

Platform Study Monitoring

The HDClarity experience

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Study Overview

- HDClarity is a multi-site CSF and plasma collection
 - currently active in Canada, US, UK and Germany
 - sites planned in Spain, Italy, Poland, Portugal, France
- Minimum of 2 study visits, screening and sampling
 - 20ml CSF and up to 50ml plasma are collected
- Potential for repeat sampling visits
- The HDClarity PI is not necessarily the Enroll-HD PI

HDClarity



Enroll-HD



- Enroll-HD is the platform for HDClarity
- Sites and participants must be active in Enroll-HD
- Linked EDC used for HDClarity data capture
- Enroll-HD core assessments are repeated at HDClarity screening if >2 months since Enroll-HD visit
- Enroll-HD General Forms are updated at all visits

HDClarity

HDClarity EDC

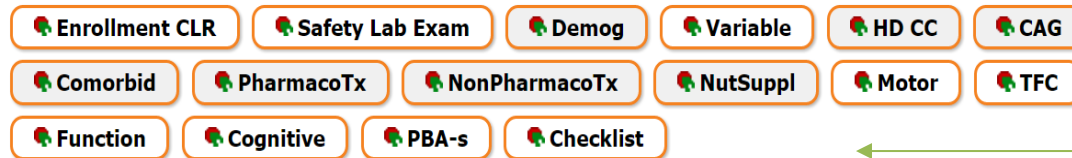
HDClarity Screening

Participant 548-198-543, HD Clarity Screening (03/21/2016)



General Forms are visible and able to enter data at every visit and every study

Participant 993-686-207, HD Clarity Screening (06/01/2016)



When Enroll-HD visit has not occurred within 60 days of HDClarity Screening then the Enroll core assessments are repeated during screening

HDClarity Sampling

Participant 548-198-543, HD Clarity Sampling (03/22/2016)



SITE SET UP AND TRAINING

Site selection

- The Enroll-HD team advise on site selection based on
 - known expertise and clinical trial experience
 - performance in Enroll-HD (recruitment, site issues, PVs, data entry)
 - participant population
- A site selection questionnaire then determines if the site
 - is able to deliver the protocol (e.g. rapid sample processing)
 - has access to the necessary equipment (-80 freezer, 2 centrifuges)
 - has access to a certified lab able to perform CSF cell counts

Site set up

- When an approved ICF and site agreement are in place, HDClarity CC collect
 - PI signed protocol
 - PI signed delegation log
 - CVs and GCP for everyone on the delegation log
 - User Roles and Responsibilities Form (URRF) for EDC access
 - Calibration certificates for pipettes, centrifuges and freezer
- The HDClarity delegation log is checked with the Enroll-HD team to ensure that all raters are appropriately certified
- HDClarity CC collect medical license registration information for all clinicians that are not already in Enroll-HD

Site initiation

- Prior to the site initiation visit (SIV), the site are given access to the HDClarity training videos on the EDC
- A study-specific investigator site file is provided
- The first biosample kits are provided
- The SIV is usually done remotely and consists of 2 parts
 - The technical SIV (sample collection and processing)
 - The non-technical SIV (e.g. recruitment, scheduling, EDC training, participant and site payment)
- Following the SIV, the site complete the HDClarity training log and are given access to the EDC training site

STUDY EXECUTION

Inclusion criteria

Group	Local CAG	Disease Burden	UHDRS Diagnostic Confidence	UHDRS TFC
Control	<36 (or no known family history)	-	-	-
Early Premanifest	≥ 40	< 250	< 4	-
Late Premanifest	≥ 40	≥ 250	< 4	-
Early Manifest	≥ 36	-	4	7-13
Moderate Manifest	≥ 36	-	4	4-6
Late Manifest	≥ 36	-	4	0-3

