National Center for Complementary and Integrative Health

Tool Summary Sheet

Tool: DSMP Template

Purpose: MS Word template to be used as a starting point for preparing a DSMP Template

Audience/User: Principal Investigators and Study Staff

Details: This document is the National Center for Complementary and Integrative Health (NCCIH) DSMP template for clinical research.

Best Practice Recommendations:

- Review this template and customize to the specific needs and requirements of the DSMP. Sample text may be updated as needed.
- In the template, the instructions and explanatory text are indicated by *{blue italics}*. Instructional text will also be enclosed in braces to signify this text for screen-readers used by the visually impaired.
- Text enclosed with <> is a placeholder for a specific detail (e.g., <protocol title>); replace as appropriate.
- Delete template-specific *instructional text* as well as this Tool Summary Sheet during the Charter development process.
- Leave the template version information in the lower left hand corner of the document.
- It is easiest and cleanest to use the styles that are embedded in the document, rather than to create your own. (In MS Word 2007: From the Home menu, select the bottom right arrow key to bring up the styles box, select “Options”, under “Select Styles to Show” select “in current document”.)
- Ensure that all placeholder and example text is replaced with the study specific information

Tool Revision History:

Version		
Number	**Date**	**Summary of Revisions Made:**
1.0	**21Feb2012**	**First approved version**
2.0	**13Apr2016**	**Added cover page, version numbers, and updated DSM Plan to be consistent with Protocol template**

Data and Safety Monitoring Plan (DSMP)

Independent Monitoring Committee

<Insert protocol title >

Name of Sponsor:	National Center for Complementary and Integrative Health
Grant Number:	< Insert protocol number>
Version Date:	<Insert the version date>
Version Number:	<Insert the version number>

1 STUDY OVERVIEW

1.1 Purpose of Study

{Provide a brief description of the purpose of the study}

{Begin sample text}

The overall goal of this project is to determine whether <intervention> is an effective treatment for <disease>.

{End sample text}

1.2 Adherence Statement

{Begin sample text}

The Data Safety Monitoring Plan (DSMP) outlined below for <Grant number> will adhere to the protocol approved by the <Institution> IRB.

{End sample text}

2 PROTOCOL AMENDMENTS

{NCCIH requires that any protocol changes other than minor administrative corrections to typographical errors receive prospective approval except when necessary to protect the safety, rights, or welfare of subjects. It is recommended that amendments be reviewed and approved by the Independent Monitoring Committee and NCCIH prior to being submitted to the IRB in order to avoid protocol violations that may arise from being unable to implement IRB-approved protocol changes until after NCCIH approval is received. }

{begin sample text}

All protocol amendments, other than minor administrative changes as defined by the NCCIH Guidance on Changes in Clinical Studies in Active Awards will be submitted in a prospective manner to NCCIH except when necessary to protect the safety, rights, or welfare of subjects. Prior to submission to NCCIH the proposed changes will be reviewed and approved by the Independent Monitor(s). IRB-approval will not be sought until after NCCIH approval of the protocol amendment has been obtained.

{end sample text}

3 MULTI-SITE STUDIES

{In the case of a multi-site study, NCCIH will review and approve study documents from the Coordinating Institution. The Coordinating Institution must review and approve the study documents from all sub sites to ensure that the protocol is being implemented consistently across all sites. The Coordinating Institution is responsible for ensuring that all protocol amendments are forwarded and implemented at sub sites in a timely manner}

{begin sample text}

- **Coordinating Center Responsibilities**

There are multiple responsibilities associated with serving in the capacity of a coordinating center. The Coordinating Center will perform the following tasks:

