Transfusion Trigger Trial for Functional Outcomes in
Cardiovascular Patients Undergoing Surgical Hip Fracture Repair
(FOCUS)

Edit Report / Clarification Report dated 03MAY2006

Site Number: 641
Patient ID: 641-0013
Letter Code: YND

F O R M	VISIT# SEQ#(FM 5,13,15 & 8a) PERIOD (FM 7) DAYNO (FM 4a)	* VARIABLE IN QUESTION AND * *** EDIT MESSAGE TO BE ACTED UPON ***	CURRENT VALUE	CORRECTED VALUE
01 01		3J. History of or treatment for hypercholesterolemia CHOLHXRX Is Missing Range = 0 TO 1	.	_____
09 01		Discharge date must be answered STATDLS = 1 or 3		
		12. Status at discharge STATDLS Please Correct as Necessary	1	_____
		13. Day of discharge or death DIS_DA Please Correct as Necessary	_	_____
		13. Month of discharge or death DIS_MO Please Correct as Necessary		__ __ __
		13. Year of discharge or death DIS_YR Please Correct as Necessary	_	_____

Supplemental clarifications for form relating to THIS PATIENT ONLY

F O R M	VISIT# DAYNO (FM 4a) SEQ# (FM 5,13,15 8a) PERIOD (FM 7)	VARIABLE NAME of item to be changed from the VRG	CURRENT VALUE	CORRECTED VALUE
__ __	__ __	_____	_____	_____
__ __	__ __	_____	_____	_____
__ __	__ __	_____	_____	_____
__ __	__ __	_____	_____	_____

C. Supplemental Clarifications

1. The **Supplemental Clarifications Form** can be used for any items that may not have been detected by standard editing procedures or for data that was not obtained at the time of the form submission. The columns on the Supplemental Clarification form

are in the same format as the Edit/Clarification Report and the same guidelines should be followed.

2. The supplemental clarification lines are located at the bottom of each page in the Edit/Clarification Report. Be sure to use these spaces only for the patient referenced at the top of the page. For patients not included in the Edit/Clarification Report, blank Supplemental Clarification pads are supplied.

3. It is very important that the Supplemental Clarifications Form be filled out correctly and legibly. All identifying information must match the information currently in the study database; otherwise, the changes will not take place.

4. The Patient Identification Number should always be a 7-position field. (Ex: '10-07' should be "010-0007").

5. The Visit, Day Number, Sequence Number and Period should always be entered as a two-position field. Precede it with a zero when necessary.

6. The variable name (item you wish to change) must be written **exactly** as it appears in the VRG provided to you. There are no spaces between characters. The bars (_) between characters are underscores, not dashes. Using the incorrect variable name will result in the correction not being made, so always make it a point to refer to the VRG when working on Supplemental Clarifications.

7. The Current Value should be entered, as it currently exists in the study database.

8. The Corrected Value must be entered, as you want it to appear in the study database.

9. After the form has been completed and signed by the Clinical Site staff (Study Coordinator or Investigator), the original must be sent to the Perry Point DCC. A copy of the Supplemental Clarifications form should be kept by the clinical site and filed in the patient's study file. The site should also record the correction on the data collection form and initial and date the correction.

Transfusion Trigger Trial for Functional Outcomes in Cardiovascular Patients Undergoing Surgical Hip Fracture Repair

(FOCUS)
SUPPLEMENTAL CLARIFICATIONS

Clinical Site Name: _____Clinical Site #:_____

Date of this Supplemental: ___ ___ / ___ ___ ___ / ___ ___ ___ ___
Day Month Year

PID: ___ ___ ___- ___ ___ ___ ___ LETTERCODE: ___ ___ ___
Site # Patient #

SUPPLEMENTAL CLARIFICATIONS FOR FORMS RELATING TO THIS PATIENT ONLY

FORM #	VISIT# / DAYNO (FM 4A) / SEQ# (FM 5,13,15, 8a) / PERIOD (FM 7)	Variable Name of item to be changed from the VRG	Current Value	Corrected Value
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____

Signed by: _____ _____
(Clinical Site staff) (Date signed)

D. Listing of Missing Records

Informational Report for the site – NOT to be returned to the Perry Point DCC

This report is a listing by patient of each form that is past due for each patient randomized at your clinical site. It is important to review this report upon receipt.

*When working with the **Listing of Missing Records**, the following are a few things that should be kept in mind:*

1. Data can be listed as "missing" if there are any errors in the "Header Information", such as Patient Identification Number, Visit Number.

2. Data Collection Forms submitted later than midnight prior to a scheduled update will not be processed until the next scheduled update.

3. Be sure that sufficient time has elapsed to allow for the data to have been received and processed. If the submission of a form is in question, contact the Perry Point DCC to see if we have received the form.

4. Check your correspondence and memoranda to see if the form has been deleted, returned to your facility, and has not been resubmitted.

5. **Each new report is cumulative and replaces the preceding one.** Any prior report(s) that you may still be working on becomes obsolete when a new listing is received. A good rule of thumb would be to review the Listing of Missing Records and make status notations soon after receiving it. (Keep all prior reports for referencing.)

6. If there are records listed as "missing" and none of the above situations are true, please make note of this and check the next two Listings of Missing Records. If the form(s) is still listed as "missing", please contact the computer assistants at the Perry Point DCC so that they can help locate the problem. Be prepared to provide the Computer Assistant with the header information and the approximate date you submitted the form.

Transfusion Trigger Trial for Functional Outcomes in Cardiovascular Patients
Undergoing Surgical Hip Fracture Repair (FOCUS)

Listing of Missing Records
For records received at Perry Point DCC by 03/May/2006
Report Generated on 03/May/2006

Test Hospital Site # 641
****

A form shown as missing on this report may have been sent in with incorrect information in the header section (PID, LETCODE, VISIT, DAYNO, SEQNO, PERIOD). If this occurs, the software used to produce this report would result in a missing record until the data are resubmitted.

