Welcome to this video tutorial on Patient-Specific DARFs in the PMB Investigational Drug Accountability series. This video will review how to manage your DARF when using it for a patient-specific or blinded study. For the purposes of this video, the term blinded and patient-specific will be used interchangeably. Any references to the Investigational Agent Accountability Record in this presentation apply exclusively to the NCI DARF.
Much of the information in this presentation will build off of previously released videos in the Investigational Drug Accountability series. Please consider viewing the other videos in this series before viewing the patient-specific DARF video. From the earlier videos, you already know that DARFs must be maintained to track the disposition of all study-supplied agents for NCI clinical trials.
As a reminder, you can find the DARFs and other forms on the CTEP website listed here.
Before deciding whether a patient-specific DARF is required, you will need to determine whether the agent supplies are provided on a patient-specific basis. For agents that PMB distributes, most of these studies will be placebo-controlled blinded studies, which should be easily identifiable from the protocol title. This information is also clearly defined in the pharmaceutical section of the protocol under "Agent Ordering and Accountability."
Once you have determined that the protocol provides patient-specific supplies you can create your DARFs. The agent’s route of administration will determine which DARF to use.
While protocol-specific DARFs allow you to record multiple patients on the same form, a patient-specific DARF is limited to a single patient. A separate DARF is required for each agent and each strength provided by PMB for the patient. In this example, you will receive 2 different strengths of the agent, which requires 2 unique DARFs for each patient. If you only receive a single strength with the initial shipment, you can start with a single DARF. If additional strengths are later required to accommodate a dose adjustment, additional DARFs can be created at that time.
Here is an example of a completed patient-specific Oral DARF header. Please refer to the DARF headers video for instructions on how to complete the basic elements of the header for each form. To make the DARF patient-specific, you need to insert the patient identifier into the header. The identifier should include the patient ID assigned at randomization, along with the patient initials. The exact location is not important as long as the information is clear and does not obstruct the other fields in the header.
The investigator listed on the Shipping Receipt must be the investigator listed on the patient-specific DARF. Subsequent orders are submitted under this “responsible” investigator unless a patient transfer has been approved by the lead organization and a copy of the approval provided to PMB.
You can see on this example of the completed Original DARF header, that the patient ID and initials have been included in a different spot than on the Oral DARF. Again, it is not important where the information is in the header as long as it is clearly noted.
Let’s move onto documenting transactions such as receipt, dispensing and returns. For patient specific studies in which PMB distributes the agent, the first order is not entered in OAOP. When the patient is registered, the coordinating office transmits an electronic order notifying PMB that a patient was randomized and to which arm they were assigned. The PMB will prepare the shipment and send it to the site. Because patient-specific labeling is added to these supplies, the orders take a few extra days to arrive at your location. Keep in mind that next day delivery is not available for patient-specific orders. For the initial shipment, the Shipping Designee linked to the responsible investigator will receive an email notifying them of the impending shipment. This may be the first time you are notified of a new patient on the protocol. If that’s the case, you should obtain and review a current copy of the protocol for details on the initial and subsequent orders for this patient.
When you receive the shipment, please review the Shipping Receipt carefully. You will notice that the patient-specific shipping receipt from PMB looks a little different than the open label supply receipt you may be used to. The first difference is the addition of the patient ID and patient initials below the protocol and agent name. Also notice that the receipt does not have a lot identifier listed in the lot number column. Because the lot identifier is a potential source of unblinding, it will not be printed on the shipping receipt. When you receive the patient specific supply for your patient, record the receipt on the DARF that you created earlier. Verify that the patient ID on the bottle labels matches the patient ID from the Shipping Receipt. Notice that the supplies that were received match the patient ID from the shipping receipt. However, there is no lot number on the bottles or Shipping Receipt. So, what lot identifier should you record on the DARF?
The Julian Date and order number in the upper right hand corner of this label are used as the lot identifier. The Julian Date is a code for the exact day of the year and the order number is the sequence order number processed on that specific day. This is a unique identifier to this patient supply. Refer to the Agent Receipt video for more information.
Once the supplies are checked in, make sure that the supplies are stored in a way that separates them from other studies and other patients on the same study. The supplies should not be removed from their original packaging (which contains the Julian Date) when stored at the site. For example, many of the vials that we distribute do not have space for a full label to be applied. In these cases, we package the supplies in a box with a full label on the outside of the box. The vials contained in the box only contain the patient ID number. Storing them in the original shipping box will ensure the supplies are connected to the appropriate Julian Date and shipment.
Now that you have stored your agents properly, it’s time to dispense to the patient. This is the easy part. You document the dispensing the same way as on the open label record, but the DARF will only ever contain one patient ID.
When it is time to reorder supplies, please refer to the protocol for appropriate instruction. Specific instructions on the timing of reorders are stated in the Pharmaceutical Section of the protocol. Most reorders need to be entered by the site using OAOP. Because there is a unique link between the investigator listed on the Shipping Receipt and the patient ID, you need to order under the same investigator that is noted on the initial shipping receipt. Unless the patient has been transferred to a different investigator through direct discussion with the coordinating office and PMB is notified, the patient ID will only display under this investigator in OAOP. You will not be able to see the patient ID to order supplies under a different investigator or if you are not a designee of the investigator listed on the shipping receipt.
Unlike open-label supplies, patient-specific supplies cannot be transferred to other patients.
The only exception to transferring patient-specific supplies is if the patient changes responsible investigators. In certain situations, the agent supply may be transferred to the new investigator after the investigator transfer notification has been received and processed by PMB. If this happens, you need to submit the PMB agent transfer form found on the PMB website. Once the patient has been transferred to a new investigator, you also need to create a new DARF for that patient to reflect the updated investigator.
Alright, let’s move onto stock recovery of a patient-specific supply. This is where things may get a little confusing. In the event of a stock recovery notification, refer to the Julian Date portion of the lot identifier you pulled from the patient label. This is the same number that is entered in the Lot Number field on your patient-specific DARF. Using the Julian date from our previous bevacizumab or placebo example, 15061, this stock recovery letter identifies a date range during which the supplies to be recovered were distributed. In this example, the supplies distributed between 14261 and 15120 should be returned. Since 15061 falls within that date range, the supply needs to be returned or destroyed as per the stock recovery notification. Using the Julian Date for stock recovery notifications allows us to recover both the active and placebo supplies, thus ensuring that the blinding is maintained.
Another reason for returning patient-specific supplies is when you become aware that the patient is no longer receiving protocol treatment. Note that this reason for return is independent of receiving any correspondence from PMB such as a stock recovery notification.
When a patient returns unused study agent as shown in this example, record the returns on the patient-specific Oral DARF, just like on the protocol-specific DARF. You can see a trend here, as most of the documentation procedures are the same as for the protocol-specific DARF once you have properly set up the patient-specific DARF. Refer to other videos in this series for more on dispensing and returns.
Please keep in mind that patient-specific agent accountability presents different issues than protocol-specific supplies. Refer to the table in this slide for similarities and differences between patient-specific and protocol-specific supplies. PMB staff is always available to answer questions or clarify issues unique to patient-specific accountability. Feel free to contact us by phone or email to address your questions.
Thank you for watching this video tutorial. Additional PMB Investigational Drug Accountability videos are available through our YouTube Playlist.
Please note that the video and any items displayed within the videos are subject to change. Check back periodically for updates.
Questions can be directed to the Pharmaceutical Management Branch, CTEP, NCI by phone Monday through Friday from 8:30am to 4:30pm Eastern Time or by email any time.