- Design and develop the protocol and template informed consent documents for use at each collaborating institution
- Review and approve all documents used at affiliate sites
- Ascertain each protocol is reviewed and approved by the IRB at the collaborating institution prior to enrollment of subjects at that site
- Ensure that each collaborating institution holds an applicable OHRP approved Federal Wide Assurance (FWA)
- Collect and maintain critical documents from affiliated investigators, e.g. resume/CV, medical license, certification of completion of training, laboratory certifications and laboratory norms, signed COI disclosure forms (for studies involving investigator sponsored INDs and IDEs)
- Store and/or manage data, data analysis, and data and safety monitoring activities
- Ensure informed consent is obtained and documented from each subject in compliance with federal regulations
- Maintain documentation of all affiliated sites IRB approvals for the protocol
- Provide study specific training to the research personnel at the affiliated sites
- Develop and provide protocol specific case report forms for each affiliated site
- Coordinate randomization as applicable
- Register subjects and track subject enrollment

- Ensure that affiliated sites are using the correct version of the protocol and consent document.
- Ensure that collaborating sites are utilizing quality control measures to assure data accuracy and completeness.
- Track, report and maintain documentation of all serious adverse events and unanticipated problems and disseminating the information to affiliate sites
- Provide periodic updates to affiliated investigators on subject enrollment, general study progress, and relevant scientific advances
- Assure that all relevant IRB correspondence (continuing review and amendments) and study status changes are communicated to all affiliate sites

{End sample text for Multi-site Studies}

4 CONFIDENTIALITY

4.1 Protection of Subject Privacy

{A plan for ensuring subject privacy must be included in the DSMP. It should be consistent with the study protocol. If a Certificate of Confidentiality will be obtained, it should be mentioned here}.

{Begin sample text}

Subject confidentiality is strictly held in trust by the investigators, study staff, and the sponsor(s) and their agents. This confidentiality is extended to cover testing of biological samples and genetic tests in addition to any study information relating to subjects.

The study protocol, documentation, data, and all other information generated will be held in strict confidence. No information concerning the study or the data will be released to any unauthorized third party without prior written approval of the sponsor.

The study monitor or other authorized representatives of the sponsor may inspect all study documents and records required to be maintained by the investigator, including but not limited to, medical records (office, clinic, or hospital) for the study subjects. The clinical study site will permit access to such records.

{End sample text}

4.2 Confidentiality During Adverse Event (AE) Reporting

{A plan for keeping AE reporting confidential should be included }

{Begin sample text}

AE reports and annual summaries will not include subject or group-identifiable material. Each report will only include the identification code.

{End sample text}

5 EXPECTED RISKS

{Provide a description of any reasonably foreseeable risks or discomforts as part of the subject's participation in the study, including physical, psychological, social and/ or financial risks. Risks that are listed within the informed consent document should also be included within this section. Make sure to include the severity and frequency of the expected risk. Address how much impact these risks are likely to have on a given patient including impact on function. Include the planned measures to minimize study risk.}

{Begin sample text}

Expected risks to the subject are as follows:

- Inserting a needle for blood sampling and placing a venous catheter for injection or infusion can be associated with some discomfort and bruising, and very rarely with inflammation and infection of the arm veins.
- Undergoing DXA scan studies are associated with a small degree of radiation exposure."

  These risks are considered to be minimal and are addressed in the protocol and consent form."

  Because <intervention> can cause <risk>, <evaluation> will be monitored at frequent intervals during this part of the study and patients will be followed for a sufficient period of time after the procedure to ensure stabilization of <evaluation>.<Intervention> is commonly associated with <risks> and less commonly with other short- and long-term side effects, so patients will be monitored <interval> for expected and unexpected AEs related to <intervention>.

{End sample text}

6 ADVERSE EVENT/ UNANTICIPATED PROBLEMS

6.1 Definitions

6.1.1 *Adverse Event (AE)*

{The definition of adverse event here is drawn from the OHRP guidance; for some studies, the ICH E6 definition may be more appropriate.}

{Begin sample text}

An adverse event (AE) is any untoward medical occurrence in a subject during participation in the clinical study or with use of the experimental agent being studied. An adverse finding can include a sign, symptom, abnormal assessment (laboratory test value, vital signs, electrocardiogram finding, etc.), or any combination of these regardless of relationship to participation in the study.

