

The Epidemiology of Priapism

Study Information Manual
V2.0

Revised October 1, 2006



**Epidemiology of Priapism Study Information Manual Version 2.0
Summary of Changes from Version 1.1**

- ☑ Updated list of participating sites and PI's. We've removed the list of site Study Coordinators, as this list changes on a regular basis, but e-mails to all site Study Coordinators may be sent to the listserv (Priapism_coord@rhoworld.com). Contact information is available on the Staff Directory on the CSCC website, and the SDMC is happy to provide additional information upon request.
- ☑ Updated SDMC contact information, including the addition of Joi Bland, the new Priapism Research Associate.
- ☑ Replace CRFs (Appendix 3) and Survey QxQs (Section IV) with updated versions. These updated documents were previously provided to Study Coordinators; this change updates those documents in the SIM only.
- ☑ Modified section regarding monitoring (Section VI)
- ☑ Updated project timeline (Section III)
- ☑ Updated wording to indicate that Refusals Tracking Log is now submitted quarterly (Section V)
- ☑ Replaced protocol with Version 6.3 (Appendix 1); this revised protocol was previously provided to Study Coordinators.
- ☑ Minor administrative changes.

The Epidemiology of Priapism
STUDY INFORMATION MANUAL

Table of Contents

- I. INTRODUCTION**
 - A. Comprehensive Sickle Cell Centers (CSCC) Clinical Trials Consortium (CTC)
 - B. CSCC Organizational Chart
- II. CONTACT INFORMATION**
 - A. Priapism Protocol Development Committee
 - B. Priapism Site Principal Investigators
 - C. Statistical and Data Managing Center (SDMC) Contacts for Study-related Issues
- III. STUDY OVERVIEW**
 - A. Background and Rationale
 - B. Project Flow Diagram
 - C. Protocol Overview
 - D. Subject Flow Diagram
 - E. Project Timeline
- IV. STUDY ACTIVITIES**
 - A. IRB Approval Procedures
 - B. Informed Consent Content Checklist
 - C. Patient Recruitment and Eligibility
 - D. Obtaining Informed Consent
 - E. Checklist of Activities
 - F. Subject Research Record
 - G. Case Report Forms and Completion Guidelines
 - H. Patient Interview
 - I. Question-by-Question Specifications
 - J. Principal Investigator Quality Control & Documentation

V. STUDY ISSUES

- A. Training
- B. Assessing Literacy
- C. Tracking of Refusals
- D. Reimbursement/Compensation
- E. Subject Study Withdrawal or Discontinuation

VI. DATA COLLECTION

- A. Assignment of ID Numbers
- B. CSCC ID Number Assignment Log
- C. Electronic Data Capture (EDC)
- D. Source Documentation
- E. Monitoring Visits

VII. WEBSITE OVERVIEW

- A. Website Content
- B. CSCC Website Instructions
- C. Electronic Data Capture (EDC) Instructions

VIII. INFORMATION TECHNOLOGY

- A. Privacy, Confidentiality, Security of Data

APPENDIX 1: PROTOCOL

APPENDIX 2: INFORMED CONSENT TEMPLATES

APPENDIX 3: CASE REPORT FORMS (CRFS)

APPENDIX 4: ADMINISTRATIVE FORMS

APPENDIX 5: TRAINING SLIDES

I. INTRODUCTION

A. Comprehensive Sickle Cell Centers Clinical Trials Consortium (CSCC-CTC) Description

The Division of Blood Diseases and Resources (DBDR) of the National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH), provides support to the Comprehensive Sickle Cell Centers (CSCC). Sickle Cell Centers are identifiable units within sponsoring institutions that are organized around a group of investigators and other health professionals engaged in ongoing basic and clinical research and community service related to sickle cell disease. Centers provide support for multi-disciplinary programs of basic, clinical, and behavioral research; for core resources such as laboratory and data analysis; and for quality service activities including diagnosis, counseling, and education.

The NIH established the CSCC Program in 1972, in response to a Presidential Initiative and congressional mandate. The ten CSCCs funded for the current five year cycle (as of 4/1/03) are: Boston Medical Center CSCC, Albert Einstein CSCC, Children's Hospital of Philadelphia CSCC, Cincinnati Children's Hospital CSCC, Duke-UNC CSCC, Marian Anderson CSCC, Children's Hospital and Research Center at Oakland CSCC, St. Jude Children's Research Hospital CSCC, The University of Texas Southwestern CSCC, and University of Southern California CSCC.

It is anticipated that the total program (i.e., all ten Centers combined) will achieve a mix of outstanding projects that are two-thirds research oriented and one-third devoted to supporting activities. The actual balance between research and other activities will vary from Center to Center, and will depend on local circumstances and strengths.

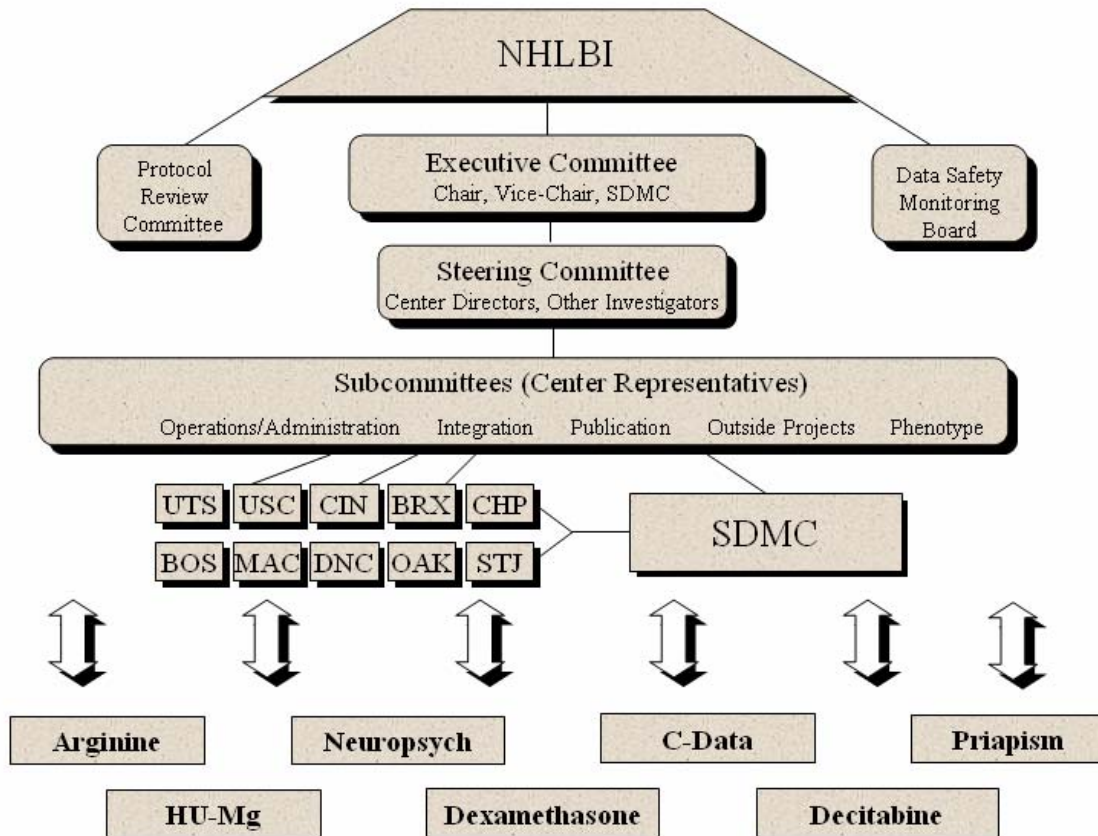
Each CSCC is headed by a Center Director who is responsible for and provides leadership to all Center activities, and who may also serve as principal investigator on one or more of the projects contained within the Center.

The Statistics and Data Management Center (SDMC) located at Rho, Inc., in Chapel Hill, North Carolina is considered the "11th" Center, and is responsible for providing project

and data management, regulatory, statistical, and other services for the CSCCs participating in multi-center protocols as well as providing support for all research projects within the CSCC program. The SDMC coordinates the clinical collaboration between the ten centers, and serves as the primary unit to collect, manage, statistically analyze, and store clinical data obtained from the individual Centers.

In addition to these duties, the SDMC has responsibility for overseeing and managing all aspects of a common patient database (C-Data) that will be used to provide longitudinal patient data and as a tool for planning future collaborative clinical studies.

B. CSCC Organizational Chart



II. PRIAPISM CONTACT INFORMATION

A. Priapism Protocol Development Committee

Zora Rogers, MD

Protocol Chair
UT Southwestern CSCC
The University of Texas Southwestern
Medical Center at Dallas
Pediatrics Department
5323 Harry Hines Boulevard
Dallas, TX 75390-9063
(214) 427-3896
zora.rogers@utsouthwestern.edu

Susan Lieff, PhD

Statistics and Data Management Center
Rho Federal Systems Division, Inc.
6330 Quadrangle Dr., Suite 500
Chapel Hill, NC 27517
(919) 408-8000 ext. 467
slieff@rhoworld.com

Rupa Redding-Lallinger, MD

Duke-UNC CSCC
University of North Carolina - Chapel Hill
School of Medicine
125 MacNider Bldg - CB 7220
Chapel Hill, NC 27599
(919) 966-8080
rredding@med.unc.edu

Kim Smith-Whitley, MD

Children's Hospital of Philadelphia CSCC
Division of Hematology
34th and Civic Center Boulevard
Philadelphia, PA 19444
(215) 590-1662
whitleyk@email.chop.edu

Carlton Dampier, MD

Marian Anderson CSCC
St. Christopher's Hospital
Erie Avenue at Front Street
Philadelphia, PA 19134
(215) 427-5261
cd33@drexel.edu

Lennette Benjamin, MD

Bronx CSCC
Montefiore Medical Center
111 East 210th Street
Bronx, NY 10463
(718) 920-7375
lbenjami@montefiore.org
lbenja2725@aol.com

B. Priapism Site Principal Investigators

Lillian McMahan

Boston CSCC
Boston Medical Center
Sickle Cell Center
91 E. Concord Street
3rd Floor, Room 3115
Boston, MA 02118
(617) 414-5727
lmcmahan@bu.edu

Ronald McCaffery

Boston CSCC
715 Albany Street
Boston, MA 02118
(617) 732-5190
rmccaffrey@partners.org

Maureen Okam

Boston CSCC
Brigham & Womens Hospital
Hematology Division
75 Francis Street, Mid-Campus 3
Boston, MA 02115
(617) 732-8231
mokam@partners.org

Matthew Heeney

Boston CSCC
Childrens Hospital
300 Longwood Avenue
Boston, MA 02115
(617) 355-7700
matthew.heeney@tch.harvard.edu

Lennette Benjamin

Bronx CSCC
Montefiore Medical Center
111 East 210th Street
Bronx, NY 10463
(718) 920-7375
lbenjami@montefiore.org
lbenja2725@aol.com

Kim Smith-Whitley

Children's Hospital of Philadelphia CSCC
Division of Hematology
34th and Civic Center Boulevard
Philadelphia, PA 19444
(215) 590-1662
whitleyk@email.chop.edu

Karen Kalinyak

Cincinnati CSCC
Cincinnati Children's Hospital
3333 Burnet Avenue
Cincinnati, OH 45229
(513) 636-4266
karenann.kalinyak@cchmc.org

Zahida Yasin

University Medical Center
234 Goodman Avenue
Barrett Cancer Center, Room 2009
Cincinnati, OH 45267
(513) 584-6178
yasinz@email.uc.edu

Laura M. DeCastro

Duke-UNC CSCC
Duke University Medical Center
Box 3939
Durham, NC 27710
(919) 684-6464
decas004@mc.duke.edu

Sherri Zimmerman

Duke-UNC CSSC
Duke University Medical Center
Box 2916
Durham, NC 27710
(919) 684-5665
zimme008@mc.duke.edu

Rupa Redding-Lallinger

Duke-UNC CSCC
University of North Carolina - Chapel Hill
School of Medicine
125 MacNider Bldg - CB 7220
Chapel Hill, NC 27599
(919) 966-8080
redding@med.unc.edu

Ashok Raj

Marian Anderson CSCC
Donald Baxter Research Bldg
University of Louisville
571 South Preston Street, Suite 445
Louisville, KY 40202-1760
(502) 852-8450
a0raj001@louisville.edu

Carlton Dampier

Marian Anderson CSCC
St. Christopher's Hospital
Erie Avenue at Front Street
Philadelphia, PA 19134
(215) 427-5261
cd33@drexel.edu

Samir Ballas

Marian Anderson CSCC
Cardeza Foundation
1015 Walnut Street
Philadelphia, PA 19107
(215) 955-8485
samir.ballas@mail.tju.edu

Elliott Vichinsky

Northern California CSCC
Children's Hospital & Research Center at
Oakland
747 - 52nd Street
Oakland, CA 94609
(510) 428-3651
evichinsky@mail.cho.org

Bradley Lewis

Northern California CSCC
San Francisco General Hospital
Bldg. 80 Ward 84
San Francisco, CA 94110

William Mentzer

Northern California CSCC
UCSF
Pediatric Hematology/Oncology
505 Parnassus Ave. Box 0106
San Francisco, CA 94143

Cage Johnson

USC CSCC
RMR 304
2025 Zonal Ave
Los Angeles, CA 90023
(232) 442-1259
cagejohn@usc.edu

Winfred Wang

St. Jude Children's Research Hospital CSCC
Department of Hematology/Oncology
332 North Lauderdale Bldg R-6010
Mail Stop Code 763
Memphis, TN 38105
(901) 495-3497
winfred.wang@stjude.org

Cynthia Rutherford

UT Southwestern CSCC
The University of Texas Southwestern
Medical Center at Dallas
Division of Hematology-Oncology
UT Southwestern Medical School
5323 Harry Hines Boulevard
Dallas, TX 75390-8852
(214) 648-4180
cynthia.rutherford@utsouthwestern.edu

Zora Rogers

UT Southwestern CSCC
The University of Texas Southwestern
Medical Center at Dallas
Pediatrics Department
5323 Harry Hines Boulevard
Dallas, TX 75390-9063
(214) 427-3896
zora.rogers@utsouthwestern.edu

Joan Parkhurst Cain

UT Southwestern CSCC
Children's Hospital of Oklahoma
940 NE 13th Street
Oklahoma, OK 73104
(405) 271-5311
joan-cain@ouhsc.edu

J. David Bessman

UT Southwestern CSCC
University of Texas Medical Branch - Galveston
John Sealy Hospital 4-160
Galveston, TX 77555
(409) 772-1164
dbessman@utmb.edu

C. SDMC Contacts for Study-Related Issue

Protocol Questions

Susan Loeff, PhD

Protocol Co-Chair

Rho Federal Systems Division, Inc.

6330 Quadrangle Dr., Suite 500

Chapel Hill, NC 27517

(919) 408-8000 ext. 467

slieff@rhoworld.com

General Study Issues/Site Operations

Cathie Snyder

Sr. Study Coordinator

Rho Federal Systems Division, Inc.

6330 Quadrangle Dr., Suite 500

Chapel Hill, NC 27517

(919) 408-8000 ext. 291

csnyder@rhoworld.com

Data Management

Alicia McNeil

Associate Data Manager

Rho Federal Systems Division, Inc.

6330 Quadrangle Drive, Suite 500

Chapel Hill, NC 27517

(919) 408-8000 ext. 293

alicia_mneil@rhoworld.com

Website Content and Maintenance

Joi Bland

Research Associate

Rho Federal Systems Division, Inc.

6330 Quadrangle Drive, Suite 500

Chapel Hill, NC 27517

(919) 408-8000 ext. 338

jbland@rhoworld.com

III. STUDY OVERVIEW

A. Background and Rationale

Priapism is an unwanted painful erection of the penis. It becomes more common with increasing age and vascular disease in the general population, and has been recognized as a complication of sickle cell disease since 1934. It occurs in two general patterns: (1) prolonged - an episode lasting 4 hours or more that carries with it a risk of permanent vascular damage and eventual impotence, and (2) stuttering - brief episodes that resolve spontaneously, often occur in clusters, but may herald a prolonged event.[1]

It is not known how many patients with sickle cell disease have experienced priapism. Historically, 5 to 10% of male sickle cell patients of any age were said to have had priapism.[2-5] Yet studies of adults with sickle cell disease now suggest that at least 30 to 45% of patients have a history of this complication.[6, 7] In a Jamaican survey of 104 patients with sickle cell anemia (HbSS), 42% (or 44 patients) had experienced at least one episode of priapism. The mean age at onset was 21 years, and no patient reported an episode before age 5 years.[7] Nigerian investigators, however, reported that 16% of male patients with sickle cell anemia and priapism were younger than 5 years of age.[8] A large review of published cases concluded that about half of all reported sickle cell patients with priapism had their first episode before they were 18 years old.[9] The systematic survey of male patients 5 to 20 years of age with sickle cell anemia reported from Dallas confirmed that the problem is common, with a cross-sectional prevalence of 27.5% and an actuarial incidence of $89\% \pm 9\%$ by 20 years of age.[1] Thus, priapism is a common problem even in children.

