

# Case Report Form

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# Definition

- CRF = Case Report Form
- Goal : to collect data that can be verified and used for analysis according to Good Clinical Practice (GCP)

# Designing the CRF

- Should reflect the protocol
- Must be developed and tested in advance
- Must follow a logical order
- Must be easy to enter in a database
- Can be computerized (eCRF)
- Collect only needed variables depending of the objective of the study
  - Neither too few nor too much

# Questions 1

- Should be easily understood
  - Clarity, simplicity, neutrality
- Closed-ended questions should be preferred
  - Offer an 'other category' and space to specify

# Questions 2

- Unambiguous response
  - For a list of items
    - do not ask to mark all that apply
    - but rather ask for each question if it applies
  - For a Yes/No question
    - Offer a **don't know** and/or a **NA** (not applicable) option
  - For a relative question (change, improvement, deterioration)
    - Specify the reference period
      - Since last visit

# Example

## Physical Examination

LOCATION	NORMAL		SPECIFY DIAGNOSIS
	YES	NO	
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	.....
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	.....
Ears/ Nose/ Throat	<input type="checkbox"/>	<input type="checkbox"/>	.....
Cardiovascular System	<input type="checkbox"/>	<input type="checkbox"/>	.....
Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>	.....
Gastrointestinal System	<input type="checkbox"/>	<input type="checkbox"/>	.....
Neurological System	<input type="checkbox"/>	<input type="checkbox"/>	.....
Musculoskeletal System	<input type="checkbox"/>	<input type="checkbox"/>	.....
Skin	<input type="checkbox"/>	<input type="checkbox"/>	.....
Other	<input type="checkbox"/>	<input type="checkbox"/>	.....

# Questions 3

- Collect raw data
  - Date of birth rather than age
  - Weight and height rather than BMI
- To collect Patient Related Outcomes
  - Such as Quality of Life, Fatigue, ...
  - Use existing instruments that have been validated in your country

# Form

- Use an easy to read font
- Precise the unit
  - biological variables, weight, height, ...
- Leave enough space for the answer

– Height (cm):

|\_|\_|\_|

– Weight (kg):

|\_|\_|\_|,|\_|

- Group the items by domain
- Align the answers
- Use a graph if needed to explain where the measures should be taken (anthropometric measurements, lesion of Kaposi sarcoma, ...)



# Example

## Patient characteristics

**Date of birth:** / /  (dd/mm/yyyy)

**Gender:**      M    a    le ☐    Female ☐

**Ethnicity:**

Caucasian ☐    African ☐    Asian ☐    Other ☐ Precise: .....

**HIV transmission group:**

Homo Bisexual ☐

Heterosexual ☐

IV Drug addiction ☐

Unknown ☐

Blood transfusion ☐

Mother to foetus ☐

Other ☐ Precise: .....

## Lifestyle

**Tobacco:**

Non smoker ☐

Former smoker ☐    *If former smoker, Packets number/year \**

Smoking cessation date / /

day      month      year

Actual smoker ☐    *If actual smoker, Packets number/year \**

*\*Packet number/year = (nb of smoked cigarettes/day x nb of smoking year)/20*

**Alcohol consumption:**

Never ☐

Occasional ☐

Regular ☐    *If regular, precise the number of glasses per day*

# Content 1

- On the front page provide
  - Title of the study
  - Registration number (Eudract, ...)
  - Name or code of the centre
- On the second page provide a contact list
  - Sponsor, investigator, ...
- Patient identifier
  - on each page

**ORVACS 010**

**SCREENING VISIT**

**W-4**

**Patient ID code**

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Site No

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Patient No

--	--	--	--	--

Letter code

- Provide the study schedule
- Provide instructions for coding

## Schedule of assessments

Screening and Procedures		Intensification Phase		Intensification Plus Immunomodulation Phase							Long Term Follow Up				
Procedures	Screening	D0	W4	W8	W12	W16	W20	W24	W28	W32	W36	W40	W48	W56	End of Study
Raltegravir dosing		X	X	X	X	X	X	X	X	X	X	X	X	X	D/C <sup>1</sup>
Maraviroc dosing		X	X	X	X	X	X	X	X	X	X	X	X	X	D/C <sup>1</sup>
r-HIL-7 (CYT107) injections cycles (arm B)*				X					X						
Informed Consent	X														
Review Inclusion / Exclusion Criteria	X	X													
Randomization				X <sup>#</sup>											
24-hours Hospitalization <sup>5</sup>				X <sup>o</sup>											
Demographic Information <sup>2</sup>	X														
Relevant Medical History	X														
Record Previous and Current cART	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Record Procedures, Concomitant Medications <sup>3</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Adverse Events		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Treatment Compliance			X	X	X	X	X	X	X	X	X	X	X	X	X
Physical Examination <sup>4</sup> (Targeted)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Electrocardiogram <sup>5</sup>				X <sup>6</sup>					X <sup>6</sup>						
Spleen Echography <sup>5</sup>				X <sup>+</sup>					X <sup>+</sup>						
Vital Signs <sup>7</sup>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIV-associated Conditions	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Proctologic Exam <sup>7</sup>		X												X	
Pregnancy Test <sup>8</sup> (if applicable)	X	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>	X <sup>9</sup>
Fasting Serum Chemistry	X		X	X	X	X		X		X		X	X	X	X
Haematology	X		X	X	X	X		X		X		X	X	X	X
Urine Analysis: - Urea - Creatinine Clearance - Phosphocalcic Balance	X			X						X				X	X
HBV and HCV Serology	X														
HCV-RNA Viral Load by Quantitative PCR	X														
Transaminases (ASAT, ALAT) and γ-GT	X			X <sup>15</sup>					X <sup>15</sup>	X				X	X
Lactic Dehydrogenase (LDH)	X			X					X	X				X	X
Alkaline Phosphatase (ALP)	X			X <sup>15</sup>					X <sup>15</sup>	X				X	X