{End sample text}

6.1.2 *Unanticipated Problems (UP)*

{Per the definition, only a subset of adverse events would also be characterized as unanticipated problems. There are other types of incidents, experiences, and outcomes that are not considered adverse events, but are characterized as unanticipated problems (e.g., breach of confidentiality or other incidents involving social or economic harm).}

{Begin sample text}

The Office for Human Research Protections (OHRP) considers unanticipated problems involving risks to subjects or others to include, in general, any incident, experience, or outcome that meets **all** of the following criteria:

- Unexpected in terms of nature, severity, or frequency given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied;
- Related or possibly related to participation in the research ("possibly related" means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research); and
- Suggests that the research places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized.

{End sample text}

6.1.3 *Serious Adverse Event (SAE)*

{SAEs are a subset of all AEs.}

{Begin sample text}

A serious adverse event (SAE) is one that meets one or more of the following criteria:

- Results in death
- Is life-threatening (places the subject at immediate risk of death from the event as it occurred)
- Results in inpatient hospitalization or prolongation of existing hospitalization
- Results in a persistent or significant disability or incapacity
- Results in a congenital anomaly or birth defect

An important medical event that may not result in death, be life threatening, or require hospitalization may be considered an SAE when, based upon appropriate medical judgment, the event may jeopardize the subject and may require medical or surgical intervention to prevent one of the outcomes listed in this definition.

{End sample text}

{Some protocols may list events specific to the protocol that should be reported as serious.}

6.2 Time Period and Frequency for Event Assessment and Follow-Up

{Describe how UPs will be recorded and how AEs and SAEs will be followed until resolved or considered stable. Specify procedures for recording and follow-up of UPs, SAEs, and AEs that are consistent with the Schedule of Events. Include duration of follow-up after appearance of events (e.g., 1 week, 2 months).}

{Begin sample text}

Unanticipated problems will be recorded in the data collection system throughout the study.

The PI will record all reportable events with start dates occurring any time after informed consent is obtained until 7 (for non-serious AEs) or 30 days (for SAEs) after the last day of study participation. At each study visit, the investigator will inquire about the occurrence of AE/SAEs since the last visit. Events will be followed for outcome information until resolution or stabilization.

{End sample text}

6.3 Characteristics of an Adverse Event

6.3.1 *Relationship to Study Intervention*

{All adverse events must have their relationship to study intervention or study participation assessed as either related or not related. Evaluation of relatedness must consider etiologies such as natural history of the underlying disease, concurrent illness, concomitant therapy, study-related procedures, accidents, and other external factors.

In a clinical study, the study intervention must always be suspect.}

{Begin sample text}

To assess relationship of an event to study intervention, the following guidelines are used:

1. Related (Possible, Probable, Definite)
    a. The event is known to occur with the study intervention.
    b. There is a temporal relationship between the intervention and event onset.
    c. The event abates when the intervention is discontinued.
    d. The event reappears upon a re-challenge with the intervention.
2. Not Related (Unlikely, Not Related)
    a. There is no temporal relationship between the intervention and event onset.
    b. An alternate etiology has been established.

{End sample text}

6.3.2 *Expectedness of SAEs*

{The risk information to assess expectedness can be obtained from preclinical studies, the investigator's brochure, published medical literature, the protocol, or the informed consent document.}

{Begin sample text}

The Study PI and Independent Monitoring Committee will be responsible for determining whether an SAE is expected or unexpected. An adverse event will be considered unexpected if the nature, severity, or frequency of the event is not consistent with the risk information previously described for the intervention.

{End sample text}

6.3.3 *Severity of Event*

{Describe the method of grading an adverse event for severity. Many toxicity tables are available for use and are adaptable to various study designs. Please note that a severe AE and an SAE are distinct terms. A subject could experience a severe AE that does not meet the above-listed definition of an SAE; alternatively, a subject could experience a moderate AE that meets the SAE definition}

{Begin sample text}

The following scale will be used to grade adverse events:

1. Mild: no intervention required; no impact on activities of daily living (ADL)
2. Moderate: minimal, local, or non-invasive intervention indicated; moderate impact on ADL
3. Severe: significant symptoms requiring invasive intervention; subject seeks medical attention, needs major assistance with ADL

{End sample text}

6.4 Reporting Procedures

{Institutions engaged in human subjects research conducted or supported by the Department of Health and Human Services (DHHS) must have written procedures for ensuring prompt reporting to the IRB, appropriate institutional officials, and any supporting department or agency head of any unanticipated problem involving risks to subjects or others [45 CFR 46.103(b)(5)]. In a federally-funded study, institutions are required to promptly report unanticipated problems to OHRP.

