Clinical Trials Monitoring Branch (CTMB) – Audit Tool/Checklist

IRB Review (Table A)

IRB Deficiency Descriptions	
Major	Protocol never approved by IRB
	Initial IRB approval documentation missing
	Initial approval by expedited review
	Expedited reapproval for situations other than approved exceptions
	Registration and/or treatment of patient prior to full IRB approval
	Reapproval delayed greater than 30 days but less than one year
	Registration of patient on protocol during a period of delayed reapproval or during a temporary suspension (ie, Request for Rapid Amendment)
	Missing reapproval
	Expired reapproval
	Internal reportable adverse events reported late or not reported to the IRB
	Lack of documentation of IRB approval of a protocol amendment that affects more than minimal risk or IRB approval is greater than 90 days after Network Group's notification; this includes a 'Request for Rapid Amendment (RRA)' resulting from an Action Letter indicating temporary suspension of accrual with expedited review permitted
	Failure to submit or submitted after 90 days, any reportable external safety report to the IRB that is considered an unanticipated problem as defined by OHRP
Lesser	Protocol reapproval delayed 30 days or less
	Delayed reapproval for protocol closed to accrual for which all patients/study participants have completed therapy

Informed Consent Content (ICC) Review
(Table B)

ICC Deficiency Descriptions	
Required Elements per the Federal Regulations	Involves research: purposes; duration of participation; description of procedures; identification of experimental procedures
	Description of risks or discomforts
	Description of any benefits to subject or others
	Disclosure of alternative procedures or treatments
	Description of the extent of confidentiality of records
	Explanation regarding compensation and/or whether treatments are available if injury occurs
	Was there an explanation of whom to contact for answers to pertinent questions about the research and research subject's rights, and whom to contact in the event of a research related injury to the subject?
	Participation is voluntary; refusal to participate involves no penalty; subject may discontinue participation at any time
	Unforeseeable risks to subject, embryo or fetus
	Circumstances in which subject's participation may be terminated by investigator without subject's consent
	Additional costs to subject which may result from participation in research
	Consequences of subject withdrawal and procedures for orderly termination of participation by subject
	Statement that new findings which may relate to subject's willingness to continue participation will be provided to subject
	Disclosure of approximate number of participants
	Statement stating: “A description of this clinical trial will be available on http://www.clinicaltrials.gov, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this website at any time.”
	Statement that a copy of the consent will be given to study participant

Pharmacy Review (Table C)

Listing of Non-Compliance Items

(see CTMB Audit Guidelines under Section 5.3.1 for pharmacy 'compliance')

NCI DARFs Completely and Correctly Filled Out (Non-Compliance)
NCI DARF not maintained or not maintained completely and accurately
Oral NCI DARF not maintained or not completely and accurately filled out
NCI DARF not maintained on a timely basis
Inability to track the receipt, use and disposition of NCI-supplied study agents
Incorrect agent, dose, or dates dispensed, incorrectly prepared drug, and/or incorrectly documented
Paper and/or electronic DARFs (eDARFs) do not contain all information or are not completed as required; paper printout of eDARF is not identical to the NCI DARF
Erasures or "whiteouts" on paper DARF
Corrections are not lined out, initialed and dated on paper DARF
Corrections are not appropriately documented on eDARF in electronic inventory system
NCI-supplied study agents are repackaged and/or reshipped to other investigators, patients, or locations by mail or express carrier
Agent has been transferred to an investigator who is not actively registered with CTEP
Dispensing of NCI-supplied study agent to a registered patient/study participant and not recorded or not recorded on the appropriate DARF
DARFs Protocol and Agent Specific (Non-Compliance)
Patient/study participant identified on DARF is not a registered patient/study participant
NCI-supplied study agent used for pre-clinical or laboratory studies without written approval by NCI
Substitution of any NCI-supplied study agent, with non-NCI supplied study agent, including commercial agents
Lack of a DARF(s) to verify NCI-supplied study agents are administered to patients/study participants or transported and delivered to investigators at Satellite Dispensing Areas and administered to patients/study participants
Each NCI-supplied study agent not accounted for separately by protocol
DARF maintained by lot #
One DARF used for more than one protocol
One DARF used for a protocol using multiple study agents
One DARF used for multiple strengths, dosage forms of an agent, or multiple ordering investigators
Single DARF used for multiple patients/study participants on study when patient-specific DARF should be maintained
Multiple dose vials recorded for one patient/study participant instead of multiple patients/study participants, or multiple doses recorded on a single line of the DARF