Protocol_HDClarity_VerNo002_2016_0621

Inclusion criteria

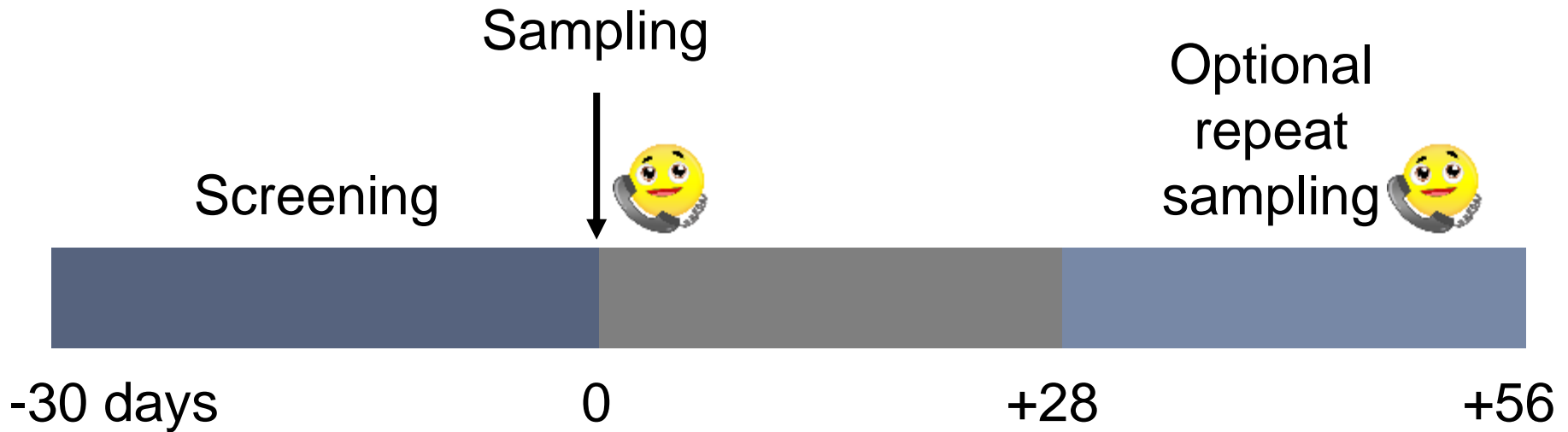
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Moderate Manifest	≥ 40	-	4	4-6
Late Manifest	≥ 40	-	4	0-3

Protocol_HDClarity_VerNo003 TBC

Inclusion criteria

- If there's no local CAG available or the report does not contain allele lengths, sites must confirm eligibility with HDClarity CC
- Genotype unknown are not eligible
- Community controls are eligible

Visit frequency



Up to 3 visits within 4-8 weeks

Definitions for reportable events

- AEs must be reported within 48 hours using the HDClarity specific AE log
 - Verbatim term describing the event (Medra)
 - Date of event
 - Severity
 - Relationship to Study
 - Final outcome
 - Expected

Definitions for reportable events

- SAEs must be reported within 24 hours using the SAE eCRF
 - Brief description of the SAE
 - Category
 - Any medical, behavioural, or other intervention taken as a result of this SAE
 - Final outcome
 - Status of the SAE report

Study specific waivers

- More than 60 days between the last Enroll-HD visit and the HDClarity Screening visit
- More than 30 days between the HDClarity Screening and HDClarity Sampling Visits
- Any variations to the Inclusion and/or Exclusion criteria including screening safety bloods out of range
- In addition, CI approval is required in advance for rescreening

MONITORING

IMV scheduling

- HDClarity IMVs are performed alongside an Enroll-HD IMV
- HDClarity Clinical Site Status Tracker is circulated weekly
 - Current recruitment
 - Site status (in set-up, open to recruitment)
- Enroll-HD inform HDClarity CC of the planned IMV scheduling
- The date of the RDR tracker request is provided
- Time allocated depends on the number of eligible visits

During the IMV

- Review of informed consent forms
- Verify eligibility of enrolled participants
- Review HDClarity ERB/ REB/ IRB approval of revisions to ICF
- Check status of required revisions noted during previous IMV
- Continued adequacy of study staff and facilities for HDClarity
- Review of new and ongoing AEs and SAEs
- Protocol violations
- Inspect ISF
- Equipment
- Source data verification

Source Data Verification

- Screening visit SDV
 - 100% for ICFs, inc/exc criteria, waivers, AEs
 - 50% for screening safety blood reports
 - 25% for Concomitant medications and comorbid conditions
 - 10% for Enroll-HD core assessments completed at screening
- Sampling visit
 - 100% eligibility check, waivers, AEs
 - 50% for CSF and blood collection and processing and CSF cell counts
 - 25% for Concomitant medications and comorbid conditions

ICFs

- As a minimum requirement, ICF checks must be complete before samples can be shared
- HDClarity shipment page now includes a notification that ICF has been checked off
- HDClarity ICF monitoring form in development

Working with central laboratories

- Laboratory staff are often not part of the clinical site team under the direction of the site PI
- Central or external labs have local SOPs for sample processing
- Only the lab manager may be named on the delegation log and is responsible for ensuring lab staff are trained on the study protocol
- Paper forms and worksheets are provided
 - Biosample processing kits are mixed
 - Implausible processing times
 - Number of samples implausible or incorrectly recorded
 - Time of storage

