



Checking Eligibility: Mastering the Art of Confirming Eligibility for Patient Enrollment to Clinical Trials

Jennifer Dill, BS, CCRP

Clinical Research Professionals Committee Chair

Clinical Research Professional Orientation, May 10, 2017

Objectives

- Identify the importance of confirming eligibility
- Identify key steps to confirm eligibility
 - Know where to go for required resources.
 - Recognize which documents provide sufficient information to confirm eligibility.
 - Identify how to avoid common pitfalls.

Eligibility: What is the Big Deal?

- Confirming Eligibility is one of the most critical tasks assigned to a Research Professional.
 - Patient Safety
 - Appropriate Treatment Option for the Patient
 - Evaluable Patients needed for Data Analysis
 - Deviations are in the Details

Where to go for Eligibility

- Protocol Requirements:
 - Eligibility Criteria – protocol Section 3.0
 - Study Calendar – protocol Section 5.0
 - Stratification Factors – protocol Section 4.0
 - Registration – protocol Section 4.0
 - Protocol Sections or Appendix referenced in Eligibility Criteria
 - Open Enrollment Form located on ALLIANCE under the protocol page, “Case Report Forms” & CTSU under “Protocols”, type your protocol, LPO documents, Patient Enrollment Documents

Begin at the Beginning:

- Standardize the Process

MUST Complete Prior to Randomization on:

Example #1:

Many Small Steps
Standardization decreases errors and increases efficiency

Complete	Document needed	Request Date	Requested from:	Requested By:
	MD signature on Registration worksheet			
	MD Signature on Eligibility from protocol			
	SWOG Studies – good medical practice			
	Patient in CREDIT			
	Correct Protocol Version			
	Complete Consent/HIPPA			
	Current Consent			
	Check Credit for special notes/regs			
	Check drug section			
	Documentation of Consent review			
	Reg. Sheet/Eligibility Checklist complete			
	Check time to initiate treatment			
	Review Strat Factors with MD			
	Check consent ?'s against reg. worksheet			
	Check for credentialing requirements			

Begin at the Beginning:

• Standardize the Process

Alliance/CTSU Eligibility Check

Patient Name Angel Fistula DOB 6/2/68 Patient ID _____
 Study A11xxxx WashU Target Accrual: 10 WashU Current Accrual: 9
 Proposed Registration Date (Please highlight) 5.10.2017
 Proposed Treatment Start Date 5.15.2017
 Consenting/Registering MD Dr. Oliver Oncologist Consenting/Registering Site: BJH
The OnCore enrollment must reflect MD and site as above.

Responsible CRA Phoebe Pharmacokinetic Date 5.9.2017 Eligible Y / N / P
 Consent Check

Other tests or labs needed pre-registration (date scheduled)/Questions or comments for Faculty Reviewer:

Reviewing CRA Amanda Adverseevent Date 5.9.2017 Eligible Y / N / P
 Consent Check

Comments:
 Does pt. have M1a or M1b staging per appendix II? Y/N

Faculty Reviewer _____ Date _____ Eligible Y / N / P
 Comments:

- CRA Screening Checklist:
- Documentation of informed consent process complete and included? Y / N
 - Is the consentor on the IRB engaged list? Yes / No
 - Consent scanned into Allscripts and OTTR, if applicable
 - Insurance verification: Required for all except full Medicare/Medicaid. Y / N / NA (If YES, date of authorization _____)
 - IRB approval documents at CTSU Regulatory Site Registration
 - Invest. Drug Provided? Y/N (Drug Name: _____ /Date Rx Confirmed: _____)
 - o New Patient On-Study Drug Availability Request Form should be sent for all potential patients
 - Were the proper stratification criteria/factors used and documented? Y / N / NA
 - SWOG Protocols: PI signature on SWOG Registration Worksheet confirming eligibility?
 - Path submission required? Y / N (If YES, pathology due date: 6.10.17)
 - Specimen submission required? Y / N (If app, specimen kit requested? Yes, Date: _____)

Example #2:

Many Small Steps
 Standardization decreases errors and increases efficiency



What to Print When Working Up Patient Eligibility

- Using the current version of the protocol
 - **Print Eligibility** from body of protocol and (highly suggested) print **stratification factors**, as these must be documented
 - **Document/Note sources** for *each portion* of eligibility requirement
 - Some eligibility requirements will require multiple different source documents to confirm one eligibility criteria
 - Print **Test schedule** and **foot notes**. Document the date each item is completed
 - Print the **Open Enrollment Form**
 - Highly recommended to use an internal “**Randomization Checklist**”

