Table 5.4: Effect of treatment with antidiabetic granules in patients with NIDDM

Variable	*Mean value at*	
	Baseline	*Week 11/13*
Hemoglobin	13.91 ± 1.46	13.41 ± 1.15
RBC	4.88 ± 0.25	4.57 ± 0.30
WBC	7912.50 ± 1759.41	7450.00 ± 1546.42
Platelets	299571.43 ± 66266.78	324125.00 ± 94573.38
Serum creatinine	0.94 ± 0.13	0.93 ± 0.09
SGPT	39.14 ± 13.98	32.28 ± 8.63

Values are expressed as the mean ± std. deviation
n = 8

Table 5.5: Overall efficacy and tolerability of treatment with antidiabetic granules in patients with NIDDM

Response	*Overall Efficacy (Investigator)*	*Overall Efficacy (Patient)*	*Overall Tolerability*
Excellent	–	1	3
Good	4	2	5
Fair	2	3	–
Poor	–	1	–
V Poor	–	–	–

Values expressed are the number of patients reporting the response

SERUM LIPIDS

Cholesterol

The cholesterol levels reduced by 17.4% in 5/8 patients (63%) at Week 11/13. The mean value for cholesterol at Week 11/13 (186.94 ± 36.54) was not significantly different from the mean baseline value (208.78 ± 28.25).

HDL

The HDL levels reduced by 18.27% in 5/8 patients (63%) at Week 11/13. The mean value for HDL at Week 11/13 (40.13 ± 6.85) was not significantly different from the mean baseline value (44.38 ± 7.02).

VLDL

The VLDL levels reduced by 24.75% in 5/7 patients (71%) at Week 11/13. The mean value for VLDL at Week 11/13 (27.43 ± 7.5) was not significantly different from the mean baseline value (33 ± 12.68).

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- Consideration should be given to what data should be collected and how the data will be used to meet the objectives of the study.
- Questions and prompts should be made specific and clear enough to assure that complete and comparable data are obtained
- Designing of CRF should be done with the primary safety and efficacy endpoints in mind as the main goal of data collection along with secondary objectives (if any).

The CRF design team is formed by the Project Manager which usually consists of Project Manager, Database Designer, Biostatistician, CRF Designer, and Clinical Trial Manager.

- Once the propobal is accepted and the contract is signed, CRF designer designs the CRF pages as per the protocol.
- The various drafts of the CRF are reviewed by the Project Manager and the biostatistician who make sure that the primary and secondary endpoints are captured in the CRF and are later sent for approval by the Sponsor.
- A Clinical Trial Manager with his vast experience gives suggestions and feedback on how the CRF should be designed.

2. CRF Annotation

CRF Annotation involves identifying the objects which are required to be created in the database to capture the data from the CRF for the study. An annotated CRF is a CRF in which the variable names are written next to the spaces provided for an investigator. It serves as a link between database and the questions on the CRF.

- Once the approval is obtained from the Sponsor, the database designer designs the database.
- Sponsor specifications for the Database/Study design, e.g. Variable Names, Codelists Names, Codelist Values, etc. should be obtained if any).
- The final version of Protocol and CRF should be used to annotate CRF.

There are different ways to annotate CRFs:

- Variable names are handwritten on a printed CRF.
- Electronically annotate using appropriate softwares e.g., PDF writer. Sharing an electronic copy of an annotated CRF is more convenient than sharing a copy of a handwritten annotated CRF (Fig. 6.2).

Annotation Guidelines e.g. in oracle clinical

- DCI: Represents the individual CRF Page
- DCM: Comprises related set of question groups
- Question Group: Comprises related questions
- Question: Identifying individual data point that needs to be captured. It could be numeric or text, etc.
- DVG Name: The fixed set of options to be chosen for the questions

An example of annotated CRF is as follows:

3. SAE Reconciliation

Adverse events are classified as serious or non-serious. A serious adverse event is any AE that meets the ICH GCP definition of being:

- Fatal
- Life-threatening
- Requires or prolongs hospital stay
- Results in persistent or significant disability or incapacity
- A congenital anomaly or birth defect
- An important medical event as judged by the investigator

Serious Adverse Event (SAE) data reconciliation is to make sure that the SAE data received at Data Management is matching with the SAE data received at pharmacovigilence, i.e. reconciliation is performed to ensure that events residing in SAE database and those residing in the clinical database are consistent. It is an iterative process that occurs several times during the study. When to reconcile, is determined by the frequency of data receipt, the scheduling of safety updates, and the timing of interim and final reports.

4. Data Coding

Adverse events and medication terms in the clinical trials are crucial in analysis. Statisticians, Medical Writers, Clinical Scientists, and Medical Monitors use this data to make conclusions about the safety, and the efficacy, of investigational drugs.

The coding of medical terms is performed to maintain consistency which is used for analysis of the data. There are a number of drugs that contain the same ingredients. For easy recognition, reporting and analysis coding is done. It involves matching different medication terms containing the same entity to a specific scientific medication term of a standard dictionary. Basis for coding adverse events is similar to coding of medications. Investigators may use different names to refer to the same disease. All different terms referring to the same disease are coded to a scientific term of a standard dictionary which is recognized worldwide.

Dictionaries accepted by the pharmaceutical companies are for adverse events: MedDRA, WHO-ART, ICD, COSTART. For medications: WHO-DD, MedDRA, ICD.

STUDY CLOSURE

1. Quality Control

The purpose of this procedure is to ensure that quality is built into the clinical database for all the projects. Any difference between the data in the CRF and the database without a supporting documentation is considered an error. PDM, Biostatistician and Sponsor would be involved in finalizing the procedure of QC.

The Quality Control (QC) procedures to be followed are:

Critical QC: The purpose of the review of critical data is to ensure that a defined number of data fields, considered by sponsor and biostatistician to be crucial in determining the outcome of the study that are 100% error-free. The number of unique critical data may not exceed 20 fields.

CDC or designate will perform a 100% review of the critical data captured in database with Study Data Document (includes CRFs, Protocol Waivers (if any), DCFs). CDC shall document the results of the critical data items review on the QC Form. All errors identified will be corrected in the database.