There is also a wide variation in frequency of episodes reported; one time only to daily for months or years, with 2 to 50% of patients reporting recurrent episodes. Reported age at onset (toddler to adult), events that promote the occurrence or ending of episodes, and eventual outcome (spontaneous resolution or impotence) vary as well.[1] Retrospective surveys indicate that priapism is most common in patients with HbSS, who account for 80 to 90% of reported cases.[5, 6, 9, 10] However it may occur in persons with all forms of sickle cell disease, and has even been reported to be increased in individuals with sickle cell

trait.[9] A single episode of priapism was reported by 31 to 64% of patients, a pattern that appears to be more common in childhood.[1, 5, 7] About half of all patients, however, have recurrent episodes from 2 to 50 times per year.[6] The pattern of recurrent episodes is also very individual. Stuttering spells may occur every few days for months before stopping abruptly or heralding a prolonged episode.[7] Other investigators noted no clustering and related patients with years of unpredictable recurrent events.

The occurrence of priapism has been associated with higher levels of hemoglobin S[11] and found to be inversely correlated with levels of fetal hemoglobin[12] in specific populations. This is also suggested by the 42% incidence of priapism reported in Jamaican patients[7] compared to 2% of patients from Saudi Arabia where, on average, fetal hemoglobin levels are higher in HbSS patients.[13] Other investigators have observed no relationship to fetal hemoglobin levels.[5] Priapism has been suggested by some investigators to be more common in patients experiencing a severe course of their sickle cell disease and by others to not be associated with overall severity.[5, 6] In the Dallas survey, no significant difference was found in the baseline hematologic values or number of hospital admissions for painful events between patients with and without a history of priapism.[1]

In 1991, Hamre et al., found that 77% of priapism episodes reported occurred during sleep, 17% were related to sexual activity, and 3% each were related to excessive alcohol intake or were called spontaneous.[9] Currently, cocaine or other drug use would probably be a more significant factor, at least in older adolescent and adult patients. In the Dallas survey, half of the patients reported that urination or use of oral opioid analgesics terminated episodes, while about one-third mentioned that mild exercise or bathing in warm water was effective. Further, one-third of the boys described the pain of priapism as the worst complication of their sickle cell disease.[1] None of these associations or therapies have either been prospectively investigated or validated in a large clinical cohort from the United States. Priapism remains the most common complication of sickle cell disease not investigated by the Cooperative Study of Sickle Cell Disease or the Comprehensive Sickle Cell Centers Clinical Trials Consortium, until now.

The Epidemiology of Priapism study will investigate the epidemiology of this condition using a survey of males 5 years of age or older with all forms of sickle cell disease. This questionnaire is patterned after the survey used by the University of Texas Southwestern. Patients will be asked about the frequency, time of onset, and precipitating causes of priapism, as well as the type of interventions that they have utilized to terminate episodes. These data will be analyzed with regard to age, hemoglobinopathy, baseline hematologic values, current therapy if any, prior history of prolonged episodes requiring surgical treatment, other complications of their sickle cell disease, and center location. Data from this survey will provide important information on the characteristics and frequency of priapism that will be of use in the design of future intervention strategies. In addition, the questionnaire will aid in the initiation of discussion about priapism between patients and clinical staff as well as making patients aware of the future clinical intervention trials should they then or subsequently become eligible.

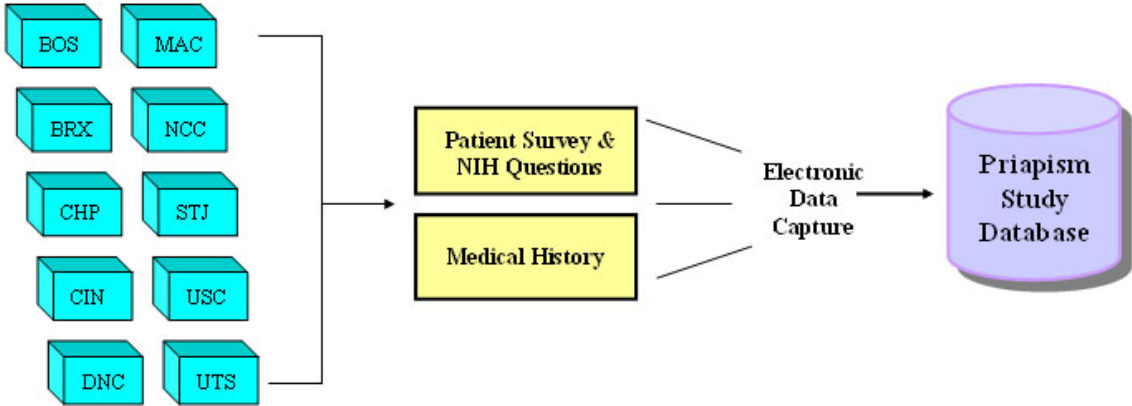
This clinical trial will be conducted in compliance with the protocol, International Conference on Harmonization (ICH), Good Clinical Practice (GCP) guidelines, and other applicable regulatory requirements.

References:

1. Mantadakis, E., et al., *Prevalence of priapism in boys with sickle cell anemia*. J Pediatr Hematol Oncol, 1999. **21**: p. 518-522.
2. Karayalcin, G., M. Imran, and F. Rosner, *Priapism in sickle cell disease: report of five cases*. Am J Med Sci, 1972. **264**: p. 289-293.
3. Kinney, T.R., et al., *Priapism in association with sickle hemoglobinopathies in children*. J Pediatr, 1975. **86**: p. 241-242.
4. Tarry, W.F., J.W. Duckett, Jr., and H. McC. Snyder, III, *Urological complications of sickle cell disease in a pediatric population*. J Urol, 1987. **138**: p. 592-594.
5. Sharpsteen, J.R., Jr, et al., *Multisystem damage associated with tricornal priapism in sickle cell disease*. Am J Med, 1993. **94**(3): p. 289-295.
6. Fowler, J.E., Jr., et al., *Priapism associated with the sickle cell hemoglobinopathies: prevalence, natural history and sequelae*. J Urol, 1991. **145**: p. 65-68.
7. Emond, A.M., et al., *Priapism and impotence in homozygous sickle cell disease*. Arch Intern Med, 1980. **140**: p. 1434-1437.
8. Adeyokunnu, A.A., J.O. Lawani, and E.O. Nkposong, *Priapism complicating sickle cell disease in Nigerian children*. Ann Trop Pediatr, 1981. **1**(3): p. 143-147.

9. Hamre, M.R., et al., *Priapism as a complication of sickle cell disease*. J Urol, 1991. **145**: p. 1-5.
10. Powars, D.R. and C.S. Johnson, *Priapism*. Hematol Oncol Clin North Am, 1996. **10**(6): p. 1363-1372.
11. Adedeji, M.O., V.C. Onuora, and F.A. Ukoli, *Hematological parameters associated with priapism in Nigerian patients with homozygous sickle cell disease*. J Trop Med Hyg, 1988. **91**: p. 157-159.
12. Miller, S.T., et al., *Priapism in children with sickle cell disease, part 2*. J Urol, 1995. **154**: p. 844-847.
13. Al-Awamy, B., S.A. Taha, and M.A. Naeem, *Priapism in association with sickle cell anemia in Saudi Arabia*. Acta Haematol, 1985. **73**(3): p. 181-182.
14. Adeyoju, A.B., et al., *Priapism in sickle cell disease; incidence, risk factors and complications – an international multicenter study*. BJU International, 2002. **90**: p. 898-902

B. Project Flow Diagram



C. Protocol Overview

Primary Hypothesis:

Priapism is a common complication of sickle cell disease. In 5- to 10-year-old patients, it is hypothesized that the prevalence of priapism is 10%. In 10- to 15-year-old patients, it is hypothesized that the prevalence of priapism increases to 20%. In patients over 15 years old, it is hypothesized that the prevalence of priapism reaches 30%.

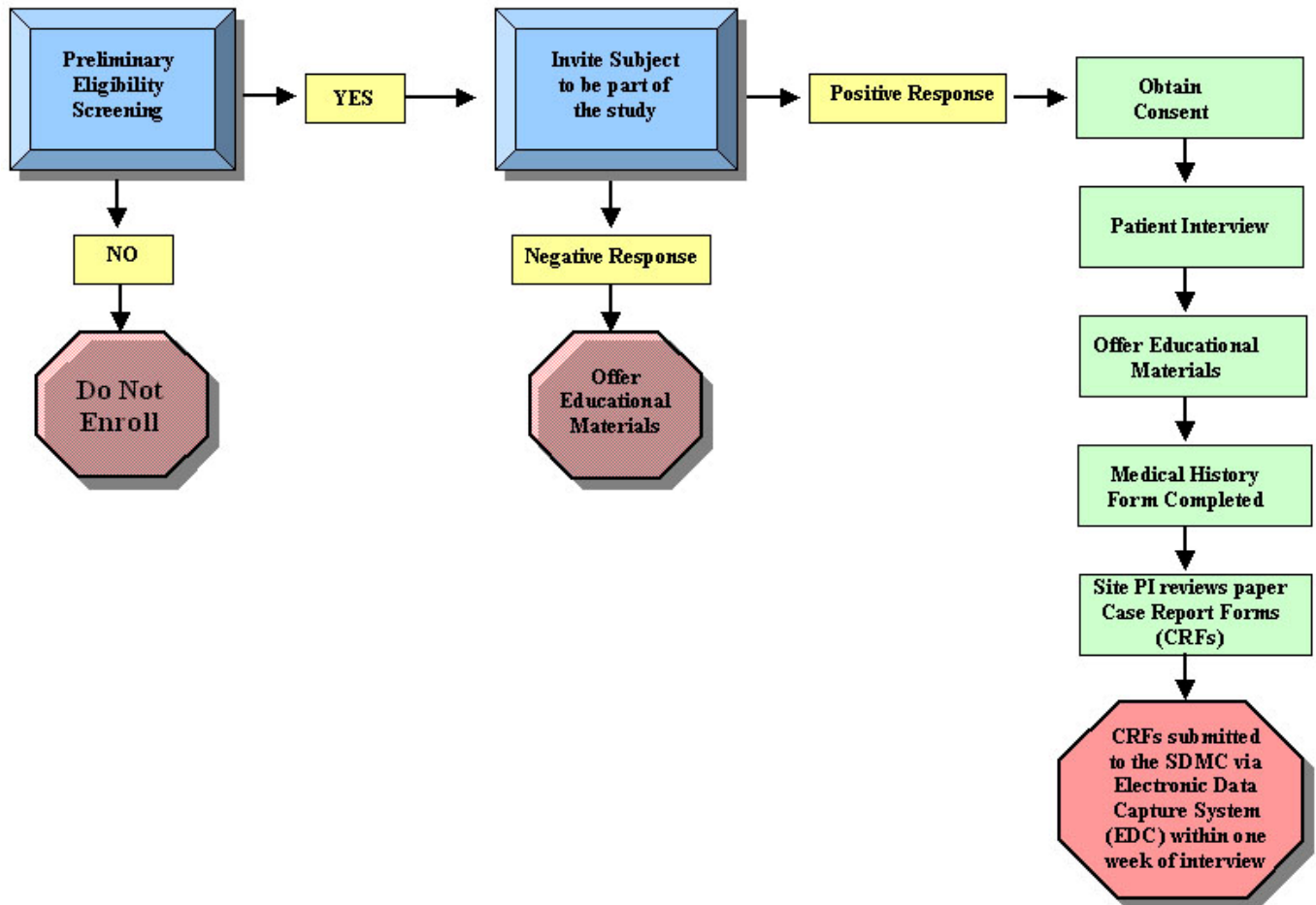
Objectives:

- 1) Enumerate the cross-sectional prevalence, demographics, and common clinical characteristics of priapism in males with sickle cell disease among the CSCC patient population.
- 2) Identify patients eligible for randomized clinical trials of promising secondary prevention strategies.

Specific Aim(s):

- 1) To conduct a questionnaire survey of 1,400 males (over 5 years of age) with sickle cell anemia (HbSS) and sickle beta zero thalassemia (HbS β^0) in order to determine the prevalence (frequency) and characteristics (number and pattern of episodes, cause or precipitating event, treatment, and outcome) of priapism.
- 2) To survey 250 additional males with other forms of sickle cell disease to describe the occurrence and characteristics of priapism experienced.
- 3) To develop a structured educational brochure about priapism for patients with sickle cell disease.
- 4) To identify the number of patients with recurrent priapism potentially eligible for randomized clinical trials of secondary prevention strategies.

D. Subject Flow Diagram



E. Project Timeline

Protocol Submission to PRC	October 2004
PRC Approval	November 2004
Protocol Submission to DSMB	January 2005
Final DSMB Approval	March 2005
Distribution of Informed Consent Templates to Sites	April 2005
Negotiate Study Budget	May 2005
Centralized Training For Site Personnel (Interviewers)	May 2005
Pilot Testing	June 2005
Finalize Case Report Forms and EDC System	July 2005
Web-based EDC Training for Site Personnel	July 2005
Additional Web-Based Training for Site Personnel (EDC)	July 2005
Patient Enrollment Begins	August 2005
Monitoring of Data Entry Begins	October 2006
Generate 1 st DSMB Report	May 2006
Enrollment Completed	September 2007

IV. STUDY ACTIVITIES

A. IRB Approval Procedures

The informed consent statement describes in non-technical language the purpose of the study, the activities and procedures involved, the expected duration, the potential risks, benefits, and discomforts of participation, and alternatives to study participation. Each patient must be informed that participation in the study is voluntary, that he may withdraw from the study at any time, and that withdrawal of consent will not affect his subsequent medical treatment or relationship with the treating physician.

The table below shows the informed consent statement approval process. The SDMC will track forms throughout this process; sites will not be allowed to enroll study subjects or controls until they have completed this process.

Site Consent Form Approval Process

Step	Action	Status
1	The Epidemiology of Priapism Protocol Team develops an informed consent template.	Completed
2	The template is reviewed and approved by the SDMC and Dr. Greg Evans at the NHLBI.	Completed
3	A subcommittee of the Study PI, SDMC staff, and Dr. Evans develops a checklist that is used to review each site's consent forms to assure that the forms meet all regulatory requirements.	Completed
4	Each site prepares a template-based consent form(s) for submission to its own IRB	
5	Using the checklist, SDMC and NHLBI staff review the consent forms: <ul style="list-style-type: none"> • Forms will be returned to the site investigator for revision if they: <ul style="list-style-type: none"> ○ do not satisfy the requirements on the checklist ○ misstate a point (e.g., underplay a potential adverse event) • After forms are revised by the site, they are re-reviewed by SMDC staff. 	
6	Following approval from the SDMC, each site submits its consent forms to its own IRB.	
7	IRB-approved consent forms are sent to the SDMC and reviewed as in Step 5 to assure that none of the key elements in the consents have been removed during the IRB review process: <ul style="list-style-type: none"> • Forms will be returned to the investigator for revision for the same reasons listed in Step 5. • When forms are resubmitted to the IRB, changes must be discussed with the IRB. • If forms are acceptable, go to Step 8. 	
8	Notification that the consent forms contain the required elements, and that the site has obtained IRB approval of the forms is sent from the SDMC to the sites, and is forwarded to the DSMB and NHLBI.	
9	The NHLBI approves the consent form(s).	
10	Each site keeps a copy of the original, approved consent forms and sends copies of all approved forms to the SDMC.	

