

Jeopardy

RECIST

AE'S

PROTOCOL

CONSENT

MISC

\$100

\$100

\$100

\$100

\$100

\$200

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RECIST- \$100

- Question: All measurable lesions up to maximum of 2 lesions per organ and 5 lesions total are considered what?
- Target Lesions



RECIST- \$200

- Question: A 20% increase in the sum of target lesions when compared to the smallest sum reported AND a greater than or equal to 5mm increase over that sum and/or presence of new lesions are considered what?
- Progressive Disease



RECIST- \$300

- Question: Small lesions (longest diameter $< 10\text{mm}$ or lymph nodes ≥ 10 to $< 15\text{mm}$ short axis) and all other lesions, including bone lesions and pleural effusions are considered what?
- Non-measurable disease/lesions



RECIST- \$400

- Question: Lesions that can be measured in at least 1 dimension as $\geq 10\text{mm}$ by CT scan are considered what?
- Measurable disease/lesions



RECIST- \$500

- Question: A 30% decrease in the Sum of Target Lesions when compared to the baseline sum AND a response of non-PD in non-target lesions are considered what?
- Partial Response



AE's- \$100

- Question: Who is the person responsible for attributions of adverse events?
- Treating Investigator



AE's- \$200

- Question: What are adverse events that are considered “expected” and their presence/absence should be provided and graded for each cycle of treatment?
- Solicited



AE's- \$300

- Question: What new guidelines went into effect April 1, 2018 but, should not be used until specified by the study protocol?
- CTCAE Version 5.0

Daily Double: What does CTCAE stand for?

Answer: Common Terminology Criteria for Adverse Events



AE's- \$400

- Question: How many days do you have to submit a CTEP-AERs Report?
- Protocol specific-depends on grade and hospitalization (24 hour 5 calendar days to 10 calendar days)



AE's- \$500

- Question: What is the section of the protocol that gives protocol specific exceptions to expedited reporting?
- SPEER portion of the CAEPR



Protocol- \$100

- Question: Name 2 places to find the type of allowed imaging and when the imaging is required.
- Test Schedule and Imaging section of the protocol



Protocol- \$200

- Question: Where would you find contact information for protocol specific questions?
- First several pages of the protocol, (e.g title page) and the protocol page on the Alliance website



Protocol- \$300

- Question: Name two places where can you find lab clarification within a protocol?
- Test schedule footnotes and specimen submission section of the protocol.



Protocol- \$400

- Question: Who is ultimately responsible for determining if a patient is eligible for a trial?
- Treating Investigator



Protocol- \$500

- Question: Where can you find pill diaries, Performance Status Scale, and other study specific forms?
- Within the Appendix of the protocol and the protocol page on the Alliance website



Consent- \$100

- Question: The document that allows researchers and research staff to use and disclose a patient's health information is called what?
- HIPAA (Health Insurance Portability and Accountability Act)



Consent- \$200

- Question: Name two places where the “signed” consent form should be?
- Original in Patient Chart (EMR and/or Research folder)
- Copy with patient



Consent- \$300

- Question: Name 5 sections within a consent.

Usual approach

Other choices

Why is this study being done

What are the study groups

How long will I be in the study

Possible risks

Signature block

More information

Injury

Rights

Costs

Possible benefits

Questions

Optional research



Consent- \$400

- Question: Name 3 key components to a consent dictation (not including sections of the consent form).
- Name of study (with no acronyms)
- Adequate time
- Reviewed and signed before sedation
- Reviewed and signed prior to study procedures
- Copy given to patient



Consent- \$500

- Question: Name 3 things that need to happen before you are granted permission to consent a patient to a clinical trial.
- CITI training completed
- Listed on the Delegation of Authority
- Rostered on the NCORPSYS
- Listed in the RCR
- Trained properly to consent patients



Misc.- \$100

- Question: The proper way to correct an error on a study document is how?
- Single strikethrough, initial and date

Daily Double:

What shouldn't you do when correcting an error?

Never use white-out and/or never write over.



Misc.- \$200

- Question: Name 2 places you can look to see if a specimen should be sent on dry ice or ambient.
- Specimen collection and submission section of the protocol
- Lab manual (if provided)



Misc. - \$300

- Question: Name 2 places where you can find out if the study drug is provided.
- Drug information section of the protocol
- Protocol title page
- CTSU website study agent tab
- Consent



Misc.- \$400

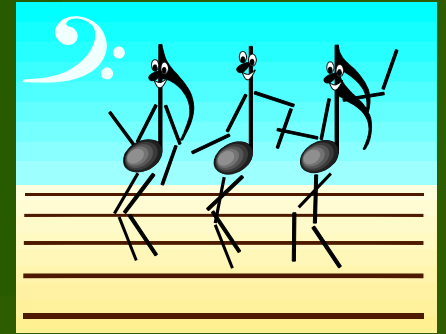
- Question: List 3 types of identifiers that are required to be removed in order to be considered “de-identified”.
- Name
- Date of birth, admissions, discharge, or death
- All geographic subdivisions smaller than a state
- All ages over 89
- Numbers: telephone, fax, SSN, and email
- Medical record number, accounts, license number, vehicle identification number
- Device identification
- Internet protocol IP addresses



Misc.- \$500

- Question: What are the names of the two presenters for today's presentation?
- Kristin Honer and Tammie Mlodozyniec





Questions?

