

SWOG SDMC Update

Statistics and Data Management Center

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Program Director, Therapeutic Studies
SWOG Data Operations Center
Seattle, WA

SDMC Updates

8:15 – 9:15

General SDMC Updates

Rodney Sutter

RECIST 1.1 and SWOG
Protocol Section 10.0

Louise Highleyman

S1304: Expanded
Data Collection

Rachael Sexton

LungMap Updates

Mary Redman

Specimen Tracking – Updates

- Log a Specimen:
 - Filtering Tool and Material Requirements

Step 2 of 3: Choose the specimen that you are logging from the list below.

Show: Registration Step = Specimen/Material Type = Lab =
 Submission Timepoint =

Registration Step	Submission Timepoint	Specimen or Material Type	Material Requirements	Lab
1	Baseline, Prior to tx start	Tissue from primary site Blocks 5-10 mm3 FFPE block	Preferred	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Tissue from primary site Unstained Slides 30 (5 micron) positive charge unstained slides	Alternate	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Tissue from distant site Blocks 5-10 mm3 FFPE block	Preferred	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Tissue from distant site Unstained Slides 30 (5 micron) positive charge unstained slides	Alternate	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Tissue from local site Blocks 5-10 mm3 FFPE block	Preferred	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, Prior to tx start	Tissue from local site Unstained Slides 30 (5 micron) positive charge unstained slides	Alternate	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, <= 2 days prior Ipi tx	Blood Serum 4 mL in Plastic SST, Frozen	Only option	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, <= 2 days prior Ipi tx	Blood Whole Blood 9 mL in plastic EDTA, refrig	Preferred	201 - SWOG Specimen Repository Columbus, OH
1	Baseline, <= 2 days prior Ipi tx	Blood Whole Blood 9 mL in Cryotube, refrig	Alternate	201 - SWOG Specimen Repository Columbus, OH

Specimen Tracking – Updates

- Specimens that cannot be submitted
 - Indicate this in Specimen Tracking
 - Resolves the Expectation
- Specimen Manager
 - Show only those not submitted



- [Chooser](#)
- [Log a Specimen](#)
- [Specimen Manager](#)
- [View/Update Consent Answers](#)
- [Notify that Specimen Cannot be Submitted](#)
- [Reports](#)
- [Administration](#)
- [Contact Us](#)

Show: Patient Number: Specimen Number: Status: Not Shipped
 Shipped (not received) Receiving Lab #:
 Received
 Not Collected

Click to delete specimen	Patient	Study	Specimen Number	Specimen	Timepoint	Collection Date	Receiving Lab	Select specimen to ship	Status	Shipment Number	Ship Date	Received Date	Condition
	197934	S0356	Not collected	Blood - Whole Blood -	Baseline								
	200152	S0106	Not collected	Bone Marrow - Stained touch prep - Stained biopsy touch preps	Baseline, Within 30 days of reg: only pts reg before 10/15/06								
	200152	S0106	Not collected	Bone Marrow - Stained smear - Wright-Giesma stained aspirate smear	Baseline, Within 30 days of reg: only pts reg before 10/15/06								

