate procedures are being followed at all times

- It is essential that an audit trail (audit log) of version controlled documents is made available once a document is approved for use and subsequently reviewed and/or changed

Version control

- Once approved the final version is Version 1.0 with approval date
- Minor administrative changes renumbered using decimal point i.e. 1.1, 1.2 etc with date change
- If substantial amendments are made the version number increases incrementally with each change to Version 2.0, Version 3.0 etc and dated

Version Control

- Updated versions of the protocol, information sheets and consent forms will supersede previous documents. It is a good idea to keep a table inside the front cover of the site file listing the current approved documents with their version numbers and dates.

Three Sections

- The various documents are grouped in three sections according to the stage of the trial

Three Stages

1. Before the trial commences (20)
2. During the clinical conduct of the trial (25)
3. After completion or termination of the trial (8)

the investigator/researcher needs to maintain documents

the trial Sponsor will also be obliged to keep a file.

Before the Trial

Investigator File (Trial Site File, TSF)

- Standard in commercial trials
- Need to produce own for academic research / 'in-house' studies

Investigator File

File will contain:

- Signed protocol or research proposal
- Patient Information Sheet (blank)
- Patient Consent Form (blank)
- Advertisement for patient recruitment
- Trust R&D approval documentation
- Ethics approval documentation

Investigator File

- CV of all researchers involved
- Signature/Delegation log
- Access to medical notes approval
- Clinical Trial Agreement (if appropriate)
- Investigator's Brochure provided by pharmaceutical sponsor detailing relevant and current scientific information about the investigational product (or other supporting data)

Investigator File

- Normal values for medical/laboratory procedures and tests
- Lab Accreditation certificates/CVs
- Calibration certificates for technical equipment
- Instructions and documentation for the handling/transporting of any trial medication and related materials

Investigator File

- Standard Operating Procedures (SOPS)
- Copies of questionnaires
- Letters to patient's GP/consultant
- Decoding procedures for blinded trials
- Master randomisation list
- Trial initiation report for sponsored studies

During the Trial

- Any protocol amendments
- Any updates to Investigator Brochure, CRF, Ethics, R&D etc.
- Signed patient consent forms
- All relevant correspondence
- Notification of serious adverse events
- Interim reports

During the Trial

Subject Identification Log

- Confidential - for researcher only

  Each patient's address, date of birth, hospital number – they may need to be identified at a later date

Subject Enrolment Log

- Documents enrolment of subjects by trial number, subject not identified

During the Trial

- Drug Dispensing Log
- Drug Accountability Log

These may be held in Trial Pharmacy file, along with code breaks if appropriate

After completion of the Trial

- Final close-out monitoring reports
- Decoding documentation
- Completed Subject ID code list
- Drug Accountability and Returns
- Audit Certificate
- Final Report To Ethics and R&D
- Clinical study report

Recording Data

- Complete the CRF fully and legibly

  Use a black pen

  - Any corrections should be signed and dated, with a comment (if necessary)
  - Never use tippex. The corrected data must be visible
  - The first place you write down data is the source document. Do not use scraps of paper, paper towels, hands etc

Trial Files and Archives

- The investigator should set up study-specific files in which all appropriate documentation is filed
- All study documents must be stored in a safe, secure and confidential environment
- Avoid leaving files lying around
- Treat source documents like ‘gold’ and ensure that they do not get lost or destroyed prematurely. Keep for up to 15 years
- Includes medical notes, X-rays, tissue samples, CRFs

Data Quality

- All trial data needs to be recorded accurately in the CRFs, medical notes and any questionnaires
- The success of every clinical trial is dependent on the reliability and quality of the data collected and analysed
- If this data is not documented accurately it will affect all aspects of the research

Preparation

- Labels on medical records
  - Inside cover; commercial and academic studies, must include trial name and R&D number, name of principal investigator and contact details
  - Label on outside cover: medical records should not be digitised if patient has been part of any research study

- Pre-study preparation
  - Prepare all documentation prior to starting the study, including making up all CRFs, having storage for blood samples etc.

Archiving

- Archiving in the context of clinical research relates to the collection of essential documents, which individually and collectively permit the evaluation of the conduct of the trial, and the quality of data produced for long-term storage

Archiving

- It is the responsibility of the principal investigator to arrange for the archiving of research data
- Where applicable, negotiate with the commercial company a payment for the archiving of site documents at a GCP compliant facility
- Once the study has ended, the investigator is obliged to keep study-related documents for a long period of time, often as long as 15 years

Good Clinical Practice

- **Compliance with ICH-GCP is essential for both commercial and in-house trials**

And Finally…

Above all remember:

- **What is written down is what happened !!!**
- **What is not written down did not happen !!!**