How Broad of an Assessment is Necessary When the Data is Sparse for CV Events and Death in Non-Cardiac Studies

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Content

- Goal
- Options

Goal

Goal: Collect Key Data

- Prospectively collect sufficient information at time of event to allow for post hoc adjudication later if needed

- Collect only the minimal information necessary without undue investigator burden
  - Obtain key basic information
  - Date & location of other records (e.g., test & lab results)

- Most cases will likely not require external independent adjudication
  - ***Goal is to collect the information in case it is needed***

Potential eCRFs

- Arrhythmias
- Stroke & TIA
- Heart Failure
- Death
- Deep Venous Thrombosis
- Myocardial Infarction
- Peripheral Arterial Thromboembolism
- Pulmonary Hypertension
- Revascularization
- Valvulopathy

Options for Data Collection

Options

1. Request & upload source docs only, including Adm H&P and DC summary for each event
2. Request source docs and a narrative highlighting key info for each event
3. Have master doc that requests info regardless of event, is very comprehensive and has areas that one skips if not applicable
4. Have individual event forms with specific questions and option to upload source documents if desired by company

Source Documents Only

- Request & upload source docs only, including Adm H&P and DC summary for each event
  - Checklist of desired information for each event
- Challenges:
  - Could be voluminous amount of information for review
    - & thus time-consuming
  - Data-basing this amount of information is difficult & costly
  - Protecting Personally Identifying Information may be compromised as numerous forms are uploaded en masse over numerous studies

Source Docs & Narrative

- Request source docs and a narrative highlighting key info for each event
- Challenging to have well-written narrative with key info by non-subspecialists for cardiovascular & neurological events (stroke/TIA)
  - Even though information is listed, it may be hard for investigator to have all of the requested information at hand to write and include items of interest
  - May lead to delays in information or omissions as investigators lag in executing due to complexity
  - May be delegated to study co-ordinators who may be even further removed from understanding what would be key points of interest to include

One Master eCRF

- Have master doc that requests info regardless of event, is very comprehensive and has areas that one skips if not applicable
- Challenges:
  - Certain aspects would be streamlined, but if more than one event reported, would be very challenging to linking some items to particular events
    - For example, changes in signs & symptoms over time (e.g., day 1 MI, day 2 HF, day 3 surgery)
  - Technically would be very challenging for IT
  - Adjudicators would need to piece together “story” more than if patient profiles were given for at least each event (though that approach still requires collating the profiles into one)

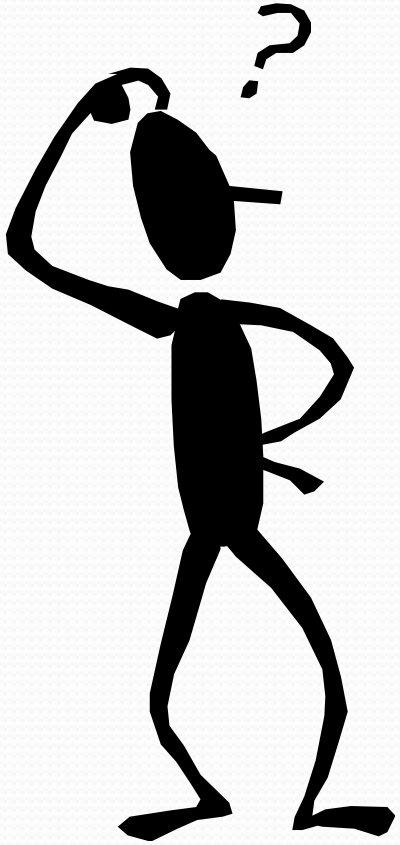
Event Specific eCRFs

- Have individual event forms with specific questions and option to upload source documents if desired by company
  - Allows focused questions most germaine to particular events of interest
  - Allows one to consistently only ask the absolute minimum questions to maximize ability to adjudicate without over-complicating data collection for investigator
  - Still gives option for sponsors to select certain types of information for which they may which to have source documentation obtained up front or may request contact information for certain items (e.g., Name/Location of Lab, Hospital)

Summary

1. **Source docs only**, including Adm H&P & DC summary for each event
2. **Source docs & narrative** with key highlights for each event
3. **Comprehensive master doc** that requests info regardless of event, with areas to skip if not applicable & ***option to upload source documents*** if desired by company
4. **Individual event forms with specific questions** & ***option to upload source documents*** if desired by company

What questions do you have?



Back up

Optional

- Trials where events are **clinical trial endpoints AND** have **adjudication/endpoint committees** in place for purposes of adjudication
  - CV trials with MACE as CV endpoints (outcome studies for cardiovascular compounds)
  - Neurology trials with stroke as an adjudicated endpoint (would need to use any forms for any events not adjudicated)