Describe the protocol-specific reporting procedures, including the individual responsible for each step (e.g., the principle investigator, the site principle investigator, the IND sponsor), which forms should be completed, timeframes for reporting, how reports will be distributed, and what follow-up is required.

Include specific details of reporting procedures for:

- *Deaths and life-threatening events*
- *Other SAEs*
- *Other adverse events*

The sample text in the following sections may be customized by including IRB-specified reporting time frames or protocol-specific parameters (safety issues) that need to be reported in an expedited fashion, either to the IRB, sponsor, or other regulatory body. For multi-site studies, be cognizant of different IRB reporting requirements Include how AEs that have not resolved at the time of the subject's final study visit will be managed. Refer to the NCCIH Independent Monitoring Committee (IMC) Report Template for suggested formats for data collection and reporting.}

6.4.1 *Reporting for Multi-Center Trials*

{The reporting requirements of the coordinating site for adverse events in multi-center trials should be the same as with any research protocol at the center. }

{Begin sample text}

The site PI must immediately report to the coordinating center PI any serious adverse event, whether or not considered study related, including those listed in the protocol or investigator brochure and must include an assessment of whether there is a reasonable possibility that the study caused the event within 48 hours of PI awareness of the event.

They must also report any unanticipated problems within the same timeframe. The Site PI must also report any protocol deviations or violations to the coordinating center PI within 7 days of PI awareness. Participating centers must also submit all reports to their local IRB in accordance with their institutional policies.

{End sample text

6.4.2 *Unanticipated Problem Reporting*

{Begin sample text}

Incidents or events that meet the OHRP criteria for unanticipated problems require the creation and completion of an unanticipated problem report form. OHRP recommends that investigators include the following information when reporting an adverse event, or any other incident, experience, or outcome as an unanticipated problem to the IRB:

- Appropriate identifying information for the research protocol, such as the title, investigator's name, and the IRB project number;
- A detailed description of the adverse event, incident, experience, or outcome;
- An explanation of the basis for determining that the adverse event, incident, experience, or outcome represents an unanticipated problem;
- A description of any changes to the protocol or other corrective actions that have been taken or are proposed in response to the unanticipated problem.

To satisfy the requirement for prompt reporting, unanticipated problems will be reported using the following timeline:

- Unanticipated problems that are serious adverse events will be reported to the IRB, Independent Safety Monitor(s), and NCCIH within 7 days of the investigator becoming aware of the event.

- Any other unanticipated problem will be reported to the IRB, Independent Safety Monitor(s), and NCCIH within 14 days of the investigator becoming aware of the problem.

All unanticipated problems should be reported to appropriate institutional officials (as required by an institution's written reporting procedures), the supporting agency head (or designee), and OHRP within one month of the IRB's receipt of the report of the problem from the investigator.

{End sample text}

6.4.3 ***Adverse Event Reporting of Non-IND Studies***

{Begin sample text}

SAEs that are unanticipated, serious, and possibly related to the study intervention will be reported to the Independent Safety Monitor(s), IRB, and NCCIH in accordance with requirements.

- Unexpected fatal or life-threatening AEs related to the intervention will be reported to the NCCIH Program Officer, and Independent Safety Monitor(s) within 3 days of the investigator becoming aware of the event. Other serious and unexpected AEs related to the intervention will be reported within 7 days.
- Anticipated or unrelated SAEs will be handled in a less urgent manner but will be reported to the Independent Safety Monitor(s), IRB, and other oversight organizations in accordance with their requirements. and will be reported to NCCIH on an annual basis.
- All other AEs documented during the course of the trial will be reported to NCCIH on an annual basis by way of inclusion in the annual report and in the annual AE summary which will be provided to NCCIH and to the Independent Monitors. The Independent Safety Monitor(s) Report will state that all AEs have been reviewed.

