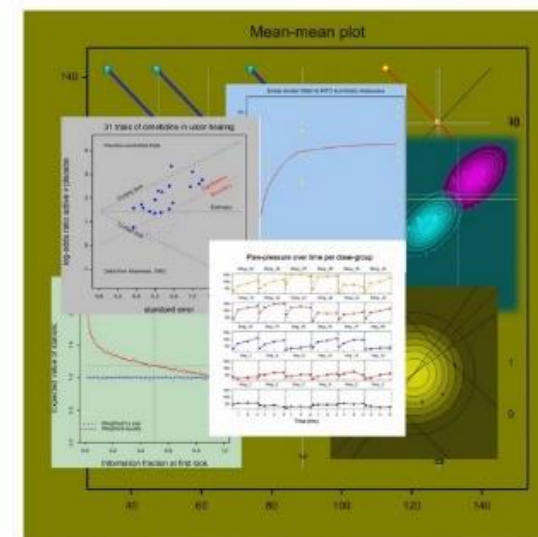
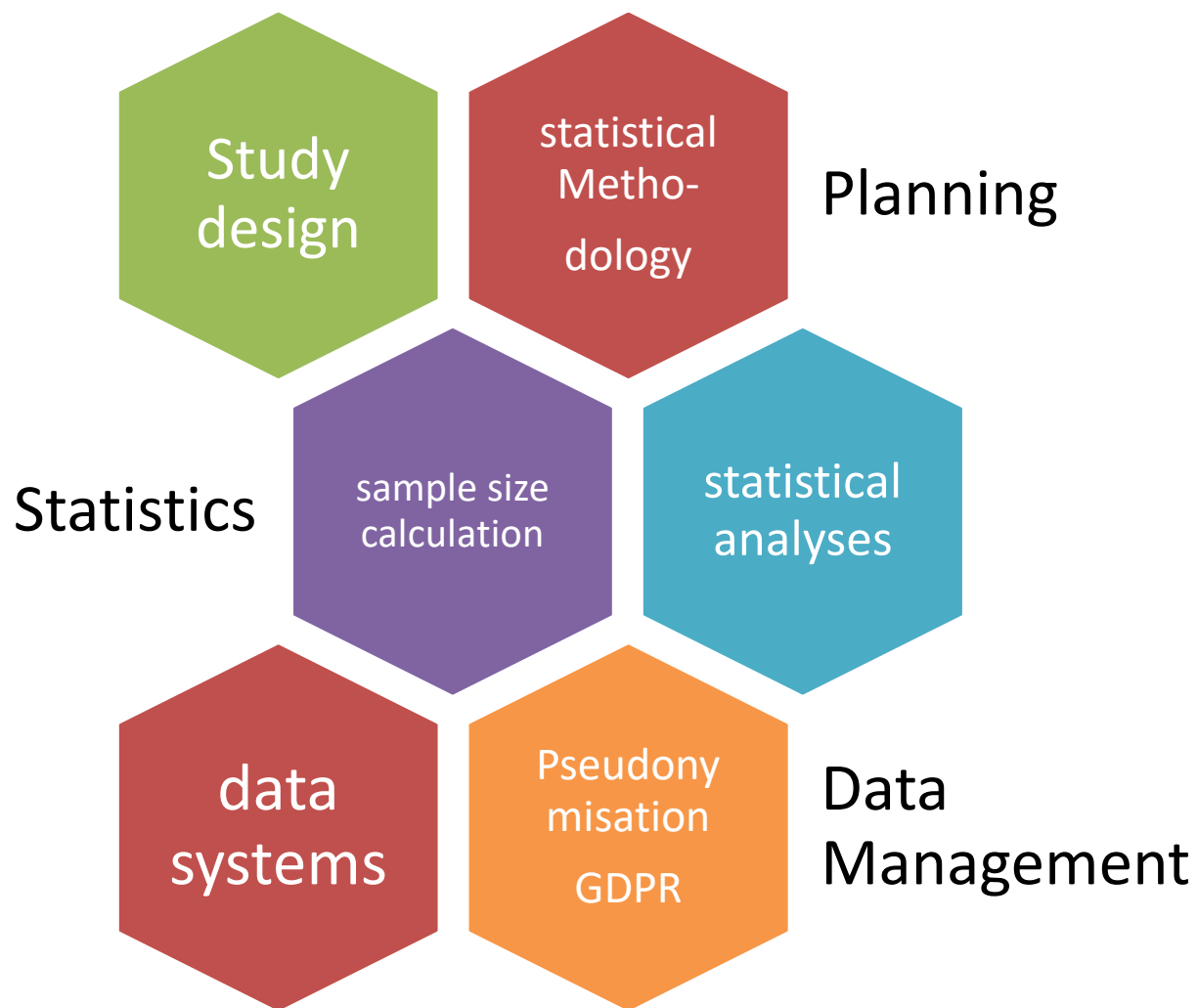