***** PATIENT ID # 641-0014 LETCODE=ABC was randomized on 01/03/2006

Status: Patient Randomized to Focus

Form 7 - Baseline was due on 02/02/2006

Form 7 - Post-op Prior to Random was due on 02/02/2006

Form 7 - Day 1 - Post Random was due on 02/02/2006

Form 7 - Day 4 or Disch was due on 02/02/2006

Form 9 - Hospital Outcome was due on 02/02/2006

***** PATIENT ID # 641-0015 LETCODE=DEF was randomized on 03/28/2006

Surgery was performed on 03/27/2006

Status: Patient Discharged W/in 30 Days

Form 3 - Medical Orders was due on 04/27/2006

***** PATIENT ID # 641-0016 LETCODE=GHI was randomized on 04/18/2006

Status: Patient Randomized to Focus

Form 0 - Screening Log was due on 04/25/2006

Form 1 - Patient Registration was due on 04/25/2006

Form 2 - History & Clinical Data was due on 04/25/2006

E. Outstanding Edit/Clarification Report

Informational Report for the site – NOT to be returned to the Perry Point DCC

This report will reflect any Edit/Clarification Reports that have not been returned to the Perry Point DCC for processing. Your records should show if the report has been mailed. Please allow sufficient time for the Perry Point DCC to receive and process this report. If, after checking the preceding month's report, a report remains outstanding, contact the Computer Assistants at the Perry Point DCC. Be prepared to give the date of the report, as well as the date the report was mailed.

Transfusion Trigger Trial for Functional Outcomes in
Cardiovascular Patients Undergoing Surgical Hip Fracture Repair (FOCUS)

OUTSTANDING EDIT REPORT/CLARIFICATION REPORT

Test Hospital 641

03MAY2006

****

THE EDIT REPORT/CLARIFICATION REQUEST DATED 15DEC2005 IS 139 DAYS OVERDUE ****

THE EDIT REPORT/CLARIFICATION REQUEST DATED 09MAR2006 IS 55 DAYS OVERDUE*

THE EDIT REPORT/CLARIFICATION REQUEST DATED 06APR2006 IS 27 DAYS OVERDUE.

F. Forms Submission Report

Informational Report for the site – NOT to be returned to the Perry Point DCC

This list represents form numbers and form types received and processed from your Site since the previous update.

a. **Number of New Forms Edited** - Represents number of forms received.
b. **Forms Re-Edited** - Represents number of forms being re-edited due to changes occurring for that form via Edit/Clarification Report and/or Supplemental Clarifications.
c. All other categories are self-explanatory based on number of forms edited/re-edited.

Transfusion Trigger Trial for Functional Outcomes in
Cardiovascular Patients Undergoing Surgical Hip Fracture Repair (FOCUS)

FORMS SUBMISSION REPORT FOR 03MAY2006

Test Hospital SITE 641

FORM NO	INSTRUMENT	# NEW FORMS EDITED	# OF FORMS RE-EDITED	# ACCPTD	% ACCPTD	# REJECT	% REJECT	# EDITS	# ERRORS	% ERRORS
0	Screening Log	25	1	26	100.00	0	0.00	858	0	0.00
1	Patient Registration	7	0	5	71.43	2	28.57	231	3	1.30
3	Medical Orders	6	0	6	100.00	0	0.00	420	0	0.00
4	Hemoglobin	6	0	5	83.33	1	16.67	180	1	0.56
5	Transfusion Record	2	0	2	100.00	0	0.00	34	0	0.00
6	Required ECG	4	0	4	100.00	0	0.00	108	0	0.00
9	Hospital Outcome	5	0	4	80.00	1	20.00	305	1	0.33
10	Patient Status	4	1	5	100.00	0	0.00	70	0	0.00
	TOTALS FOR ALL FORMS	XX	X	X	X	X	XX.XX	XXXX	XX	X.XX

G. Patient/Form Status Report

Informational Report for the site – NOT to be returned to the Perry Point

This report shows the status of the patient and forms completion/submission status (for each patient). If the patient status is incorrect and remains that way for 2 reports, contact the Computer Assistants at the Perry Point DCC.

Transfusion Trigger Trial for Functional Outcomes in
Cardiovascular Patients Undergoing Surgical Hip Fracture Repair (FOCUS)

Patient / Form Status Report

For records received at Perry Point DCC by 05/31/2006

Report Generated on 06/06/2006

Test Hospital Site # 641

Patient ID	Status	# EXP	# REC	# MISS	% RECD
641-0007	Patient Discharged W/in 30 Days	16	16	0	100.00
641-0008	FCS 00 indicates patient not eligible	1	1	0	100.00
641-0009	Patient Discharged W/in 30 Days	15	12	3	80.00
641-0010	FCS 00 indicates patient not eligible	1	1	0	100.00
641-0011	Patient Status Unknown	1	1	0	100.00
641-0012	Patient Discharged W/in 30 Days	16	16	0	100.00
641-0013	FCS 00 indicates patient not eligible	1	1	0	100.00
641-0014	Patient eligible based on FCS 00	2	2	0	100.00
641-0015	Patient Status Unknown	1	1	0	100.00
641-0016	Patient eligible based on FCS 00	2	2	0	100.00
641-0017	Patient eligible based on FCS 00	2	2	0	100.00
641-0018	Patient Status Unknown	1	1	0	100.00
641-0019	Patient Discharged W/in 30 Days	4	4	0	100.00
641-0020	Pat/MD refused consent	1	1	0	100.00
641-0021	FCS 00 indicates patient not eligible	1	1	0	100.00
TOTALS ON 15 PATIENTS		65	62	3	95.38
TOTALS ON 12 PATIENTS (UNK STATUS DELETED)		62	59	3	95.16

H. Medical Record Review

For quality assurance purposes, the medical charts of the first two randomized patients after the start of the study (or at the time the Clinical Site Coordinator changes) from each site and a random sample of 10% of patient medical records will be carefully reviewed by the CCC Head Nurse to insure the accuracy of the data abstraction process. The DCC will generate a listing of the study identification numbers of the patients whose charts will be reviewed. This will be sent to the Clinical Site Coordinator at the Clinical Site who will then copy the chart and

forward to the CCC. All identifying information with the exception of dates should be removed. The DCC will provide labels with the patient ID and letter code to be place on each copied page. The DCC will also forward the listing of identification numbers along with a computer printout of the data items to the CCC. CCC staff will compare the data entered with the data in the medical chart and record whether or not each data point was verified. This review will be designed to identify problems in recording data, data entry, data processing, as well as protocol adherence.

CHAPTER 13

ANSWERS TO COMMON QUESTIONS

Can patients be included in the study if they receive blood transfusions prior to randomization?

Patients are eligible for the study even if they received transfusions during the preoperative, intraoperative or even the postoperative time period. Transfusion prior to randomization is at the discretion of the clinicians. It is possible that clinicians were not initially comfortable randomizing the patient and the patient was transfused. A patient may be randomized as long as the hemoglobin g/dl level is <10g/dL (100g/L) during the immediate postoperative time period (first 3 days after surgery).

Can a patient be recruited into the study if consent was not obtained during the preoperative time period?

