Note that Quality of Life (QOL) studies are a subset of Patient Reported Outcomes (PRO) so when PRO is used in this document it also applies to QOL/HRQOL.

"Participant" in this document means anyone participating in an NRG (or legacy group) clinical trial with a Patient Reported Outcome measure, regardless of whether the trial is a treatment, prevention, or cancer control trial.

Q: When should baseline PRO questionnaires be collected?

A: Because Patient Reported Outcomes assessments on NRG trials are *not* a part of the standard-of-care they *cannot* be administered prior to the Informed Consent document for the protocol being signed by the participant. The deadline by which the baseline PRO assessment must be done is *determined by the protocol* (the deadline could be randomization, start of therapy, or something else). The deadline can be found in the REQUIREMENTS FOR STUDY ENTRY, TREATMENT, AND FOLLOW-UP section of the protocol (usually section 4) which is also excerpted as the *Study Calendar* and posted on the protocol's **Protocol Related Documents** tab in the **Education and Promotion** document type located in the Cancer Trials Support Unit (CTSU) protocol Documents section.

Q: Does it matter which questionnaires are administered first?

A: The PRO questionnaire that is mentioned first in the Objectives section of the protocol (usually Section 1) is often the most important. So, it should be administered first if possible. This is especially important if the patient is fatigued, not feeling well, or there is time pressure.

Q: The participant/patient did not complete all of the questions on the PRO Questionnaire. Should I submit it?

A: Yes, if the participant answered *at least one question* on the form please submit the assessment and answer the "Was the questionnaire completed?" (or similar) question on the Coversheet as *Yes* and answer the rest of the questions as if the assessment was collected. In most cases answering Yes on the Coversheet causes the PRO questionnaires to be rolled out so you can enter the answers for the question(s) the patient did answer.

Q: The participant skipped some questions on the PRO questionnaire. Is this OK?

A: Yes, patients are allowed to skip any question they are uncomfortable answering. You may ask the patient if they intended to leave some answers blank, but do not pressure them to answer questions they would rather not. If the participant answered at least one question *on the form*, *please submit the assessment to NRG per protocol instructions and answer the questions on the Coversheet as if the assessment were completed since you are submitting an assessment*.

Q: When do I need to complete a PRO or QOL Coversheet in Rave?

A: You should complete Coversheets whenever an assessment is either **done** or **missed**. The Coversheets collect important information about the assessment. If the assessment *was* done the coversheet records the date it was done and sometimes other information. If an assessment *was not* done the coversheet

collects the reasons it was not done. Both types of information are very important for the analysis of the PRO data. If the trial uses VisionTree Optimal Care (VTOC) for electronic collection of PROs, please carefully read the instructions at the top of the Coversheet before completing the Coversheet. Please do not submit a Coversheet saying the assessment was done prior to it actually being done. We see this when sites think the participant is completing the assessments electronically. Please confirm the assessment was done before submitting the Coversheet saying it was done.

Q: Is there any time when I do *not* need to complete a PRO or QOL Coversheet in Rave?

A: There are some trials using VisionTree Optimal Care (VTOC) for electronic collection of PROs where the Coversheet in Rave specifies that it is not necessary to complete the coversheet *if* the assessment was done via VTOC. *Please read the instructions on the Coversheet* for guidance. NOTE: This does not apply to *all* trials using VisionTree Optimal Care. Otherwise, a Coversheet is expected to be completed any time a PRO or QOL assessment is expected whether or not the assessment is done. If there is a Coversheet in a participant's chart in Rave and you don't think an assessment should be expected, please contact the data manager for the trial. The data manager's contact information can be found on the NRG *Data Management Contact List*. The link is at the end of this document.

Q: What happens if a patient/participant never completed the baseline PRO assessment?