Screening safety bloods

Ordercode	Description	Value	Units	Range	Flag
COAT-PT	Prothrombin Time	10.4	secs	10.0-12.0	
COAT-INR	INR	0.99			
COAT-APTT	APTT	26	secs	25-37	
COAT-APRA	APTT Ratio	0.8		0.8-1.2	
COAT-FIB	Fibrinogen	2.60	g/L	1.5-4.0	
CRP-CRP	C-reactive protein	0.9	mg/L	0-5.0	
ELU-NA	Sodium	142	mmol/L	135-145	
ELU-K	Potassium	4.6	mmol/L	3.5-5.1	
ELU-UREA	Urea	6.6	mmol/L	1.7-8.3	
ELU-CREA	Creatinine	68	umol/L	65-112	
ELU-GFR	Estimated GFR	>60			
ELU-GFR	Estimated GFR	COMMENTS: Units: mL/min/1.73sqm Multiply eGFR by 1.21 for people of African Caribbean origin. Interpret with regard to UK CKD guidelines: www.renal.org/information-resources Use with caution for adjusting drug dosages - contact clinical pharmacist for advice.			
FBCY-WCC	White cell count	6.21	x10 ⁹ /L	3.0-10.0	
FBCY-RCC	Red cell count	4.67	x10 ¹² /L	4.4-5.8	
FBCY-HBGL	Haemoglobin (g/L)	139	g/L	130-170	
FBCY-HCTJ	HCT	0.413	L/L	0.39-0.50	
FBCY-MCVU	MCV	88.4	fL	83-99	
FBCY-MCHU	MCH	29.9	pg	27.0-53.5	
FBCY-MCGL	MCHC (g/L)	337	g/L	320-390	
FBCY-RDWU	RDW	13.2	%	11.5-15.0	
FBCY-PLT	Platelet count	201	x10 ⁹ /L	150-400	
FBCY-MPVU	MPV	12.3	fL	7-13	
FBCZ-NE	Neutrophils	68.0% 4.22	x10 ⁹ /L	2.0-7.5	
FBCZ-LY	Lymphocytes	20.5% 1.27	x10 ⁹ /L	1.2-3.95	
FBCZ-MO	Monocytes	9.2% 0.57	x10 ⁹ /L	0.2-1.0	
FBCZ-EO	Eosinophils	1.8% 0.11	x10 ⁹ /L	0.0-0.4	
FBCZ-BA	Basophils	0.6% 0.03	x10 ⁹ /L	0.0-0.1	

Date of blood draw: 09/05/2017

Results of laboratory examinations for safety

	Actual	Lower limit	Upper limit
White Cell Count	6.21	3	10
Neutrophil Count	4.22	2	7.5
Lymphocyte Count	1.27	1.2	3.65
Haemoglobin (Hb)	139	130	170
Platelets	201	150	400
Prothrombin Time (PT)	10.4	10	12
Activated Partial Thromboplastin time (APTT)	26	25	37
CRP	0.9	0	5
Safety lab result:	passed		

CSF cell counts

Ordercode	Description	Value	Units	Range	Flag
HCSF-NCAP	CSF Appearance	Clear Colourless Fluid			
HCSF-NCQR	CSF volume received	Approximately 1x0.3mL CSF			
HCSF-CTYP	CSF Type	Lumbar CSF			
HCSF-WCC1	CSF WCC TUBE 1	1 Lymphocyte	cu/mm		
HCSF-WCC2	CSF WCC TUBE 2	1 Lymphocyte	cu/mm		
HCSF-WCC3	CSF WCC TUBE 3	1 Lymphocyte	cu/mm		
HCSF-NCRC	CSF Red cell count	<1	cu/mm		
HCSF-NCRC	CSF Red cell count	COMMENTS: <1 <1			
HCSF-NCGL	CSF Random glucose	Cancelled - No Specimen received	mmol/L		
HCSF-NCTP	CSF Total Protein	Regret insufficient sample for analysis.	g/L		

Onsite CSF Sample Quality control

Microscopic erythrocyte count in CSF in triplicate:

1. Count: erys/ μ l

2. Count: erys/ μ l

3. Count: erys/ μ l

Flag:

Microscopic leukocyte count in CSF in triplicate:

1. Count: cells/ μ l

2. Count: cells/ μ l

3. Count: cells/ μ l

Flag:

Comment field "1. Count"

Comment:

erythrocyte result is <1

State:

Protocol violations

- Ahead of the IMV, the HDClarity PV tracker is provided
 - Informed consent
 - Data protection
 - Inc/exc criteria
 - Biosamples (CSF or blood volume, samples stored incorrectly)
 - Safety (unreported S/AE, LP when safety bloods out of range)
 - Other
- Few PVs but most common are informed consent, CAG ineligibility, blood volume >50ml and AE reported >48 hours
- Need to be informed of any Enroll-HD PVs that may necessitate quarantine of HDClarity data

IMV Reporting

- A separate report template for each platform study
- IMV follow up letter sent to site and HDClarity CC
- IMV report and PV tracker sent to HDClarity CC

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