{End sample text}

6.4.4 ***Adverse Event Reporting for IND Studies***

{Begin sample text}

SAEs that are unanticipated, serious, and possibly related to the study intervention will be reported to the Independent Monitors(s), IRB, FDA, and NCCIH in accordance with requirements. For the IND:

- 7-day IND Safety Report (unexpected fatal or life-threatening AEs related to the intervention); a copy of the report sent to the FDA will be submitted to the NCCIH Program Officer and Independent Safety Monitor(s) within 24 hours of FDA notification.

- 15-day IND Safety Report (any other serious and unexpected AE related to the intervention); a copy of the report submitted to the FDA will be submitted to the NCCIH Program Officer and Independent Safety Monitor(s) within 24 hours of FDA notification.
- All other AEs documented during the course of the trial will be reported to NCCIH on an annual basis by way of inclusion in the annual report and in the annual AE summary which will be provided to NCCIH and to the Independent Monitors. The Independent Safety Monitor(s) Report will state that all AEs have been reviewed.

{End sample text}

6.4.5 ***Events of Special Interest (if applicable)***

{Describe any other events that merit reporting to the sponsor, study leadership, IRB, and regulatory agencies.}

6.4.6 ***Reporting of Pregnancy***

{State the study's pregnancy-related policy and procedure. Include appropriate mechanisms for reporting to NCCIH, an IND or IDE sponsor, study leadership, IRB, and regulatory agencies. Provide appropriate modifications to study procedures (e.g., discontinuation of treatment while continuing safety follow-up, requesting permission to follow pregnant women to pregnancy outcome).}

6.5 Halting Rules

{Describe safety findings that would prompt temporary suspension of enrollment and/or study interventions until a complete safety review is convened (either routine or ad hoc). The objective of the safety review is to determine whether the study (or intervention for an individual or study cohort) should continue per protocol, proceed with enhanced monitoring, be further investigated, be discontinued, or be modified and then proceed. Suspension of enrollment (for a particular group, a particular study site or for the entire study) is a potential outcome of a safety review.

Subsequent review of serious, unexpected, and related AEs by the Medical Monitor, DSMB/ Independent Safety Monitor(s), IRB, the sponsor(s), or the FDA or relevant local regulatory authorities may also result in suspension of further study interventions/administration of study product at a site. The FDA and study sponsor(s) retain the authority to suspend additional enrollment and study interventions/administration of study product for the entire study, as applicable.

Examples of findings that might trigger a safety review are the number of overall SAEs, the number of occurrences of a particular type of SAE, severe AEs/reactions, or increased frequency of events.}

7 QUALITY CONTROL AND QUALITY ASSURANCE

{This section will address the plans for local quality assurance and quality control. (http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM073122.pdf).

Quality Management is the overall process of establishing and ensuring the quality of processes, data, and documentation associated with clinical research activities. It encompasses both quality control (QC), and quality assurance (QA) activities. All sites conducting research under the sponsorship of the NCCIH are required to have a plan in place for assuring the quality of the research being conducted.

Each site should have standard operating procedures (SOPs) and/or a quality management plan that describe:

- *Staff training methods and how such training will be tracked.*
- *How data will be evaluated for compliance with the protocol and for accuracy in relation to source documents.*
- *The documents to be reviewed (e.g., CRFs, clinic notes, product accountability records, specimen tracking logs, questionnaires, audio or video recordings), who is responsible, and the frequency for reviews.*
- *Who will be responsible for addressing quality assurance issues (correcting procedures that are not in compliance with protocol) and quality control issues (correcting errors in data entry).). It is anticipated that QA review and data verification will be performed by someone other than the individual originally collecting the data, or by double-data entry. The frequency of internal QA review and measures to be taken for corrective action, e.g., for trends in errors, should be included. A statement reflecting the results of the ongoing data review will be incorporated into the Annual Report for the Independent Safety Monitor(s).*
- *If applicable, calibration exercises conducted prior to and during the study to train examiners and maintain acceptable intra- and inter-examiner agreement.*
- *Frequency of QA/QC checks should be incorporated into Table A.}*