Occasionally, an eligible patient for the study will not be identified until the postoperative time period. As long as the eligible patient is identified during the immediate postoperative time period, has a hemoglobin level < 10 g/dL (100g/L), and is able to provide informed consent (or consent can be obtained from relative), the patient may be recruited and randomized.

Can a patient be recruited into the study if the hip fracture occurs while hospitalized for another reason?

Occasionally, an eligible patient for the study will have already been hospitalized, and during the course of that hospitalization, fracture a hip. This patient can be recruited for entry into the study. In this case we will use the date of the hip fracture as the starting point to collect hemoglobin and transfusion data, and disregard hemoglobin measures and transfusions prior to the hip fracture.

Can the patient be recruited or remain in the study if the patient receives erythropoietin injections?

Erythropoietin is not ordinarily administered in this setting and we would prefer it not be used. However, patients may remain in the study.

Answers to these and other frequently asked questions can be found on the FOCUS Website and in FOCUS newsletters.

CHAPTER 14

EDUCATION ON PROTECTION OF HUMAN SUBJECT PARTICIPANTS

A National Institutes of Health (NIH) policy became effective October 1, 2000. This policy requires education on the protection of human subject participants for all investigators and key personnel who are responsible for the design and conduct of research under the NIH grant and contract awards for the research involving human subjects.

Since FOCUS is an NIH funded trial, the investigators and coordinators of all participating sites are required to comply with this new policy. Most academic institutions have already developed educational programs on the protection of research participants and have made attendance at such programs a requirement for their investigators. If your institution has not provided this training, an educational program can be accessed on the NIH web at http://cme.cancer.gov/clinicaltrials/learning/humanparticipant-protections.asp. This takes 30-60 minutes, and you receive a certificate at the end. This training module was originally developed for NIH staff, but it can be used by your personnel to meet training requirements. The program is simple and you are asked to answer only two questions after two cases. Please submit documentation of this education or a copy of the certificate obtained from the Internet training for each Clinical Site staff member identified as key personnel. The CCC is responsible for maintaining these records.

The NIH describes key personnel as anyone involved in the design or conduct of the research. This would include anyone who obtains informed consent, enrolls, and conducts follow-up with a patient. At a minimum you should consider the Clinical Site Director, the lead Clinical Site Coordinator and any other staff member who consents, enrolls and follows patients to be key personnel and consequently should provide documentation of their training. It is up to the discretion of the Clinical Site Director to determine whether other study staff (co-investigators, other coordinators) would be considered key personnel at his/her site. It is not necessary to document training of non-key personnel.

CHAPTER 15

INSTRUCTIONS FOR USE OF FOCUS WEB SITE

A. Overview

The FOCUS Web Site is available for use by all FOCUS Clinical Site and Central Unit staff. For questions about the Web Site, see the Contact Information page.

Web Access

To access the Public Web Address, type http://focustrial.org/ into your browser's address window. Until you are assigned an individual log-on and password, use log-on = XXX and password = XXXXX (in preparation). The Investigator Web address is http://www.focustrial.org/investigator. In order to access the investigator website, request a user name and password via: http://www2.umdnj.edu/~focusweb/focus/focusregister.html.

Adobe Acrobat Reader and PDF files

Most documents available on the FOCUS Web Site are in Portable Document Format (PDF). Documents in PDF preserve the exact look and content of the originals. Adobe Acrobat Reader is required to read and print the PDF documents. This product is free and is available from Adobe at http://www.adobe.com/products/acrobat/readstep.html. When installing the program from the Adobe Web Site, follow the directions given on that Web Site. Click on the file name to open a PDF document with the Adobe Acrobat Reader.

B. Contents of the FOCUS Web Site

The FOCUS Home Page (in preparation) identifies the categories of information available on the Web Site and provides links to those sections. To review the contents of each section, click on the section heading. The page for that section is then displayed. Each page lists the documents available in that section for the given category.

Protocol/Manual

The Protocol, Procedures Manual, Ancillary study Protocols and related documents in PDF format, are accessible from the Protocol/Manual page.

Memos

Important study issues are distributed by numbered memos, which are available in PDF format on the Memos page.

Minutes

Minutes of Steering Committee meetings.

Q & A

Frequently asked questions and answers about Protocol or Procedures and Contact Information are available for browsing on the Q & A page.

Forms

Study Forms in PDF format are available for printing.

Form QxQs

Instructions (Form QxQs) for each FOCUS Form provide specific details about each item on the form.

Study Tools

Study schedules, time lines and other study management tools are available in PDF format.

News & Events

Announcements of upcoming events as well as the FOCUS Newsletters are available in PDF format.

Presentations

The PowerPoint master slide set for conference presentation of background literature, overview of FOCUS Protocol, and data management training session slides are accessible from the FOCUS Presentations page. Click on the PowerPoint presentation name to open the presentation in PowerPoint.

Reports

Study Reports.

Publications

A list of study publications and presentations is on this page. Abstracts of published publications are in PDF format. Manuscripts in progress are available in MS WORD format on the FOCUS Publications page.

APPENDIX A

SAMPLE PIN CARD

FOCUS #36287

Staff Name

Study Password: XXX
Site: XXX
Hospital Password: XXXX
Pin: XXXXX

Univ. of Maryland Baltimore/Perry Point VA

APPENDIX B

Form 310

OMB No. 0990-0263 (Formerly OF-310) (1/17/2003)
Approved for use through 07/31/2005

Protection of Human Subjects
Assurance Identification/IRB Certification/Declaration of Exemption
(Common Rule)

Policy: Research activities involving human subjects may not be conducted or supported by the Departments and Agencies adopting the Common Rule (56FR28003, June 18, 1991) unless the activities are exempt from or approved in accordance with the Common Rule. See section 101(b) of the Common Rule for exemptions. Institutions submitting applications or proposals for support must submit certification of appropriate Institutional Review Board (IRB) review and approval to the Department or Agency in accordance with the Common Rule.	Institutions must have an assurance of compliance that applies to the research to be conducted and should submit certification of IRB review and approval with each application or proposal unless otherwise advised by the Department or Agency.

1. Request Type	2. Type of Mechanism	3. Name of Federal Department or Agency and, if known, Application or Proposal Identification No.
[ ] ORIGINAL [ ] CONTINUATION [ ] EXEMPTION	[ ] GRANT [ ] CONTRACT [ ] FELLOWSHIP [ ] COOPERATIVE AGREEMENT [ ] OTHER: _____	

4. Title of Application or Activity	5. Name of Principal Investigator, Program Director, Fellow, or Other

6. Assurance Status of this Project *(Respond to one of the following)*

[ ] This Assurance, on file with Department of Health and Human Services, covers this activity:
Assurance Identification No., the expiration date IRB Registration No. _____

[ ] This Assurance, on file with *(agency/dept)*_____, covers this activity.
Assurance No._____, the expiration date_ __ IRB Registration/Identification No._____*(if applicable)*

[ ] No assurance has been filed for this institution. This institution declares that it will provide an Assurance and Certification of IRB review and approval upon request.

