HALT-C Trial Q x Q

Express Screening Checklist

Form # 94 Version A: 06/15/2000 (Rev. 02/11/2002)

Purpose of Form #94: The Express Screening Checklist form provides a formal check off to verify that the Study Coordinator has performed all the steps required to screen an Express patient for eligibility for the HALT-C Trial. These steps include:

- obtaining signed informed consent forms for screening, the HALT-C Trial, and the QLFT ancillary study that require them,
- obtaining and recording results of all screening lab tests,
- completing/obtaining all screening source documentation,
- completing the CIDI,
- reviewing all required screening criteria, and
- completing all screening forms.

The questions in Sections B-D17 and Section F and of the Express Screening Checklist must be answered for the screening process to be complete. A CORRECT answer to each question records that the required screening step has been completed. The patient cannot begin the randomized phase of the trial until all screening steps have been completed. **If for any reason, the answers to sections B-D17 and F are answered NO, and it is felt that the patient should be included in the HALT-C Trial in spite of this, submit your request to the Exemption Committee, following the procedures outlined in Communication # 5 and using the form provided in section L of the Manual of Operations.** If this patient will not enter the HALT-C Trial for any reason, complete Form # 5, Trial Ineligibility.

The Express Screening Checklist also serves to record information not recorded on other data forms:

- screening serological assay results,
- CIDI diagnoses at screening,
- whether the patient consents to genetic testing, and
- whether the patient will participate in the Quantitative Liver Function Testing ancillary study that requires a separate consent form.

When to complete Form #94: The Express Screening Checklist should be completed as the last step of the screening process, during the screening visit (S00), and entered immediately prior to randomizing the patient with Form #99, Randomization Checklist II. The date that screening is completed is the date the last screening test was done, even if the results are not yet available.

SECTION A: GENERAL INFORMATION

A1. Affix the patient ID label in the space provided.
- If the label is not available, record the ID number legibly.

A2. Enter the patient's initials exactly as recorded on the Trial ID Assignment form.

A3. The visit number, S00, is pre-printed on the form, and does not need to be data entered.

A4. Record the date that screening was completed. This is the date that signals the end of the screening process. When entering this date, use the MM/DD/YYYY format. **Again, this date should be the date the LAST screening test was completed.**

A5. Enter the initials of the person completing the form.

SECTION B

B1. The specific aims and general conduct of the HALT-C protocol have been reviewed with the patient, so that the patient has a good understanding of what will occur during the trial and be required of him/her.

B2. Form #1, Trial ID Assignment, was completed and data entered.

B3. The patient must sign screening consent.
- At your institution, screening consent may be a separate document or may be combined with the trial consent.

SECTION C

C1. If the answer to any of the questions in the Inclusion Criteria section of the Eligibility Worksheet is NO, the patient is not eligible for the HALT-C Trial unless an exemption request has been granted.

C2. Source documentation showing that the patient has positive HCV serology is available.

C3. Source documentation of the most recent adequate treatment with interferon or interferon/ribavirin combination should be available.

C4. Source documentation showing that the patient has positive HCV serology was at least Week 20 of after.

C5. Patient was able to tolerate previous treatment with interferon or interferon-ribavirin therapy.

C6. The patient is willing to use adequate contraception:
- Adequate contraception: sterilization, oral contraceptive, Nor-plant implant, IUD, Depo-Provera injections or barrier method (diaphragm, condom or cervical cap) plus contraceptive jelly or no longer of child bearing potential (due to removal of reproductive organs or menopause. A diagnosis of infertility is not included).

C7. If the answer to any of the questions in the exclusion criteria section of the Eligibility Worksheet (not data entered) was YES, the patient is not eligible for the HALT-C Trial.

C8. The results of the screening HCV RNA assay (recorded on Form #31, Central Lab – HCV RNA) have been obtained from the Central Virology Lab **and** the patient tested positive for HCV RNA.
- Note: When Form #31, Central Lab – HCV RNA, is data entered at the Central Virology Lab, an automated email with the patient's results will be sent to specified email address(es) at the clinical site.

C9. Form #50, Screening Biopsy Evaluation, has been completed by the clinical center Pathologist, at the clinical site **and** the patient was found to have an Ishak fibrosis score consistent with protocol requirements.

C10. The Screening Medical History Interview, Form #3, has been completed and evaluated.

C11. Form #11, Physical Exam, completed.

C12. The results of the screening alfa-fetoprotein (AFP) assay, recorded on Form #34, Central AFP, have been obtained **and** the AFP result is less than or equal to 1000 ng/mL. If AFP between 200 and 1000, ultrasound and MRI or CT was negative for hepatic mass.