B. Informed Consent Content Checklist

Comprehensive Sickle Cell Centers The Epidemiology of Priapism Informed Consent Materials:

According to the guidelines specified in Title 21 CRF Part 50, the consent form will contain the following required or additional elements:

A. Basic and additional elements of informed consent:

1. ___ An explanation that the purpose of the study is to learn more about priapism, a specific kind of painful crisis that can occur in males with sickle cell disease.
2. ___ A description that the procedures to be followed include a face-to-face interview and the collection of medical and demographic information.
3. ___ A statement that the volunteer may be contacted to participate in future studies, and that an additional consent form will be presented at that time.
4. ___ A description of any reasonably foreseeable risks and discomforts to the patient or volunteers. Serious risks identified in the protocol should be mentioned in the consent document.
5. ___ A description of benefits to the volunteers or to others that may reasonably be expected from the study.
6. ___ A disclosure of appropriate alternative procedures or courses of treatment, if any.
7. ___ An explicit statement describing the extent to which confidentiality of records identifying the volunteer will be maintained. The statement should note that i) the FDA, NHLBI, and RhoFED may inspect all medical records (including identification of the patient) when needed for the purpose of verifying the accuracy of data collection, ii) all of these parties are bound by the same requirements to maintain patient privacy that apply to all medical personnel, and iii) the volunteer will not be identified during data analysis or in any publication resulting from the study.
8. ___ An explicit statement in the confidentiality section that states that the PI has applied for a Certificate of Confidentiality to further protect the patient's privacy.
9. ___ A statement as to whether compensation or medical treatments are available if injury occurs, and, if so, what they consist of, or the persons to contact for further information.
10. ___ A statement that participants will receive a one-time payment for agreeing to take part in the study.
11. ___ Explicit statements that the volunteer's participation is voluntary, that refusal will involve no penalty or loss of benefits to which the volunteer is otherwise entitled.
12. ___ A statement that the patient is free to withdraw his consent and discontinue participation in the project or activity at any time without penalty or prejudice. Include the consequences of the volunteer's decision to withdraw from the research and procedures for orderly termination or participation by the volunteer. Describe what will be done with an individual's data following withdrawal.
13. ___ The names of persons to contact for information or questions about: i) the volunteer's rights as a study participant, and ii) the study protocol. Included will be specific instruction about whom to contact in the event of a research-related injury to the volunteer.
14. ___ Dated signatures of the Volunteer or Guardian, Investigator or authorized representative administering the consent, and a witness, if applicable.

B. Additional issues for consideration include DHHS Protections for Children Involved as Subjects in Research - 45 CFR 46 Subpart D

The IRB determines whether the assent of the children is or is not a necessary condition for proceeding with the research, therefore either adequate provisions for obtaining assent must be made, or a specific waiver obtained in accord with §46.116 of Subpart A.

16. Assent form provided

C. Patient Recruitment and Eligibility

Individuals who meet the following criteria are eligible for enrollment into the study:

- 1) Subject or parent/guardian gives written informed consent.
- 2) Male with sickle cell anemia or sickle beta zero thalassemia 5 years of age or over
-OR-
Male with sickle beta plus thalassemia or sickle hemoglobin C disease 15 years of age or over.
- 3) Subject and/or parent/guardian able to communicate adequately with the interviewer.

All male patients with the appropriate age and diagnosis should be approached, not just those who you think have or haven't had an episode of priapism. Subjects currently taking hydroxyurea, undergoing chronic transfusion, or participating in other research trials including those involving agents such as arginine are eligible for the study if all other entry criteria are met.

Individuals who meet any of the following criteria are excluded from enrollment into the study:

- 1) Patient or parent/guardian declines participation.
- 2) Female.
- 3) Subject or parent/guardian unable to communicate adequately with the interviewer.

D. Obtaining Informed Consent

You are obligated to obtain consent from each participant and to ensure that all of the information gathered remains confidential. “Informed consent” means that you have explained the purpose of the interview, what it entails, and whether it will cause any harm or provide any benefit to the participant. Only after this explanation can an individual be expected to make an “informed” decision about whether he wants to participate in the interview. If the respondent seems hesitant, talk with him more about the study; the consent form should not be signed if the respondent seems uncertain.

Ensure that each participant understands that they may refuse to answer any questions they do not want to answer and that they may withdraw from the study at any time.

You must assure the respondent that all of the information you collect and note is completely confidential and will never be linked to the respondent. “Confidentiality” means that every effort is made to protect the identity of the respondent. Read the informed consent statement and make sure that the respondent understands what it means. Respondents are more likely to answer questions truthfully if they trust the interviewer. Your job as an interviewer is to create an environment where the respondent feels that you are a friendly, non-judgmental person and that you can be trusted with the truth.

E. Checklist of Activities

- Obtain Epidemiology of Priapism Informed Consent and Authorization
- Administer Survey Instrument and NIH Ethnicity/Race Form
- Provide subject with honorarium and educational brochure
- Complete Medical History Form
- Complete a CSCC Patient Registration Form via the Epidemiology of Priapism EDC System. *Do not complete a Registration Form if subject has been previously enrolled in another CSCC study at your Center.*
- For subjects who report having experienced at least 1 episode of priapism: Review and sign off of initial paper CRFs by the site PI to ensure that any necessary referrals are made
- Enter data from paper CRFs into the EDC system within 2 weeks

F. Subject Research Record

All original study-related materials should be stored in the subject's research record. This research record should include:

- Informed Consent
- Paper Case Report Forms:
 - Survey
 - NIH Ethnicity/Race Form
 - Medical History Form

Send copies to the SDMC or the DSMB upon request. Copies sent to the SDMC or DSMB should include the subject's CSCC ID number, but all subject identifiers should be removed.

G. Case Report Forms and Completion Guidelines

Paper case report forms and guidelines are included as an appendix to this Study Information Manual. The CRFs are on the right, and the corresponding guidelines for entering the data face the forms on the left. CRFs for this study include:

- Medical History Form
- Survey Instruments
 - Age 5-14
 - Age 15-up
- NIH Ethnicity/Race Form

H. Patient Interview

This section provides information about the roles and responsibilities of the interviewer, along with information on effective interviewing techniques, including how to be a non-judgmental listener and how to collect good quality data.

1. Interviewer Role / Responsibilities

In fieldwork, the interviewer's role is key because he or she has the most face-to-face contact with survey respondents. Survey data consists of the coded responses from each individual questionnaire, compiled into one large pool of information. A computer will process this information, but the quality of the data is largely determined by how well the interviews are conducted and how accurately the interviewer completes the data collection instruments.

The success of the survey depends critically upon the professionalism of the interviewers. Specific responsibilities include:

- Ensuring that all participants have completed informed consent materials on file.
- Utilizing the appropriate format (“Survey Instrument Age 5-14” or “Survey Instrument Age 15-up”) after determining the subject's age and whether the subject or a parent will have the primary responsibility for answering the survey questions.
- Ensuring that each questionnaire is properly completed – in other words, that all questions are asked and all responses are neatly and legibly recorded.
- Reporting any problems or concerns to the CSCC site study Principal Investigator or designee.

Some individuals may be more adept than others at interviewing, but all interviewers develop expertise through experience and practice. Prepare for your survey work by thoroughly reading this Study Information Manual and review the training DVD. Go through the questionnaire, making notes about how to ask or probe for any particular

question. Direct any questions you might have about the methods presented to the appropriate SDMC staff person via email or telephone. Continue to refer to this manual during the Epidemiology of Priapism study period.

As you encounter situations not covered in the training, be sure to discuss these with your co-workers at your Center and the SDMC contact person.

2. Conducting Interviews

Conducting a successful interview is a practiced art and should not be approached as a pre-designed process. Skills in the art of interviewing develop over time but there are a few basic principles that are followed by every successful interviewer. First, it is important to approach each interview with energy and enthusiasm; the process should be pleasant and interesting for both the interviewer and the respondent. The key point is to show the respondent that you are friendly, understanding, and nonjudgmental.

In many instances the interviewer will already know, or at least be acquainted with the Epidemiology of Priapism study participant. Regardless, when you interview a patient you will be developing or adding a new element to your relationship. As with any relationship, a successful interview relationship is grounded in trust and openness.

Be sure to present yourself professionally and with a friendly manner. Never be demanding, pushy, or irritated. The respondent has every right to refuse to answer any question or even to participate at all. In fact, a refusal may signal that you should reconsider the way you approach a respondent, or a particular subject area, and get some pointers from a colleague or supervisor.

Make a good first impression.

An impression is formed BEFORE you even speak to the respondent. When you first approach the respondent, do your best to make him feel at ease. A sincere smile and friendly “Good afternoon” will generally put the respondent in a positive frame of mind. Introduce yourself, and call them by name.

Always have a positive approach.

A positive approach means that you present yourself with confidence that this WILL be a successful and pleasant interaction. You open the door for refusal if you use phrases such as “Are you too busy?” or “Would you be able to spare a few minutes?” Say to the respondent, “I would like to ask you a few questions” or “I would like to talk with you for a few moments.” Don’t invite refusal by being apologetic or timid.

Stress confidentiality of responses when necessary.

An impartial and nonjudgmental interviewer can encourage respondents to answer truthfully by stressing that the interview and all records are confidential. If the respondent appears hesitant to participate in the interview or asks what the data will be used for, review these issues in relation to the Epidemiology of Priapism project and explain that the information you collect will remain confidential, that no individual names will be used for any purposes, and that all information will be pooled to write a report.

Answer any questions from the respondent honestly.

Before agreeing to participate in the interview the respondent may ask you questions about the survey, why it is being done, why and how he was selected, and what the results will be used for, even if this information about the Epidemiology of Priapism project has already been provided. Be direct and pleasant when you answer and provide this information.

The respondent might be concerned about the length of the interview. If you are asked, explain that the survey is very brief, and it should take no longer than 20 minutes.

Interview the respondent in private.

It is very important that the individual interview be conducted privately. Parents are certainly allowed to stay if a child feels more comfortable with them present; however, friends and others should not be involved. If others are present as you begin an interview, explain that some of the questions are private and ask where you can talk

alone. If others do not voluntarily leave, find a polite and tactful way to interview the respondent alone.

3. Tips for asking the questions

Be prepared.

Be sure you have the correct forms, a pen, and the correct patient and Center CSCC ID numbers. Become familiar with the interview process and content before you begin conducting interviews.

Remain neutral.

It is essential that you maintain a neutral and non-judgmental attitude throughout the entire interview. To prevent influencing the participant's response, the interviewer must take every precaution to avoid sowing any personal feelings or judgments. Any reactions that may imply criticism, surprise, approval, or disapproval of either the questions or answers may introduce bias into the interviewing situation. Interviewers must feel comfortable with the questions and the subject matter of the study. Practice asking questions that could potentially cause problems until they can be asked in a simple, straightforward, matter-of-fact manner. Through a relaxed and professional attitude, the interviewer can ease the participant's anxieties and gain his confidence. It is especially important to remain neutral while probing for clarification to an incomplete answer. You must be attuned to hearing inconsistencies in the answers people give. In this case, try to politely encourage the respondent to give you a consistent response.

If you've established good rapport, you might find that people are polite and want to give the answer that they think you want to hear. Never give your personal opinion or give any health advice or health education during or after the interview. However, do communicate a genuine interest in and caring about the respondent's perspective. Although you should not express a reaction to a respondent, you should still be attentive. If you look bored, the quality of the interview will suffer. Acknowledge the respondent, nod your head, and use appropriate facial expressions to communicate interest.

Allow the respondent to answer on his own.

If respondents do not give you a relevant or clear answer to a question, do not suggest a response or prompt him by saying something like, “I suppose you mean that ... Is that right?” Instead, allow the respondent to clarify the response. Probe in such a manner that the respondent comes up with his own relevant answer. It may be useful to say, “I want to make sure that I understand you correctly. Could you please say more about that?”

Do not rush the interview.

Gaining permission to carry out an interview is already a big step! It is important that you then take the time to allow the respondent to think about his answers and to answer completely and accurately. Even though you must keep the interview moving, don't rush the respondent.

Ask all questions as they are worded and in the same order.

Do not deviate from the set conditions. This can affect quality of data.

Avoid showing questions to the respondent.

Respondents can be influenced by knowing what questions are coming next or by seeing the answer categories noted on the questionnaire. Don't let the respondent see the questionnaire.

Some Tips on Logistics

- Use a clipboard instead of a table.
- Color code surveys to make them easier to find.
- Have a card with a definition of priapism available.

4. The ‘Art’ of Probing

What is probing? It is a way to encourage the respondent to clarify an answer. Probing serves three main functions in the pre-coded questionnaire interview:

- 1) To motivate the respondent to expand upon, clarify, or finish up an answer being given;
- 2) To discourage the respondent from giving irrelevant information;

- 3) To indicate that the interviewer is paying attention.

The ability to be effective at probing is part of the ‘art’ of interviewing, and is also an art in its own right. If a respondent does not give a complete, precise, and meaningful answer to a question, interviewers should use various techniques of probing.

The fundamental reason for using probes is to motivate the respondent to provide a precise and clear answer, without introducing a bias to the response. A bias (meaning a distortion) results if the interviewer influences the response by favoring, or appearing to favor, one answer over another. There are many situations in which a probe may be needed. Some respondents have difficulty putting their thoughts into words or just may be reluctant to give you certain information. Different techniques work in different settings – you must learn to ‘read’ the respondent to judge when to use certain types of probes. Additionally, try not to use the same probe all of the time.

In conducting an interview, the goal is to collect the most accurate information you are able to collect in a reasonable amount of time. You can use the following techniques to encourage the respondent to clarify or expand upon an answer:

- 1) Repeat the question as it was asked the first time.
- 2) Repeat what the respondent has just said.
- 3) Give neutral comments or ask neutral questions, such as:
 - Anything else? (Especially for questions where more than one response is possible.)
 - Any other reason?
 - What do you mean?
- 4) Give non-verbal cues or verbal acknowledgements, such as:
 - An expectant pause, look, or nod to give the respondent time to gather his thoughts.
 - Nod of your head or say “Okay,” or “I understand” to a response.

5. Unknown Responses

For the most part, the questionnaire is written so that the respondent must answer YES or NO to questions. In some cases people will say that they “don’t know” the answer to a question. This can mean several things:

- The respondent does not understand the question,
- The respondent might not want to answer the question,
- The respondent may really not know the answer.

Seek to avoid responses of “Don’t know” based on the first two points. Repeat the question or encourage the respondent to answer. Aim to decide which is the case for this particular question and respondent and do not immediately settle for a response of “I don’t know.” Often if you sit quietly the respondent will think of something to say. Other useful probes are “Well, what do you think?” or “I just want your own ideas.”

Don’t try to force an answer, but try to probe at least once when you hear a “Don’t Know” answer. You should stop probing when you have a clear, complete answer. Stop probing immediately if the respondent becomes irritated or annoyed.

Always remember to thank the respondent for his time and cooperation after the interview.

6. Follow the instructions in the questionnaire

- 1) Instructions for each question are provided in the guidelines. These instructions should not be read aloud to the respondent.
- 2) Some of the questions depend on how the respondent has answered an earlier question.
- 3) Pre-coded responses: These are not to be read out to the respondent, except where explicitly indicated. The most typical pre-coded responses are YES, NO, UNKNOWN. In such a case, read the question and check only one response.

Some response options indicate that the respondent is expected to reply in ways corresponding to one or more of the listed response options, and more than one response may be circled. These “check all that apply” questions will be noted in the instructions.

7. Conducting the Epidemiology of Priapism Interviews

In some instances the recruitment, enrollment, informed consent, and interview procedures will be completed all at the same time. In other cases, individuals may consent to participate at one point in time, and be interviewed at a later date. In either case, the interviewer should check to be sure Informed Consent has been obtained before beginning any interview.

After greeting the subject, remind him that although he has agreed to participate in the Epidemiology of Priapism project, he may stop the interview at any time or refuse to answer any question or questions that he does not want to answer. Tell respondents that no one will ever be able to associate their name with the information. As an interviewer, it is your responsibility to keep strictly confidential anything you observe, learn, or note during an interview except in relation to discussion of problems or concerns with the supervisor. Survey documents themselves are also to be held confidential and NEVER left unprotected or accessible to others.

8. Choice of Interview Format

The surveys have been designed so that questions may be asked of a minor child or of the parent/guardian. The decision concerning which format to use is determined by your local IRB.

I. Question-by-Question Specifications

These Question-by-Question Specifications (QxQs) are included for use as a supplement to interviewer training so that interviewers can review the standardized methods required for conducting the interviews that were presented during the training sessions. Though not ideal, it is realistic to accept that for many reasons some interviewers will not have had the opportunity to participate in the Epidemiology of Priapism training before conducting these interviews. The interviewing skills portion of the training was videotaped and is available from the SDMC. Additionally, the volume of material to be covered for this and most studies suggests there may not be adequate time to discuss each and every interview question to everyone's satisfaction.