[ ] Exemption Status: Human subjects are involved, but this activity qualifies for exemption under Section 101(b), paragraph_____.

7. Certification of IRB Review (Respond to one of the following IF you have an Assurance on file)

[ ] This activity has been reviewed and approved by the IRB in accordance with the Common Rule and any other governing regulations.

by: [ ] Full IRB Review on (date of IRB meeting) _____ or [ ] Expedited Review on (date) _____

[ ] If less than one year approval, provide expiration date _____

[ ] This activity contains multiple projects, some of which have not been reviewed. The IRB has granted approval on condition that all projects covered by the Common Rule will be reviewed and approved before they are initiated and that appropriate further certification will be submitted.

8. Comments

9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.	10. Name and Address of Institution
11. Phone No. *(with area code)* 12. Fax No. *(with area code)* 13. E-mail:	
14. Name of Official	15. Title
16. Signature	17. Date

Authorized for local Reproduction — Sponsored by HHS

Public reporting burden for this collection of information is estimated to average less than an hour per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Room 503 200 Independence Avenue, SW., Washington, DC 20201. *Do not return the completed form to this address.*

APPENDIX C

SCHEDULE OF MEASUREMENTS AND DATA COLLECTION

Part I: Study Measures

	Pre-Randomization					Post-Randomization				
	Admission	Pre-Op	Post-Op Day 1	Post-Op Day 2	Post-Op Day 3	Post Rand Day 1	Post Rand Day 2	Post Rand Day 3	Post Rand Day 4	Post Rand Day 7
Hemoglobin	X		X	X	X	X	X		X	X*
ECG[1]	X		X*#						X*	
Troponin[2]		X*	X*#			X*			X*	

* Reimbursement will be provided by FOCUS
# ECG and troponin specimen drawn just prior to randomization

[1] Any ECG performed following randomization through post-randomization day 30 for any coronary event will also be sent to the ECG Core Laboratory. For contact/mailing info. (see FOCUS WEB). Labels for ECG (See Appendix H).

[2] If consent not signed pre-op, the pre-op Troponin will not be drawn. In this case, site personnel are to contact the hospital laboratory and, if available obtain left over serum from a preoperative draw. Blood is collected and filled to capacity in one of the following: a 10 mL plain red top tube, a 10 mL red/black Serum Separator Tube, or a 5 mL gold Hemogard Serum Separator Tube (SST). Invert tube five (5) times. Allow specimen to clot for 30 minutes for SST's or 60 minutes for plain red top tube. Centrifuge specimen at 1300 RCF for 10 minutes. Transfer serum by carefully pipetting into two (2) pre-labeled cryovials within 30 minutes. Freeze cyrovial samples within 30 minutes at $\leq$ -20 degree centigrade until shipment. Send frozen specimens using NIH shipping protocol.

APPENDIX C (Continued)

SCHEDULE OF MEASUREMENTS AND DATA COLLECTION

Part II: Forms

Number	Name	EXPECTED X AT VISITS					Send to DCC
		PreRand	Rand	HD	30day	60day	
					30-45	60-90	
00	Screening Log	X					DCC
D	Inclusion Criteria Checklist	X					keep
E	Exclusion Criteria & Consent Criteria Checklist	X					keep
	Evaluation to Sign Consent	X					keep
	Study Informed Consent	X [5]					keep
A	ITTRS Voice Response Worksheet		X				keep
01	Patient Registration		X				DCC
02	Patient History and Clinical Data		X				DCC
03	Medical Orders			X			DCC
04	Hemoglobin			X			DCC
4A	Hemoglobin Additional Days			X [4]			DCC
05	Transfusion Record			If TF			DCC
06	Required ECG			X			DCC
07	Required Troponin Blood Specimen	X [2]	X [3]	(D1, D4)			DCC
08	Cardiac Serum Marker Results and ECG for Clinical Care			X [4]			DCC
8A	Cardiac Serum Marker Results and ECG for Clinical Care Additional Days			X [4]			DCC
09	Hospital Outcome Form			X			DCC
10	Patient Status				X [1]	X [1]	DCC
11	ADL, IADL, and Energy/Fatigue				X [1]	X [1]	DCC
12	Death within 30 days			If death	If death		DCC
13	Serious or Unexpected Adverse Event (AE)			If AE	If AE	If AE	DCC
14	Proxy for primary study outcome					X	DCC
15	Acute Coronary Event (ACI)			If ACI			DCC
16	Pre-Randomization Transfusion Record		If PRTF				
InfoUS	Demographic & Patient Information – US			X			CCC
InfoCan	Demographic & Patient Information - Canada			X			CCC
ITTRS=Interactive Touch-Tone Randomization System used for Randomization of Patient							
InfoUS	Sent to CCC to provide contact information for the 30 and 60 day follow-up and for search of National Death Index						
InfoCan	Sent to CCC to provide contact information for the 30 and 60 day follow-up and for search of Statistics Canada						
1 = Completed by CCC Staff							
2 = Completed at baseline prior to surgery							
3 = Completed at post-op, prior to randomization							
4 = Completed on “as needed” basis							
5 = Completed PRIOR to randomization							

APPENDIX D

WINDOWS FOR SUBMISSION OF FORMS TO THE DATA COORDINATING CENTER

a. ITTRS Voice Response Worksheet – Complete before randomization call. File at site.

b. Treatment Allocation
Received from DCC by fax.

c. Demographic Information Form
Submit to CCC within 7 days of randomization. Do not send to DCC.

d. Form 01 – Submit to DCC within 7 days of randomization.
e. Form 02 – Submit to DCC within 7 days of randomization.
f. Form 03 – Submit to DCC within 30 days of randomization.
g. Form 04 – Submit to DCC within 30 days of randomization.
h. Form 4A – Submit to DCC within 30 days of randomization.
i. Form 05 – Submit to DCC within 7 days of transfusion.
j. Form 06 – Submit to DCC within 30 days of randomization.
k. Form 07 – Submit to DCC within 30 days of randomization.
l. Form 08 – Submit to DCC within 30 days of randomization.
m. Form 8A – Submit to DCC within 30 days of randomization.
n. Form 09 – Submit to DCC within 30 days of randomization.
o. Form 10 – Submit to DCC within 2 weeks of contact.
p. Form 11 – Submit to DCC within 2 weeks of contact.
q. Form 12 – Submit to DCC within 2 weeks of death.
r. Form 13 – Submit to DCC within 24 hours of adverse event.
s. Form 14 – Submit to DCC within 2 weeks of contact.
t. Form 15 – Submit to DCC within 2 weeks of Acute Coronary Event.
u. Form 16 – Submit to DCC within 30 days of randomization.
v. Form 00 – Screening Log – Submit to DCC within 1 week of screening.

