

Clinicaltrials.gov Protocol and SAP Submission Overview

Clinicaltrials.gov Protocol and SAP Submission Checklist

Clinicaltrials.gov requires the Responsible Party to upload a Protocol/Statistical Analysis Plan (SAP) for applicable trials.

Do not post a Protocol and Statistical Analysis Plan (SAP) prior to entering results into the Clinicaltrials.gov record.

- [What trials need to submit Protocol/SAP Plan?](#)
- Read the FAQ on [ODQ's website](#) to learn more about results reporting

1) Prepping Protocol/SAP for Submission

- a) Obtain a copy of your latest IRB-approved protocol and SAP (if separate)
- b) Contact the trial's Industry support, if applicable, to review protocol and SAP
- c) Redact personal identifiable information and trademark information
 - i) [Redaction Using Adobe Pro XI](#)
 - ii) A responsible party may redact **names, addresses, and other personally identifiable information, as well as any trade secret and/or confidential commercial information** (as those terms are defined in the Freedom of Information Act (5 U.S.C. 552) and the Trade Secrets Act (18 U.S.C. 1905))
 - iii) For more information:
 - (1) [Trade Secrets](#)
 - (2) [Personally Identifiable Information \(PII\)/Protected Health Information \(PHI\)](#)
- d) Redact and Remove Metadata
 - i) [Removing Metadata-Adobe](#)
 - ii) [Removing Metadata-Word](#)
- e) Create a cover page with IRB approved Title, NCT number and IRB Approval Date
 - i) [Cover Page Template](#)

2) Save the Protocol/SAP in PDF/A Format

- a) How to save as PDF/A in [Adobe](#) and [Word](#)

3) Upload Document(s) to Clinicaltrials.gov

- a) Open the document(s) and verify the redaction is in place
- b) Upload redacted documents to Clinicaltrials.gov

- i) *Clinicaltrials.gov is a publicly accessible website, all documents upload will be viewable and accessible to the public*
- c) Save a copy of the redacted protocol/SAP with the regulatory files

Redaction Practices: Trade Secrets/ Confidential Commercial Information Guidance*

General guidance on what is generally considered to be disclosable under freedom of information act and what may be exempt: based on the FDA's 2008 "[Guidance for Industry Advisory Committee Meetings — Preparation and Public Availability of Information Given to Advisory Committee Members](#)"

1. **Information in Briefing Materials That Typically Will Be Disclosable Under FOIA.** We generally will consider the following information in advisory committee briefing materials to be disclosable without redaction, unless the sponsor demonstrates that disclosure of the information is likely to cause substantial competitive harm:
 - Summaries of clinical safety and effectiveness data;
 - Summaries of non-clinical safety and effectiveness data;
 - Summaries of adverse drug reaction data;
 - Written discussion or analysis of safety or effectiveness data relevant to the topic of the meeting;
 - A general description (such as that which would typically be included in product labeling) of product functions, mechanics, and/or engineering;
 - A general description of physical characteristics and performance parameters;
 - Clinical or preclinical protocols or summaries of protocols;
 - Statistical protocols and analyses;
 - Information that is proposed to be included in product labeling, such as indications and usage, dosage and administration, and safety information such as warnings and precautions;
 - Literature references¹
 - Any other information that has been previously publicly disclosed by the sponsor;
 - Copies of the sponsor's slides to be presented at the advisory committee meeting, if included in the briefing materials; and
 - Guidance documents.

The above list is neither exhaustive nor absolute.

2. **Information in Briefing Materials That Will Typically Be Exempt from Disclosure** We generally will consider the following types of information to be exempt from disclosure under FOIA:
 - Information about product functions, mechanics, engineering, and schematic drawings not in the proposed labeling and not within the scope of the agenda for the meeting;
 - Proprietary physical characteristics and performance parameters not in the proposed labeling and not within the scope of the agenda for the meeting;

- Manufacturing process information;
- Manufacturing quality control information;
- Clinical raw data; ²
- Non-clinical raw data;
- Supplier names, customer lists, production costs, inventory information, failure rates of products, production quality control information;
- Information for which the release would constitute an unwarranted invasion of personal privacy; and
- Product formulation information not in the labeling.

The above list is neither exhaustive nor absolute.

¹ FDA does not post copyrighted materials on its website. If sponsors do wish to submit copyrighted materials, they should provide a bibliography of the copyrighted materials that can be posted.