While the interview forms and form completion guidelines have been created to include as much important information as possible, cluttered forms create confusion and some questions may require explanations that are too lengthy to include directly on the forms or in the brief completion guidelines. The QxQs explain the purpose of the questions, clarify terminology, and provide additional instructions. They also describe problems or dilemmas that are likely to occur during an interview and suggest possible solutions. All interviewers should familiarize themselves with the material in the QxQs, especially at the beginning of the Epidemiology of Priapism project, but periodically throughout the study period as well. These QxQs should be your first reference whenever you encounter a new situation.

Survey Instruments

All question numbers refer to both the 5-14 YEAR OLD SURVEY and the 15-UP SURVEY unless otherwise specified. Please remember that participants are not required to answer any questions. Per the DSMB, the participant should be given the honorarium regardless of whether or not any questions are answered. If a question is asked and the patient chooses not to answer, mark the circle to the left of that question number. Do not mark the circle if the question is not asked. If a patient and his guardian are present during the interview and give different answers to a question, record the guardian's

answer if the patient is taking the 5-14 year old survey and record the patient's answer if he is taking the 15-up survey.

1. The purpose of this question is to determine if the respondent had ever heard the word “priapism” (not necessarily to determine if the respondent was aware of or had experienced the condition) *before* being approached for the study and signing informed consent. If the patient signed informed consent previously and then returned today to complete the survey please substitute the word “today” when asking this question. If the respondent asks for a definition of priapism before answering the question, tell the respondent that you are interested in knowing if s/he has heard the word before.
2. The purpose of this question is to determine if the patient was aware of the condition of priapism, as related to sickle cell disease, before being approached for the study. Be sure to read to the patient the definition of priapism that is provided on the survey form before asking Question 2.
3. The purpose of this question is to determine if the patient has ever had an episode of priapism. The definition of priapism provided on the survey form may be repeated to the patient, if necessary. If “yes” or “not sure”, the entire survey will be attempted. If “no”, ask Question 4 and Question 20; then complete the NIH Ethnicity/Race case report form and enter the data into the EDC.
4. This purpose of this question is to ascertain whether or not a medical professional has ever given information (either verbal or written) about priapism to the patient or parent/guardian. If necessary for the respondent to answer this question, priapism should again be defined as “a painful erection of the penis that lasts for 30 minutes or more.”
- 5a. This question is to determine the **recent** priapism history of the participant. The answer is based on priapism events that happened in the one year prior to this survey. A reference point may be given instead of the phrase “in the past year”

(i.e., “How many episodes have you had since last May or since Halloween?”). After reading the question, wait for the answer and check the box that corresponds to the number given. You may write the number that the patient gives you in the margin in order to choose the proper category. If necessary, read the first five options to the respondent to see if the respondent knows or can estimate the number of priapism episodes that the patient has had in the last year. Do not read the option “Don’t know”. If the patient is having difficulty answering the question, suggest a frequency (Every week? Once per month?) may be used to determine the number of episodes that occurred during the last year. Ask for an estimate before accepting “Don’t know” as the answer. The response to Questions 5a and 5b will determine whether Question 6 **or** Questions 7 and 8 are asked.

- 5b. This question is to determine the priapism history of the participant. The answer is based on priapism events that happened in the patient’s lifetime before the one year prior to this survey. Priapism events that are counted in 5a should not be counted to answer this question. After reading the question, wait for the answer and check the box that corresponds to the number given. The response to Questions 5a and 5b will determine whether Question 6 **OR** Questions 7 and 8 are asked. If the patient has only had one episode of priapism (response to Question 5a + the response to Question 5b = 1), ask Question 6 but skip Questions 7 and 8. If the patient has had more than one episode of priapism (response to Question 5a + the response to Question 5b > 1), ask Questions 7 and 8 but skip Question 6.
- 6a. The purpose of this question is to determine the average age of onset for priapism. Allow the respondent to answer with the age that the episode occurred (years old) or with how long ago the episode occurred (in years or months). Often the respondent will provide an estimated age range (i.e., 13-14 years old) or provide a range for years ago (i.e., 5-10 years ago). To have the most clinical significance, we are always going to record the youngest age that the priapism may have occurred. If a range is provided, find the mid-point of the range and follow these rounding rules. For age that the episode occurred, round down for any fraction of

a year or range (i.e., “10 ½ years old” or “10 or 11 years old” is recorded as “10”). For how long ago the episode occurred, round up for any fraction of a year or range (i.e., “13 ½ years ago” or “12-15 years ago” is recorded as “14”). If the episode occurred less than one year ago then record the answer in months. Do not record both years and months.

- 6b. The purpose of this question is to determine how long an episode of priapism lasts. Read the question to the participant and wait for an answer. Enter the number of minutes, hours, and days (any combination of the three) for the length of time that the episode of priapism lasted. Ask for an estimate before accepting “Don’t know” as the answer. Be sure that you do not ask the question in a manner that suggests that a certain amount of time is more appropriate (i.e., that minutes are more “normal” than hours). If the patient responds with less than 30 minutes, then remind him that the definition of priapism is “a painful, unwanted erection of the penis lasting 30 minutes or more”. Record the answer as given if he insists that the episode lasted less than 30 minutes.
- 7a. The purpose of this question is to determine the average age of onset for priapism. Allow the respondent to answer with the age that the first episode occurred (years old) or with how long ago the first episode occurred (in years or months, not both). Often the respondent will provide an estimated age range (i.e., 13-14 years old) or provide a range for years ago (i.e., 5-10 years ago). To have the most clinical significance, we are always going to record the youngest age that the priapism may have occurred. If a range is provided, find the mid-point of the range and follow these rounding rules:
- For age that the first episode occurred, round down for any fraction of a year or range (i.e., “10 ½ years old” or “10 or 11 years old” is recorded as “10”).
 - For how long ago the first episode occurred, round up for any fraction of a year or range (i.e., “13 ½ years ago” or “12-15 years ago” is recorded as “14”).
- If the first episode occurred less than one year ago then record the answer in months. Do not record both years and months.

7b. The purpose of this question is to determine how recently the patient experienced an episode of priapism. Allow the respondent to answer with either the patient's age when the last ("most recent" can be substituted for "last") episode occurred (years old) or with how long ago the last episode occurred (in years or months, not both). Often the respondent will provide an estimated age range (i.e., 13-14 years old) or provide a range for years ago (i.e., 5-10 years ago). If a range is provided, find the mid-point of the range and follow these rounding rules:

- For age that the last episode occurred, round down for any fraction of a year or range (i.e., "18 ½ years old" or "18 or 19 years old" is recorded as "18").
- For how long ago the last episode occurred, round up for any fraction of a year or range (i.e., "13 ½ years ago" or "12-15 years ago" is recorded as "14").

If the last episode occurred less than one year ago then record the answer in months. Do not record both years and months.

8a-d. The purpose of this question is to determine how long an episode of priapism lasts. Read the question to the participant and wait for an answer. Enter the number of minutes, hours, and days (any combination of the three) for the length of time that an average episode of priapism lasts for the patient. Ask for an estimate before accepting "Don't know" as the answer. Be sure that you do not ask the question in a manner that suggests that a certain amount of time is more appropriate (i.e., that minutes are more "normal" than hours). Follow the same procedure to determine how long the shortest, longest, and last (most recent) episodes of priapism lasted. If the patient responds with less than 30 minutes, remind him that the definition of priapism is "a painful, unwanted erection of the penis lasting 30 minutes or more". Record the answer if he insists that he had an episode of less than 30 minutes.

9a-c. The purpose of these questions is to determine the point during the day when priapism most often begins. Not everyone has the same sleeping/waking schedule (for example night shift workers or teenagers during the summer), and it is

- important to determine not only the time of day but also how long after sleeping or waking that priapism occurs.
- 9a. Read the question and all of the options to the respondent. If the respondent is not sure, supply time points (i.e., “Did you wake up with it?”, “Did it happen before lunch?”). Check only one answer. If the patient has only had one episode of priapism then this question should be read “What time of the day did the priapism begin?”
- 9b. The responses do not have to be read to the respondent for Question 9b unless necessary. Again, if the respondent is not sure, probe for the answer. If the patient says that he usually wakes up with the priapism, then it started while he was sleeping and the second option should be marked. Do not allow the respondent to choose both answers or answer “Don’t know” for this question. If the patient has only had one episode of priapism, this question should be read “Did the priapism start when you were awake or asleep?” Use the respondent’s answer to determine which question and set of responses will be used for Question 9c.
- 9c. There are two questions for 9c, only one of which will be read to the patient. If the respondent answered “awake” in Question 9b, read the first question and column of responses for Question 9c. If the respondent answered “asleep/ wake up with” in 9b then read the second question and column of responses. Do not allow the respondent to answer “don’t know”. If the respondent seems unsure, time points may be supplied as references. If the patient usually wakes up with the priapism and does not know when it starts during the night then ask him how many hours he is usually asleep when it starts. Additionally, if the patient usually wakes up with the priapism, this question can be read “How long after you go to sleep do you usually wake up with it?” Check only one answer.
10. The purpose of this question is to determine if the respondent has noticed that priapism occurs after certain physical events or to see if the patient links any other

behaviors to the onset of priapism. Read the list of responses to the respondent, pausing after each to wait for an answer. Check all that apply. If the respondent says “medication or drug use” then ask for the name of the medication(s) or drug(s) and record in the space provided. If the respondent does not know the name of the medication or drug, write “unknown”. Allow the respondent to include other physical events or behaviors that may cause priapism. Check “other cause” and record these in the space provided if the respondent supplies any of these. Specific information in parenthesis after response choices is information that can be supplied to the respondent if asked. For instance, if the respondent asks for clarification after hearing the option “sexual activity” then “masturbation or intercourse” can be offered as examples of sexual activity. If the patient does not think that there are any causes to his priapism, check “None”. If the patient has not endorsed any of the causes listed and has not supplied any possible causes of his own but still seems unsure about whether or not there might be causes to his priapism, check “Don’t know”.

11. The purpose of this question is to determine how a patient treats an episode of priapism at home (without visiting a medical facility). Read all of the possible responses and check any that the patient commonly tries at home. Pause after reading each response to allow the patient time to answer. If the patient has tried an “other medication” then ask for the name of the medication. If it is an ibuprofen derivative, check “Take ibuprofen”. If the other medication is a codeine/hydrocodone derivative, check “Take codeine or hydrocodone”. If it is a medication other than ibuprofen and codeine or hydrocodone, check “Other medication, specify” and record the name of the medication in the space provided. If the respondent cannot remember the name of the other medication, record “unknown”. Check “Take opioids” if the patient uses non-narcotic medication with a narcotic (i.e., acetaminophen with codeine). Allow the respondent to list other treatments that the patient has found to be successful. Check “Other treatment, specify” and record these in the space provided. If the patient supplies answers before you have finished reading the list then mark any answers provided but continue to read the list. If the patient does not try anything specific or waits

- for it to get better on its own, check “None”. If the patient says, “go to the hospital” ask, “What do you do before you go to the hospital?”
12. This question was developed to assess if the patient has **ever** gone a medical facility (i.e., the emergency room, the hospital, or a doctor’s office) and been seen by medical personnel **during** an episode of priapism. If the answer to 12 is “yes” then Questions 13 and 14 are asked. If 12 is “no” or “do not remember”, skip to Question 15.
 13. If Question 12 is “yes”, this question will determine which non-surgical treatments, if any, were attempted at a medical facility to end an episode of priapism. Read Question 13 to the patient. After reading the question, read all of the treatments in the “Treatment” column, pausing after each to give the respondent time to answer. Check any that the patient says. Do not read the last option “None/Does not remember any treatments to end the priapism”. If there is no recollection of the patient ever having any of the treatments listed, choose this option and skip to Question 14. If any of the first four treatments are checked then you will ask Question 13a about each treatment after the entire list of treatments is read.
 - 13a. This question will determine how treatments given affected the priapism. If the patient had multiple treatments for a single episode or if the patient was given a certain treatment multiple times for multiple episodes, have the patient answer based upon the patient’s experience overall with the particular treatment. Read Question 13a for each treatment checked, inserting the name of the treatment in the blank, as it appears in the “Treatment” column. Read all of the options for how the treatment affected the priapism and wait for the patient to answer before asking about other treatments checked. Only one response for Question 13a should be checked for any treatment. The second option should be read as “stayed about the same”. Do not read “do not remember”, but mark this response if after reading the three choices the patient says he does not remember.

14. If Question 12 is “yes”, this question will determine which surgical procedures, if any, were attempted to end an episode of priapism. Read Question 14 to the patient. After reading the question, read both of the procedures in the “Procedures” column, pausing after each to give the patient time to answer. Check any that the patient says. Do not read the last option “None/Does not remember any procedures to end the priapism”. If there is no recollection of the patient ever having either of the surgical procedures listed, choose this option and skip to Question 15. If either of the first two procedures is checked, then you will ask Question 14a about each procedure after the entire list of procedures is read.
- 14a. This question will determine how the surgical procedure performed affected the priapism. If the patient had multiple procedures for a single episode or if the patient was given a certain procedure multiple times for multiple episodes then have the patient answer based upon the patient’s experience overall with the particular procedure. Read Question 14a for each procedure checked, inserting the name of the procedure in the blank, as it appears in the “Procedure” column. Read all of the options for how the procedure affected the priapism and wait for the patient to answer before asking about other procedures checked. Only one response for Question 14a should be checked for any procedure. The second option should be read as “stayed about the same”. Do not read “do not remember”, but mark this response if after reading the three choices the patient says he does not remember.
15. Ask if the patient has ever received chronic transfusion therapy. If this is not clear, use the definition of chronic transfusion therapy provided on the survey (planned red cell transfusion once per month for three months or more). This statement can be broken down if the patient is still not clear or still does not remember. “No” is a definitive answer. Mark “do not remember” if the patient is unsure or says that he doesn’t think so. If “yes”, ask Question 15a. If “no” or “do not remember”, skip to Question 16.
- 15a. The purpose of this question is to determine if chronic transfusion therapy affected the frequency of priapism episodes experienced by the patient. Read the

responses for this question. If the frequency of priapism episodes increased or if the patient started having episodes of priapism while on chronic transfusion therapy, check “increased”. If the frequency of episodes lessened or stopped, check “decreased”. If the patient was having episodes of priapism before starting chronic transfusion therapy and could not determine a difference in the frequency of episodes while on chronic transfusion therapy, check “stayed about the same”. If the patient was not having episodes of priapism prior to the chronic transfusion therapy and did not start having episodes of priapism while on the chronic transfusion therapy then the fourth response should be selected. Do not read the option “don’t know” to the patient, but mark this response if after all your efforts the patient is sure he does not know.

16. Ask if the patient has ever received hydroxyurea therapy. If this is not clear then more information can be provided by explaining this is a chemotherapy medication taken by mouth every day to try to prevent complications from sickle cell disease. “No” is a definitive answer. Mark “do not remember” if the patient is unsure or says that he doesn’t think so. If “yes”, ask Question 16a. If “no” or “do not remember”, skip to Question 17.

16a. The purpose of this question is to determine if hydroxyurea therapy affected the frequency of priapism episodes experienced by the patient. Read the responses for this question. If the frequency of priapism episodes increased or if the patient started having episodes of priapism while on hydroxyurea, check “increased”. If the frequency of episodes lessened or stopped, check “decreased”. If the patient was having episodes of priapism before starting hydroxyurea and could not determine a difference in the frequency of episodes while on hydroxyurea, check “stayed about the same”. If the patient was not having episodes of priapism prior to the hydroxyurea and did not start having episodes of priapism while on the hydroxyurea then the fourth option should be selected. Do not read the option “don’t know” to the patient, but mark this response if after all your efforts the patient is sure he does not know.

17. The purpose of this question is to determine whether or not the patient has regular erections (that is ones that do not hurt or last more than 30 minutes) or if he may have damage to the penis and thus erectile dysfunction due to priapism. Do not read the responses for any of these questions. Check “yes” if the patient says “sometimes”.

Survey Instrument, Age 5-14

- 17a-b. If the patient or parent does not respond to Question 17a or asks for clarification state, “An erection is when your child’s penis get hard for minutes or more without pain.” Then re-ask the question. Ask Question 17b in the same way. Many times after asking Question 17b the parent may change his/her answer to Question 17a. Record just what the respondent tells you.