APPENDIX E

Directions on Filling out a PDF Form

1. Double click on the form you wish to open.

2. Position the pointer inside a form field, and click. This will then allow you to type a text. When entering a form field always click on the left of the field. (Note that dashes and slashes will automatically appear) Just enter the numbers or letter without a break. For example: 00-000 would be entered as 00000 (the dash will automatically appear).

3. Never use the tab function or key when going from one field to the next or when filling in bubbles. Always use your mouse and click.

4. When filling in bubbles you will see an open hand as your cursor; when the open hand turns into a pointing finger that means you are able to click and select the appropriate bubble of your choice. To deselect the bubble because you selected the wrong one; just click on the correct bubble and the 1st one chosen will deselect.

5. If, prior to submitting the form, you have realized that you have filled the entire form out incorrectly you may reset the form. The RESET button along with the SUBMIT button is located at the end of each form in the center bottom of form.

6. When you've finished entering a form, select the SUBMIT bottom to send the information.

7. A pop up will say that a program is trying to access E-mail addresses and it may be a virus; select YES. (It's not a program; it's you submitting your form). A pop up will then ask you if you will allow this E-mail to be sent; select YES.

8. Now is the time to save your form if you choose to. Go to FILE on the toolbar and select "Save As" and create a name and place to save your form. You should also PRINT a hard copy of the completed form to be kept in the patient's study file.

9. Now close your form by selecting the X in the upper right hand corner.
A pop up will tell you your form was sent via E-mail; select OK.

10. You will have to select X again in the upper right hand corner to attempt to close; a pop up will ask if you want to save the changes before you close. You should select NO. (If you select yes it will save the form as it is and every time you open that form to fill it out for different patients that information will still be there.)

11. Your form will now close.

***Please note: When sending test data PLEASE enter 00-000's in the Staff ID section to distinguish actual data from test data.**

APPENDIX F

INSTRUCTIONS FOR SAVING A PDF FILE

A. Set-up File Directory Before Data Entry

Before keying data for FOCUS forms using the E-mail system perform the following steps

1. Set-up a File Directory
   - Open Windows Explorer
   - To open Windows Explorer: Click on the Start Icon>Programs>Windows Explorer
   - As an alternative to Windows Explorer, you may click on the My Computer icon

   - Determine where on your network or local computer drive you want to set-up a directory folder to retain the data for each form page. Click on that Drive Letter (Example: C:\)

   - On the menu bar of Windows Explorer: Click on File>New>Folder

   - A new folder appears in the window labeled "New Folder"
   - Change the name to "FCS E-mail Forms" by typing over the words "New Folder"
   - Then press the enter key
   - Double click on the new directory you just created - FCS *E-mail Forms*

2. Create Sub-directories for each Patient ID as follows:
   - On the menu bar of Windows Explorer: Click on File>New>Folder

   - A new folder appears in the window labeled "New Folder"
   - Change the name to the Patient's ID number, Example: "999-1001" by typing over the words "New Folder"
   - Then press the enter key

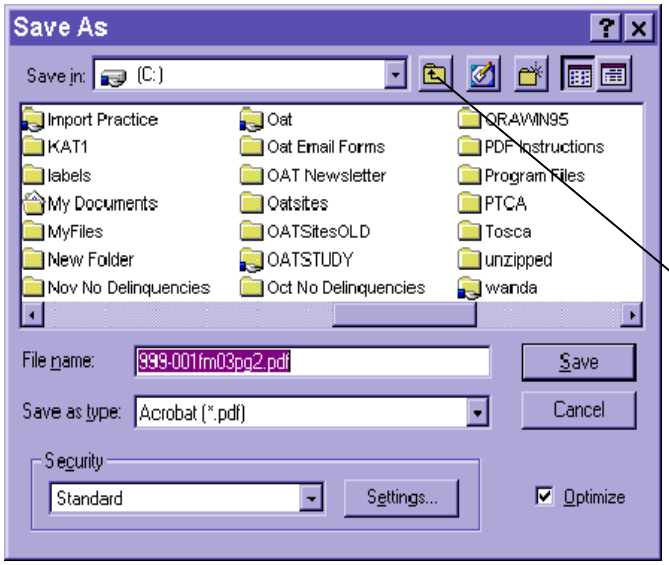
   - Before repeating Step 2 to create another Patient ID sub-directory, click on the folder FCS *E-mail Forms* in the Directory window on the left. Always click on the FCS *E-mail Forms* directory first before creating a new Patient ID sub-directory.

   When finished setting up the directories, close Windows Explorer by clicking on the "X" in the upper right corner of the screen.

4. After keying the patient data into the form, go to the menu bar of your Adobe Acrobat:
   - Click on File
   - Click on "Save As"

APPENDIX F (Continued)

A directory window appears: "Save As"	Look at the "Save in" Window box to see if you are on the correct drive.



If the appropriate drive or folder does not appear move to that drive as follows:

Click on the "Folder Icon" with the arrow that points up; continue to click on this icon until you see the Drive letter where your FCS E-mail directory resides.

Example: (C:).

5. Open the *FCS E-mail Forms Directory* by double clicking on it.

6. Open the appropriate Patient ID sub-directory by double clicking on it.

   Name the File:
   - In the "File name:" window
   - Create a file name: It is suggested that you use the patient ID number, form number and page number, *(e.g., 010-0011Form03.pdf) or use sequence number when saving a multi-visit form, (e.g., 010-0011Form05Seq02.pdf).*
   - Type the name in the "File name:" box.
   - Click Save

8. You may then clear the form to enter data for another patient or you may close this form. Be careful to close saved form files before clearing.

APPENDIX F (Continued)

B. Set-up File Directory After Data Entry

1. If you have keyed the patient data into the form and have not created a *Patient ID subdirectory* for his patient, you may create the *Patient ID subdirectories* from this "Save As" Window as follows:

2. Click on the "Folder Icon" with the arrow that points up until you see the Drive letter where your FCS *E-mail Forms* directory resides.