7.1 Subject Accrual and Compliance

7.1.1 *Measurement and Reporting of Subject Accrual*

{Begin sample text}

Review of the rate of subject accrual and compliance with inclusion/exclusion criteria will occur monthly during the recruitment phase to ensure that a sufficient number of participants are being enrolled, in keeping with proposed recruitment projections, and

that they meet eligibility criteria and fulfill the targeted ethnic diversity goals outlined in the grant proposal (Targeted/Planned Enrollment Table).

{End sample text}

{Please note: The study site is required to submit accrual reports to NCCIH at least every 4 months. Please see NCCIH Independent Monitoring Committee (IMC) Report Template for suggested formats for data collection.}

7.1.2 *Measurement and Reporting of Participant Adherence to Treatment Protocol*

{Begin sample text}

Data on adherence to the treatment protocol will be collected twice weekly by research staff and reviewed monthly by the PI/Internal QA Reviewer. Adherence of participants will be evaluated by <fill in process>. Available data on the use of <intervention> suggests an overall compliance rate of <fill in historical rate of compliance>. If adherence falls below the suggested rate, which might inhibit the ability of the study to test its primary hypotheses, the Internal QA Reviewer will suggest a conference call for study investigators to discuss methods for improving adherence.
{End sample text}

7.2 Justification of Sample Size

{Justify the number of subjects being exposed to the intervention.}

{Begin sample text}
The goal of the study is to determine if <intervention> is an in <study population> compared to placebo. The primary analysis will compare the difference in percentage of subjects exhibiting a <outcome measure> decrease of at least a 25% from baseline between the two groups at 12 months. If we assume that 5% of subjects in the control group will achieve a decrease in <outcome measure> of 25% or greater and we want to demonstrate at least a 20% improvement in the number of <intervention>-treated subjects achieving a 25% or greater decrease in <outcome measure> over the control, then 44 subjects per arm would be sufficient to detect a difference between groups for a 2-sided, 0.05 test of proportions with 80% power. If it is expected that the loss to follow-up rate will be 20%, the sample size should be increased to 55 subjects per arm.

{End sample text}

7.3 Stopping Rules

{If stopping rules do not apply, please justify. Stopping rules might be used to explain the process the PI will use for deciding if difficulties in recruitment, retention, measurement, or other issues make it futile to continue.}

{Begin sample text}

This study will be stopped prior to its completion if: (1) the intervention is associated with adverse effects that call into question the safety of the intervention; (2) difficulty in study recruitment or retention will significantly impact the ability to evaluate the study endpoints; (3) any new information becomes available during the trial that necessitates stopping the trial; or (4) other situations occur that might warrant stopping the trial."

{End sample text}

7.4 Designation of a Monitoring Committee

{The PI must designate an Independent Safety Monitor or an Independent Monitoring Committee (IMC) to perform an independent review of ongoing study progress and safety. This Monitor(s) must be approved by NCCIH. NCCIH recommends that the monitoring committee be made up of at least one clinician, at least one expert in the field being studied, and a PhD prepared biostatistician. At least one of the monitors should have previously served on a monitoring committee. It is acceptable for the Committee members to receive a small amount of compensation for their services}

{Begin sample text}

The Independent Monitoring Committee for this study is comprised of Drs. X, Y. and Z. Drs. X, Y, and Z are not associated with this research project and work independently of the PI, Dr. Josephine Q. Investigator. They are not part of the key personnel involved in this grant. No member of the Committee has collaborated or co-published with the PI within the past three years. They are qualified to review the patient safety data generated by this study because of their unique expertise. The CVs of all members of the IMC are attached."