Survey Instrument, Age 15-up

- 17a-b. If the patient does not respond to Question 17a or asks for clarification state, “An erection is when your penis get hard for minutes or more without pain.” Then re-ask the question. Ask Question 17b in the same way. Many times after asking Question 17b the patient may change his answer to Question 17a. Record just what the respondent tells you.
- 17c. Read the question. If the patient seems uncomfortable, offer the option of “not sexually active.”
- 17d. Read the question. If the patient asks for a definition of “impotence” then use the definition supplied within the question (“inability to have an erection when you want one”).
- 17e. If “yes”, ask for the name of the medication and record in the space provided. If the patient is not sure of the name of the medication, record “unknown”.

Survey Instrument, Both Age Groups

18. The purpose of this question is to determine how the respondent views priapism as a problem relative to other complications of their SCD. Read the question and all of the responses before accepting the patient’s answer. If the respondent

- chooses the first option (“the worst problem”) then skip to Question 19. If it is not the worst problem then ask Question 18a.
- 18a. The purpose of this question is to determine if priapism was ever the worst problem that the patient had with SCD. If after all probes the patient says “don’t know” then “do not remember” should be marked. Probe for a “yes” or “no” response before marking “do not remember” as the final answer, but be especially careful when probing for this question that you are not leading the patient to choose a certain answer. To probe for an answer to this question you can ask about other SCD-related conditions that may have been experienced by the patient and then ask him to compare priapism to these.
19. This gives the respondent the chance to include any other information about the patient’s problem with priapism or to say anything about the condition itself. Do not force an answer or give any assistance to answer this question. Record anything that the respondent says, as close to verbatim as possible.
20. Read the statement to the patient and ask Question 20. If the patient seems unsure or says that he doesn’t know, tell him that being contacted in the future does not mean that he must participate in the study, only that someone may contact him to see if he is interested in participating. If this is acceptable then mark “yes”. If the patient has never had an episode of priapism, tell him that you could contact him in the future in case he has experienced an episode of priapism and that being contacted for the study does not require that he participate.

Survey Instrument – completion

This section refers to both the 5-14 year old survey and the 15-up survey.

The survey is complete when the last question has been asked or the patient decides not to answer any more questions. At this point, the interviewer’s section of the survey instrument and the NIH Ethnicity/Race CRF are to be completed. It is recommended that you proceed with the NIH Ethnicity/Race CRF and then return to the interviewer’s

section on the survey instrument. Do not read anything in the interviewer's section to the participant(s); this section is to be completed by you.

Interviewer's section:

- Answer the three questions about the interview setting (who was present, who answered the questions, and the context of the interview).
- Complete the demographic information about yourself (gender, age, ethnicity, and race). Check all that apply for "Race". If "other", specify in the space provided.

If the respondent chose not to answer any questions on the survey after signing informed consent, check the box to indicate this (on the first page of the survey) and proceed with the NIH Ethnicity/Race CRF. In this case, the following information should be filled out on the survey instrument:

- Date of informed consent (first page of the survey)
- Date of attempted interview and interviewer's initials (first page of the survey)
- Interviewer's section (last page of the survey: interview setting and demographic information about the interviewer)

After completing the interview the interviewer should review the form for completeness, legibility, and anything else on the form that might be confusing or misinterpreted by the person who will enter the data into the EDC system. Thank the respondent for his/her cooperation. *Immediately*, put the questionnaire in an envelope or other safe place so that it cannot be seen by anyone.

Comments or additional information that you have pertaining to the survey can be recorded in the "Comments" field at the bottom of the last page of the survey. Leave the space blank if you do not have any comments to record.

PI Signature/Date: For subjects who report having experienced at least 1 episode of priapism, the site PI should review the survey instrument for completeness, accuracy, and the need for referral. (This review is not required for subjects who do not report having experienced an episode of priapism as those subjects are only asked a couple of questions

on the survey, none that could indicate a possible need for referral.) Signature and date indicate that it has been reviewed and found to be complete and accurate. Record the date of signature in dd/mmm/yyyy format (i.e., 22/JUN/2005).

NIH Ethnicity/Race

The information on this page is to be determined by interview of the patient or parent/guardian after the survey has been completed. A survey is considered completed either when all of the questions have been asked or when the patient or parent/guardian declines to answer any further questions. If a question is asked and the patient chooses not to answer, mark the circle to the left of that question number. Do not mark the circle if the question is not asked. These NIH Ethnicity/Race questions should be asked regardless of whether or not all of the survey questions were asked. The purpose of these questions is to obtain information required by the NIH when reporting about enrollment in research studies.

1. Do not assume an individual is or is not Hispanic or Latino based upon whether s/he speaks Spanish or has an accent. We are interested in whether or not the individual considers him/herself Hispanic or Latino.
2. Again, although the interviewer may believe a patient's membership in a specific racial group is obvious, we are interested in determining the respondent's view of his/her racial group. If necessary, read the possible responses a second time.

J. Principal Investigator Quality Control and Documentation

The principal investigator at each local site will review all questionnaires for subjects who report having experienced at least 1 episode of priapism, and indicate he or she has done so by initialing each questionnaire. If there are health issues identified that could require treatment or referral, the physician or clinic medical staff will discuss options for care with the participant and/or make appropriate referrals. Such issues include drug use or impotence.

The principal investigator at each local site will also review all Medical History case report forms for each study subject who reports having experienced an episode of priapism.

Sites may elect to establish an additional process for review to ensure that data have been accurately collected.

V. STUDY ISSUES

A. Training

Central training was provided May 17-18, 2005 for site staff members identified to conduct the patient interviews. The training focused on learning what is known about priapism, how to establish comfort in speaking with patients about sensitive subjects such as priapism, interviewing skills, and asking questions that may seem embarrassing for the interviewer and/or respondent. The following sections of the training session were recorded and are available as a set of DVDs that should be reviewed by all study coordinators and interviewers who did not attend the central training:

- Background and Significance of the Trial
- Study Overview & Procedures
- Informed Consent
- Interviewing Skills

Subsequent training sessions and refresher trainings sessions are scheduled as needed. Most subsequent training sessions are telephone or web-based, and should be supplemented by:

- Viewing the DVDs
- Review of the CRF and Guidelines
- Review of the Question-by-Question specifications in Section V (Study Activities) for this Study Information Manual
- Practice with each survey instrument

In addition, teleconferences for Study Coordinators/interviewers are held as needed, and minutes from each teleconference are posted on the priapism page of the CSCC website. A document with answers to questions about the study is also available via the website.

B. Assessing Literacy

Literacy of eligible as well as enrolled study subjects is an important issue that warrants consideration for all CSCC-related research. Subjects' reading comprehension is dependent upon numerous factors including vocabulary, sentence structure, and content of the material presented. Obtaining informed consent in accordance with ICH and policies for clinical research requires that the subject has the ability to fully understand benefits, risks, and the rationale behind the study in which he is being asked to participate.

From their work with the subjects, study coordinators will become aware of whether literacy is a problem, and should provide assistance if participants are unable to read the Informed Consent Forms.

C. Tracking of Refusals

The DSMB has requested that sites track rates of and reasons for refusal, along with basic demographic data. These data will be provided to the SDMC in an electronic format via the ***Refusals Tracking Log***, which is available on the CSCC website. A sample is also provided in the Administrative Forms section of this Study Information Manual. This log should be completed to the extent allowed by your local IRB and submitted to the SDMC on a quarterly basis.

Refusals Tracking Log

**Rates of and Reasons for Refusal
for the Epidemiology of Priapism Study**

Site _____ Screening Dates _____

Investigator Name _____

Instructions: All male patients who meet the age and diagnostic criteria for eligibility for this study may be invited to participate. Site personnel will make an entry on this log for all patients **who are approached but choose not to participate (refuse)**. At the end of each month, cut or fold along the dotted line to **remove the first column (patient name)**. Then copy and fax to Cathie Snyder at 919-408-0699.

Remove before sending to the SDMC

Patient Name Remove before submitting form	Screening Date	Age	Race (see codes)	Ethnicity (see codes)	Sickle Cell Diagnosis	Reason for Refusal (see codes)

Codes for Race

- American Indian/Alaska Native
- Asian
- Black/African-American
- Native Hawaiian or other Pacific Islander
- White
- Other (specify)

Codes for Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Reasons for Refusal

- Not interested
- No time for study
- No response
- Other

D. Reimbursement/Compensation

Subjects will receive \$25 to cover some of the costs incurred while participating in the study (e.g., prolonged parking fees) and as compensation for their time. An individual who provides consent, begins the survey, and then refuses to answer any questions should still be considered a participant due compensation.

Subjects may only take part in this study one time.

E. Subject Study Withdrawal or Discontinuation

Subjects may decide to discontinue participation at any time during the interview by refusing to answer any additional questions. Subjects who provide consent, begin the survey, and then refuse to answer any questions should still be considered a participant due compensation; their medical history information should be collected and their information should be entered into the EDC.

Investigators may discontinue any subject at their discretion if, in their professional opinion, the subject's health, safety, and/or well-being is threatened by continued participation in the study. The following circumstances require discontinuation of subjects:

1. Patient or parent/guardian becomes emotionally distressed by questions or discussion.
2. Patient or parent/guardian requests discontinuation of the study.

Adverse events caused by participation in the study may necessitate modifications to the level of participation of a subject or discontinuation of a subject from the study.

VI. DATA COLLECTION

A. Assignment of ID Numbers

Each patient enrolled in any CSCC study (both multi-center and within-center) will be registered as a CSCC patient through Rho's Electronic Data Capture (EDC) system, and assigned a 7-digit CSCC ID number. This CSCC ID will be used to identify subjects in the Priapism study, and all CSCC studies (both multi-center and within center) thereafter. As such, the CSCC ID is not study specific and can be used to track a patient's progress in multiple CSCC studies. The first two digits of the CSCC ID will identify the Center at which the patient is enrolled, and the next five digits will uniquely identify the patient. Once the Registration page is submitted to the EDC System, it can no longer be modified. If a change needs to be made to this page, fax a completed a ***CSCC Update Form*** (located on the website) to the SDMC.

To enroll a subject in a second (or third, etc.) CSCC study, go to the EDC Link for the study in which the subject will be enrolled; in this case, "Epidemiology of Priapism". On the "Subjects" page of the EDC system, click the "Import" button. Select the subject ID that you want from the select box on the left or enter the subject ID in the "Find" box. Verify the subject's demographic information and click "Import". The subject is automatically enrolled into the new study and the EDC system will advance to the study Case Report Forms.

If you are unsure as to whether or not a subject is already enrolled in a CSCC study, ask the subject first. If you are still unsure or if you don't know their CSCC ID, go to the "List of Patient Registration ID Numbers". This document is located under the EDC Links on each study's webpage. These documents are created directly from data entered into the EDC system and provide basic demographic information that will allow the patient's CSCC ID to be located. In addition, a manually recorded hard copy (or electronic) spreadsheet can be maintained at each site to facilitate tracking of patient CSCC IDs as they are assigned. A sample ID Assignment Log follows.

B. CSCC ID Number Assignment Log

CENTER NAME: _____ **HOSPITAL:** _____

CSCC ID Number	Subject Name	Subject Birthdate	Medical Record #	Date ID Assigned

C. Electronic Data Capture (EDC)

EDC, Rho's internet-based remote data entry system, will be used to capture the data for the Priapism Project. Using this system, the clinic's study coordinator or data coordinator uses an internet browser (Internet Explorer or similar) to key data into electronic case report forms. Data checks are performed as the data are keyed and most implausible data values are resolved immediately. Data are not stored on the site's computer. At the bottom or end of each "page," data are submitted to Rho (the SDMC), and stored in the study's "operational database." (The database used for capturing, validating, updating, and storing the data is called an "operational database.") The database is backed up nightly; backup tapes are saved in a secure, off-site location. At any time site personnel may log into the system, review and correct previously entered data, key additional data, or lock records to prevent further inadvertent modifications.

The pages will be accessible via the Epidemiology of Priapism page on the CSCC website and require Center-specific user ID/password privileges. Displays of their data will be sent to the Centers to confirm the data have been incorporated.

D. Source Documentation

Any of the documents used to obtain information for this study (i.e., medical records, laboratory reports, etc.) may be subject to and available for audit and inspection by federal regulatory authorities. For this reason and to maintain scientific standards, it is absolutely necessary to obtain quality data from individuals' medical records and interviews.

To substantiate that each subject meets the subject inclusion criteria, the investigator should maintain records of the subject's medical history before enrollment into the Priapism study, if these records exist in the investigator's own files or hospital files.

E. Monitoring Visits

Monitoring of data entry will be handled remotely or in conjunction with a monitoring visit for another CSCC study. Remote monitoring will be used to ensure the accuracy of data entry. Sites will be asked to provide copies of the following to the SDMC for a randomly generated list of subjects:

- de-identified survey
- de-identified medical history CRF (if available)

Informed Consent forms will not be reviewed, as this study does not include on-site monitoring. Site Study Coordinators will be asked double check to ensure that all consent forms include the appropriate signatures.

If there are problems with quality, subject accrual, etc., a clinical monitor (CRA) representing the SDMC may visit participating sites as needed during the study period to perform on-site data monitoring.

Following the remote or on-site monitoring, a representative from the SDMC will, as needed:

- Discuss recruitment and enrollment
- Insure adherence to the protocol
- Discuss data management issues
- Discuss any site-specific issues, problems, or suggestions

VII. WEBSITE OVERVIEW

A. Website Content

The "Epidemiology of Priapism" study webpage is accessed via a link located on the right-hand side of the CSCC Website Homepage. You must be an authorized user for the study to see the Priapism link on the website. Access to various documents will depend on your user level.

User Levels:

- 1) **Basic User** – Basic access allows the individual to view the staff directory, the calendar, the committees, and CSCC templates.
- 2) **Second Level User** – Study-specific access that allows the user to view all documents associated with a particular protocol.
- 3) **EDC/RhoLAB User** – For users who will perform data entry into the applications developed by Rho (the SDMC) as sources of data capture and specimen tracking from site to central lab. EDC is used for all CSCC studies and users must obtain permission from their site PI. RhoLAB is used only for studies that involve central labs and also requires PI permission.

Categories:

- 1) **General Protocol Documents** – The most recent protocol and PI Signature Page, the current budget, and the Priapism Protocol Committee Roster
- 2) **EDC Links** – A direct link to the EDC system and the list of patients registered at each Center; may be viewed in a table that is sorted by hospital or by CSCC Subject Identification Numbers
- 3) **Case Report Forms** – Access to the paper version of the most recent Case Report Forms (CRFs), as well as annotated CRFs that include Completion Guidelines

- 4) **Training and Help Documents** – Help Documents related to this study and the most recent version of the Study Information Manual
- 5) **Informed Consent Documents** – The Informed Consent Process Summary, the Consent Form Checklist, and the most recent Informed Consent Templates
- 6) **Priapism Recruitment** – Adult and Pediatric versions of a recruitment flyers
- 7) **Teleconference Minutes** – Detailed minutes from each Priapism study teleconference call
- 8) **Study Progress** – Enrollment reports and an IRB status report
- 9) **Educational Brochures** – PDF versions of the pediatric and adult educational brochures; printed copies may be ordered from the SDMC

If you are interested in a document that is no longer visible on the website (such as older versions of the budget or protocol), please contact Joi Bland at (919) 408-8000 X338 or jbland@rhoworld.com.

B. CSCC Website Instructions

- I. Accessing the secure website
 - A. The CSCC secure website is a password-protected website resource for staff working on CSCC trials, including Investigators and Study Coordinators. This site provides a staff directory and study specific documents and information displayed in your browser in PDF format. Netscape version 6.1 or Internet Explorer 5 or 6 work best when accessing the site, and Adobe Reader is required to read the PDFs.
 - B. Select a username (the first letter of your first name followed by up to seven letters of your last name) and password (six or more characters, with a numeric digit somewhere in the middle) by completing a “Website Access Form.” An access form is provided in Administrative Forms section of this Study Information Manual. The completed form should be returned to the Priapism Research Associate at the SDMC. For security purposes, please **DO NOT** use email to notify the SDMC of your username and password. Your username and password will be activated no later than one week after returning the access form.
 - C. Once you have been granted access to the secure website, go to www.rhoworld.com. To access the RhoNET™ login page, select the LOGIN button in the upper-right corner of the page.

