

because no one had ever heard of such a thing. Besides being an unusual case, the person and his physician lived in Star Lake, New York.

It was January, and Star Lake is located in Upstate New York between Watertown and Lake Placid. The snow was about two feet deep, and I arrived late. The hotel was elderly, with one telephone, and a bar, whose keeper, elderly as well, was also the hotel room clerk. If one asked politely, he would make you a burger for dinner. The next morning breakfast was at the local grocery store, because there were no restaurants.

The hospital was very small, and the physician's office was just next door in a small building. The physician was pleasant and most helpful, but he, too, had no clue what "AH Blood Poisoning" was. He told me, that the man had an infection in his arm because his pet cockatoo had bitten him, and this resulted in cellulitis. The man recovered after a course of antibiotics.

I reported the cellulitis to our in-house study coordinator, and apologized for not being able to ascertain exactly what "AH Blood Poisoning" was. A few days later, he called me back and said, "I think I know what happened." He said, "The telephone operators who interview subjects take down whatever they say verbatim. I checked with the interview service and confirmed that the man had answered the question about whether anything untoward had happened with, 'I had, ah, (AH) blood poisoning.'" And that was the end of the great "AH Blood Poisoning" mystery.

—A CRA Friend

Key Takeaways

- A CRA should develop a plan for monitoring each investigative site.
- The frequency and timing of monitoring visits depend on the complexity of the study, the rate of enrollment and site experience and performance.
- Investigative sites should be visited soon after the first subject or two are enrolled.
- CRAs should use checklists for various monitoring activities.
- CRAs should maintain a file for each investigative site.
- CRAs should confirm each scheduled site visit before leaving on a trip.
- CRAs should spend some time with the investigator and the coordinator at each monitoring visit.
- Serious adverse events should be checked at each visit.
- Informed consents must be checked for all study subjects.
- The bulk of CRA monitoring time is spent on case report form review and source document review.

Study Monitoring

- The purpose of source document review is to verify that the subjects exist and the integrity of the data.
- Quick feedback and explanation of errors and queries will help reduce the number of corrections needed in the future.
- CRAs must never correct or modify source documents or case report forms themselves. Corrections can only be done by site personnel.
- Drug accountability should be done throughout the study.
- Study documents need to be checked at the beginning and end of the study, and periodically throughout the study.
- The monitoring visit report should summarize the activities that took place during the visit, including what was reviewed, what was sent to the sponsor and any problems that were found, along with solutions.

References

1. www.fda.gov/cder/reports/rtn/2001/rtn2001-2.htm.
2. 21 CFR 312.62 (b).
3. ICH Guideline for Good Clinical Practice 5.18.4(m).
4. “Drivers of Change and Response,” CenterWatch, January 2002, vol. 9, Issue 1, CenterWatch Editorial, p. 6.
5. Ibid.
6. 49 CFR Part 173 (<http://hazmat.dot.gov/rules.htm>).
7. ICH Guidelines 5.18.6.