{End sample text}

7.5 Safety Review Plan

{The PI should review the safety and progress of this study on an ongoing basis and should specify how frequently summaries of subject recruitment, retention, and AEs will be provided to the Independent Monitor(s).The PI must also send copies of signed recommendations and comments from the Independent Monitor(s) or Chair of the IMC to the NCCIH Program Officer within 1 month of each monitoring review }

{Begin sample text}

Study progress and safety will be reviewed monthly (and more frequently if needed). Progress reports, including patient recruitment, retention/attrition, and AEs will be provided to the Independent Monitor(s) semi-annually. An Annual Report will be compiled and will include a list and summary of AEs. In addition, the Annual Report will address (1) whether AE rates are consistent with pre-study assumptions; (2) reason for dropouts from the study; (3) whether all participants met entry criteria; (4) whether continuation of the study is justified on the basis that additional data are needed to accomplish the stated aims of the study; and (5) conditions whereby the study might be terminated prematurely. The Annual Report will be sent to the Independent Monitor(s) and will be forwarded to the IRB and NCCIH, FDA, and sponsoring industry collaborator. The IRB and other applicable recipients will review progress of this study on an annual basis

{End sample text}

7.6 Study Report Outline for the Independent Monitors(s) (Interim or Annual Reports)

{The study team should develop a plan for generating regular Study Reports for the Independent Monitor(s), in order to provide relevant information in a standardized format -See NCCIH Independent Monitoring Committee (IMC) Report Template. It should be noted that Study Reports for the Independent Monitor(s) should not provide data on primary or secondary endpoints, unless there is a pre-existing interim analysis plan approved by NCCIH at the inception of the study.}

{Begin sample text}

The study team will generate Study Reports for the Independent Monitor and will provide information on the following study parameters: <insert parameters>
Study Report tables will be generated only from aggregate (not by group assignment) baseline and aggregate safety data for the study population.

{End sample text}

7.7 Submission of On-Site Monitoring/Audit and Inspection Reports

{The study team should plan to submit all reports (FDA reports, DSMC/IMC, institutional monitoring, or NCCIH monitoring) to their IRB, DSMC/IMC, and NCCIH for review.}

{Begin sample text}

The IRB, IMC, and NCCIH Program Officials will receive copies of all study monitoring/audit or inspection reports within 14 day of PI receipt. For example, the NCCIH (Westat) monitoring report will be submitted to the IRB and IMC (NCCIH does not require copies of Westat monitoring reports). Any FDA inspection report will be submitted to the IRB, IMC, and NCCIH Program Officials.

{End sample text}

7.8 Table A

{This table provides a summary of reporting and review activities. It should match both the DSMP and the protocol document}

Data type	Frequency of review	Reviewer
Subject accrual (including compliance with protocol enrollment criteria)	Monthly	PI, Internal QA Reviewer
	Semi-annually	Independent Monitor(s)
Status of all enrolled subjects, as of date of reporting	Monthly	PI, Internal QA Reviewer
	Semi-annually	Independent Monitor(s)
Data entry quality control checks on <X>% of charts	Weekly	QA Reviewer
Adherence data regarding study visits and intervention	Monthly	PI, Internal QA Reviewer
	Semi-annually	Independent Monitor(s)
AEs and rates (including out-of-range lab values)	Monthly	PI, Internal QA Reviewer
	Semi-annually	Independent Monitor(s)
	Annually	NCCIH, FDA (If Applicable)
SAEs (unexpected and related)	Per occurrence	PI, Independent Monitor (s) NIH/NCCIH, FDA (if applicable)
SAEs (expected or unrelated)	Per Occurrence	PI, Internal QA Reviewer
	Annually	Independent Monitor (s), NIH/NCCIH
Unanticipated Problems	Monthly	PI, Internal QA Reviewer
	Per Policy	IRB, FDA (if applicable)

8 DATA HANDLING AND RECORD KEEPING

{Include instructions for data handling or record-keeping procedures required for maintaining subject confidentiality, any special data security or data transfer requirements, data sharing plans, and record retention.