- II. RhoNET™ Login Page
 - A. Type your username and password, then click “Login” to access RhoNET™, your access point to the CSCC website.
 - B. On the next page you will see the following categories: “User Preferences” and “Comprehensive Sickle Cell Centers.”
 - C. To change your password, click on “Change Password” under User Preferences.
 - D. Otherwise, click on “Comprehensive Sickle Cell Centers.”

III. The Secure Website Home Page

- A. The “Comprehensive Sickle Cell Centers” banner with blue letters will appear at the top of any page on the site, except when you are viewing a document such as the Protocol or consent forms.
- B. Announcements will be displayed in the gray box in the center of the Home Page. These announcements will include upcoming meetings or conference calls, as well as a link to relevant documents for each of the specific events.

IV. The Calendar

- A. The calendar lists all scheduled events related to CSCC studies such as conference calls, annual meetings, and certain deadlines.
- B. When you click on the calendar link, the current month will be displayed. To view other months, click on the pull-down menu on the upper-left side of the calendar and choose the month you wish to view.
- C. To view details for a scheduled event, click on the name of the event in the calendar. A small pop-up window will provide additional information about the event.

V. Enrolled Patient Lists

- A. These lists have been generated from the Electronic Data Capture System that study coordinators use to input data about each of their patients involved in a CSCC Study. These lists are center-specific in visibility and are sorted in one of two ways, by site ID or by patient ID. Study coordinators can use these tables to view IDs and the demographic information that correlates to them to prevent patients from getting assigned multiple CSCC IDs when they are involved in more than one study.
- B. These lists are also located under the EDC Links Category in the Epidemiology of Priapism webpage where they are referred to as Patient Registration ID Numbers.

VI. Staff Directory

- A. The staff directory contains information for everyone involved with CSCC studies.
- B. After clicking on the Staff Directory link, you will see a pull-down menu on the top left. This menu allows you to filter by a group of contacts (e.g., Center Directors, Peripheral Data Coordinators, SDMC members). Simply choose the group you are interested in and click the “Go” button. The list you selected will be displayed below in alphabetical order.

VII. Epidemiology of Priapism Study

- A. To view study documents and forms, click on the Epidemiology of Priapism link listed on the right side of the home page.
- B. After clicking on the Priapism link, you will be brought to the “Study: Priapism” webpage. This page will have several different categories with several different types of documents as described above. Choose the study document that you are interested in reviewing and click directly on it.
- C. Protocols and all consent form templates will be displayed in your browser in PDF format. You may then print the desired document(s) from your computer if you wish. You must have Adobe Reader installed on your computer to view any document in PDF format. You can download this software for free from <http://www.adobe.com> and click on the “Get Adobe Reader” button on the left side of the screen.
- D. Many other forms will be saved as Microsoft Word documents. You may then print or save the form to your computer. After saving, you may edit the document as needed.

VIII. Logging Off and Support

- A. To log out, click the “Log Out” hyperlink on the bottom-left side of the home page. Simply closing your browser or going to another URL will not log you off.

- B. If you have question regarding content, updates, or technical issues contact Joi Bland at (919) 408-8000 X338 or jbland@rhoworld.com.
- C. If you have forgotten your username or password, call the SDMC Help Desk at Rho at 1-800-905-0460.

C. Electronic Data Capture Instructions

The following pages provide instructions for using Rho's electronic data capture (EDC) system. These instructions are also available electronically from the EDC system.

Administrator User's Guide

Rho Electronic Data Capture System, Version 4 (July 27, 2005)

- Accessing the RhoEDC System
 - Disabling Your Pop-Up Blocker
- The RhoEDC Main Screen
- The Menu System
 - Visit and Form Shortcut Links
- Reports
- Status Icons
- User Roles
- Enrolling Subjects
 - Importing Subjects
- Entering and Editing Form Data
- Adding and Editing Subject Forms
- Data Errors
 - Overriding Errors
 - Submitting a Form That Contains Errors
- Printing Forms
- Administrative Functions
 - Adding Centers and Sites
 - Importing Centers and Sites
 - Updating Center and Site Information
 - Editing Subject Enrollment Data
 - Granting User Roles
- RhoLAB
- RhoEDC Technical Support

Accessing the RhoEDC System

To access the Rho Electronic Data Capture (RhoEDC) system:

1. Open your web browser.
2. Log in to RhoNET using your assigned RhoNET user ID and password. (If you do not have a RhoNET account, contact your administrator.)
3. Navigate to your study's RhoNET web site or page.
4. Click the study's RhoEDC link.

To exit the RhoEDC system:

1. Click the **Logout** link on the gray navigation menu on the left side of the screen.
2. Log out of RhoNET.
3. Close your web browser.

IMPORTANT: When you exit RhoEDC, you must log out **and** close your browser window to completely exit the application.

[Back to the top.](#)

Disabling Your Pop-Up Blocker

RhoEDC uses pop-up windows to display error messages on forms. If your browser is set to block pop-up messages, the error messages will not function. You must turn off your browser's pop-up blocker before you

use RhoEDC.

The method for disabling pop-up blocking varies depending on the browser you are using.

Internet Explorer

1. From the browser's Tools menu, select **Pop-up Blocker** .
2. From the sub-menu, select **Turn Off Pop-Up Blocker**.

Netscape

If the Netscape Toolbar is visible:

1. Click the **Pop-Ups Blocked** button. When the pop-up blocker is disabled, this button should read "Pop-Up Block Off."

If the Netscape Toolbar is not visible:

1. From the Edit menu, select **Preferences**.
2. On the Preferences window, click **Privacy & Security** in the Category list.
3. Under Privacy & Security, click **Popup Windows**.
4. If the **Block unrequested popup windows** option is checked, click the checkbox to un-check it.
5. Close the Preferences window.

Mozilla Firefox

1. From the Tools menu, select **Options**.
2. On the Options window, click the **Web Features** icon.
3. If the **Block Popup Windows** box is checked, click the checkbox to un-check it.
4. Close the Options window.

There are a number of third-party software applications that also block pop-up windows--Google Toolbar, Yahoo! Toolbar, Popup Stopper Professional, and Popup Blocker to name a few. If you are running any of these applications, you must disable their pop-up blocking features (in addition to your browser's pop-up blocker) prior to using RhoEDC. Consult the documentation for these applications for instructions on how to disable their pop-up blocking features.

[Back to the top.](#)

The RhoEDC Main Screen

The RhoEDC main screen consists of two main sections:

1. **Navigation Menu** : The gray Navigation Menu on the left displays your username and the current date, and provides links to study-wide reports (if any), and to the various levels (sections) of the menu system. The Log Out and EDC Help links are also located here.
2. **Display Area**: The right portion of the screen displays the menu of links associated with the currently-selected section. The name of the section currently displayed--the study, center, site, or subject ID number--always appears above the links. A secondary navigation bar at the top of the display area provides direct links to other sections of the menu system.

[Back to the top.](#)

The Menu System

RhoEDC uses a branching menu system that is designed to support projects that span numerous interrelated centers and studies. When you open the application, the base level menu (usually the Study List menu) is shown in the Display Area. When you click an option at this level, you proceed to the options at the next menu level, and so on. If you do not have more than one option available on a particular menu level, RhoEDC automatically advances you to the next level of options.

On a typical multi-study, multi-site RhoEDC project, the menu levels are as shown below. **Note that most users will not have options at all menu levels. If you click a link where you have no options, RhoEDC automatically forwards you to the next menu level at which you have options.**



Navigation Menu Links (Subject Level)



Visit and Form shortcut links

1. **Study List:** Displays a list of available studies (if you have access to more than one study).
2. **Study:** Displays a list of centers for the selected study (if you have access to more than one center).
3. **Center:** Displays a list of available sites for the selected center (if you have access to more than one site).
4. **Site List:** Displays a list of available sites for the selected center (if you have access to more than one site).
5. **Site:** Displays a list of available subjects for the selected site and provides an interface for enrolling and importing subjects (if you have authorization to do so).
6. **Subject List :** Displays a list of available subjects for the selected site and provides an interface for enrolling and importing subjects (if you have authorization to do so).
7. **Subject:** Displays the form list, form, page, and site links for the selected subject.
8. **Visit:** Displays a list of forms for a visit selected on the Subject level (if multiple forms exist under a single link).
9. **Form Page:** Displays a list of form pages for a form selected on the Subject or Visit level (for multi-page forms).

As you navigate through the menu system, the Data Collection section of the Navigation Menu updates to display links for every menu level you visit. You can jump directly to any higher menu level by clicking its link. The navigation bar at the top of the Display Area also provides links to higher menu levels in this manner. (See the illustrations.)



Display Area Navigation Bar (Subject Level)

[Back to the top.](#)

Visit and Form Shortcut Links

When you open a visit, a new set of links is added to the navigation menu. These links provide easy, direct access to any study visit. When you open a form in a visit that has multiple forms, shortcut links for all of the forms in that visit appear below the visit shortcut links.

To access a visit or a form, click its shortcut link. The form list link and page link that you are currently viewing are marked with an arrow (>) on the menu so that you can see which form/list you are working with.

[Back to the top.](#)

Reports



The Reports section of the Navigation Menu displays links to status reports for the study. These reports display links to incomplete forms and forms that have generated queries. If the study you are working with does not have reports of this type available, the Reports section is not present.

To open a report, click its link. To close the report, click the **Return to Menu** link on the report page.

[Back to the top.](#)

Status Icons

RhoEDC uses status icons/bullets on the Display Area menus to indicate required actions and the current state of the forms.

Icon	Definition
	<p>The red exclamation point indicates errors. It appears next to:</p> <ul style="list-style-type: none"> • A link to an individual error on a form or page. • A link that leads to one or more forms or pages that contain errors.
	<p>The green check indicates a form or group of forms that was submitted without errors. It appears next to:</p> <ul style="list-style-type: none"> • An individual form or page that is complete and contains no errors. • A link under which all forms and pages are complete and contain no errors.

Select:

Transfusion Visit 1 (!)
Transfusion Visit 2

When multiple copies of a form exist, the forms are listed in a scrollable list box rather than as a series of links on the page. In the list box, forms that contain errors are marked with an exclamation mark (!). Forms that have been completed with no errors are not marked in any way.

[Back to the top.](#)

User Roles

Your level of access in the RhoEDC system is determined by your role. Role examples include:

- **database_admin:** A database administrator has access to all RhoEDC functions, including adding centers and sites and granting user roles.
- **edc_user:** An EDC user has access to all RhoEDC functions except those involving the assignment of user roles and the addition of centers and sites.
- **clinical_monitor:** Clinical monitors can view all forms and data accessible to an EDC user, but cannot enter or modify data.
- **rho_manager:** A Rho manager has access to all RhoEDC features and functions. This level of access is only granted to Rho employees.

The roles available on your particular study might differ from those listed above.

The database administrator for your study assigns your role. If you find that you do not have access to centers, studies, forms, or features to which you believe you should have access, contact the [Rho help desk](#) or your study administrator.

[Back to the top.](#)

(Click the graphic to see a larger image.)

Enrolling Subjects



The Subject List Page



The Subject Page

To enroll a new subject:

1. If you have access to more than one study, click the name of the study in which you want to enroll a subject on the Study List page and then click **View**. (This step is omitted if you do not have access to multiple studies or if you enter the menu directly at a different level--the Subject List, for example.)
2. If you have access to more than one site, click the name of the site for which you want to enroll the subject on the Site List page and then click **View**. (This step is omitted if you do not have access to multiple sites or if you enter the menu directly at a different level--the Subject List, for example.)
3. On the Subject List page, click **New**.
4. Complete the Registration form.
5. At the bottom of the Registration form, click **Create**.

The new subject is created, and a subject ID number is automatically assigned. The Subject page for the newly created subject opens automatically. ***Print this page and place it in the subject's record.***

[Back to the top.](#)

Importing Subjects

Subjects who have a subject ID number for one study can be "imported" into other studies. To import a subject:

1. On the Study List page, click the name of the study into which you want to import a subject and then click **View**.
2. On the Site List page, click the name of the site into which you want to import the subject and then click **View**.
3. Click **Import**. The screen refreshes to display the subject IDs of all subjects available for importing in the "Select" list.
4. Click the subject ID for the subject you want to import on the "Select" list, or type the subject ID in the "Find" field.
5. Click **Import**.

The Subject page for the newly-imported subject opens automatically.

[Back to the top.](#)

(Click the graphic to see a larger image.)

If **yes**, year of certification:

Text Field

Entering and Editing Form Data

The online forms in RhoEDC work just like other online forms you might have worked with on the Internet. They employ a number of different data entry controls:

- **Text Fields:** Empty fields that allow you to type text and numbers.
- **Drop-down Menus/Lists:** Menus or lists containing multiple options. To select a response from a drop-down list, click the down-arrow to open the list, and then click the response to select it.
- **Checkboxes (multiple response):** These controls are generally used for questions that can have multiple responses.

First or only precaution:

- Contact
- Airborne
- Droplet

Drop-down Menu

Location of Pain
(Choose all that apply)

Chest

Back

Abdomen

Upper Extremities

Lower Extremities

Head & Neck

Checkbox (multiple response)

ICU fellow Yes No

Checkbox (yes/no)

To select (check) a response, click in the empty checkbox. To uncheck a response, click in a checkbox that contains a check. When a question has multiple checkbox options, you can check all that apply unless otherwise noted.

- **Checkboxes (single response or yes/no):** This variation of the checkbox control is generally used for questions that can have only one response. In many cases, this type of checkbox is used for questions that require a yes or no response. To check a response, click the checkbox. If you check another response for that question, the original response is automatically unchecked.

The data entry process is fairly straightforward. Here are some tips for navigating the form fields:

- To move from the current field/control to the next one on the page, press the **TAB** key.
- To move from the current field/control to the previous one on the page, hold down the **SHIFT** key and press **TAB**.
- To move the cursor directly to any field/control on the page, click that field/control.
- To replace existing data in a text field, highlight the data you want to replace, press **DELETE**, and type the new data. Alternately, you can highlight the text and simply type the new data over it.

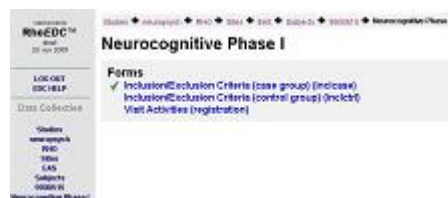
When the form is complete, click **Create** (or **Update**) at the bottom of the form to submit the form and save the data. To exit the form without saving your changes, click **Cancel**.

If any [data errors](#) exist on the form, a warning prompt appears listing all of the errors when you attempt to submit the form. To submit the form without correcting the errors, click **Submit as is**. To return to the form and continue editing, click **Return to form**.

In some studies, CRF guidelines explaining the various fields and responses found on the form are available. When this is the case, a **Form Completion Help** link appears on the form page. To open the official CRF guidelines for the page you are editing, click the **Form Completion Help** link.

[Back to the top.](#)

(Click the graphic to see a larger image.)



Adding a new set of forms

Adding and Editing Subject Forms

To add a new form for a subject:

1. Navigate to the Subject List page for the center and study in which the subject is enrolled.
2. On the Subject List page, click the subject's ID number on the Select menu, or type the subject ID in the Find text field.
3. Click **View**.
4. Click the link for the visit in which you want to add a form (where applicable).
5. Click the link for the form you want to add.
6. Click the link for the page you want to add. (This step is omitted

- when the form only has one page.)
7. The form opens.
 8. After you complete the form or page, click **Create** to submit the data.
 9. Repeat step 6 for every form page (if multiple pages are present).

To edit an existing subject form:

1. Navigate to the Subject List page for the center and study in which the subject is enrolled.
2. On the Subject List page, click the subject's ID number on the Select menu, or type the subject ID in the Find text field.
3. Click **View**.
4. Click the link for the visit in which you want to edit a form (where applicable).
5. Click the link for the form you want to edit. If the form has multiple instances--for example, a Daily Visit form that is filled out once for every visit--the existing forms are displayed in a Select menu (just like subject ID numbers on the Subject List page). Select the form you want to edit and click **View** to open the form.
6. Click the link for the page you want to edit. (This step is omitted when the form only has one page.)
7. If there are **errors** on the form/page, they are listed as links on the status page for that form. Each error link is marked with a red "!" icon. Click an error link or click **Edit** to open the form/page for editing.
8. If no errors currently exist on the form/page, the form/page bypasses the status page and automatically opens for editing.
9. When all edits are complete, click **Update** at the bottom of the form to submit the data.

