



# **MTN-026 Clinical Management and Laboratory-Related CRFs**

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# MTN-026

## Clinical Management CRFs



# eCRFs for Clinical Management

- ✓ Vital Signs
- ✓ Physical Exam
- ✓ Anorectal Exam
- ✓ Pelvic Exam ♀
- ✓ Pelvic Exam Diagrams ♀
- ✓ Treatment Discontinuation
- ✓ Adverse Event Summary
- ✓ Adverse Event Log
- ✓ Pregnancy Report and History ♀
- ✓ Pregnancy Outcome Summary ♀
- ✓ Pregnancy Outcome Log ♀



# Pelvic Exam Diagrams

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- Pelvic Exam Diagrams available for download on MTN-026 ATLAS webpage
- Completed whenever a pelvic exam is conducted (female participants only)
- Used as the source document for all normal and abnormal pelvic exam findings
- Record all abnormal findings on the Pelvic Exam eCRF

# AE CRF Reporting

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All AEs in MTN026 are reportable on an AE Log CRF.

AE reporting period = randomization through date of study exit

# Date Reported to Site

- Date clinic staff became aware of AE
- This could be:
  - Date of clinic visit/assessment
  - Date of phone call in which new AE reported
  - Date clinic staff became aware of abnormal lab result
  - Cannot be before Onset Date
- Complete date (day, month, year) is required

# AE Text Description

- Report only one diagnosis, symptom or sign per page
  - Record unifying diagnosis whenever possible
- Avoid using abbreviations
- Review for correct spelling
  - Variations in spelling can lead to differences in AE coding, meaning similar AEs will appear differently in AE safety reports
- Do not report surgeries as AEs (these are treatments)

# AE Text MedDRA Coding – Things to Consider in MTN-026

- Specify in AE text description if the AE is related to a procedure (iatrogenic)
  - E.g., “rectal bleeding due to rectal biopsy”
  - Affects MedDRA coding
    - E.g., “rectal bleeding” maps to “Gastrointestinal” System/Organ Class (SOC)
    - E.g., “Rectal bleeding due to biopsy” maps to “Injury, Poisoning, and Procedural Complication” SOC
  - If “related to procedure” is put in comments only, MedDRA coders will place clinical query



# AE Text – things to note

- If an STI test result is positive
  - report the STI diagnosis (i.e., genitourinary gonorrhoea) rather than as “X test positive”
- “Genital ulcer disease” is not a codable event. Need to note a specific STI if possible; otherwise report “Ulcer” with anatomical location(s)
- Reporting of assault
  - Report each physical adverse event as an AE
  - In AE text, add “...due to assault”

# AE Text Description

- Include anatomical location if not already stated (e.g. vaginal ulcer, cervical erythema)
- For lab AEs, include direction of lab value (increased or decreased)
  - Exception: If STI Test Result is positive, report STI diagnosis (i.e. genitourinary gonorrhoea) rather than as “X test positive”
- Record as much detail as possible to accurately and completely describe AE
- Text is used for MedDRA coding
- Up to 200 characters allowed in text field

# Onset Date

- Date AE began at given severity/frequency
- This could be:
  - Date of clinic visit/assessment/exam
  - Date ppt-reported symptom started/worsened
  - Collection date of sample that yielded abnormal lab result
  - On or prior to Date Reported to Site
  - Record complete date whenever available (Month and Year required)

# Is the AE still ongoing?

- Select 'Yes' if AE is continuing at time it is first reported
  - Outcome = 'Recovering/Resolving' or 'Not recovered/resolved'
- If 'No', complete Outcome Date

# Outcome Date

- Record complete date whenever available (Month and Year required)
- Outcome = ‘recovered/resolved’, ‘resolved with sequelae’, or ‘fatal’
- Can be based on:
  - Date on which participant reports no longer experiencing AE or associated symptoms
  - Date of study visit or specimen collection at which it is first noted AE has resolved or returned to baseline status

# Severity Grade

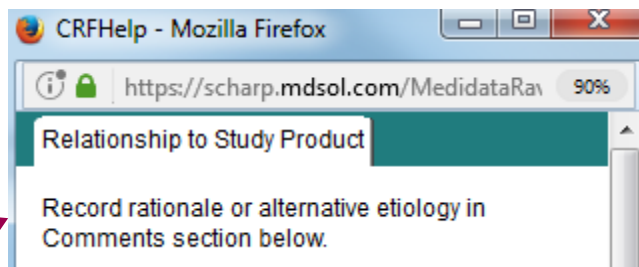
- Select severity grade per rectal, FGGT or DAIDS Tox Table
  - If condition appears on both tables, use FGGT or Rectal grading table to assess for severity



The image shows a screenshot of a web form with several input fields. The fields are labeled: "Severity Grade", "Relationship to Study Product?", "Action Taken with Study Product", and "Other action(s) taken". The "Severity Grade" field is currently open, displaying a dropdown menu with the following options: "Grade 1 (Mild)", "Grade 2 (Moderate)", "Grade 3 (Severe)", "Grade 4 (Potentially life-threatening)", and "Grade 5 (Death)". To the right of the dropdown menu, there are several small icons for editing and deleting the form elements.