Briefly describe steps to be taken to ensure that the data collected are accurate, consistent, complete, reliable, and in accordance with ICH E6. The description should include reference to source documentation, CRFs, instructions for completing forms, data handling procedures, and procedures for data monitoring. Details may be provided in a MOP, a data management plan or other citable reference document.}

{Begin sample text}

The investigators are responsible for ensuring the accuracy, completeness, legibility, and timeliness of the data reported. All source documents should be completed in a neat, legible manner to ensure accurate interpretation of data. The investigators will maintain adequate case histories of study subjects, including accurate case report forms (CRFs), and source documentation.

{End sample text}

8.1 Data Management Responsibilities

{Include a general description as in the sample text below and add study-specific details and information about the role of a data coordinating center, if applicable.}

{Begin sample text}

Data collection and accurate documentation are the responsibility of the study staff under the supervision of the investigator. All source documents and laboratory reports must be reviewed by the study team and data entry staff, who will ensure that they are accurate and complete. Unanticipated problems and adverse events must be reviewed by the investigator or designee.

{End sample text}

8.2 Database Protection

{A statement pertaining to protection of the database should be included. It should include details on the type of database that will be used, whether the database has audit tracking capabilities, how the database will be secure. It should also include information on whether the database will contain PII. Please note that a spreadsheet (e.g., Excel) does not have electronic audit trail capacity and thus is strongly discouraged as a database format. In the unlikely event of no electronic audit trail, the site must explain the manual process to be used in its place}

{Begin sample text}

This study will use a(n) <type of database> database. The database will be secured with password protection. The informatics manager will receive only coded information that is entered into the database under those identification numbers. Electronic communication with outside collaborators will involve only unidentifiable information. The database incorporates an electronic audit trail to show change(s) to data after original entry including the date/time and user making the change.
{End sample text}

8.3 Source Document Protection

{Plans for securing source documents including all paper and electronic records for all enrolled subjects, i.e., case report forms, laboratory reports, subject study binders, etc., should also be outlined.}

8.4 Schedule and Content of Reports

{Indicate, as applicable, the schedule and content for data review and reports. Examples include reports to monitor enrollment, reports to study oversight committee, reports of study conduct, and reports for interim data analysis and study progress. Identify plans for data analysis and interim and final study reports, steps for locking the database prior to analysis, and precautions related to the handling of masked data. Indicate whether and when coding is to occur.}

9 INFORMED CONSENT

{Begin required text}

Informed consent is a process that is initiated prior to the individual agreeing to participate in the study and continues throughout study participation. Extensive discussion of risks and possible benefits of study participation will be provided to subjects and their families, if applicable. A consent form describing in detail the study procedures and risks will be given to the subject. Consent forms will be IRB-approved, and the subject is required to read and review the document or have the document read to him or her. The investigator or designee will explain the research study to the subject and answer any questions that may arise. The subject will sign the informed consent document prior to any study-related assessments or procedures. Subjects will be given the opportunity to discuss the study with their surrogates or think about it prior to agreeing to participate. They may withdraw consent at any time throughout the course of the study. A copy of the signed informed consent document will be given to subjects for their records. The rights and welfare of the subjects will be protected by emphasizing to them that the quality of their clinical care will not be adversely affected if they decline to participate in this study.

The consent process will be documented in the clinical or research record.

To complete the informed consent process at the end of study participation, study staff will inform the subject when his/her participation has come to an end and will document the discussion in the study record.

{End required text}

10 REPORTING CHANGES IN STUDY STATUS

{Any action resulting in a temporary or permanent suspension of an NCCIH-funded clinical study must be reported to the NCCIH Program Official responsible for the grant. These actions include any actions by the FDA, the Independent Monitoring Committee/DSMB, an IRB, a commercial sponsor, or one of the study investigators.}

An example of the plan for reporting changes in study status might be:

*"*During the funding of this study, any action by the FDA (if applicable), an IRB, the commercial sponsor (list commercial sponsor name), the Independent Monitoring Committee, or one of the study investigators that results in a temporary or permanent suspension of the study will be reported to the NCCIH Program Official within 3 business days of notification."

NOTE: This is an example DSMP for a clinical study. Not all elements listed in the template are relevant to all clinical studies.