Documentation & Sources

- Confirm Eligibility Criteria, Test Schedule & Stratification Factors found in the protocol
 - For each criteria, document sources
 - Ideally an auditor could view *just the sources you document* and conclude the patient is eligible.
 - Many eligibility points require **multiple sources**, ex: path & labs.
 - Read the entire eligibility point all the way through
 - **Avoid a Pitfall: Providing this documentation allows for easy confirmation at audits and for seamless understanding in case of staff turnover**

Example of Source Documentation

3.2 Patients must have histologically or cytologically proven primary non-small cell lung cancer (adenocarcinoma, large cell carcinoma, squamous or unspecified). Disease must be Stage IV, as defined in appendix II. Disease may be either newly diagnosed or recurrent after previous surgery and/or irradiation. Patients with additional lesions in an ipsilateral non-primary lobe without M1a or M1b disease will not be considered to have Stage IV disease and are not eligible.

- 3.2 “Patients must have histologically or cytologically proven primary non-small cell lung cancer (adenocarcinoma, large cell carcinoma, squamous or unspecified).”

Source = pathology/cytology report

- “Disease must be Stage IV, as defined in Appendix II.”

Review appendix II, source likely = CT CAP or bone scan, or path from biopsy of a metastatic location

- “Disease may be either newly diagnosed or recurrent after previous surgery and/or irradiation.”

Source = MD note with the history of the present illness *and* if recurrent dz then also MD note from initial diagnosis noting the treatment given.

- “Patients with additional lesions in an ipsilateral non-primary lobe without M1a or M1b disease will not be considered to have Stage IV disease and are not eligible.”

This likely doesn't require additional sources since you noted the sources for complete staging above.

An Example for you!

Work in groups to note the sources you would likely use to meet each eligibility point.

- #1 —
- No evidence of metastatic disease.
 - Her-2 negative, defined as:
 - ISH ratio of < 2.0 (if performed)
 - IHC staining of 0-2+ (if performed)
 - Deemed to not be a candidate for Her-2 directed therapy.
-
- #2 —
- Eligible TNM Stages include:
 - **ER and PR** negative (defined as <1% staining for ER and PR by IHC): T2 or T3 N0, T0-3N1-3
Note: Patients with T1, N1mi disease are NOT eligible.
 - **ER and/or PR** positive (defined as ≥ 1% staining for ER and/or PR on IHC): T0-3N1-3 or T3N0
Note: Patients with T1-2, N1mi disease are NOT eligible.
-
- #3 —
- The eligibility of neo-adjuvant subjects can be assessed on the basis of cTNM or ypTNM. The same eligible TNM combinations apply; patients may be eligible if they meet eligibility requirements at either time point, as long as they do not have T4 disease prior to therapy.
- #4 —
- No history of invasive breast cancer in 5 years prior to study registration other than the current diagnosis (prior DCIS at any time is acceptable).
-
- #5 —
- Patients must have had a bilateral mammogram within 12 months prior to registration, unless the initial surgery was a total mastectomy, in which case only a mammogram of the remaining breast is required. (Subjects with bilateral total mastectomies do not require imaging).
-
- #6 —
- Investigations, including chest X-ray or CT chest, bone scan (with radiographs of suspicious areas) and abdominal ultrasound or liver scan or CT abdomen have been performed between the first histologic diagnosis and the time of registration as detailed below.
 - Chest X-Ray, 2 view (or Chest CT, or PET/CT) is required only if clinically indicated or recommended by NCCN guidelines.
 - Bone scans (with x-rays of abnormal areas) are required only if clinically indicated or recommended by NCCN guidelines.
 - Abdominal imaging is required only if clinically indicated or recommended by NCCN guidelines.
-
- 3.2.2 Prior Treatment**
- #7 —
- All adjuvant or neoadjuvant chemotherapy, radiation, and surgery completed at least 21 days prior to registration.
 - All triple negative patients must receive chemotherapy of the treating physician's choice.
 - ER/PR+ patients must receive chemotherapy (of the treating physician's choice) unless Oncotype Dx or another genomic predictor score indicates that they are at low or intermediate risk of disease recurrence with endocrine therapy alone.