A: You should still collect further PRO assessments *unless* the protocol specifies otherwise. We generally *still* want the participant to complete the remaining PRO assessments. *If* the patient does not need to complete the remaining assessments the specific information for a protocol is generally in the section titled *Patient Reported Outcomes* (or QOL) part of Section 11 of the protocol or the Study Calendar/Section 4 (note that it may be in the footnotes or the column header). As a general rule if the PRO Coversheet is in the participant's chart in Rave, then NRG expects the assessment to be completed.

Q: What happens if a patient/participant never starts protocol therapy?

A: Usually, we expect PRO assessments to continue. *Unless the protocol instructs otherwise*, continue to collect the PRO assessments. Most Phase II/III and Phase III trials are analyzed on an intent-to-treat basis, which means that even those who never start treatment are still included in the analysis, so we need the data to continue to be collected. Information about whether collection can be discontinued is generally in either Section 4 or the section titled "Requirements for Study Entry, Treatment, and Follow-Up" (either in the tables or the footnotes) or in the Patient Reported Outcomes (or QOL) part of Section 11 of the protocol. *Unless the protocol instructs otherwise*, continue to collect the PRO assessments. The timing of the data submissions should correlate with the times the participant would have received protocol therapy unless other guidance is given.

Q: Does expectation of PRO assessment collection end when a patient has a progression or recurrence?

A: Generally, we expect patients to continue with PRO assessments after progression, etc. *Unless the protocol instructs you to discontinue PRO/QOL assessment* following an event you should continue to ask the participant to complete them. This information is generally in either Section 4 (tables or footnotes)

or in the *Patient Reported Outcomes* (or *QOL*) sub-section of Section 11 of the protocol. Assessments can be collected via telephone or mail if the patient is no longer returning to your office. The patient can always decline if they do not wish to complete the assessment, but you *should not assume* they will decline.

Q: The participant/patient will not have an office visit at the time of the Patient Reported Outcome assessment. How do I collect the assessment?

A: For most protocols PRO assessments may be collected by telephone or mail if the assessment cannot be collected in person. Please see the document ***Collecting PROs via Telephone or Mail*** for guidance. If the trial has a form of electronic collection (e.g., ePRO or VTOC) as an option that may also be used if the patient is comfortable using electronic collection *and* has been registered to the electronic collection system and given the appropriate activation code by the staff. Please see the most recent copy of the protocol for the electronic collection instructions.

Q: How do I know which version of the ePRO mobile app to use?

A: There are two versions of the Patient Cloud mobile app for "ePRO" trials. Which version of ePRO to use is specific to the protocol. All protocols using ePRO should now have a protocol-specific *Patient Cloud ePRO Mobile App Version* document in the Education and Promotion folder of the protocol on CTSU if the ePRO version information is not available in the protocol. The mobile app will not display the questionnaires if the wrong version is used.

All NRG protocols using ePRO, ***EXCEPT*** *GU005*, use the "current" version of the ePRO mobile app. It is named simply "Patient Cloud" and uses the following cloud icon in both mobile app stores:

Q: The participant has completed past forms in Patient Cloud (ePRO) or VisionTree (VTOC), may they use paper for an assessment?

A: Yes, participants/patients may use ***any means of completing an assessment that is permitted by the protocol*** (paper, telephone, mail, electronic). They do not need to use the same method each time. You should monitor their electronic submissions (see the next two questions for details), and remind them to complete the assessment if they do not complete it. (Note that the patient must be registered with the protocol specific electronic method and given an activation code before they have the option of using electronic completion.)

Q: How can I tell if the participant has completed forms in the Patient Cloud (ePRO) mobile app?

A: In Rave, any forms submitted via ePRO (Patient Cloud mobile ePRO app) will be in a folder that contains "ePRO" and the assessment time in the folder name. The folder name will usually begin with "ePRO" but there are a couple of protocols where "ePRO" is later in the folder name. Please check the appropriate folder to be sure the assessment was completed via ePRO *before* completing the Coversheet to let us know it was done.

Q: How can I tell if the participant has completed forms using VisionTree Optimal Care (VTOC)?