# Relationship to Study Product

- Rationale (reason) of AE is required in the Comments section for each reported AE regardless of relationship of AE to study product



Relationship to Study Product ?

Related  Not Related

# Action Taken with Study Product

- Dose not changed: No change to participant's planned use of study product as a result of the AE (Should be selected if ppt is still in product use period and AE does not result in clinician-initiated permanent discontinuation of study product)
- Dose reduced: NA for MTN-026
- Dose increased: NA for MTN-026
- Drug withdrawn: Select if AE results in permanent discontinuation of study product
  - Select 'drug withdrawn' for each AE contributing to permanent discontinuation
- Drug interrupted: Should not be selected for MTN-026
  - No temporary product holds specified for MTN-026
- Not applicable: Select if AE onset date is on or after date the participant discontinues study product use
  - AE reported after Visit 13
  - AE = Grade 5 (death)
  - Study product already held or discontinued for different AE or reason



# Other action(s) taken

- Record all action(s) taken, including any medications/treatments used and/or prescribed for AE
  - Participant self-report is fine
- Once confirmed meds/treatment used, record on Con Meds Log
  - Link each AE on Con Meds Log
- Use ‘Other’ for meds/actions indicated but not yet used
  - Update and resubmit eCRF once med or procedure has taken place
- If new/prolonged hospitalization, therapeutic procedure/surgery, or diagnostic procedure, specify details in Comments section

# Outcome

- Recovered/resolved: AE is no longer present, has returned to baseline severity/frequency, or has increased in severity/frequency
  - Note: If ppt started taking medication to control AE, AE is not considered resolved while medication is still indicated
- Recovering/resolving: AE is continuing and has not yet resolved or returned to baseline severity/frequency
- Resolved with sequelae: Ppt recovered from AE, but with remaining effects or impairment.
  - Ppt recuperated but retained pathological conditions resulting from prior disease or injury
- Not recovered/resolved: AE continuing at time of participant study exit/termination from study
- Fatal: Should be selected only if severity grade for this AE is Grade 5.
  - Any other AEs continuing at time of death should be changed to 'not recovered/resolved'

# SAE and EAE

- **SAE item:** Select 'Yes' if AE meets SAE criteria
- **EAE item:** Select 'Yes' if AE has been or will be reported as an EAE
  - Specify 10 digit EAE number in text field provided on AE Log eCRF

# For AEs Reported as EAEs

- Compare AE Log form and EAE form for consistency
- Note that some cases may involve 1 EAE report but several AE Log forms (e.g. motor vehicle accident)
- Discrepancies will result in clinical query
- If previously reported EAE is updated, update applicable AE Log entry
- Enter AE Log eCRF at same time as submitting EAE report
- Contact SCHARP CSA and CDM with any questions related to AE/EAE consistency

# Baseline Medical Condition

- Review completed Baseline Medical History Log entries to see if AE is worsening of ongoing baseline medical condition
  - If AE is worsening of baseline condition, complete end date for this condition within applicable log line

# Comments Field

- Comments field is required field to capture rationale for relatedness of AE to study product
  - Tells ‘story’ for why AE is considered related (or not related)
- Use Comments field to record additional notes as needed, making sure any comments are consistent with AE text
  - Include details if “Other action(s) taken” = New/prolonged hospitalization, therapeutic procedure/surgery, or diagnostic procedure
- Up to 400 characters allowed

# Additional AE Questions for MTN-026

- AEs related to flexible sigmoidoscopy and applicator insertion of particular interest
  - Reason for extending termination date to 7 days after final sampling visit
  - Captured in AE text and in item asking if AE related to flex sig or applicator insertion

# AE Log

- Consider methods to identify AE Log entries for which the AE is still ongoing to help ensure these are reviewed and updated at each visit until Outcome is known
- Per MTN DM SOP, AE Log eCRFs should be completed within 1 day of site awareness



# Questions?

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# MTN-026

## Laboratory Related CRFs



# Laboratory Related CRFs

- ✓ Specimen Storage
- ✓ Timed Specimen Storage
- ✓ Cervical Specimen Storage ♀
- ✓ Local Laboratory Results
- ✓ Hematology
- ✓ Pregnancy Test ♀
- ✓ STI Tests
- ✓ HIV Test Results
- ✓ HIV Confirmatory Results

# Questions?

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