² For the purposes of this guidance, FDA considers "raw data" to be a complete data set of case report forms, case report tabulations, or line listings. Data that summarize individual or multiple subject outcomes or results are considered summaries. Summaries may include examples of specific findings.

*The above information is targeted specifically at advisory committee meetings and is not specific to ClinicalTrials.gov requirements. It is the responsibility of the responsible party and sponsor to ensure that only appropriate information is redacted or disclosed.

Redaction Practices: Personally Identifiable Information (PII)/ Protected Health Information (PHI)

While protocols generally do not contain PII or PHI aside from things like study team members' names and contact information, it is important to ensure that this information is not accidentally disclosed without an individual's consent.

In the appendix of [OMB M-10-23](#) (Guidance for Agency Use of Third-Party Website and Applications) the definition of PII was updated to include the following:

- Personally Identifiable Information (PII). The term "PII," as defined in OMB Memorandum [M-07-16160](#) refers to information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified. In performing this assessment, it is important for an agency to recognize that non-PII can become PII whenever additional information is made publicly available — in any medium and from any source — that, when combined with other available information, could be used to identify an individual
- The U.S. Department of Health & Human Services (HHS) issued [Guidance](#) "Regarding Methods for De-identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule" that can be used to help identify what constitutes PII or PHI.
- The 'Safe Harbor Method' is one of the most commonly used guidelines for identifying and removing PII/PHI. The safe harbor outlines 18 individual identifiers that could be used to

identify a specific individual either alone or in conjunction. This method was developed for de-identifying data sets, but the same principles apply to a protocol.

In §164.514(b), the Safe Harbor method for de-identification is defined as follows:

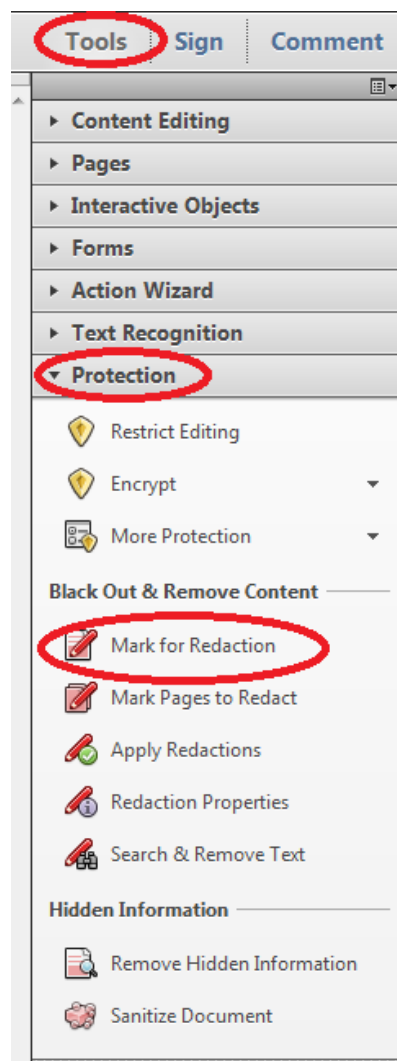
The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

1. Names
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:
 - a. The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and
 - b. The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000
3. All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Telephone numbers
5. Fax numbers
6. Email addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) addresses
16. Biometric identifiers, including finger and voice prints
17. Full-face photographs and any comparable images
18. Any other unique identifying number, characteristic, or code, except for as detailed below
 - a. *Implementation specifications:* reidentification. A covered entity may assign a code or other means of record identification to allow information deidentified under this section to be reidentified by the covered entity, provided that:
 - i. *Derivation.* The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
 - ii. *Security.* The covered entity does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

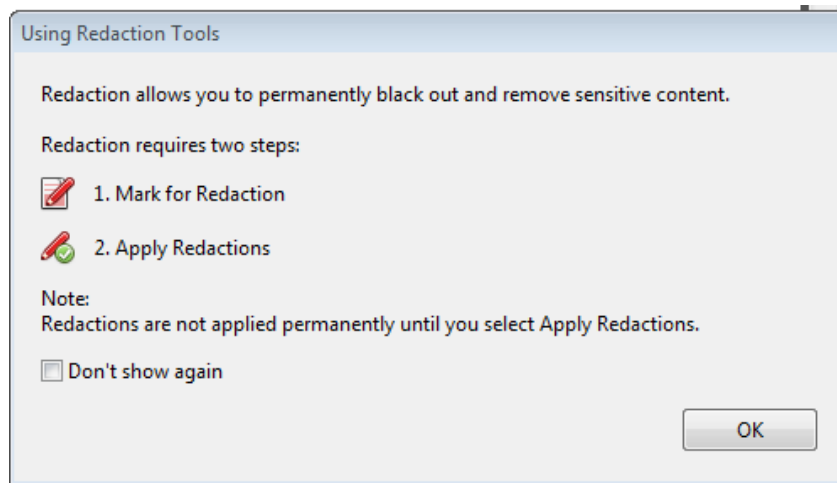
How to Redact Information from a Protocol using Adobe Acrobat Pro XI