3. Double click on the FCS E-mail Forms directory to open it.

4. Create a new *Patient ID subdirectory*:

   - The "Save in:" window. When moving the mouse cursor over the icon it will say "Create New Folder".
   - Click on "Create New Folder"
   - A new folder appears in the window labeled "New Folder".
   - Change the name to the Patient's ID number, Example: "9991001" by typing over the words "New Folder".
   - Then press the enter key.
   - Double click on the new Patient ID sub-directory you just created.

5. To name the File:

   - In the "Save As" window
   - The 3rd white box from the top is "File name:"
   - Create a file name: It is suggested that you use the patient ID number, form number and page number, *(e.g., 010-0011Form02.pdf) or use visit number when saving a multi-visit form, (e.g., 010-0011Form05Seq02.pdf).*
   - Type the name in the File name box.
   - Click "Save"

6. You may then clear the page to enter data for another patient or you may close this form page.

APPENDIX G

LETTER TO ORTHOPAEDIC SURGEONS

<date>

Dear Dr. <name>:

We will shortly begin a randomized, clinical trial to evaluate the effect of red blood cell transfusion on functional recovery in elderly hip fracture patients. A summary of the study protocol is attached.

I am writing to request your assistance with the trial. We would like to provide a letter from you to each potential study participant at the time of recruitment. We have attached the letter and would be grateful if you would immediately sign and return it to us, as we will not be able to recruit your patients until we have this signed letter.

For your information, we have attached a summary of the study and wish to thank you for your continued support

If you have any questions or problems about the trial you should feel free to contact me at beeper <number> or <name>, RN at <number>.

Thank you,

<name>, MD

Please return the enclosed letter to <name>, RN, <address>, Fax <number> Thank you.

Study Description

FOCUS
Functional Outcomes in Cardiovascular Patients
Undergoing Surgical Hip Fracture Repair

This study is a multi-center randomized clinical trial that will include a total of 2,600 hip fracture patients with a history of cardiovascular disease or risk factors. We will evaluate if a more aggressive transfusion strategy that maintains postoperative hemoglobin (Hgb) levels above 10g/dL (100g/L) improves functional recovery, morbidity and mortality compared to a more conservative strategy that withholds blood transfusion until the patient develops symptoms of anemia or has a postoperative Hgb level below 8g/dl (80g/L).

All patients who present to the emergency room with hip fracture (that is not a result of multiple trauma requiring surgery other than hip fracture repair) will be identified as potential study participants. The patient and/ or family will be approached for informed consent. A short data collection instrument is completed and placed on the patient's chart. After surgical repair of the hip fracture, a Hgb level is performed daily for 3 days. The patient is eligible for the study if their Hgb level drops below 10 g/dL (100g/L) within the first three postoperative days. Study personnel office will retrieve each day's hemoglobin level and then randomize eligible patients by telephoning a 24 hour automated system. Patients assigned to the 10 g/dl threshold arm receive enough red blood cells to maintain their Hgb level at or above 10 g/dl. Patients assigned to the symptomatic transfusion arm receive a red blood cell transfusion only in the presence of symptoms from anemia or if their Hgb level is below 8 g/dl (80g/L); transfusion is permitted, but not mandatory. However patients with compromised cognitive function whose treating physicians believe might not be able to report symptoms are to be transfused when the Hgb level falls below 8g/dL (80 g/L). Patients will have blood samples drawn preoperatively, postoperatively prior to randomization, and on post randomization days 1 and 4, and electrocardiogram tracings preoperatively, postoperative prior to randomization and post randomization day 4. These blood samples and ECGs will be sent to central processing laboratories where they will be interpreted using standardized criteria to diagnosis myocardial infarction. This diagnosis will be for research purposes only and never linked back to the individual patient. At the time of discharge or death, the hospital data collection instrument will be completed. After discharge, patients will be contacted by telephone at 30 days and 60 days after surgery to determine vital status, ability to walk, and location of residence.

The primary outcome is death or inability to walk without human assistance. Secondary outcomes include myocardial infarction or death, functional status at 30 and 60 days, and nursing home placement at 60 days, 30 day and long-term mortality, significant postoperative morbidity (myocardial infarction, delirium, thromboembolism, pneumonia, and stroke), and the frequency of selected medical errors. Functional status and nursing home placement will be assessed by telephoning all subjects, and long-term survival by vital statistic registries. Postoperative complications (death in hospital or within 30 days and in-hospital morbidity) will be identified using information from the patient's hospital medical chart. An electrocardiogram and troponin levels will be obtained after surgery.

The trial will be conducted at 25 centers from the United States and Canada, and extend over five years. The trial is funded by National Heart, Lung, and Blood Institute, National Institute Institutes of Health.

NOTE: To be printed on Department of Orthopaedic Surgery or Orthopaedic Surgeon Letterhead

Letter to Recruit Hip Fracture Patients

<Date>

<Surgeon name>
<Address>

Dear Hip Fracture Patient:

I wish to make you aware of a research study currently being conducted at Name of Hospital. This study will evaluate how well patients recover from hip fracture surgery.

I have agreed to permit the research study staff to provide you with information about the study. It is up to you whether or not to participate in this study. This decision will not have any effect on the medical care you receive.

Please indicate below by initialing next to the appropriate level of interest.

_____ I am interested in hearing more about this study.

_____ I am not interested in this study.

Sincerely,

<Surgeon name>

Thank You Letters

Date

Dr. Orthopaedic Surgeon
Institution
Address

Re: FOCUS

Dear Dr Surgeon,

I am writing to express my appreciation for your help with the clinical trial called FOCUS. This study will only succeed if surgeons like you assist us to recruit patients into the study and follow the protocol. We believe this trial will provide critical information needed to inform clinicians on how to best use blood transfusion in the perioperative time period.