Competence Centre for Methodology and Statistics

Michel Vaillant, Mstat, Mepid, PhD
Head of Unit



CCMS missions



Clinical Data Management: CRF Design and annotation

Drugs for Neglected Diseases Initiative (DNDi)
Flucytosine 3000 mg Sustained-release Pellets

Case Report Form
Version 1.0

DNDi-5FC-01-CM

Case Report Form

A COMPARATIVE, SINGLE CENTER, OPEN-LABEL,
LABORATORY-BLIND, RANDOMIZED, FOUR PERIOD
CROSSOVER STUDY TO DETERMINE THE RELATIVE
BIOAVAILABILITY OF AN IMMEDIATE-RELEASE TABLET
FORMULATION CONTAINING 500 MG FLUCYTOSINE AND
THREE SUSTAINED-RELEASE PELLET FORMULATIONS
OF FLUCYTOSINE IN HEALTHY MALES AND FEMALES

UND

FARMOV'S STUDY NUMBE
SPONSOR STUDY NUMBE
TEST PRODUCTS:

Drugs for Neglected Diseases Initiative (DNDi)
Flucytosine 3000 mg Sustained-release Pellets

SCREENING
Version 1.0

DEMOGRAPHY - INFORMED CONSENT

☐ Not performed

Date of Visit

____/____/____
Day Month Year

INFORMED CONSENT

Has the participant given informed consent prior to any study procedures being performed?

☐ Yes ☐ No ☐ If NO, do NOT include in study

Date of written informed consent: ____/____/____
Day Month Year

DEMOGRAPHY

Age (Years): ____ (at time of Informed Consent)
Allowable range 18 to 55 years both inclusive

Gender: ☐ Male ☐ Female

If Female, child bearing potential: ☐ Yes ☐ No

Le produit à l'essai
Protocole XXXXXXXXX

Numéro de centre

PROJCODE \$4. PROTNO \$35. INITIALS patient

SID \$45. PID \$80.

PATIENT N°

Numéro de screening

Visite de sélection :
VS

Date de la visite

Prrière de noter tous les détails, signer et dater toutes les corrections, cocher d'une croix quand applicable

Page 2

CRITERES D'INCLUSION

1. Patient âgé de 18 ans ou plus

Oui (1) Non (2)

DATE DE NAISSANCE

SEX

TAILLE

POIDS

CONTRACEPTION

S'il s'agit d'une femme, est-elle apte à procréer ?

CRITERES D'INCLUSION

1. Patient âgé de 18 ans ou plus

4. Consentement éclairé écrit obtenu

Si une seule réponse est "non", veuillez compléter la page de fin d'étude "Résumé patient"

DATE DE NAISSANCE

SEX

TAILLE

POIDS

CONTRACEPTION

S'il s'agit d'une femme, est-elle apte à procréer ?

V, CCMS 2023

3

Clinical Data Management: Database design & Data Entry

Study Site No.

Patient's Initials

Patient's Enrolment Number: E-

Cumulative Safety & Tolerability Assessments

Outcome (Seriousness): 1 = results in death, 2 = serious, life-threatening, 3 = requires in-patient or prolonged hospitalization, 4 = results in a congenital or birth defect
Severity: 1 = mild, 2 = moderate, 3 = severe
Relationship to treatment: 1 = not related, 2 = unlikely, 3 = possibly related, 4 = probably related, 5 = definitely related
Action taken: 1 = none, 2 = treatment stopped, 3 = other

Adverse events	Start date dd/mm/yy	Stop date dd/mm/yy	Severity 1-3
<input type="text" value="B30"/>	<input type="text" value="B31"/>	<input type="text" value="B32"/>	<input type="text" value="B33"/>
<input type="text" value="B40"/>	<input type="text" value="B41"/>		
<input type="text" value="B50"/>	<input type="text" value="B51"/>		
<input type="text" value="B60"/>	<input type="text" value="B61"/>		
<input type="text" value="B70"/>	<input type="text" value="B71"/>		
<input type="text" value="B80"/>	<input type="text" value="B81"/>		
<input type="text" value="B90"/>	<input type="text" value="B91"/>		

Properties (F2)

Groups in the page

General

Field type

Data field

Component:

Field number:

Title:

CDISC name:

Label:

Default value:

Field group:

Occurrence:

Hide from print:

Format:

Mask:

Maximum length:

Interval:

Authorized values:

Condition:

Next:

Data entry blocked:

Medical data coding:

Comment:

Tools (F3)