- Reminder:
 - The Responsible Party should identify the content in the protocol that needs to be redacted.
 - If the trial has Industry support (funding or otherwise), please contact the Industry support to review the protocol.
 - The Protocol and SAP uploaded onto Clinicaltrials.gov is the responsibility of the Responsible Party for the trial

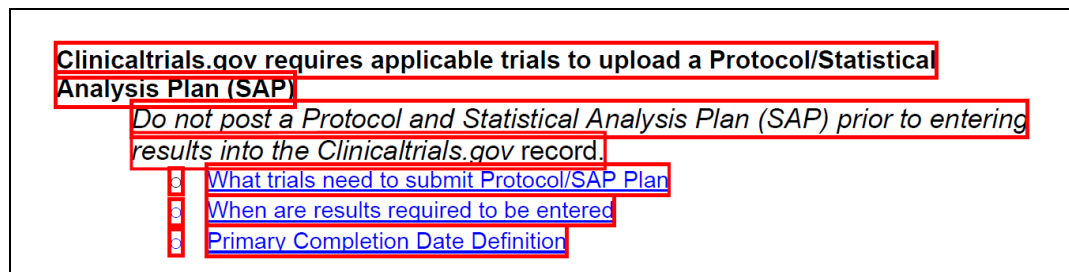
1. Identify the text that needs to be redacted.



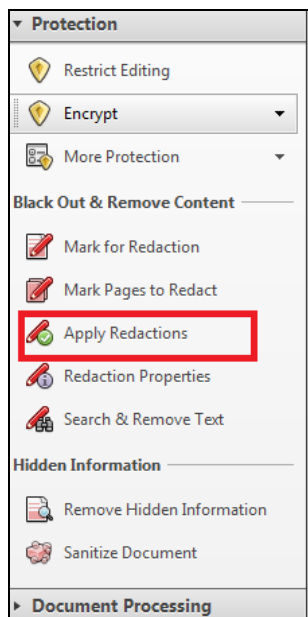
2. From Acrobat Pro XI, From View>Tools> Protection> “Mark for Redaction”