Sincerely,

Doctor
Principal Investigator

cc: Chair, Department of Orthopaedic Surgery

APPENDIX H

ECG LABELS

FOCUS RESTING SUPINE ECG

ID ___ ___ ___ - ___ ___ ___ ___ Letter Code: ___ ___ ___

__ __ - __ __ __ - __ __ __ __ Time: __ __ : __ __
Day Month Year hr mn

( ) Pre-surgery ( ) Post-Op prior to randomization
( ) Day 4 post randomization ( ) Unscheduled

APPENDIX I

FOCUS
Original Edit Statement

Transfusion Trigger Trial for Functional Outcomes in Cardiovascular Patients Undergoing Surgical Hip Fracture Repair (FOCUS)

Medical Center Name: _____

Date of this Supplemental: ___ ___ / ___ ___ ___ / ___ ___ ___ ___
day month year

PID: ___ ___ ___- ___ ___ ___ ___ LETTERCODE: ___ ___ ___
center patient #

SUPPLEMENTAL CLARIFICATIONS FOR FORMS RELATING TO THIS PATIENT ONLY

FORM #	VISIT# SEQ# (FM 5,13,15) PERIOD (FM 7)	Variable Name of item to be changed from the data dictionary	Current Value	**Corrected Value**
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____
____ ____	____ ____	_____	_____	_____

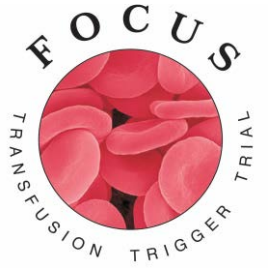
Signed by: _____ _____
(Coordinator) (Date Signed)

APPENDIX J

ID Number	Letter Code	Blood Specimen Labels	PreOp Specimen	Date Assigned	Enrollment	Coordinator Signature
999-0138	ABC	118167 077196 027267 023077	____never collected ____collected and reserved ____collected and destroyed	___/___/___	___yes enrolled ___not enrolled	_____
ID Number	Letter Code	Blood Specimen Labels	PreOp Specimen	Date Assigned	Enrollment	Coordinator Signature
999-0139	DEF	128167 073196 027467 023057	____never collected ____collected and reserved ____collected and destroyed	___/___/___	___yes enrolled ___not enrolled	_____
ID Number	Letter Code	Blood Specimen Labels	PreOp Specimen	Date Assigned	Enrollment	Coordinator Signature
999-0140	GHI	115167 047196 037267 063077	____never collected ____collected and reserved ____collected and destroyed	___/___/___	___yes enrolled ___not enrolled	_____
ID Number	Letter Code	Blood Specimen Labels	PreOp Specimen	Date Assigned	Enrollment	Coordinator Signature
999-0141	JKL	168167 075196 047267 033097	____never collected ____collected and reserved ____collected and destroyed	___/___/___	___yes enrolled ___not enrolled	_____
ID Number	Letter Code	Blood Specimen Labels	PreOp Specimen	Date Assigned	Enrollment	Coordinator Signature
999-0142	MNO	128167 077496 027266 023087	____never collected ____collected and reserved ____collected and destroyed	___/___/___	___yes enrolled ___not enrolled	_____
ID Number	Letter Code	Blood Specimen Labels	PreOp Specimen	Date Assigned	Enrollment	Coordinator Signature
999-0143	PQR	113167 055196 026667 023887	____never collected ____collected and reserved ____collected and destroyed	___/___/___	___yes enrolled ___not enrolled	_____
ID Number	Letter Code	Blood Specimen Labels	PreOp Specimen	Date Assigned	Enrollment	Coordinator Signature
999-0144	STU	118467 076196 087267 103077	____never collected ____collected and reserved ____collected and destroyed	___/___/___	___yes enrolled ___not enrolled	_____
ID Number	Letter Code	Blood Specimen Labels	PreOp Specimen	Date Assigned	Enrollment	Coordinator Signature
999-0145	VWX	118163 077144 027555 026666	____never collected ____collected and reserved ____collected and destroyed	___/___/___	___yes enrolled ___not enrolled	_____

APPENDIX K

Sample Chart Label - US



☐ **Consent Obtained**

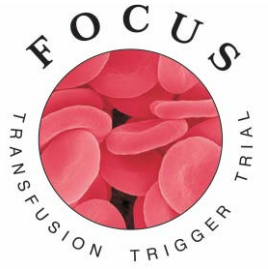
☐ **Randomized 10 g/dL**

- Subject immediately receives 1 unit RBC
- Post transfusion H/H drawn
- Hgb must be >=10 g/dL

☐ **Randomized Symptomatic**

- RBC transfusions held 1 unit RBC
- Transfusion given to relieve symptoms of anemia
- Any Hgb<8 g/dL RBC transfusion permitted to increase Hgb to 8g/dL

Sample Chart Label - Canada



☐ **Consent Obtained**

☐ **Randomized 100 g/L**

- Subject immediately receives 1 unit RBC
- Post transfusion H/H drawn
- Hgb must be >=100 g/L

☐ **Randomized Symptomatic**

- RBC transfusions held 1 unit RBC
- Transfusion given to relieve symptoms of anemia
- Any Hgb<80 g/L RBC transfusion permitted to increase Hgb to 80 g/L

APPENDIX L

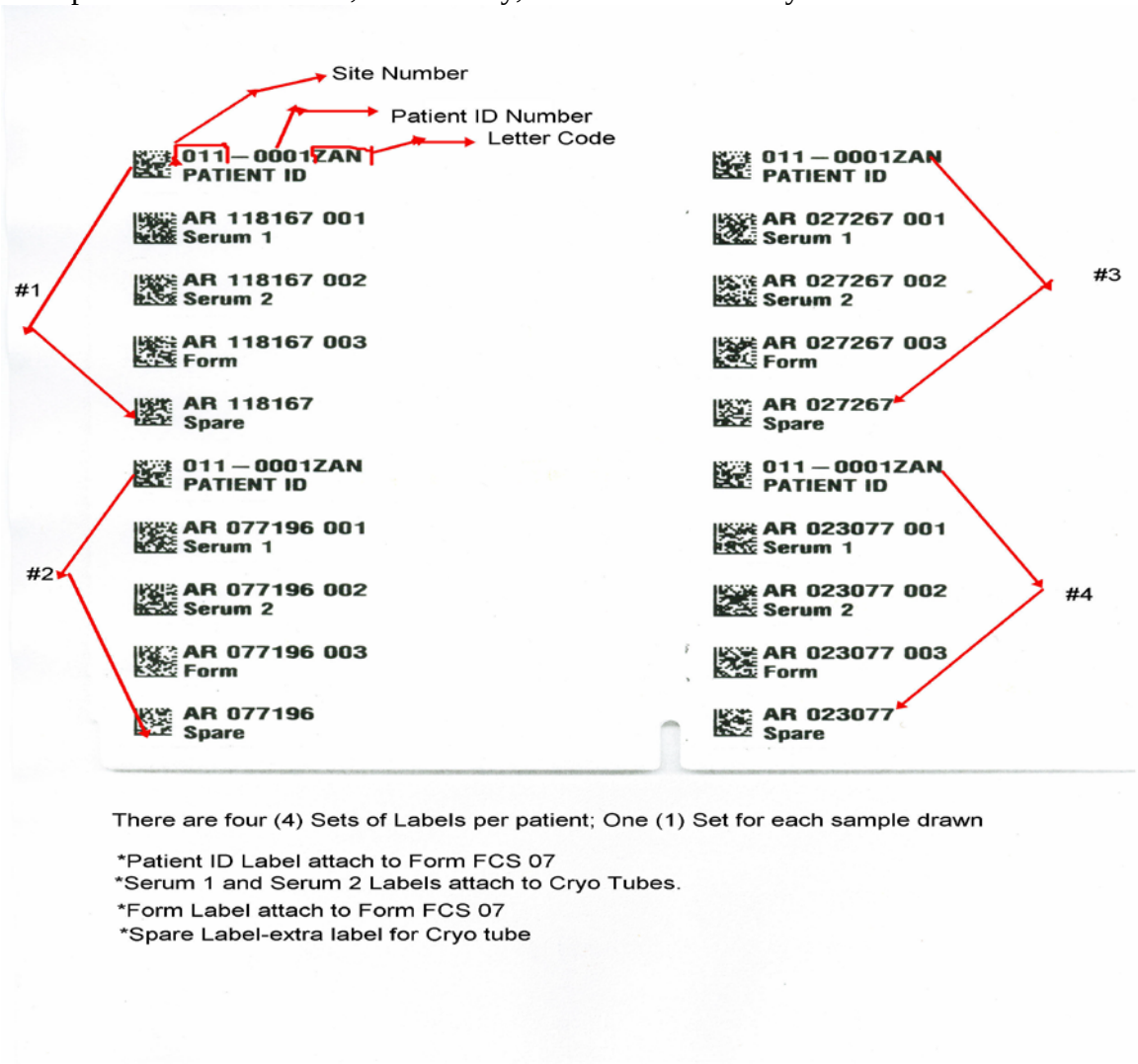
Specific Labeling Instructions for Blood Specimens for Central Troponin Analysis