# Content 2

- Inform Consent
- Inclusion / non inclusion criteria
  - As a check list
    - If "NO" is checked for any of the inclusion criteria, patient is not eligible for the study
    - If "YES" is checked for any of the non inclusion criteria below, patient is not eligible for the study

# Example

## CHECK-LIST OF INCLUSION / NON INCLUSION CRITERIA

FAX to Keyrus Biopharma, +33 1 41 34 28 29

**If "NO" is checked for any of the inclusion criteria below, patient is not eligible for the study**

INCLUSION CRITERIA (1/2)	YES	NO
1. HIV-1 infection documented by any licensed ELISA test kit and confirmed by Western Blot at any time prior to study entry. HIV-1 culture, HIV-1 antigen, plasma HIV-1 RNA, or a second antibody test by a method other than ELISA is acceptable as an alternative confirmatory test	<input type="checkbox"/>	<input type="checkbox"/>
2. $18 \leq \text{Age} \leq 60$ years.	<input type="checkbox"/>	<input type="checkbox"/>
3. At least 3 years of ART (defined as at least 3 ART medications) without any interruption for more than one month (cumulative)	<input type="checkbox"/>	<input type="checkbox"/>
4. ART treatment unchanged in the 3 months prior to screening	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLEASE SEND AN ANONYMIZED COPY OF THE HIV PLASMA VIRAL LOAD (RNA) RESULTS DOCUMENTED WITHIN <u>3 YEARS</u> PRIOR TO ENTRY, WITH THE TRIAL NAME AND PATIENT'S STUDY SUBJECT IDENTIFIER</b>		
5. One HIV plasma viral load (RNA) documented at least 3 years prior to entry, and at least 2 HIV plasma viral loads (RNA) documented per year thereafter	<input type="checkbox"/>	<input type="checkbox"/>
6. HIV plasma viral load (RNA) $\leq 500$ copies/ml at least 3 years prior to entry and HIV plasma viral load $\leq 500$ copies/ml for 90 % of the measures thereafter	<input type="checkbox"/>	<input type="checkbox"/>

# Content 3

- Depend of the study protocol
- Follow the study schedule
  - Socio-demographic characteristics
  - Clinical and biological data
    - Use anonymized copy of the biological results
  - Treatment
  - Adverse event, safety data
    - Severe adverse event
- Self explanatory
- Appendix
  - Classification used, such as CDC classification system for HIV infection, classification of adverse event severity
  - SOP for inclusion, randomisation, biological sampling,
  - List of Prohibited Concomitant Medications
  - ...

# Example

## Laboratory Test Checklist

Date Specimen(s) Obtained: |\_|\_|/|\_|\_|/|\_|\_|\_|\_| (dd/mm/yyyy)

**ALL EXAMS TO BE PERFORMED AT DAY 0 BEFORE INVESTIGATIONAL DRUG INTAKE AT DAY 3**

*Please send a anonymized copy of the results with trial name and patient's study subject identifier to Keyrus Biopharma*

### **Virology**

HIV-RNA plasma viral load

Done ☐

Not done ☐

### **Immunology**

CD4/CD8 count

Done ☐

Not done ☐

**Pregnancy test: [blood (for France) or urine test if suspected pregnancy]**  
(βHCG)

Done ☐

Not done ☐

N.A. ☐

# Example

## Screening procedures

1. Check that inclusion and exclusion criteria has been respected
2. Explain the protocol, comment the information form and answer to the patient's questions
3. All pages of patient's information sheet must be initialed by the patient and investigator
4. The physician and the patient who accepts to participate should date and sign the informed consent. (A reflection time, compatible with the study is necessary for the patient). Give a copy of the informed consent to the patient.

When the patient has signed the informed consent:

5. Each individual participating to this trial should be allocated an anonymous identification code (ID code). It will be written in all the documents sent to Keyrus Biopharma (CRF, copies of biological results rendered anonymous). The ID code is composed of :

S   ite number which will include the patient (3 numbers)  
E   ntry order number of patient in the site (3 numbers), it correspond to the inclusion  
     chronological order number  
A   4 letters code generated by an automatic procedure transmitted by Keyrus Biopharma  
     during the initiation visit of the site

7       rite the correspondence between patient's name and his study ID code in the patient's confidential list of the study (provided in the administrative file during initiation visit). This list must be kept in the investigator file.

P e r form the clinical, physical and biological exams planned for the screening visit

- P lan and fix an appointment for the day 0 visit.



# To complete the form

- Use a blue or black ballpoint pen
- In case of error
  - Cross out the wrong text
  - Write the correct answer besides
  - Sign

# Conclusion

- A good CRF
  - get the right and correct data
  - Neither too few nor too much
  - Simple and easy to read
    - to avoid mistake
  - Collect data directly as much as possible
    - such as laboratory data, ...