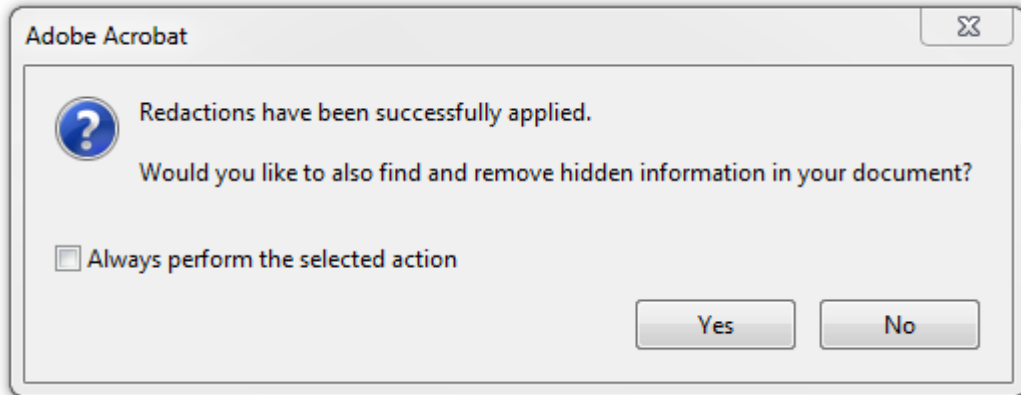
3. Select OK



4. Highlight with cursor text that should be redacted



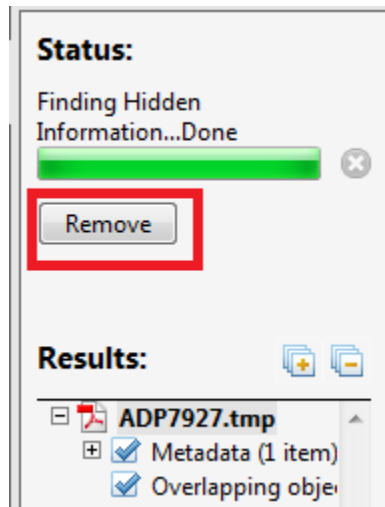
5. Select Apply Redactions



6. Select "Yes"



7. Continue with Redactions until finished



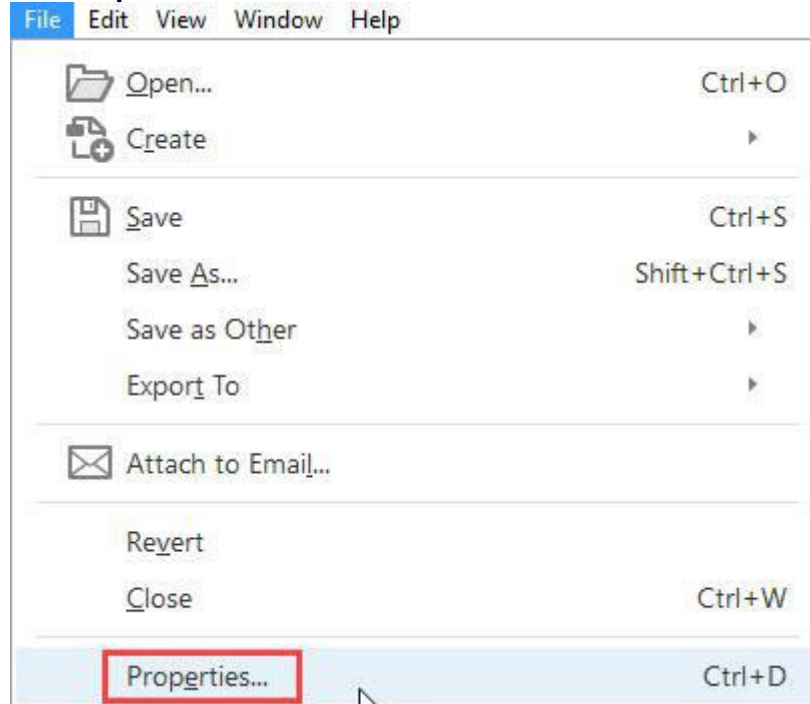