Last Contact Date and Status

SWOG FOLLOW UP FORM

Patient Identifier Patient Initials _____ (L, F M) Registering/Treating Institution _____ / _____ Physician _____ Participating Group: Group Name/Study No./Patient ID _____ / _____ / _____ Instructions: Please submit at each follow up after completion of treatment until relapse or progression, at time of relapse or progression, and at protocol-specified intervals after relapse or progression. Also submit at time of diagnosis of second primary. If the patient experienced (prior to treatment for progression or relapse or a second primary, and prior to non-protocol treatment) any severe (grade ≥ 3) long term toxicity that has not been previously reported, please report those on the Late Effects form. All dates are MONTH, DAY, YEAR. Answer all questions and explain any blank fields or blank dates in the Comments section. Place an <input checked="" type="checkbox"/> in appropriate boxes.	Patient Identifier Patient Initials _____ Registering/Treating Institution _____ / _____ Physician _____ Participating Group: Group Name/Study No./Patient ID _____ / _____ / _____ Instructions: Please submit at each follow up after completion of treatment until relapse or progression, at time of relapse or progression, and at protocol-specified intervals after relapse or progression. Also submit at time of diagnosis of second primary. If the patient experienced (prior to treatment for progression or relapse or a second primary, and prior to non-protocol treatment) any severe (grade ≥ 3) long term toxicity that has not been previously reported, please report those on the Late Effects form. All dates are MONTH, DAY, YEAR. Answer all questions and explain any blank fields or blank dates in the Comments section. Place an <input checked="" type="checkbox"/> in appropriate boxes.	Patient Identifier Patient Initials _____ Registering/Treating Institution _____ / _____ Physician _____ Participating Group: Group Name/Study No./Patient ID _____ / _____ / _____ Instructions: Please submit at each follow up after completion of treatment until relapse or progression, at time of relapse or progression, and at protocol-specified intervals after relapse or progression. Also submit at time of diagnosis of second primary. If the patient experienced (prior to treatment for progression or relapse or a second primary, and prior to non-protocol treatment) any severe (grade ≥ 3) long term toxicity that has not been previously reported, please report those on the Late Effects form. All dates are MONTH, DAY, YEAR. Answer all questions and explain any blank fields or blank dates in the Comments section. Place an <input checked="" type="checkbox"/> in appropriate boxes.	Patient Identifier Patient Initials _____ Registering/Treating Institution _____ / _____ Physician _____ Participating Group: Group Name/Study No./Patient ID _____ / _____ / _____ Instructions: Please submit at each follow up after completion of treatment until relapse or progression, at time of relapse or progression, and at protocol-specified intervals after relapse or progression. Also submit at time of diagnosis of second primary. If the patient experienced (prior to treatment for progression or relapse or a second primary, and prior to non-protocol treatment) any severe (grade ≥ 3) long term toxicity that has not been previously reported, please report those on the Late Effects form. All dates are MONTH, DAY, YEAR. Answer all questions and explain any blank fields or blank dates in the Comments section. Place an <input checked="" type="checkbox"/> in appropriate boxes.
VITAL STATUS Vital status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date of last contact: <input type="text"/> / <input type="text"/> / <input type="text"/> If dead, date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> If vital status is Dead, complete and submit Notice of Death form.	VITAL STATUS Vital status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date of last contact: <input type="text"/> / <input type="text"/> / <input type="text"/> If dead, date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> If vital status is Dead, complete and submit Notice of Death form.	VITAL STATUS Vital status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date of last contact: <input type="text"/> / <input type="text"/> / <input type="text"/> If dead, date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> If vital status is Dead, complete and submit Notice of Death form.	VITAL STATUS Vital status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date of last contact: <input type="text"/> / <input type="text"/> / <input type="text"/> If dead, date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> If vital status is Dead, complete and submit Notice of Death form.
OUTCOME MEASURES VITAL STATUS Vital Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date of last contact: <input type="text"/> / <input type="text"/> / <input type="text"/> If dead, date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> If vital status is Dead, complete and submit Notice of Death form.	OUTCOME MEASURES VITAL STATUS Vital Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date of last contact: <input type="text"/> / <input type="text"/> / <input type="text"/> If dead, date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> If vital status is Dead, complete and submit Notice of Death form.	OUTCOME MEASURES VITAL STATUS Vital Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date of last contact: <input type="text"/> / <input type="text"/> / <input type="text"/> If dead, date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> If vital status is Dead, complete and submit Notice of Death form.	OUTCOME MEASURES VITAL STATUS Vital Status: <input type="checkbox"/> Alive <input type="checkbox"/> Dead Date of last contact: <input type="text"/> / <input type="text"/> / <input type="text"/> If dead, date of death: <input type="text"/> / <input type="text"/> / <input type="text"/> If vital status is Dead, complete and submit Notice of Death form.
DISEASE FOLLOW UP STATUS Was disease status (for this cancer) evaluated during this reporting period? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Last Clinical Assessment: <input type="text"/> / <input type="text"/> / <input type="text"/>	DISEASE FOLLOW UP STATUS Was disease status (for this cancer) evaluated during this reporting period? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Last Clinical Assessment: <input type="text"/> / <input type="text"/> / <input type="text"/>	DISEASE FOLLOW UP STATUS Was disease status (for this cancer) evaluated during this reporting period? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Last Clinical Assessment: <input type="text"/> / <input type="text"/> / <input type="text"/>	DISEASE FOLLOW UP STATUS Was disease status (for this cancer) evaluated during this reporting period? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Last Clinical Assessment: <input type="text"/> / <input type="text"/> / <input type="text"/>
NOTICE OF FIRST RELAPSE OR PROGRESSION Has the patient developed a first relapse or progression that has not been previously reported? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Relapse or Progression: <input type="text"/> / <input type="text"/> / <input type="text"/> Site(s) of Relapse or Progression: _____	NOTICE OF FIRST RELAPSE OR PROGRESSION Has the patient developed a first relapse or progression that has not been previously reported? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Relapse or Progression: <input type="text"/> / <input type="text"/> / <input type="text"/> Site(s) of Relapse or Progression: _____	NOTICE OF FIRST RELAPSE OR PROGRESSION Has the patient developed a first relapse or progression that has not been previously reported? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Relapse or Progression: <input type="text"/> / <input type="text"/> / <input type="text"/> Site(s) of Relapse or Progression: _____	NOTICE OF FIRST RELAPSE OR PROGRESSION Has the patient developed a first relapse or progression that has not been previously reported? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Date of Relapse or Progression: <input type="text"/> / <input type="text"/> / <input type="text"/> Site(s) of Relapse or Progression: _____