Where Things Get “Tricky”

- The “source document” ...
 - MD noting T2N1M0 is good BUT
 - What is the source for staging? The information used to draw that conclusion is also needed. Ex: path, EUS, bone scan, etc..
 - Medical History doesn't match Medication List
 - Example: Patient taking synthroid but no history of thyroid abnormality

Tip: Review PMH and Meds with indication at time of consent

Detailed Steps

- **Is the protocol currently OPEN at your institution**
 - Studies temporarily close, updates can require IRB review
 - Go to CTSU – Regulatory Tab – Site Registration to Confirm

Home Protocols Dashboard Regulatory OPEN Rave/DQP Clinical Data Education & Resources Collaboration RUMS Reports

Home Site Registration Protocol Requirements Regulatory Submission CIRB Site Preferences

Site Number: mo011 Registration Status: ALL Protocol Status: All Protocol Statuses IRB Type: All IRB Types

Protocol: A081105 [Help](#) [Disclaimer](#)

Site Registrations

#	Site	Protocol Number	LPO	Protocol Status	IRB Type	IRB Approval Expiration (Days)	CTSU Collecting IRB Continuing Review?	Member Of LPO or PO	Site Registration Status	Missing Requirements (if applicable)
1	MO011	A081105	ALLIANCE	Active	CIRB	137	Yes	Y	Approved	Complied with all items [IC {due 06/15/2017}]

Detailed Steps Continued

- **Are there any special requirements for training or credentialing**
 - Check when opening a protocol
- **Gather Protocol Documents:** Go to ALLIANCE website / CTSU or your internal site database **Directly** to ensure most current version

Detailed Steps Continued

- Protocol Documents
 - Print **OPEN Enrollment Form**
 - Print **Eligibility**
 - Print **Test Schedule w/Footnotes**
 - Print **Stratification Factors**
 - Review **Registration Procedures/Instructions** – Are there any required sub studies, QOL's, pre-reg steps, how long to initiate treatment, etc.
 - Check how quickly treatment must be **initiated** – this impacts timing for registration
 - Review Drug Section, should you order any drug in advance, how long does it take for delivery
 - Print the consent when you are ready to meet with the patient in case there are recent amendment approvals

Stage Your Patient

- On your own, stage your patient. Use the stage derived by others as a confirmation. Obtain MD verification of stage.
- Verify protocol imaging was completed (i.e. CT with contrast vs CT without contrast or PET/CT vs CT with Bone Scan)
- Review all imaging for questionable areas that need follow-up. These must be addressed either by comments from the MD or by additional imaging. Be sure all areas of disease are evaluated *sounds basic but things get missed*.
- If there was only one small area of disease and it was biopsied, imaging post biopsy may be necessary to evaluate the post biopsy size for baseline tumor measurements.

Stage Your Patient Continued

- What is needed to stage varies based on primary location of the tumor. Some examples:
 - **Breast Patients**, use the pre-op physical to note inflammatory or not, mobile or fixed nodes, etc..
 - **Breast Patients**, read carefully through the **sentinel node procedure** – was it successfully performed, did they find hot/blue nodes?
 - **Lung**, what **levels of nodes** were sampled? Did the operative note mention areas examined but where no nodes were present?
 - **Colon/rectal**, distance above the **anal verge** on colonoscopy, obstruction, en bloc resection, adhesions, were there multiple areas of involvement and if so did the pathologist consider these separate primaries?
 - **Do all path reports show the same histology?** Do you have the most recent FISH/IHC/Hormone testing results – be sure to view original reports.

Wrapping Up

- Review things that **can not change** *early* in the process
- **Standardize** your process
- **Don't store** documents.
- **Discuss** any abnormalities with the MD and **document** the conclusion.
- **Document sources** for each eligibility point as you are going through the work-up.
- Review **strat factors** with the MD and document these.
- **Good practice**, have the MD review, sign and date eligibility from the protocol, registration worksheet and strat factors.

Recent Discoveries

- MD stated in an ***email*** patient was ECOG = 1, but recent office note stated patient had altered mental status and “was found lying in his driveway, acting as though nothing was abnormal.”
- Eligibility criteria states “No prior Tamoxifen therapy” but patient received tamoxifen for one week two years prior to enrollment
- Early stage lung cancer study, the patient had a PET and brain MRI after consent demonstrating metastatic disease, patient was enrolled to the early stage disease trial 6 days after PET and brain MRI resulted