8. When finished select remove button

9. Save document as a reduced pdf

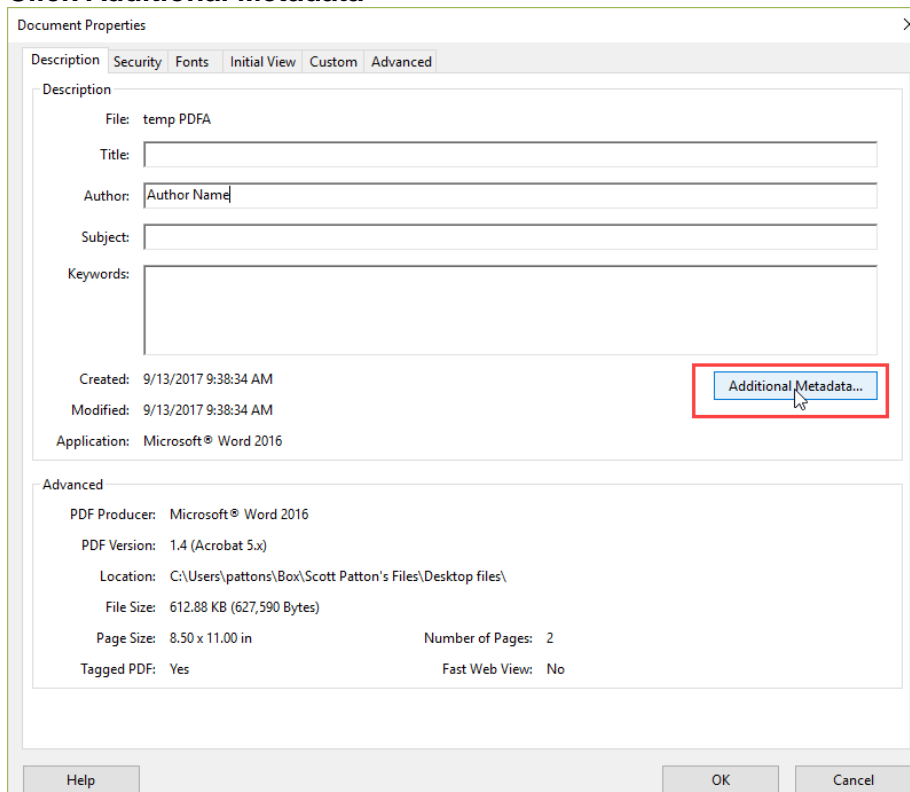
Removing Metadata with Adobe Pro

Note: Metadata is not editable in Acrobat Reader

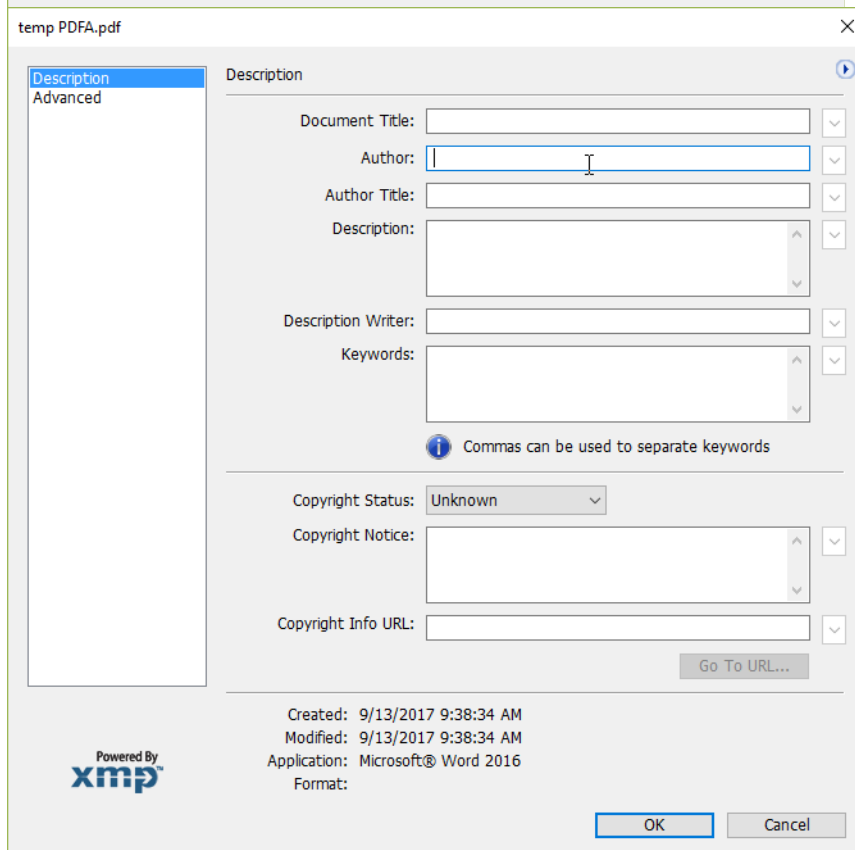
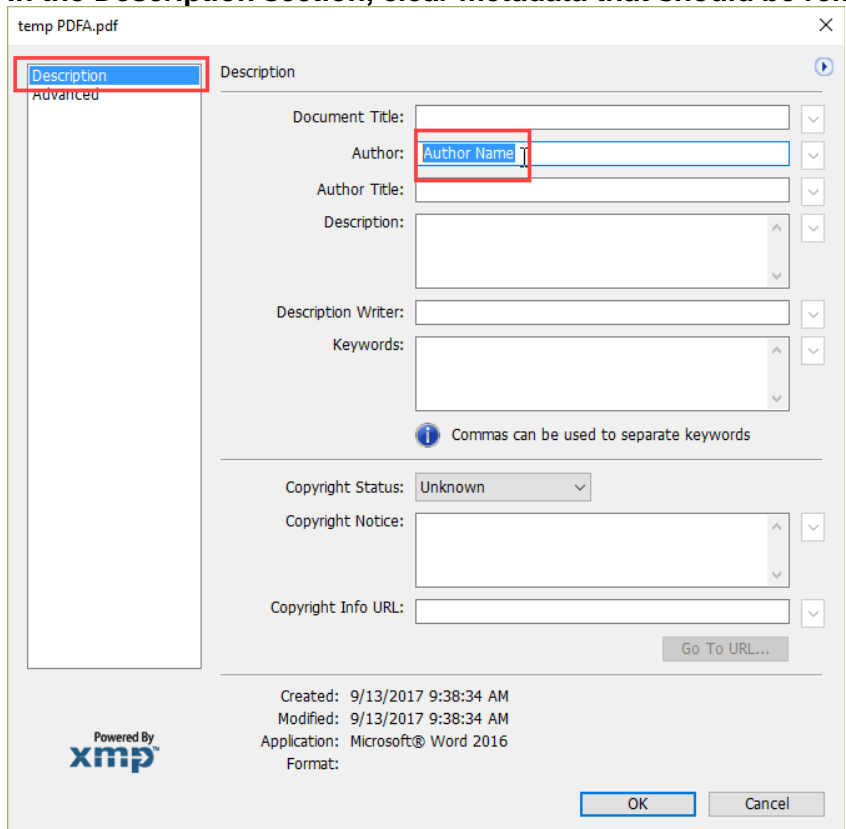
1. Go to File>Properties