Each study subject will be assigned 4 sets of 5 labels (total of 20 labels per study subject). A separate set is to be used for each blood specimen for central troponin analysis; preoperative, prerandomizaton, post randomization day 1, post randomization day 4.

The processed serum is to be pipetted into 2 cryovials. One cryovial is to be labeled with the Serum 1 Label and the second cyrovial is to be labeled with the Serum 2 Label.

FOCUS Form 07 Required Troponin Blood Specimen is to be completed, hard copy is to be printed out and the Form Label is to be affixed as marked on the form. These hard copies are to be kept in the study subject's file at the site.

The spare label can be used, if necessary, to label either the cryovial or the Form.



APPENDIX M

Patient ID and Lettercode: _____ Investigator/Coordinator: _____
Event: _____ Event Date: _____ Report Date: _____

Check to identify this event as a serious adverse event _____, acute coronary event _____, both serious adverse and acute coronary events _____.

Narrative Summary
Serious Adverse Event/Acute Coronary Event

1. Key Dates
   - Date of hip fracture
   - Date of surgery
   - Date Entered Into Study
   - 10 g/dL or Symptomatic?
   - Date Discharged

2. Patient Information
   - Age
   - Gender
   - Brief past medical history/relevant medications
   - Complications in Hospital
   - Last Hgb concentration nearest to event

3. Brief Description of Event

4. Pertinent Medical Tests Performed
   (Including laboratory results, ECG, x-ray reports, etc)

5. Reason Current Event is classified as an Adverse Event
   - Death (include date of death);
   - Life threatening (places subject at immediate risk of death);
   - Requires in-patient hospitalization or prolongation of existing hospitalization;
   - Is a permanent or significant disability/incapacity.

6. Outcome of Event

7. Impact on Discharge

8. Relationship to Study Treatment

9. If Acute Coronary Event attach the following (if available)
   - Progress notes that detail the event that occurred
   - ECGs for the event
   - Cardiac diagnostic testing performed
   - Hospital discharge summary

Note: **DO NOT complete this narrative summary** if Form 15 (Acute Coronary Event) was completed because CK-MB or troponin was assessed for screening in a patient with an uncomplicated recovery in hospital to the time of discharge and answers to questions 2A, 2B, 2C, and 3 on Form 15 are all NO. Keep source documentation available because the ECG Core Laboratory classification committee may request a narrative, if one was not initially prepared, in light of review of ECG and other data. If complications or unfavorable outcomes occurred, a complete narrative is required.

APPENDIX N

Patient Identification Number ___ ___ ___ - ___ ___ ___ ____ Lettercode ___ ___ ___

Patient Withdrawal Form

1. Date local FOCUS staff notified of patient's wish to withdraw _____

2. Patient Concerns

	YES	NO
A. Phlebotomy required by the study protocol (if no, skip to B)	_____	_____
1. Was patient assured that he/she is free to refuse these procedures and continue to participate in the study?	_____	_____
B. Electrocardiograms as required by the study protocol (if no, skip to C)	_____	_____
Was patient assured that he/she is free to refuse these procedures and continue to participate in the study?	_____	_____
C. Adherence to transfusion protocol (if no, skip to D)	_____	_____
Was patient assured that he/she is free to refuse the transfusion protocol and continue to participate in the study?	_____	_____
D. Were patient concerns the follow-up telephone calls (if no, skip to #3)	_____	_____
Was the patient asked for permission to telephone the proxy or other contact for the 30 and 60 day assessments?	_____	_____
2. If patient refuses surrogate 30/60 day contact, was patient asked for permission to contact proxy at 60 days to obtain ambulatory status?	_____	_____

3. Outcome of Patient Concerns

	YES	NO
A. Patient agrees to stay in study (if no, skip to #4)	_____	_____
Select all that apply		
Patient agrees to all study procedures?	_____	_____
2. Patient refuses phlebotomy?	_____	_____
3. Patient refuses electrocardiograms?	_____	_____
4. Patient refuses transfusion protocol?	_____	_____
5. 30 and 60 day phone calls are to be answered by surrogate?	_____	_____
6. Only telephone follow-up is proxy contact at 60 days for ambulatory status?	_____	_____

Patient Identification Number ___ ___ ___ - ___ ___ ___ ____ Lettercode ___ ___ ___

	YES	NO
4. Study Chairman called?	_____	_____

A. Date study chairman called ___ ___ - ___ ___ ___- ___ ___ ___

5. Study Chairman/Data Coordinating Center Principal Investigator determination. This patient will:

	YES	NO
A. Remain enrolled in FOCUS	_____	_____
B. Remain enrolled in FOCUS with reduced data expectation	_____	_____
C. Be withdrawn from FOCUS with no data to be included as of ___ ___ - ___ ___ ___- ___ ___ ___	_____	_____

Specify _____
_____
_____

Signature: _____

Date: ___ ___ - ___ ___ ___- ___ ___ ___