Vital Status Form – New!

SWOG VITAL STATUS FORM

Patient Identifier <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Study Identifier S <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Registration Step <input type="text"/>
Patient Initials _____ (L, F M)		

Page: Vital Status

Instructions: Please complete this form when contact is made with the patient for any reason. **This form should be submitted prior to any other data entry related to that visit.** Date is in **DD MON YYYY** format.

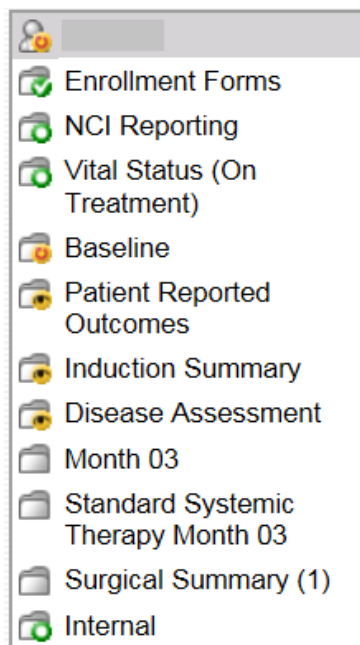
Vital Status <i>(If dead, please submit Notice of Death)</i>	<input type="checkbox"/> Alive	<input type="checkbox"/> Dead
Date of last contact <i>(If dead, please enter date of death)</i>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Comments

Vital Status Form – New!

- Banner page in Rave updated

The screenshot shows a patient banner in Rave. At the top, there is a navigation bar with a home icon, a patient ID 'S1404', the institution name 'Fox Chase Cancer Center', and a user profile icon. Below this, the patient ID field is empty, and the current vital status is 'Alive'. The enrollment date is '22 Apr 2016'. The patient initials (LFM) field is empty, and the current date of last contact or death is '10 May 2016', which is highlighted with a red box and a red arrow pointing to it from the right.



- Folder Structure

- Vital Status Folder near the top
- Will contain two sub-folders
 - Vital Status (On Treatment)
 - Vital Status (Off Treatment)

Vital Status Form – New!

- Reduce repetitive data entry for CRAs!
- Removes complexities of collecting LCD and Status from multiple forms
- More efficient to track this variable for SDTM mapping
- **Site staff will need to update this form first**
- Will be introduced in 2 new GU studies:
 - S1802 (activated)
 - S1806 (in development)
- New activations

Data Operations – *Moving!*

- Physical Move: Friday, Oct 19 – Sunday, Oct 21
- **CLOSED** on Friday, Oct 19
- **Scheduled Downtime: 9:00 a.m. PT (12:00 p.m. ET) on Friday, 10/19 through Sunday, 10/21**
 - **OPEN:** Unavailable for SWOG-coordinated trials
 - **CRA Workbench:** Unavailable for pre-Rave data submission and queries, access to Expectation and IPR reports
 - **Specimen Tracking System:** Unavailable
 - **Data Operations Staff:** Unavailable – by phone and email

Data Operations – *Moving!*

- Things to make note of:
 - **RAVE:** No impact. Entered data will be uploaded to the SWOG database on Monday, Oct 22
 - Data on servers are backed up regularly
 - Plan ahead – Work up new patients earlier that week, log and ship specimens before or after scheduled downtime
 - All systems expected back up **by 12:00 a.m. PT on Monday, Oct 22**

Data Operations – *Moving!*



Leading cancer research. **Together.**

SWOG 

Data Operations – *Moving!*

- Forward this information to applicable staff
- Any concerns or questions prior to the outage may be directed to: datamanagement@crab.org

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Phone: 206-652-2267

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Please Welcome,

Louise Highleyman

SWOG Data Coordinator

**RECIST 1.1 and
SWOG Protocol Section 10.0**