

ClinicalTrials.gov Study Record Review

*Investigator-Initiated Trial (IIT)
Registration and Results Reporting*

Quality Control Checklist
for Principal Investigators and Study Managers



*Adapted with permission from the Clinical Trials
Registration and Results Reporting Taskforce*

ClinicalTrials.gov IIT Record Review Checklist

IRB#	RECORD OWNER	REVIEWER	<input type="checkbox"/> Registration <input type="checkbox"/> Update status <input type="checkbox"/> Results (add Results checklist)	<input type="checkbox"/> pACT/ACT <input type="checkbox"/> Non-ACT
NCT#				
DATE RELEASED	COMMENTS DATE	REPLY DATE	DATE PUBLISHED	

GENERAL REVIEW ITEMS

NOTES

- ☐ Record Owner is the Principal Investigator (PI)
- ☐ Contact info for Record Owner is up-to-date
- ☐ PI on CT.gov record matches eIRB PI: _____
- ☐ NCT# included in eIRB and/or eCRIS
- ☐ All Warnings/Errors addressed
- ☐ All parenthetical citations have been removed
- ☐ All acronyms have been expanded on their first use
- ☐ Spell-check complete
- ☐ Free-text fields are blank if there is no information to report, and do not contain text such as “TBD,” “Pending,” “N/A,” “None”

PROTOCOL SECTION

Study Identification

- ☐ Unique protocol ID is the IRB# or J# (SKCCC) (JHU Policy)
- ☐ Brief Title does not include study type (e.g., Phase I, Randomized...)
- ☐ Secondary IDs include NIH grant #s (verify in IRB), and IRB# (SKCCC)

Study Status

- ☐ Record Verification Date is the current month/year
- ☐ Overall Status matches IRB/CRMS
- ☐ Study start date verified with CRMS enrollment date
- ☐ Completion Dates Actual/Anticipated have been evaluated for accuracy
- ☐ If timeframes for outcomes are the same the primary and study completion dates are identical

Sponsor/Collaborators

- ☐ Responsible Party: Principal Investigator
- ☐ All sources of support identified in IRB “Support Information” section included as Collaborators
- ☐ Full Name used and if not recognized, “Recognize” is selected

Oversight

- ☐ IND/IDE information completed (if applicable)

Verify Human Subjects Review

- ☐ Board Status verified
- ☐ Approval Number is a valid IRB number
- ☐ Board Name: OHSU Institutional Review Board
- ☐ Board Affiliation: Oregon Health and Science University
- ☐ Address: 2525 SW 1st Ave., Ste. 125, Mailcode L106-RI, Portland, OR 97201

Study Description

- ☐ Brief Summary does not unnecessarily duplicate information provided for other data elements
- ☐ Brief Summary clearly states the study's hypothesis or the purpose (for interventional and observational)
- ☐ Brief Summary and Detailed Description are written in complete sentences with no formatting errors
- ☐ Record does not use personal pronouns:
"I, we, our, us, they, them, their" – becomes "the investigator(s)"; "you, your" – becomes "the participant(s)"

Conditions

- ☐ Conditions/Focus of study are discrete and does not use verbs or complete sentences
- ☐ Keywords are not numbered or bulleted, each condition and keyword is listed individually, one per line

Study Design

- ☐ All required fields are completed
- ☐ Verify Study Design based on protocol in IRB
- ☐ "Allocation" marked as "N/A" for single-arm studies
- ☐ Enrollment number Actual/Anticipated verified

Arms/Interventions

- ☐ Arm Title or Group/Cohort Label is brief and informative (even if there is only 1 arm)
- ☐ Interventions and intervention descriptions are entered correctly
- ☐ Arms/interventions are cross-referenced appropriately

Outcome Measures

- ☐ Title is specific and states WHAT is being measured, only 1 variable must be assessed per outcome measure
- ☐ Description explains WHAT is being measured, not WHY it is being measured
- ☐ Scoring scale name, score range, significance of upper and lower limits specified (if applicable)
- ☐ Unit of measure specified
- ☐ Time frame specified as a single time point or change between 2 time points

INCORRECT: "Safety and Toxicity", Description: "Safety of study drug."