[Back to the top.](#)

Data Errors

When the system detects a possible error during data entry, a warning prompt immediately appears when you exit the field that contains the error, and the field where the error appears is highlighted. To correct the error immediately:

1. Click **Fix Now** on the error prompt.
2. Delete the erroneous data (if necessary) and enter the correct data.

To close the error prompt and continue entering data without fixing the error, click **Continue**.

When a field on the form is highlighted to show that it contains an error, you can manually open an error prompt to see an explanation of the error. To do so, right-click on the highlighted field.

(Click the graphic to see a larger image.)

Overriding Errors



Error prompt



Error override confirmation prompt

Important: Use great discretion when overriding errors to avoid violating protocol requirements.

The error prompt also allows you to **Override** the condition that prompted the error. When you override an error, the error condition itself is removed from the form. For example, if you leave a required field empty and choose to override the error, the condition requiring the field to be populated is removed from the form, and leaving this field empty no longer prompts an error or a query. When you override an error, you are required to provide a reason for the override. If you do not enter a reason when prompted, the error is not overridden.

An error override command applies only to the form currently displayed on the screen. It does not apply to other forms of the same type for the current subject or for other subjects in the study.

To override an error:

1. Click **Override** on the error prompt.
2. A confirmation prompt appears asking you to enter a reason for the override. Type your reason for overriding the error and click **Submit As Is** on the confirmation prompt (REQUIRED).
3. To abort the override command, click **Return to form** on the justification prompt.

[Back to the top.](#)

Submitting a Form That Contains Errors

If there are errors present when you submit the form, a prompt appears listing all of the errors on the page. The errors are listed as links.



Form status page (displaying error links)

- To correct an error, click the link for the error that you want to correct, and click **Fix Now** when the next prompt appears.
- To close the error prompt and continue entering data on the form, click **Return To Form**.
- To submit the form without correcting the errors, click **Submit As Is**.

When you submit the form, you return to the form's status page. All errors that exist on the submitted form are listed as links on this page.

To correct errors on a form:

1. On the menu, click any query link or click **Edit**.
2. If you click a query link, a prompt describing the query you clicked appears when the form opens. Click **Fix Now** on this prompt.
3. Correct the errors on the form. (The fields containing data errors are highlighted.)
4. When you have completed your corrections, click **Update** to submit and save the form.

[Back to the top.](#)

Printing Forms

RhoEDC allows you to print individual form pages for your records. To print a form page:

1. Open the form you want to print .
2. On the form, click the **Print** button (in the lower right corner of the form).
3. The standard Windows Print prompt appears. Follow the instructions on the prompt to print the page.

You can also print a form page using your browser's **Print** function.

Note: Some study forms are wider than others, and information might be cut off if the form is printed in standard (portrait) mode. If there is a scroll bar along the bottom edge of the form when it is displayed, print the form in wide (landscape) mode. To do so, select **Landscape** in the Orientation section of the Windows Print prompt. Consult your Windows documentation if you are unfamiliar with setting print options.

[Back to the top.](#)

Administrative Functions

(Click the graphic to see a larger image.)



The Center List page

In addition to performing all of the user functions described in this help guide, administrative users can [add](#) and [import](#) sites and centers, [update](#) information for existing sites and centers, and [assign user roles](#).

Adding Centers and Sites

To add a new center:

1. Navigate to the Center List page of the study for which you want to add a center.
2. Click **New**.
3. On the Add Center page, enter the following information:
 - **Code:** A numeric identifier for the center.
 - **Name:** A short name for the center. This is the name that appears on the RhoEDC menus. (Example: RHO)
 - **Label:** The full name for the center. (Example: Rho Test Facility)
 - **Subject:** The next number assigned to a subject enrolled at the center.
4. Click **Create** to add the center. When the center is added, the RhoEDC system automatically takes you to the Center page for the new center.
5. Click **Cancel** to exit the Add Center page and return to the Center List page without adding a new center.

To add a new site:

1. Navigate to the Site List page of the study and center for which you want to add a site.
2. Click **New**.
3. On the Add Site page, enter the following information:
 - **Name:** A short name for the site. This is the name that appears on the RhoEDC menus.(Example: EAS)
 - **Label:** The full name for the site. (Example: Eastowne)
4. Click **Create** to add the site. When the site is added, the

RhoEDC system automatically takes you to the site page for the new site.

5. Click **Cancel** to exit the Add Site page and return to the Site List page without adding a new Site

[Back to the top.](#)

Importing Centers and Sites

Centers and Sites added under a Super-Study can be imported for use in their sub-studies.

To import a center:

1. Navigate to the Center List page of the study for which you want to import a center.
2. Click **Import**.
3. The page refreshes to display a list of all centers available for importing. On the "Select" list, click the name of the center you want to import, or type the center's name in the "Find" field.
4. Click **Import** to import the center. When the center is imported, the RhoEDC system automatically takes you to the center page for the new center.
5. To exit the Import Center page and return to the Center List page without adding a new center, click **Select**.

To import a site:

1. Navigate to the Site List page of the study for which you want to import a site.
2. Click **Import**.
3. The page refreshes to display a list of all sites available for importing. On the "Select" list, click the name of the site you want to import, or type the site's name in the "Find" field.
4. Click **Import** to import the site. When the site is imported, the RhoEDC system automatically takes you to the site page for the new site.
5. To exit the Import Site page and return to the Site List page without adding a new site, click **Select**.



The Study page (showing the Grant button)

[Back to the top.](#)

Updating Center and Site Information

To update the information for an existing center:

1. Navigate to the Center List page of the study in which you want to edit a center.
2. On the Select menu, click the name of the center you want to edit (or type the center's name in the "Find" field), and click **View**.
3. Click **Edit**.
4. On the Add Center page, update the information displayed in the Code, Name, Label, and Subject fields as needed.
5. To save your changes, click **Update**. You are automatically returned to the center page.

6. You can also delete the center entirely. To do so, click **Delete**. Note that there is no confirmation prompt when you delete the center.
7. To exit the Add Center page without making changes, click **Cancel**.

To update the information for an existing site:

1. Navigate to the Site List page of the study in which you want to edit a site.
2. On the Select menu, click the name of the site you want to edit (or type the site's name in the "Find" field), and click **View**.
3. Click **Edit**.
4. On the Add Site page, update the information displayed in the Code, Name, Label, and Subject fields as needed.
5. To save your changes, click **Update**. You are automatically returned to the center page.
6. You can also delete the center entirely. To do so, click **Delete**. Note that there is no confirmation prompt when you delete the center.
7. To exit the Add Center page without making changes, click **Cancel**.

[Back to the top.](#)

Editing Subject Enrollment Data

To edit the enrollment data for an existing subject:

1. Navigate to the Subject List page for the center and study in which the subject is enrolled.
2. On the Subject List page, click the subject's ID number on the Select menu, or type the subject ID in the Find text field.
3. Click **View**.
4. The Subject page opens. If any errors exist on the Registration form, they are listed under a CRF Queries header. To edit the Registration form, click **Edit** or click any error link under the CRF Queries header. (If there are no errors on the Registration form and the subject has no forms other than the Registration form, the RhoEDC system bypasses the Subject page and goes directly to the Registration form when you click **View** on the Subject List page.)
5. When the Registration form opens, make the desired changes and then click **Update**.

After the form is submitted, you are returned to the Subject page.

[Back to the top.](#)

Granting User Roles

Administrators determine each user's **role**--the level of access granted to the user. Roles can be set at three levels:

- **Study:** Granting a role at the study level provides the user with the selected level of access in all centers and sites in the entire

study.

- **Center:** Granting a role at the center level provides the user with the selected level of access in all sites within the center.
- **Site:** Granting a role at the site level provides the user with the selected level of access only in a single site.

Roles can only be granted at **one** of the levels listed here. For example, you can grant a user a role in one site, which gives the user access to only that site. *Or* you can grant the user access to a center, which gives the user access to all of the sites within that center. *Or* you can grant the user access to a study, which gives the user access to *all* centers in the study and *all* sites in every center.

At this time, it is not possible to grant access to select sites within a center or select centers within a study. For example, if a center has five sites, you cannot grant a user access to two of those five sites--instead, you must grant the user access to the *center*, which gives them access to all five sites *or* you must limit that user's access to a single site.

To grant a user role for ***ALL centers and sites in the study*** :

1. On the Study List page, click the name of the study for which you want to grant a role.
2. On the Study page (the page with the Centers link), click **Grant**.
3. If you are granting roles for an existing user, locate the user's user name in the Username column.
4. If you are granting roles for a new user, type the new user's user name in the Username column. Generally, user names are the user's first initial followed by his or her last name, though this need not be the case.
5. In the Role column, select a role for the user from the list.
6. Click **Grant**.
7. You are returned to the Study page when the grant process is complete.

To grant a user role for ***all sites within a selected center***:

1. On the Study List page, click the name of the study for which you want to grant a role.
2. Click **Centers**.
3. On the "Select" list, click the name of the center in which you want to grant the role and then click **View**.
4. On the Center page (the one with the Sites link) click **Grant**.
5. If you are granting roles for an existing user, locate the user's user name in the Username column.
6. If you are granting roles for a new user, type the new user's user name in the Username column. Generally, user names are the user's first initial followed by his or her last name, though this need not be the case.
7. In the Role column, select a role for the user from the list.
8. Click **Grant**.
9. You are returned to the Center page when the grant process is complete.

To grant a user role for ***a single site***:

1. On the Study List page, click the name of the study for which you want to grant a role.
2. Click **Centers**.
3. On the "Select" list, click the name of the center in which you want to grant the role and then click **View**.
4. Click the **Sites** link.
5. On the "Select" list, click the name of the site in which you want to grant the role and click **View**.
6. On the Site page (the one with the Subjects link) click **Grant**.
7. If you are granting roles for an existing user, locate the user's user name in the Username column.
8. If you are granting roles for a new user, type the new user's user name in the Username column. Generally, user names are the user's first initial followed by his or her last name, though this need not be the case.
9. In the Role column, select a role for the user from the list.
10. Click **Grant**.
11. You are returned to the Site page when the grant process is complete.

[Back to the top.](#)

RhoLAB

Some RhoEDC projects are directly linked to the Rho Specimen Tracking System (RhoLAB) for the purposes of tracking specimens and test results for study subjects. Your project might not be linked to RhoLAB. If you believe you should have RhoLAB access and you do not, contact your study administrator.

[Back to the top.](#)

RhoEDC Technical Support

If you experience problems with the Rho Electronic Data Capture system, contact the help desk at 1-800-905-0460 between the hours of 8 AM and 6 PM Eastern time.

[Back to the top.](#)

VIII. INFORMATION TECHNOLOGY

A. Privacy, Confidentiality, Security of Data

Electronic resources used by the CSCC's SDMC at Rho, Inc., are protected through numerous physical security measures and user access controls. It is impossible, however, to completely eliminate the risk of damage to network files from various threats, including physical catastrophes, virus attacks, user errors, or other unusual circumstances. Rho's back-up and security procedures ensure that Rho can recover quickly from such an event with minimal data loss.

Web-based Network Communication System

Security for the CSCC secure website has been set up through a table of authorities, which controls the level of access. Access rights are automatically applied to the user as a function of the login process. All users affiliated with the CSCC sites or NHLBI are required to arrange a login name and password prior to accessing the site. Access restrictions will be automatic, and features for which the user does not have access will not appear on the menu.

Back-up and Recovery and Virus Protection

All CSCC files and data are stored on the SDMC network; these network files are backed-up routinely to tape on a semi-daily basis.

Virus Protection

The need to exchange files with CSCC Investigators and study site personnel can expose the CSCC SDMC network and workstations to the possibility of attack by computer viruses and related entities. Each computer on the Rho network has anti-virus software running at all times. The software is configured to automatically scan all floppy disks and executable files introduced to the system.



Comprehensive Sickle Cell Centers
Clinical Trials Consortium

CSCC Update Form

For Subject ID Information

Note: Use this form to record changes to the CSCC Registration form. Changes may include: incorrect or missing values, duplicate IDs for the same subject, and mistakenly enrolled subjects into a CSCC study.

CSCC SUBJECT ID:

ISSUE:

Information on the CSCC Registration Form is not correct or incomplete

OLD

NEW

SITE/HOSPITAL:

DOB (DD/MMM/YYYY):

GENDER (M / F):

RACE:

ETHNICITY:

SC DIAGNOSIS:

This subject was mistakenly enrolled in the following study(s):

This CSCC Subject ID should be deleted.

Reason:

My signature below indicates that I have reviewed and approved the subject ID information provided for CSCC subject

Signature: Date:

Print Name:

Please fax a copy of this signed form to Marsha McMurray at 919-287-0126.

✂ Cut along dotted line ✂

Rates of and Reasons for Refusal for the Epidemiology of Priapism Study

Site _____ Screening Dates _____

Investigator _____

Instructions: All male patients who meet the age and diagnostic criteria for eligibility for this study may be invited to participate. Site personnel will make an entry on this log for all patients **who are approached but choose not to participate (refuse)**. At the end of each month, cut or fold along the dotted line to **remove the first column (patient name)**. Then copy and fax to Cathie Snyder at 919-287-0126.

Patient Name Remove before submitting form	Screening Date	Age	Race (see codes)	Ethnicity (see codes)	Sickle Cell Diagnosis	Reason for Refusal (see codes)

✂ Cut Here ✂

- Codes for Race
1. American Indian/Alaska Native
 2. Asian
 3. Black/African-American
 4. Native Hawaiian or other Pacific Islander
 5. White
 6. Other (specify)

- Codes for Ethnicity
- A. Hispanic or Latino
 - B. Not Hispanic or Latino

- Reasons for Refusal
1. Not interested
 2. No time for study
 3. No response
 4. Other

✂ Cut along dotted line

Epidemiology of Priapism Patient Screening/Enrollment Log

All Male Patients Age 5 During the Month of _____

Site _____ Page _____ of _____

Instructions: Make an entry on this log for all male patients ages 5 and up seen during the reporting month. When complete, cut or fold along the dotted line to **remove the first column (Patient Name)**, copy, and fax to Cathie Snyder at 919-287-0126.

	Patient Name <i>Remove before submitting form</i>	Date	Age	Diagnosis	Enrolled (Y/N)	If no, why? (see codes)	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Codes for "Enrolled: If no, why?"

- | | |
|--|---|
| 1) Patient not interested | 6) Language barrier |
| 2) Patient doesn't have time for study today | 7) Under age 18; not accompanied by parent/guardian who can consent |
| 3) Not eligible | 8) Not appropriate at this visit - requires comment (e.g. recruiting for another study, family issues, etc) |
| 4) Already enrolled | 9) Other – requires comment |
| 5) No interviewer or no study coordinator time | |



SECURE WEBSITE ACCESS FORM and CHANGE FORM

Fax To: RhoFed SDMC staff (Jamie Spencer) (1 page fax no cover sheet required)
Fax Number: 919-287-0126

PLEASE TAKE CARE TO WRITE CLEARLY AND LEGIBLY.

To access the CSCC website, you must have a username, a temporary password, and provide some contact information. If you are a new user, an email will be sent to you shortly after faxing this form with details on accessing the website.

Username: Your username will consist of the first letter of your first name followed by up to the first seven characters of your last name (examples: John Smith=jsmith, Beverly Merriman=bmerrima). Please confirm your user name by writing it out here (all lowercase):

_____ (print or type)

If new user: Your temporary password must be six or more characters and must include a numeric digit somewhere in the middle. Both the first and last character of the password must be a letter (examples: **john4vp** or **bird8bug**). Please provide us with a temporary password you wish to use and, during your first session on the website you will be requested to change your password. The system is set up to request that each user change his/her password every 3 months.

Please enter your password here:

_____ (Must be at least 6 characters, include at least 1 digit, begin and end with a letter)

Please PRINT or type in your contact information (work info is preferable)

CSCC Affiliation (check one or none):

- | | | | | | |
|---------------------------------|-------------------------------------|--|--|---------------------------------------|------------------------------|
| <input type="checkbox"/> Boston | <input type="checkbox"/> CHOP | <input type="checkbox"/> Duke/UNC | <input type="checkbox"/> N. California | <input type="checkbox"/> Southwestern | <input type="checkbox"/> USC |
| <input type="checkbox"/> Bronx | <input type="checkbox"/> Cincinnati | <input type="checkbox"/> Marian Anderson | <input type="checkbox"/> Rho - SDMC | <input type="checkbox"/> St. Jude | |

Name: _____ **Position:** _____

Email: _____ **Phone:** (____) _____ - _____ **Fax:** (____) _____ - _____

Office / Mailing Address: _____

I expect to be involved with the following studies: Arginine C-Data Neuropsych Priapism HU-Mg
 Dexamethasone Decitabine Other _____

If replacing someone: Please help us keep our user lists current and accurate.

