## S1404: Study Updates

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#### Overview

- Study Timeline
- Recent and Upcoming Updates to Rave
- Data Submission Efforts
- Resources







### Study Timeline

- Activated 10/15/2015
  - Ipilimumab added to protocol 4/15/2016
- Step 1 closed 8/15/2017
  - 1,426 registered to Step 1
  - 1,345 randomized to Step 2
- Final analysis will tentatively be done Spring 2019

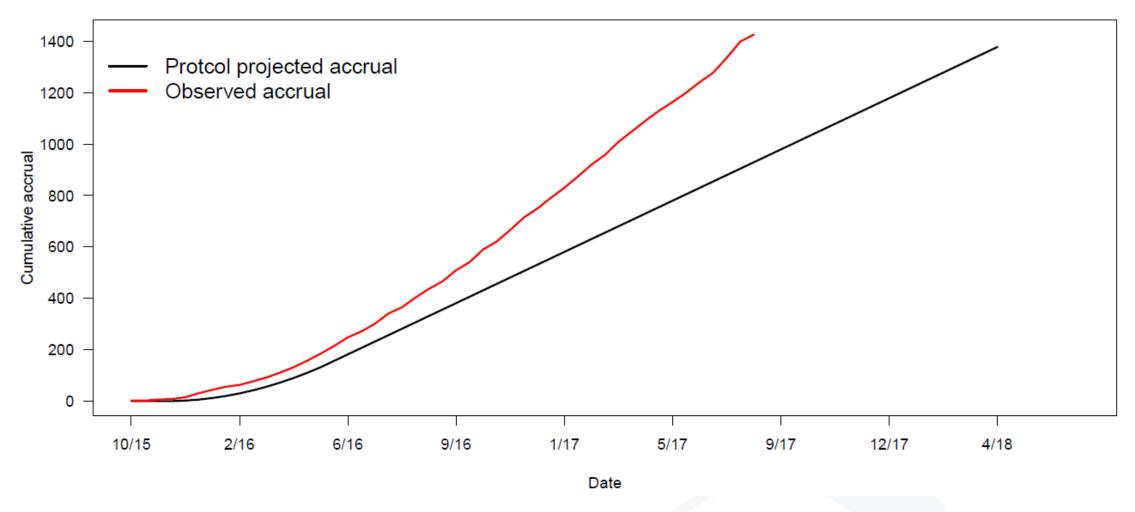






## **Study Timeline**

#### S1404 accrual









#### Rave Updates – Lab Values Form

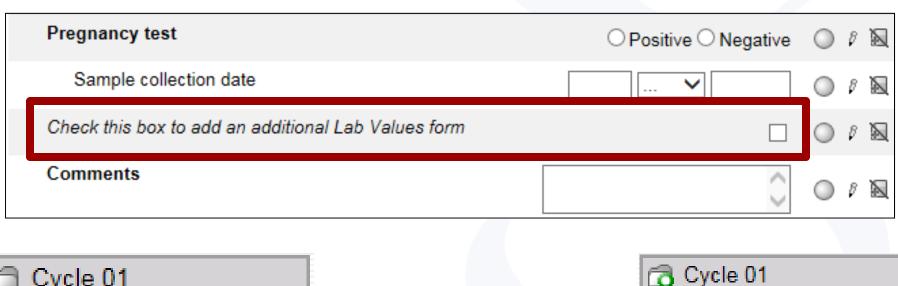
- Treatment Cycle folders will start out with only one laboratory values form
- There is now a checkbox at the bottom of the form that will generate additional forms on an asneeded basis
- Rave was updated 8/22/2017, so this will apply to any Treatment Cycle folders generated after that date

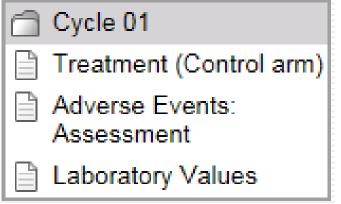


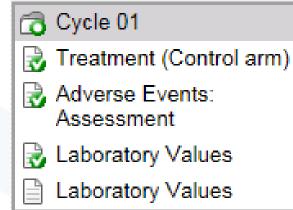




#### Rave Updates – Lab Values Form













#### Rave Updates – Site(s) of Relapse Form

- Brain MRI was added as a requirement at relapse 11/1/2016
- To ensure that we are capturing this information, we will soon be adding a field to the Site(s) of Relapse form
- This will also be used to verify TRIAD submissions







#### Rave Updates – Site(s) of Relapse Form

Was a MRI of the brain performed at recurrence? ☐ Yes ☐ No	
If Yes, Date of MRI of the brain: / / / //	
If No, Specify the reason:	







# Rave Updates – Disease Assessment Form

- Modifying how disease assessment information is captured in Rave
- Will be creating a new form to use for documenting any disease assessments that are done
- This will require a protocol amendment, so please continue to follow section 14.4g for current guidelines







#### **SWOG** S1404 DISEASE ASSESSMENT FORM

Patient Identifier Study Identifi	er S 1 4 0 4 Registration Step	
Patient Initials (L, F M)		
Instructions: Please submit at each scheduled follow up disease assessment, as outlined in section 9.0, until relapse or progression, and at time of progression/relapse. In addition, upload all corresponding radiology reports, via the source documentation follow-up form, and all corresponding images via TRIAD. Answer all questions and explain any blank fields or blank dates in the Comments section.		
DISEASE ASSESSMENT		
Was disease status (for this cancer) evaluated during this reporting period? ☐ Yes ☐ No		
If No, Explain why:		
If Yes, Complete the following:		
Date of last disease assessment: / / /		
Assessment Type (mark all that apply):  \[ \sum X-Ray/Scan (CT, PET-CT, MRI, Ultrasound, etc.) \]  \[ \sum Physical exam \]  \[ \sum Other, Specify: \]  If X-Ray/Scan, Please provide the date of each X-Ray/Scan performed during the reporting period:		
X-Ray/Scan D	ate	
	] /	
	]/	
	],	







#### Data Submission Efforts – New Reports

- Tighter study deadlines means there is a greater need for timely and accurate data submission
- Want to ensure that queries are being seen and addressed
- Email notifications based on outstanding queries from the DQP
  - Total number of outstanding system queries, outstanding queries from data management and nonconformant errors







#### Data Submission Efforts – New Reports

- Working on developing a comprehensive report that will pull from many sources to summarize all data submission needs
- Report will likely include, but not be limited to:
  - Queries open ≥ 30 days
  - Non-conformant data outstanding for ≥ 30 days
  - Forms that are ≥ 60 days delinquent
  - Patients with outstanding eligibility issues
- Aiming to launch in the next couple of months







#### Resources and Contact Information

- Documents available on the protocol page at SWOG.org and CTSU.org
  - SWOG Best Practices Memo
  - CTTC Training Presentations
  - S1404 Tips for Data and Specimen Submission
- Expectation Report
- Data Quality Portal





#### Resources and Contact Information

- SWOG Data Coordinators
  - MelanomaQuestion@crab.org
  - · (206) 652-2267
- Study Chairs
  - S1404SCQuestion@swog.org
- Auditors & monitors here to help!
  - centralmonitorquestion@crab.org
- IROC contact for TRIAD submission
  - SWOG1404@irocohio.org
  - Triad-support@aci.org





# Thank you!