CORRECT: "Safety as assessed by number of participants experiencing adverse events" Description: "Number of participants experiencing adverse events grade 3 or higher, as defined by Common Terminology Criteria for Adverse Events version 5.0 (CTCAE v5.0)"

Eligibility

- ☐ Age Limits are consistent with the Eligibility Criteria and with other parts of the record
- ☐ Eligibility criteria is divided into Inclusion/Exclusion criteria in bulleted format

Contacts/Locations

- ☐ Central Contact Person specified and accurate (JHU Policy)
- ☐ Study Officials match IRB
- ☐ All study sites specified matches CRMS
- ☐ Recruiting status for each study site accurate (if at least one study site is recruiting then Study Status reflects "Recruiting")
- ☐ Each facility is listed in a separate field

IPD Sharing Statement

- ☐ The Plan to Share IPD selection is consistent with the IPD Sharing Plan Description

References

- ☐ Each citation is listed in a separate field (if applicable)

- ADD RESULTS CHECKLIST IF RESULTS ENTRY SUBMITTED -

Participant Flow

- ☐ Protocol Enrollment refers to total number of subjects who consented to protocol (including screen failures, withdrawals, etc.)
- ☐ Recruitment details (optional) explains any specifics used at time of recruitment
- ☐ Pre-assignment details explains (in detail) what happened to subjects who signed consent but were not assigned to an arm/intervention (i.e. how many screen failures, withdrawals, etc.)
- ☐ Arms and arm descriptions specified consistent with protocol section
- ☐ Number of Participants Started refers to total number of participants assigned to each arm
- ☐ Number of Participants Completed refers to total number of participants who completed study intervention
- ☐ Reason(s) for Not Completed provided
- ☐ Divided into periods/milestones appropriately
- ☐ Total number of participants started cannot be greater than enrollment number
- ☐ Total number completed is equal to or less than “started”

Baseline Characteristics

- ☐ Overall Number of Baseline Participants should match Number of participants Started (from Participant Flow)
- ☐ Baseline Analysis Population Description explains if there is a discrepancy between Overall & Started numbers
- ☐ Arm titles/descriptions are consistent with participant flow and/or protocol section
- ☐ Data is presented per arm
- ☐ If “number of participants” is reported, make sure Measure Type is “Count of Participants”
- ☐ Measure description is specified for all Study-specific measures

Outcome Measures

- ☐ Titles/descriptions/time frame meet the criteria (as specified on prior checklist)
- ☐ Results are reported per arm of the trial
- ☐ Population Analysis Description includes reason why Number of Participants analyzed is different than total number of participants completed (if applicable)
- ☐ Type and Number of Units analyzed is indicated, if other than “number of participants” (i.e., # of Lesions)
- ☐ Unit of measure matches what is stated in Outcome Title/Description
- ☐ Sum of all results entered for each arm equals overall number of participants analyzed
- ☐ Verify true data is entered and there are no placeholders
- ☐ Statistical Analysis portion is optional

Adverse Events

- ☐ Time frame specified
- ☐ Collection Approach specified
- ☐ Arm titles/descriptions consistent with other sections in the record
- ☐ Data presented per arm
- ☐ All-cause mortality specified (cross-check with number “not completed due to death” from participant flow and any mortality measures in outcome section, if applicable)
- ☐ Total Number “At Risk” must be equal to total number of participants who started the study

Certain Agreements

- ☐ Principal Investigators are employed by the organization sponsoring the study

RESULTS POINT OF CONTACT

- ☐ Information is correct and valid email address/phone number entered

Document Section

- ☐ Protocol (required for primary completion date after January 18, 2017)
- ☐ Statistical Plan (required for primary completion date after January 18, 2017)
- ☐ Informed Consent Form (required for studies approved on or after January 21, 2019)
- ☐ Cover Page
 - ☐ Record (NCT) Number
 - ☐ Study Title
 - ☐ PI Name
 - ☐ Date of Document (must match date within actual document)
- ☐ Additional Documents: _____

References

- ☐ Links are verified (if applicable)

Contact

*Please contact the Clinical Research Services Office (CRSO)
for more ClinicalTrials.gov registration and results reporting information:*

John C. Hicks
Research Compliance Specialist
Clinical Research Services Office (CRSO)
hickjo@ohsu.edu