Predefined

Library

ab

ab

C

CC

CCC

xC

YESNO

9

99

999

x9

D

DD

DDD

xD

http

Cancel

Capture System Entry - TDR - HAT PDE 06-02 - pentamidine

File Creation Print Options Tools

1-P-001 - data entry 1 - Hospitalisation period - PAGE 10 - Safety tolerability

Study Site No. 1

Patient's Initials

Patient's Enrolment Number: E- 001

Cumulative Safety & Tolerability Assessments

Outcome (Seriousness): 1 = results in death, 2 = serious, life-threatening, 3 = requires in-patient or prolonged hospitalization, 4 = results in a congenital or birth defect
Severity: 1 = mild, 2 = moderate, 3 = severe
Relationship to treatment: 1 = not related, 2 = unlikely, 3 = possibly related, 4 = probably related, 5 = definitely related
Action taken: 1 = none, 2 = treatment stopped, 3 = other

Adverse events	Start date dd/mm/yy	Stop date dd/mm/yy	Severity 1-3	Relation to treatment 1-5	Seriousness 1-4	Action taken 1-3
<input type="text" value="HEADACHES"/>	<input type="text" value="06/09/08"/>	<input type="text" value="08/09/08"/>	<input type="text" value="1"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text" value="1"/>
<input type="text" value="FEVER"/>	<input type="text" value="06/09/08"/>	<input type="text" value="08/09/08"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text" value="3"/>
<input type="text" value="VERTIGO"/>	<input type="text" value="10/09/08"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text" value="1"/>
<input type="text" value="MUSCLE PAIN"/>	<input type="text" value="07/09/08"/>	<input type="text" value="10/09/08"/>	<input type="text" value="1"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text" value="1"/>
<input type="text" value="ASTHENIA"/>	<input type="text" value="09/09/08"/>	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text" value="1"/>
<input type="text" value="ANOREXIA"/>	<input type="text" value="07/09/08"/>	<input type="text" value="11/09/08"/>	<input type="text" value="1"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text" value="1"/>
<input type="text" value="AGITATION"/>	<input type="text" value="06/09/08"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Verific...(0/3)

-- Select to Jump --

Title: Verification Form

Instructions: Please enter information about Informed Consent form. This information is required (*).

Page:

☐ Mark CRF Complete

Save

Exit

I affirm that a signed informed consent form exists on file for this subject.

Verification Affirmation Initials:

Date: (MM/DD/YYYY)

Return to top

☒ Mark CRF Complete

Save

Exit

Clinical Data Management: Data Quality

Visit Name	Form Name	Variable Code	Variable Label	Test Option	Condition	Test Description	Question for investigator
Screening	Demography - Informed consent	DMPERF	Completion status Demography	DO			Data is missing. Please enter data.
Screening	Demography - Informed consent	RFSTDT	Date of visit	DO	if Completion status=yes		Data is missing. Please enter data.
Screening	Demography - Informed consent		Date of visit	ded	if both dates are filled	Date of visit < Date of Informed consent	Date of visit is before Date of written informed consent. Please check.
Screening	Demography - Informed consent						it be in the future, please check.
Screening	Demography - Informed consent						between -21 days before Date of first ct or clarify.
Screening	Demography - Informed consent	DSICF					ease enter data.
Screening	Demography - Informed consent	RFICDA					ease enter data.
Screening	Demography - Informed consent						formed consent cannot be before
Screening	Demography - Informed consent						formed consent cannot be in the ck.
Screening	Demography - Informed consent						onsent is not between -21 days before Please correct or clarify.
Screening	Demography - Informed consent	AGE					ease enter data.
Screening	Demography - Informed consent						ears) is less than 18 or greater than 55.
Screening	Demography - Informed consent						ease enter data.
Screening	Demography - Informed consent	SEX					ease enter data.
Screening	Demography - Informed consent	RPTST					ease enter data.
Screening	Demography - Informed consent	RACE					ease enter data.
Screening	Demography - Informed consent	DMPER					ease enter data.
Screening	Demography - Informed consent	VSDAT					ease enter data.
Screening	Demography - Informed consent						urement is before Date of written Please check.
Screening	Demography - Informed consent						urement cannot be in the future,
Screening	Demography - Informed consent	VSORR					ease enter data.

INFORMED CONSENT

Has the participant given informed consent prior to any study procedures being performed?

☐ YES ☒ NO

NOT include in study

/SEP/2022

Recorded age (in years) is greater than 55, this patient is not eligible. Please check.

Age (Years) **57** (at time of Informed Consent)

Allowable range: 18 to 55 years both inclusive

Gender: ☒ Male ☐ Female

If Female, child bearing potential: ☐ Yes ☒ No

Clinical Statistics: Statistical Methodology and Statistical Analysis Plan (SAP)

- Different possible designs
 - Clinical trials: Non-inferiority, cluster randomized, basket, umbrella, adaptive, platform
 - Epidemiological and translational
- Statistical Methodology
 - Endpoints
 - Design
 - Statistical methods
- Analyses populations
 - Per protocol
 - Intent to treat
 - Modified Intent to treat

More detailed statistical analysis plan

Statistical Analysis and reporting

Data Analysis



**Thank You
for your attention**