A: Unlike Patient Cloud, forms completed using VisionTree (VTOC) will appear in the *same* folder on the *same forms* as paper PRO questionnaires entered by site staff.

Q: Is Patient Cloud (ePRO) available on the computer or a web browser?

A: ePRO is available only via the Patient Cloud app on smart mobile devices like smart phones and tablets/iPads that have an internet connection. Unfortunately, computers and web-browsers are not currently enabled for Patient Cloud submissions.

Q: Is VisionTree Optimal Care (VTOC) available on the computer or a web browser?

A: Yes, VTOC is available via computer web browsers as well as smart phones and smart tablets. Any computer or smart device must have internet access to access the questionnaires.

Q: The participant completed the assessment earlier or later than the protocol specified. Should I still submit it?

A: Yes, we would rather have the PRO assessment completed a little early or late than not have it at all, but please make every effort to encourage completion at the specified time. Timely completion is especially important for baseline assessments because we want to determine the patient's experience prior to receiving any protocol therapy, premedication, or intervention. However, **baseline PRO assessments completed prior to the patient signing the consent document are not acceptable.**

Q: What happens if a patient is "off-study"?

A: "Off-study" is a vague term. Please use one of the following specific terms so we know which situation applies:

- If a participant **formally withdraws consent** to participate in the trial, or Patient Reported Outcomes specifically, then PROs are no longer expected. However, you must officially inform NRG Oncology of the patient's consent withdrawal decision. If you don't know the correct procedures for officially informing NRG, please contact the protocol's data manager via the instructions in the protocol's title pages. Expectation will continue until the proper documentation is processed. Coversheets are required explaining why any assessments expected prior to this were not completed.
- If a participant's treatment is stopped early due to **progression/recurrence,** please keep collecting PROs *unless* the protocol instructs stopping PRO/QOL collection following the event.
- If a participant's **treatment is stopped early for reasons other than cancer** progression/recurrence, please keep collecting PROs/QOLs *unless* the protocol instructs stopping if treatment is discontinued early. These patients are still ON study they are simply not receiving study treatment.
- If a participant **never starts the protocol therapy** they are still expected to continue submitting data unless the protocol specifies otherwise. Most Phase III trials analyze data on an Intent-to-Treat basis which means the analysis includes those who never start or who stop therapy early.

Q: My participant is not fluent in English and will use a translator to communicate with us. May the translator translate the English PRO questionnaires for the participant (because there are no translations of the forms in the participant's language)?

A: No. Unfortunately, we are only allowed to use *certified* translations that have been put through a rigorous process (including backward translation) to assure they replicate the original and then they must be CIRB approved. This means that local translations of PRO questionnaires, whether live or on paper, are *not* permitted.

Q: Only some of the questionnaires on the protocol are available in my participant's language.

A: Please ask the participant to complete the questionnaires available in the language in which they are comfortable answering the questions. For the questionnaires that are not available in that language please complete the Coversheet to let NRG know they were not done because they were not available in the participant's language. Please reference the protocol's CTSU *CIRB Approved Documents* page for a listing of validated PRO form languages that are available for each individual study.

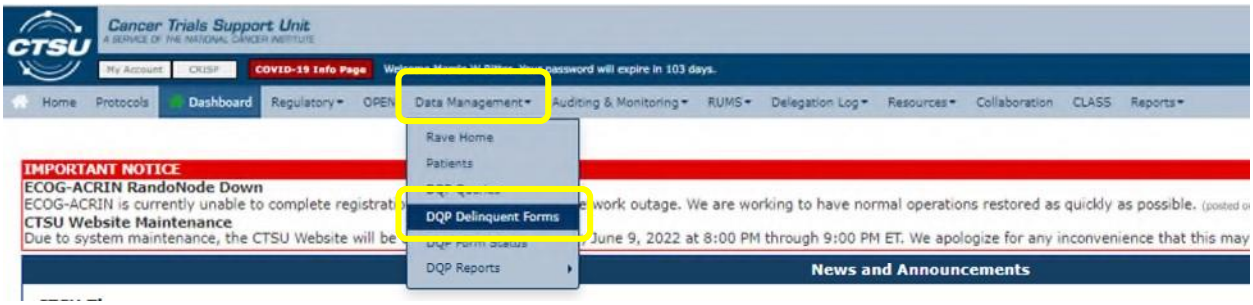
Q: Why does the Coversheet ask for the name of the person who completed the Coversheet?