C13. CTP Score, Form #15, completed on two separate occasions and at least one score is < 7.

C14. Patient is not participating in any other clinical trial.

SECTION D

D1 – D5. Form #30: Local Lab, and Form #35: Screening Visit 2 Local Lab, have been completed with the results of the following tests:
- Serum chemistries, including BUN, creatinine, glucose, triglycerides, uric acid;
- Liver chemistries, including AST, ALT, alkaline phosphatase, total bilirubin, albumin, globulin (or total protein), and prothrombin time (INR);
- Complete blood count with differentials, including WBC count, neutrophil count, hematocrit, hemoglobin, and platelets;
- Thyroid stimulating hormone; and
- Urinalysis, including pregnancy, protein, and heme.

Note related to questions D6 – D11:

- If the patient has an elevated value for serum ferritin or an iron saturation (serum iron/IBC x 100%) of greater than 50%, **and** presence of 3+ or 4+ stainable iron on liver biopsy according to the study pathologist **or** a history of iron overload, then the patient must undergo *HFE* genetic testing.

- Patients who are homozygous for C282Y or compound heterozygous, i.e. C282Y +/- and C63D -/+, are not eligible to enter the HALT-C Trial.

- Patients who are negative on HFE testing may be entered into the study after first undergoing phlebotomy therapy to remove hepatic iron, and then undergoing repeat liver biopsy demonstrating less than 3+ hepatic iron.

D6. Serum iron results, reported in μg/dL
- This assay must have been performed during the screening period.

D7. Date of iron results, reported in MM/DD/YYYY format.

D8. Total iron binding capacity (TIBC) reported in μg/dL
- This assay must have been performed during the screening period.

D9. Date of TIBC assay, reported in MM/DD/YYYY format.

D10. Serum ferritin results, reported in ng/mL.
- This assay must have been performed during the screening period

D11. Date of serum ferritin assay, reported in MM/DD/YYYY format.

D12. ANA (Antinuclear Antibody)
- Record whether the lab value was negative or positive.
- This result may be historical. If not previously performed or the results cannot be obtained, perform the test through the local laboratory.

D12a. Lab value if a positive result on ANA (Antinuclear Antibody) test.

D13. Date of ANA reported in MM/DD/YYYY format.

D14. Hepatitis B surface antigen
- Patients with Hepatitis B surface antigen are not eligible.
- Record if the test was positive or negative.
- This result may be historical. If not previously performed or the results cannot be obtained, perform the test through the local laboratory.

D15. Date of Hepatitis B surface antigen reported in MM/DD/YYYY format.

D16. HIV test
- Patients who test positive for HIV (confirmed by Western blot) are not eligible.
- Record if the test was positive or negative
- This test must have been performed within the past 12 months. If HIV was not tested within the last 12 months, or the results cannot be obtained, perform the test through the local laboratory.

D17. Date of HIV test reported in MM/DD/YYYY format

D18. Ceruloplasmin result is normal or above. Levels below normal will be monitored by the DCC, and do not make the patient ineligible unless the patient also has liver histology consistent with Wilson's disease.

D19. Alpha-1 antitrypsin is normal or above. Levels below normal will be monitored by the DCC, and do not make the patient ineligible unless the patient also has liver histology consistent with Alpha-1 antitrypsin deficiency.

SECTION E: CIDI (COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW)

A baseline lifetime psychiatric history is established by using the CIDI Auto 2.1 modules: DEMOGRAPHICS (A), ANXIETY (D), DEPRESSION (E), ALCOHOL (J), and DRUGS (L) in patients being screened for the HALT-C Trial.

The CIDI Auto 2.1 should be completed at Screening Visit #1 with all patients. Administer the CIDI Auto 2.1 lifetime computerized interview per training manual and Manual of Operations instructions. Print out a hard copy of diagnostic data from the file R[idnumber].SCS.

E1. If the CIDI was administered, circle 1 and skip to question E2.

E1a. If the CIDI was not administered, explain here (up to 40 characters allowed).

E2. Enter the 7 digit CIDI ID CODE. This ID CODE is made up of 0 plus 6-digit patient ID #. Do not record the "r" that will appear when you print out the ID. (e.g. r0123456)

E3. If the CIDI was self-administered by the PATIENT, circle 1.
If an INTERVIEWER administered the CIDI, circle 2.

E4. If the patient has any DSM-IV diagnoses printed on the hard copy of file R[idnumber].SCS, enter "Yes", and continue with question E5. If there were no diagnoses, skip to question F1.

