

MTN-020

Data Communiqué #6

February 25, 2013

Concomitant Medications Log – Frequency and Route

- ❑ If “once” is marked for a medication’s frequency, both a Date Started and a Date Stopped must be present, and be the same date.
- ❑ When recording IUCDs or contraceptive implants, record date of insertion as ‘Date Started’, and leave ‘Date Stopped’ blank (record a Date Stopped once device or implant is removed). Mark “other, specify:” and record “cont” for frequency.
- ❑ When recording contraceptive implants, mark “other, specify:” and record “sub-dermal” for route.

Concomitant Medications Log																											
1. Trade Name INTRA UTERINE CONTRACEPTIVE DEVICE ^								TCU 380A Staff Initials/Log Entry Date 18 DEC 12																			
Indication CONTRACEPTION								Taken for a reported AE? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 04 JAN 13																			
Date Started 18 DEC 12				Date Stopped OR <input type="checkbox"/> Continuing at end of study				AE Log page(s):																			
Frequency Mark only one.		prn		qd		bid		qhs		once		bid		qd		other, specify: <input checked="" type="checkbox"/> cont											
Dose/Units 18 DEC 12				Route Mark only one.				PO				IM		IV		TOP		Intr.		VAG		REC		S		other, specify: <input checked="" type="checkbox"/> INTRA UTERINE	
If contraceptive, was it dispensed at research center? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no																											

Grading of menorrhagia, metrorrhagia, and menometrorrhagia at Baseline

- ❑ Any menorrhagia, metrorrhagia, or menometrorrhagia events ongoing at the time of randomization should be marked as ‘not’ gradable’ on the Pre-existing Conditions (PRE) CRF.
 - This is because the FGGT (see next slide) grade 0 (same as non-gradable) is defined as the participant’s baseline status of these event. Grades 1-4 are relative to each participant’s baseline (day of randomization) status.
 - In the “Comments” field of the ongoing PRE entry, include text similar to what is in the FGGT row to describe the severity/frequency.
 - Ex: For an ongoing event of menorrhagia, mark “not gradable” and in the PRE Comments, record “no interference with ppt’s usual activities” (similar to text used in the FGGT to describe Grade 1).
 - Adding such text to the Comments field will help ensure that increases in the severity or frequency of these events compared to the participant’s baseline status are easily identified (and reported as AEs on an AE Log CRF).

Grading of menorrhagia, metrorrhagia, and menometrorrhagia at Baseline

- Any past, resolved (not ongoing) menorrhagia, metrorrhagia, or menometrorrhagia events documented on the PRE CRF should be assigned a grade from 1-4 per the FGGT.

PARAMETER	GRADE 0 NORMAL	GRADE 1 MILD	GRADE 2 MODERATE	GRADE 3 SEVERE	GRADE 4 POTENTIALLY LIFE- THREATENING
ABNORMAL UTERINE BLEEDING UNRELATED TO PREGNANCY					
Menorrhagia ² (prolonged and/or heavy menstrual bleeding)	Participant report of normal bleeding relative to her baseline	Increase from usual with no or minimal interference with usual social & functional activities (including sexual functioning)	Increase from usual with moderate interference with usual social & functional activities (including sexual)	Incapacitating or severe interference with usual social & functional activities (including sexual functioning), transfusion indicated	Life threatening hemorrhage with or without shock
Metrorrhagia ² (intermenstrual or frequent bleeding)	None or any expected nonmenstrual bleeding	Increase from usual with no or minimal interference with usual social & functional activities (including sexual functioning)	Increase from usual with moderate interference with usual social & functional activities (including sexual)	Incapacitating or severe interference with usual social & functional activities (including sexual functioning), transfusion indicated	Life threatening hemorrhage with or without shock

Questions?

- Please contact Jen Berthiaume and Missy Cianciola with any questions you have about this slide presentation or the Data Communiqué

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