A: NRG asks this so we can determine the best person to ask if we have questions about PRO/QOL participation or submission on a protocol. Please provide a *staff member's name* and not "patient" or "data manager" or "coordinator" or initials. The reason for this question is to provide NRG with a site staff member to contact if we have questions.

Q: How can I be proactive and monitor my site's PRO Compliance?

A: The Data Quality Portal (DQP) Delinquent Forms on the CTSU website allows you to monitor delinquencies for sites and protocols to which you have access. Please note that it is updated overnight, so it will not reflect submission of forms until the day after submission. You can use the DQP Delinquent Forms report to monitor delinquencies and the DQP *Form Status* report to monitor upcoming ("expected") assessments, received forms, and delinquencies.

CTSU webpage (log on)>*Data Management* drop-down menu>*DQP Delinquent Forms*



Where can I find specific information in a protocol?

- The primary PRO outcome measure (the most important PRO assessment on a protocol) is found in the Objectives section of the protocol (usually section 1 or 2). It is often also mentioned in the QOL or PRO section in Section 11 of the protocol.
- Other PRO Measures are found after the primary PRO measure in the same sections
- The reasons PROs are included in the protocol is found in the Background section and/or the
- Special Studies section)
- The assessment collection times (and windows for collection, if specified) are usually found in Section 4.
- Details about how to collect the assessments can be found in Section 4 and in the QOL or PRO section in Section 11.

Where can I find PRO items/information outside the protocol document?

- Downloadable paper questionnaires for most protocols are found in the **CIRB Approved Documents** section of the protocol on the CTSU website. Select **Support Documents** on the **All-Document Types** filter. Look for the most recently posted version of each questionnaire. Unfortunately, we are not allowed to post them elsewhere.
- Patient Cloud (ePRO) mobile app information is now included in Section 8 and an appendix of most protocols. It can also be found on the **Protocol Related Documents** section of the protocol on the CTSU website. Select **Education and Promotion** on the **All-Document Types** filter.
- VTOC (VisionTree) a registration link for the monthly VTOC training webinar registration listed in each edition of the *NRG Oncology Weekly Broadcast. VisionTree FAQs and other documents will be posted under either* **CIRB Approved Documents** or **Protocol Related Documents** section of the CTSU website**.**

Q: Who should I contact for additional questions/information?

The NRGOncology.org website includes a variety of Data Management Resources including a Data Management Contact List that provides a listing of lead Data Managers assigned to each NRG trial. Utilization of the Data Management Contact List is preferred over the contact information for the lead data managers listed in the protocols, as the Contact List is updated more frequently than the protocol. The list may be accessed by selecting the following link: https://www.nrgoncology.org/Clinical-Trials/Clinical-Trial-Resources/Statistical-and-Data-Management-Center-SDMC-/Data-Management-Resources and then selecting the link titled "Data Management Contact List" that is located at the top of the page.

Patient Cloud Support contact Medidata: 1 (866)633-4328 or helpdesk@mdsol.com.

VisionTree (VTOC) Support call (877) 711-VTOC x3 for support or use the link on login page.

Kandie Dempsey and Marcie Ritter serve as the NRG PRO Compliance Officers and are available for assistance with data management questions. Their contact information is included below.

Kandie Dempsey	DempseyK@nrgoncology.org	1-302-598-3446
Marcie Ritter	RitterM@nrgoncology.org	1-412-383-4249