E5. Enter the number of DSM-IV diagnoses printed on the hard copy of file R[idnumber].SCS

- The table in this section provides important detailed information regarding the DSM-IV diagnoses generated from the CIDI. All of the required information can be obtained from the file R[idnumber].SCS
- Space is provided on the form to record up to 4 diagnoses. If additional space is needed, attach another sheet.

E5a. DSM-IV 5 digit diagnostic code

- If a listed code has only 4 digits add a zero to the right side of the decimal point. (e.g. 300.4 = Dysthymia would be entered as 300.40)

E5b. Number of diagnostic criteria met: Enter one of the following single digit code numbers identifying what level of diagnostic criteria was met.

0 = Indeterminate diagnosis
1 = Criteria for diagnosis not met
3 = Positive criteria for diagnosis are met but exclusion criteria for the trial are not met
5 = All diagnostic criteria are fulfilled

E5c. DSM-IV diagnosis text: Write, verbatim, the DSM-IV diagnosis given.

E5d. Onset code: Enter one of the following single-digit code numbers identifying the diagnosis onset. Zero (0) is a possible value.

1 = within the last 2 weeks
2 = 2 weeks to less than 1 month ago
3 = 1 month to less than 6 months ago
4 = 6 months to less than 1 year ago
5 = in the last 12 month, don't know when
6 = more than 1 year ago

E5e. Age of onset: If Onset is coded, then enter the 2-digit age of onset. If not coded, enter -9.

E5f. Recency code: Enter one of the following 1-digit recency codes, identifying the diagnosis recency. Zero (0) is a possible value.

1 = within the last 2 weeks
2 = 2 weeks to less than 1 month ago
3 = 1 month to less than 6 months ago
4 = 6 months to less than 1 year ago
5 = in the last 12 month, don't know when
6 = more than 1 year ago

E5g. Age of recency: If Recency is coded, then enter the 2-digit age of diagnosis recency. If not coded, enter -9.

SECTION F

F1. Form #6: Baseline History has been completed.

F2. Form #41: Skinner has been completed.

F3. Form #40: Quality of Life has been completed.

F4. Form #43: Symptoms has been completed.

F5. Form #44: Beck Depression Inventory has been completed and evaluated by PI if score $\geq$ 15.

F6. If the patient has a history of severe or dose limiting neuropsychiatric toxicity during prior interferon treatment, source documentation must be available documenting that the patient has been referred to a consulting psychiatrist or psychologist, and that the patient is currently suitable for the HALT-C Trial. Circle –1 if not applicable.

F7. The patient has not attempted suicide or been hospitalized for depression within the past 5 years and doesn't have a current (within 6 months) severe or poorly controlled psychiatric disorder.

F8. The patient is willing to be assessed and followed by a mental health professional if s/he has had a recent (>6 mo and <5 years ago) severe or poorly controlled psychiatric disorder, or a suicide attempt or hospitalization for depression > 5 years ago. Circle –1 if not applicable.

F9. Form #70: Screening 1 Aliquot Form has been completed.

F10. Form #71: Screening 2, Aliquot Form has been completed.

F11. Form #22: Ultrasound/MRI/CT has been completed. An ultrasound must be performed during Screening for patients who do not have a recent ultrasound report (within 6 months).

SECTION G: TRIAL INFORMED CONSENT

G1. Has the patient signed informed consent to enter the HALT-C Trial?
- At your institution, trial informed consent may be a separate document, or may be combined with the screening consent.
- Patients who refuse to sign the HALT-C Trial informed consent are not eligible to participate in the trial.

G2. Did the patient sign Genetic Testing - Consent for Testing?
- At your institution, this may be a separate document or may be combined with other consents.
- The patient may still be enrolled if they do not sign the consent for Genetic Testing.

G3. Did the patient sign Genetic Testing - Consent for Information?
- At your institution, this may be a separate document or may be combined with other consents.
- The patient may still be enrolled if they do not sign the consent for Genetic Testing Information.

SECTION H: ANCILLARY STUDIES WITH SEPARATE CONSENT FORMS:

General information on completing Section H

For Express patients, one ancillary study (Quantitative Assessment of Liver Function) requires informed consent separate from the main HALT-C Trial consent.

Answer the questions in this section about patient eligibility whether or not your site is participating in this ancillary study.

H1. Answer YES for patients from participating sites (14, 15, 19) who fulfill eligibility criteria for the Quantitative Assessment of Liver Function Ancillary Study. Eligibility criteria for this ancillary study are described in the Manual of Operations, Section K-6.
- Answer NO for patients from participating sites who are ineligible. Skip to question H3.
- Answer NO for patients from all other clinical sites. Skip to question H3.

H1a. Answer YES if the patient has signed a consent form to participate in the Quantitative Assessment of Liver Function Ancillary Study.