I am replacing: _____ This user should be deleted from the CSCC list and deactivated in the system.

This action authorized by (name here): _____

SECURITY NOTE: Fax this completed form to Rho (919-287-0126) ONLY.
This secure Rho fax is password protected to prevent unauthorized viewing of documents.

For security reasons, please **do not** email this document back as an attachment.
Be sure to write down your username and temporary password in a safe place.

CONSENT TO BE A RESEARCH PARTICIPANT – ADULT

Adult Study Subjects Epidemiology of Priapism

PURPOSE OF THE STUDY

Priapism is a specific kind of painful crisis that can occur in patients with sickle cell disease. You are being asked to participate in this study because you are a male with sickle cell disease. The goal of the study is to gain a better understanding of this complication, and it is expected that information from this study will help to improve treatment of priapism in sickle cell patients.

SPONSORSHIP

This study is being sponsored by the National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI) and conducted by the Comprehensive Sickle Cell Centers (CSCC). The CSCC is a group of 10 research centers that cooperate to conduct research in an effort to find ways to improve the health care of people with sickle cell disease.

STUDY PROCEDURES

We would like to ask you questions about priapism and record the answers. Some of the questions will explicitly ask about issues of a sexual nature – the penis and erections, sexual thoughts, intercourse, medication use (including psychiatric medications), and the use of alcohol and drugs such as marijuana or cocaine. If you agree to participate, the interview will take place here today, and will take about 20 minutes to complete. You are free to not answer any question that you do not want to answer. We will also look at your medical chart and record information about other problems you have had with sickle cell disease. All of this information will be used to summarize complications with sickle cell disease for the study.

Any identifying information, including your name and address, will be separated from your responses and from the medical information. The information (with no name attached) will then be sent to a central research data center where answers from all participants will be stored and analyzed. Only your local doctor or clinical research team will be able to link your information to you.

The physician in charge of this study here at NAME OF INSTITUTION will review all questionnaires that include medical information before the information is submitted to the central database. If there are health issues identified that could require treatment or referral, the physician or other clinic medical staff may contact you to discuss options for care. Such issues may include drug abuse, risky sexual behaviors, or impotence. You are free to decline any care or treatment that is offered.

Some study participants may be asked, at a later date, to participate in an additional study about priapism. If you are asked to participate in an additional study and agree to participate, you will be asked to complete another consent form at that time.

RISKS OR DISCOMFORTS

It may be upsetting to talk about the problems you may have had with sickle cell disease including priapism, medication, and alcohol or drug use. You may be uncomfortable discussing erections, sexual thoughts, and behaviors. Please feel free to talk to the interviewer as well as your physicians and clinic medical team about your concerns.

BENEFITS

One benefit of being part of this study is that your understanding of priapism may increase. In addition, the information from this survey will increase medical understanding of priapism and may contribute to the development of clinical trials designed to test treatments for this problem.

ALTERNATIVES TO PARTICIPATION IN THIS RESEARCH

You may decide to not take part in this study without any change in the medical care you will receive in our center.

CONFIDENTIALITY OF YOUR RECORDS

You have the right to privacy. All information obtained from this research that can identify you and your medical history will remain confidential within the limits of the law. All information submitted outside of this site will have your name removed. However, your age, date of birth, and other items that could identify you will be sent to a central database. All information will be kept under lock and key or in secure electronic systems. After all of the information from all of the surveys is combined in the central database, it will be reviewed. Only your local doctor or clinical research team will be able to link your information to you. If you seem eligible to participate in a future study based upon your participation in this study, your doctor or this sickle cell center may contact you.

Staff from different groups including the NHLBI, the Food and Drug Administration (FDA), and Rho Federal Systems Division, Inc. (the company in charge of the database) may need to look at your medical chart to make sure the study data are correct. Your name will not appear in any research report or publication related to this study.

Only a unique study code, not your name, will be associated with your data so there will be no way for anyone outside of the research team to identify you. The key that links your name to the data will be stored in a locked facility until all of the Comprehensive Sickle Cell Center (CSCC) studies end, with access only by research staff. This code will be used to identify you in all

CSCC studies in which you choose to participate, and data from all of these studies may be combined in the future.

An Institutional Review Board (IRB) is a group of people who are responsible for assuring the community that the rights of participants in research are respected. Members and staff of the IRB at this medical center may review the records of your participation in this research. A representative of the Board may contact you for information about your experience with this research project. If you wish, you may refuse to answer any questions the IRB may ask.

To help us protect your privacy, the principal investigator in this trial has obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from the United States Government that is used for auditing or evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the Federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written permission to receive research information, then the researchers may not use the Certificate to withhold that information.

COSTS OF RESEARCH

There is no cost for you to participate in this study.

COMPENSATION FOR INJURY FROM PARTICIPATION IN RESEARCH

There is no compensation for any injury you may relate to participating in this research interview. If you are upset by the questions, please speak to study staff or your physician about your concerns.

SUBJECT PAYMENT FOR PARTICIPATION IN RESEARCH

Limited compensation for your time and expenses will be offered. You will receive \$25 for agreeing to take part in the study. You may only take part in this study one time.

VOLUNTARY PARTICIPATION IN RESEARCH

You have the right to agree or refuse to participate in this study. You are free to refuse to answer any questions you do not wish to answer, and you can stop the interview at any time.

Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. Refusal to participate will not affect your legal rights or the quality of health care that you receive at this center.

You can agree to be in this survey and change your mind at any time during the interview. If you decide to withdraw your consent during the interview your data will not become part of the study data. Withdrawing your consent or refusing to participate in the study will not affect your regular medical care.

QUESTIONS

If you have any questions about participating in this study, please contact NAME OF SITE PI. He/she may be reached at TELEPHONE NUMBER OF SITE PI.

In addition, the Chairman of the IRB is available to answer questions about your rights as a participant in research. You may telephone the Chairman of the IRB during regular office hours at PHONE NUMBER FOR IRB.

CONSENT TO BE A RESEARCH PARTICIPANT AND LIST OF RIGHTS

Your signature below certifies that you have read (or been read) the information provided above, you have received answers to all of your questions, and you have freely decided to participate in this research.

You will be given a copy of this consent form to keep.

Participant's Name

Date

Signature of Participant

Name of Witness Printed

Date

Signature of Witness

STATEMENT OF THE INVESTIGATOR

The undersigned hereby certifies that he or she has discussed this form with the participant, and has explained all of the information contained in the consent form. The undersigned further certifies that those participating in the discussion were encouraged to ask questions and that all questions were answered.

Investigator's Name Printed

Date

Signature

AGREEMENT TO BE A RESEARCH PARTICIPANT - ASSENT

Pediatric Study Subjects Epidemiology of Priapism

We are asking questions as part of a research study to learn more about a certain type of problem that can occur in males with sickle cell disease. You are being asked to take part in this study because you have sickle cell disease. We would like to ask you questions about *priapism* and record the answers. We may ask about issues of a personal nature, such as erections, the penis, and sexual thoughts and behaviors as well as drug and alcohol use. We will also ask you about the other problems that you have had with sickle cell disease for the study. If you agree to take part in the study, we will finish the questions here today. These questions should take no more than 20 minutes to answer. You do not have to answer any question that you do not want to answer. Everything that you tell us will be kept private.

We will also look at your medical chart and record information about other problems you have had with sickle cell disease. Your responses and the information from your chart (with your name taken off) will be sent to a central research center where all of the surveys are collected.

It may be upsetting to talk about some of the problems that you may have had with sickle cell disease (including priapism), medication, alcohol or drug use, or other things that you do. You may be uncomfortable talking about erections, sexual thoughts, or behaviors. Please talk to the interviewer, your doctor, and/or sickle cell care team about your concerns. The benefit of being part of this study may be that you will know more about priapism. In addition, the information from this survey will increase doctors' and nurses' understanding of priapism and may help to design other studies to treat this problem.

You may decide to not take part in this study at any time. If you decide to not take part in the study or not answer any more questions during the survey, then there will be not be any change in the medical care you will receive in our center. Answers already given before you decide to stop answering will be sent to the central data center unless you ask the interviewer not to send your answers. If you are upset by the questions, please speak to study staff or your doctor about your concerns. Your answers may be combined with information from other studies if you participate in more than one study.

The principal investigator in this trial here at NAME OR CENTER OR INSTITUTION will review all questionnaires that include medical information before the information is sent to the central study. If there are any health issues that could require treatment or referral, this physician or other clinic medical staff will contact you to talk about options for care. Such issues may include drug abuse, impotence, or harmful things. You are free to refuse such care.

You won't have to pay anything. We will give you one payment of \$25 for agreeing to take part in the study. You may only take part in this study one time.

If you have any questions about taking part in this study, please contact NAME OF SITE PI. He/she may be reached at TELEPHONE NUMBER OF SITE PI.

Your signature below certifies that you have read (or been read) the information given above, you have received answers to all of your questions, and you have freely decided to take part in this research. You will be given a copy of this assent form to keep.

ASSENT OF A MINOR:

I have talked about taking part in this research with my mother, father, or legal guardian and my study doctor, and I agree to take part in this research. I know why it is being done and I know that I do not have to take part in it if I do not want to. I know that I can ask Dr. NAME OF SITE PI if I have any questions.

Date

Signature (participants from 10-18 years old)

Participant's Name Printed

CONSENT TO BE A RESEARCH PARTICIPANT - PEDIATRIC

Pediatric Study Subjects Epidemiology of Priapism

PURPOSE OF THE STUDY

Priapism is a specific kind of painful crisis that can occur in patients with sickle cell disease. Your son is being asked to participate in this study because he is a male with sickle cell disease. The goal of the study is to gain a better understanding of this complication, and it is expected that information from this study will help to improve treatment of priapism in sickle cell patients.

SPONSORSHIP

This study is being sponsored by the National Institutes of Health (NIH), National Heart, Lung, and Blood Institute (NHLBI) and conducted by the Comprehensive Sickle Cell Centers (CSCC). The CSCC is a group of 10 research centers that cooperate to conduct research in an effort to find ways to improve the health care of people with sickle cell disease.

When we say “you” in this consent form, we mean you or your child; “we” means the doctors, nurses, and other study staff.

STUDY PROCEDURES

We would like to ask your son some questions about priapism and record the answers. Some of the questions will explicitly ask about issues of a sexual nature – the penis and erections, sexual thoughts, intercourse, medication use (including psychiatric medications), and the use of alcohol and drugs such as marijuana or cocaine. If you agree to have your child participate, the interview will take place here today, and will take about 20 minutes to complete. You or your child are free to not answer any question that you do not want to answer. We will also look at your child’s medical chart and record information about other problems your child has had with sickle cell disease. All of this information will be used to summarize complications with sickle cell disease for the study.

Any identifying information, including your name and address, will be separated from your responses and from the medical information. The information (with no name attached) will then be sent to a central research data center where answers from all participants will be stored and analyzed. Only your local doctor or clinical research team will be able to link your information to you or your son.

The physician in charge of this study here at NAME OF INSTITUTION will review all questionnaires that include medical information before the information is submitted to a central database. If there are health issues identified that could require treatment or referral, the

physician or other clinic medical staff may contact you to discuss options for care. Such issues may include drug abuse, risky sexual behaviors, or impotence. You are free to decline any care or treatment that is offered.

Some study participants may be asked, at a later date, to participate in an additional study about priapism. If your son is asked to participate in an additional study and agree to participate, you will be asked to complete another consent form at that time.

RISKS OR DISCOMFORTS

It may be upsetting to talk about the problems that your child may have had with sickle cell disease including priapism, medication, and alcohol or drug use. You may be uncomfortable discussing erections, sexual thoughts and behaviors with your son. Please feel free to talk to the interviewer as well as your physicians and clinic medical team about you and your son's concerns.

BENEFITS

The benefit of being part of this study may be that your understanding of priapism may increase. In addition, the information from this survey will increase medical understanding of priapism and may contribute to the development of clinical trials designed to test treatments for this problem.

ALTERNATIVES TO PARTICIPATION IN THIS RESEARCH

You may decide to not take part in this study without any change in the medical care you will receive in our center.

CONFIDENTIALITY OF YOUR RECORDS

You and your child have the right to privacy. All information obtained from this research that can identify your child and his medical history will remain confidential within the limits of the law. All information submitted outside of this site will have his name removed. However, his age, date of birth, and other items that could identify you will be sent to a central database. All information will be kept under lock and key or in secure electronic systems. After all of the information from all of the surveys is combined in the central database, it will be reviewed. Only your local doctor or clinical research team will be able to link your child's information to your child. If your child seems eligible to participate in a future study based upon your participation in this study, your child's doctor or this sickle cell center may contact you.

Staff from different groups including the NHLBI, the Food and Drug Administration (FDA), and Rho Federal Systems Division, Inc. (the company in charge of the database) may need to look at your child's medical chart to make sure the study data are correct. His name will not appear in any research report or publication related to this study.

Only a unique study code, not your name, will be associated with your child's data so there will be no way for anyone outside of the research team to identify your child. The key that links your child's name to the data will be stored in a locked facility until all of the Comprehensive Sickle Cell Center (CSCC) studies end, with access only by research staff. This code will be used to identify your child in all CSCC studies in which he/she chooses to participate, and data from all of these studies may be combined in the future.

An Institutional Review Board (IRB) is a group of people who are responsible for assuring the community that the rights of participants in research are respected. Members and staff of the IRB at this medical center may review the records of your participation in this research. A representative of the IRB may contact you for information about your experience with this research project. If you wish, you may refuse to answer any questions the IRB may ask.

To help us protect your privacy, the principal investigator in this trial has obtained a Certificate of Confidentiality from the National Institutes of Health. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from the United States Government that is used for auditing or evaluation of federally funded projects or for information that must be disclosed in order to meet the requirements of the Federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, employer, or other person obtains your written permission to receive research information, then the researchers may not use the Certificate to withhold that information.

COSTS OF RESEARCH

There is no cost for you to participate in this study.

COMPENSATION FOR INJURY FROM PARTICIPATION IN RESEARCH

There is no compensation for any injury you may relate to participating in this research interview. If you or your child are upset by the questions, please speak to study staff or your physician about your concerns.

SUBJECT PAYMENT FOR PARTICIPATION IN RESEARCH

Limited compensation for your time and expenses will be offered. One payment of \$25 will be provided for agreeing to take part in the study. You may only take part in this study one time.

VOLUNTARY PARTICIPATION IN RESEARCH

You and your child have the right to agree or refuse to participate in this study. You and your child are free to refuse to answer any questions you do not wish to answer, and you can stop the interview at any time.

Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. Refusal to participate will not affect your legal rights or the quality of health care that you receive at this center.

You and your child can agree to be in this survey and change your mind at any time during the interview. If you decide to withdraw your consent during the interview your data will not become part of the study data. Withdrawing your consent or refusing to participate in the study will not affect your child's regular medical care.

QUESTIONS

If you have any questions about participating in this study, please contact NAME OF SITE PI. He/she may be reached at TELEPHONE NUMBER OF SITE PI.

In addition, the Chairman of the IRB is available to answer questions about your rights as a participant in research. You may telephone the Chairman of the IRB during regular office hours at PHONE NUMBER FOR IRB.

CONSENT TO BE A RESEARCH PARTICIPANT AND LIST OF RIGHTS

Your signature below certifies that you have read (or been read) the information provided above, you have received answers to all of your questions, and you have freely decided to participate in this research.

You will be given a copy of this consent form to keep.

Participant's Name Printed

Name of Legally Responsible Representative Printed

Date

Signature of Legally Responsible Representative

Name of Witness Printed

Date

Signature of Witness

STATEMENT OF THE INVESTIGATOR

The undersigned hereby certifies that he or she has discussed this form with the participant, and has explained all of the information contained in the consent form. The undersigned further certifies that those participating in the discussion were encouraged to ask questions and that all questions were answered.

Investigator's Name Printed

Date

Signature

ASSENT OF A MINOR: (if applicable)

I have discussed my participation in this research with my mother, father, or legal guardian and my study doctor, and I agree to participate in this research.

Date

Signature (participants from 10-18 years old)