

NCI Clinical Trials and Translational Research Advisory Committee (CTAC): Streamlining Clinical Trials Working Group Standard Practices for Limiting Data Submission to the Clinical Trial Database

Summary

In July 2022, NCI convened the CTAC ad hoc Streamlining Clinical Trials Working Group (SCTWG) to advise the NCI Director and CTAC on implementation of the CTAC Strategic Planning Working Group recommendations to limit clinical trials data collection in late phase trials to data elements essential for the primary and secondary objectives of the trial. The SCTWG reviewed analyses of NCTN phase III treatment trials and their case report forms (CRFs) and identified a list of potential opportunities for reducing data collection in the following categories:

- Adverse events
- Medical history
- Concomitant medications
- Physical exam
- Laboratory tests
- Imaging and other assessment procedures
- Patient-reported data

Subsequently, the NCI convened the Streamlining Clinical Trials Implementation Committee (SCTIC) to provide input on operational considerations for streamlining data collection in these categories. Taking this input into account, CTAC approved the following recommended streamlined Standard Practices for data collection at its March 2024 meeting.

I. Scope of NCTN Trials Covered by Streamlined Standard Practices

1. Standard practices apply to trials meeting the following criteria:
 - a. Managed by CTEP
 - b. Phase III or Phase II/III
 - c. Interventional
 - d. Primary Purpose is Treatment
 - e. Adult or pediatric
 - f. IND-exempt
2. Standard practices apply to data submitted for purposes of the clinical trial. These practices do not replace or override requirements to record data in the local electronic medical record that are associated with recognized standards of care or imposed by local institutions (e.g. local clinical practice guidelines) nor do they replace or override data submission requirements imposed by regulatory authorities (e.g. requirements for the content and timing of adverse event reporting).
3. Standard practices are not intended to require submission of data elements that a Group does not currently submit.
4. Exceptions to specific Standard Practices in these trials will be considered by CTEP if approved by the NCTN Group Leadership with clear medical or scientific justification that is specific to the clinical context and scientific objectives of the trial.

II. Standard Practices for Submitting Streamlined Data to the Trial Database

1. Adverse Events (AEs)

- a. Submit to the trial database only the following AE data:
 - i. AEs of grade 3 or higher, unless there is a stated objective for the use of lower grade AEs in analyses pre-specified in the statistical plan¹
 - ii. CTCAE term and CTCAE grade for each AE
 - iii. At Group discretion, the verbatim term² for submitted AEs
 - iv. Solicited AEs if needed for analyses pre-specified in the statistical plan
- b. Do not submit AE attribution or AE start/stop times

2. Medical History³

- a. Submit to the trial database only the following medical history data:
 - i. Data needed for analyses pre-specified in the statistical plan (endpoint data, stratification factors, etc.)
 - ii. Data needed to document eligibility, treatment assignment, and/or patient characteristics for publication or other reporting purposes (e.g. audits).

3. Concomitant Medications

- a. Submit to the trial database only the following concomitant medication data:
 - i. Data needed for analyses pre-specified in the statistical plan (endpoint data, stratification factors, etc.)
 - ii. Data needed to document eligibility, treatment assignment, and/or patient characteristics for publication or other reporting purposes

4. Physical Exam

- a. Submit to the trial database only the following physical exam findings⁴:
 - i. Findings needed for analyses pre-specified in the statistical plan (endpoint data, stratification factors, etc.)
 - ii. Findings needed to document eligibility, treatment assignment, and/or patient characteristics for publication or other reporting purposes

¹ For example, planned analyses of AE data, including PRO-CTCAE and other patient-reported data, to better characterize tolerability and inform care decisions, or planned analyses of AEs associated with treatment discontinuation.

² The exception is included to allow Groups to adhere to CDISC standards where this is deemed necessary. “Verbatim AE term” refers to the content of the variable AETERM specified in the CDISC Study Data Tabulation Model Implementation Guide: Human Clinical Trials, Version 3.4. The guide defines AETERM as “verbatim name of the event”. The NIH Common Data Element Repository defines “adverse event verbatim text” as “text that describes the adverse event word for word as described by the participant/subject”.

³ “Medical history” is defined as medical events or ongoing conditions identified at trial baseline either via patient report or via review of the patient’s medical record.

⁴ Performance status assessed during the trial is considered a physical exam finding and should be submitted if it meets the specified criteria.

5. Laboratory Tests

- a. Submit to the trial database only the following laboratory test results:
 - i. Test results needed for analyses pre-specified in the statistical plan (endpoint data, stratification factors, etc.)
 - ii. Test results needed to document eligibility, treatment assignment, and/or patient characteristics for publication or other reporting purposes (e.g. audits)

6. Imaging and Other Assessment Procedures⁵

- a. Submit to the trial database only the following results from imaging and other disease or safety assessment procedures:
 - i. Assessment results needed for analyses pre-specified in the statistical plan (endpoint data, stratification factors, etc.)
 - ii. Assessment results needed to document eligibility, treatment assignment, and/or patient characteristics for publication or other reporting purposes

7. Patient-Reported Data

- a. Submit to the trial database only those patient-reported data needed for analyses pre-specified in the statistical plan (endpoint data, stratification factors, etc.)

III. Additional Guidance to Investigators Writing Protocols

1. On the protocol face sheet, clearly indicate the trial is IND-exempt.
2. Departures from these streamlined standards require justification specific to the clinical details and scientific objectives of the trial and must be approved in the course of the established NCTN Group and CTEP review processes
3. When specifying data collection requirements, limit the frequency and duration of data collection procedures to those required to meet specified trial objectives
4. Data collection plans for patient-reported data must justify the collection instruments, items and/or rating scales chosen as well as how this data collection will be coordinated with other data collection activities so as to achieve specified trial objectives while minimizing patient burden

IV. Guidance to Physicians and Clinical Staff at Trial Sites

1. These streamlined standard practices for submission of data to the clinical trial database do not override or otherwise affect participating sites' practice guidelines for collecting clinical information and recording it in the local medical record.

For more information

The Streamlining Clinical Trials Working Group Report, presented to CTAC on March 13th, 2024, is available at:

<https://deainfo.nci.nih.gov/advisory/ctac/0324/Mandrekar2.pdf>

For questions, please contact us at: NCTNProgram@mail.nih.gov

⁵ E.g., bone marrow biopsies.