Satellite Records of Dispensing Area (Non-Compliance)
No satellite DARFs in use when required
Satellite DARFs not available at the time of the audit
Satellite and Control records do not match or are not accurately maintained
Unused study agent is not documented or returned to Control dispensing area; Satellite Dispensing Area is inappropriately transferring and/or locally destroying NCI-supplied study agent
NCI DARFs Kept as Primary Transaction Record (Non-Compliance)
NCI-supplied study agent order receipts (Shipment Record of Clinical Drug Request) not retained or not available for review
Lack of documentation on Control DARF of NCI-supplied study agent transactions and destruction
NCI-supplied study agents have been borrowed
Transfer Investigational Agent Form not used when transferring NCI-supplied study agent
No written documentation of NCI authorization of transfer or local destruction of NCI-supplied study agent maintained
Quantities not accounted for in physical inventory; quantity does not match DARF
Return of Study Agent (Non-Compliance)
NCI-supplied study agent is not returned, not transferred to an appropriate NCI protocol or not destroyed within 90 days; NCI-supplied study agent is destroyed without NCI authorization or not destroyed per local institution's destruction policy
Failure to maintain Return Form or documentation of local destruction; no written NCI authorization for transfer or for local destruction
NCI-supplied study agents not returned, transferred or destroyed when patients are in follow-up and no NCI-supplied study agent is being administered
Patient returns of NCI-supplied study agents are not recorded on the patient-specific DARF for patient-specific supply studies
Patient returns of oral NCI-supplied study agents *not* documented appropriately on the Oral DARF
Patient returns of non-oral or non-patient-specific supplies *are* recorded on the DARF

Study Agent Storage (Non-Compliance)
NCI-supplied study agents not stored separately by protocol, different strength or 'dosage form' (eg, oral, injectable) and by ordering or designated ordering investigator (by Group)
NCI-supplied study agents used for more than one protocol combined in storage
NCI-supplied study agent not stored under proper conditions; temperature monitoring documentation not maintained
Adequate Security (Non-Compliance)
NCI-supplied study agent is stored in an insecure area
Unauthorized individuals have access to a secure area without supervision
Authorized Prescription(s) (Non-Compliance)
NCI-supplied study agent is prescribed by a person not registered with CTEP as an investigator, or order was not co-signed by an active registered investigator
An order was not signed or co-signed by the registered investigator prior to study agent dispensing and administration
Pharmacy does not have procedures in place to ensure person prescribing or cosigning prescriptions for NCI-supplied study agent has an active investigator registration with CTEP

Patient Case Review (Table D)

Informed Consent (majors)
Consent form document missing
Consent form document not signed and dated by the patient/study participant
Translated consent or short form not signed and dated by a non-English speaking patient/study participant
Consent form not signed by patient prior to study registration/enrollment
Consent form does not contain all required signatures
Consent form used was not the current IRB-approved version at the time of patient registration
Consent form not protocol specific
Consent form does not include updates or information required by IRB
Re-consent not obtained as required
Consent of ancillary/advanced imaging studies not executed properly
Eligibility (majors)
Review of documentation available at the time of the audit confirms patient/study participant did not meet all eligibility criteria and/or eligibility requirements were not obtained within the timeframe as specified by the protocol
Documentation missing; unable to confirm eligibility
Treatment (majors)
Incorrect agent/treatment/intervention used
Additional agent/treatment/intervention used which is not permitted by protocol
Dose deviations, modifications, or incorrect calculations (error greater than +/- 10%)
Dose modifications/treatment interventions not per protocol
Treatment/intervention incorrect or not administered correctly, incorrectly calculated, or not adequately documented
Timing and sequencing of treatment/intervention not per protocol
Unjustified delays in treatment/intervention

Patient Case Deficiency Review (Table D)

Disease Outcome/Response (majors)
Inaccurate documentation of initial sites of involvement
Tumor measurements/evaluation of status or disease not performed or not documented according to protocol
Protocol-directed response criteria not followed
Claimed response (PR, CR, etc.) cannot be verified or auditor could not verify the reported response
Failure to detect cancer (as in a prevention study) or failure to identify cancer progression
Adverse Event (majors)
Grades, types, or dates/duration of serious adverse events inaccurately recorded
Adverse events cannot be substantiated
Follow-up studies necessary to assess adverse events not performed
Failure to report or delayed reporting of an adverse event that would require filing an expedited Adverse Event (AE) report or reporting to the Group
Recurrent under- or over-reporting of adverse events
General Data Management Quality (majors)
Recurrent missing documentation in the patient/study participant records
Protocol-specified laboratory tests not reported or not documented
Protocol-specified diagnostic studies including baseline assessments not done, not reported or not documented
Protocol-specified research/advanced imaging studies not done or submitted appropriately
Frequent data inaccuracies
Errors in submitted data
Delinquent data submission (> 6 month delinquency is considered a major deficiency; a 3-6 month delinquency is considered a lesser deficiency)