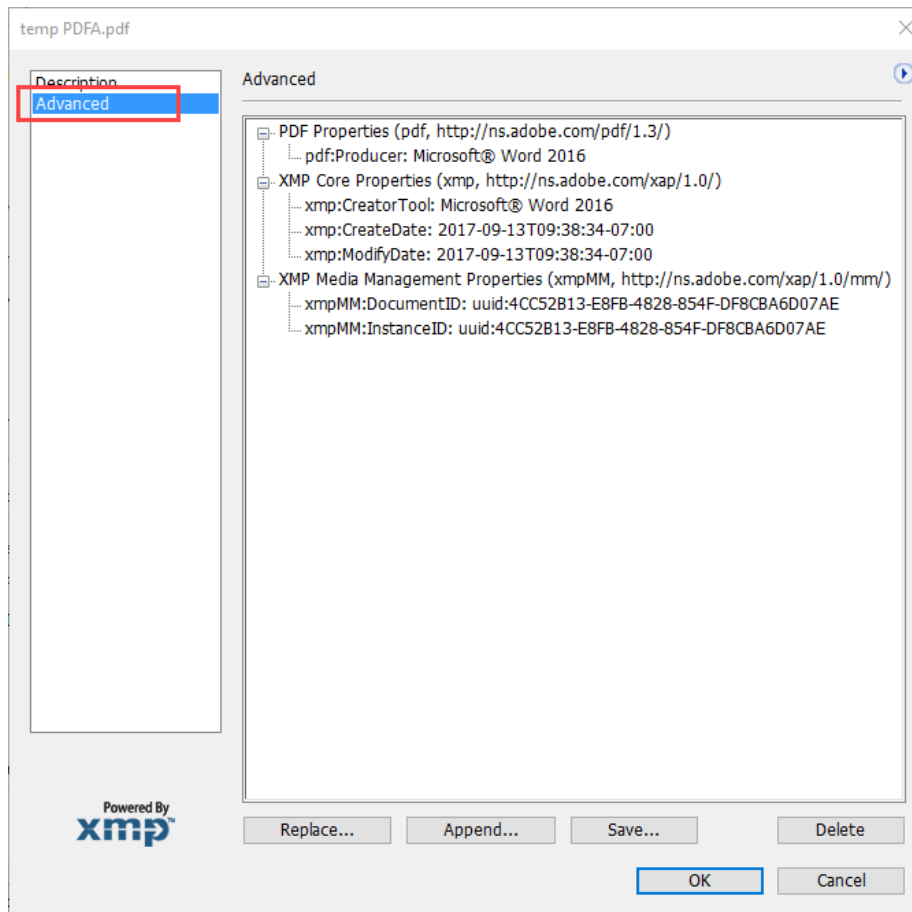
2. Click Additional Metadata



3. In the Description section, clear metadata that should be removed.



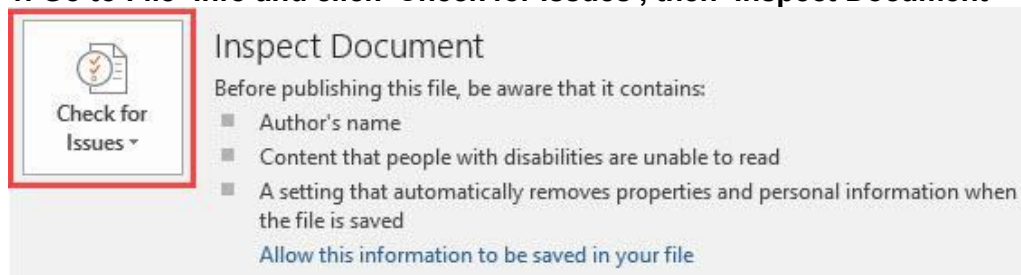
4. The Advanced section contains file properties that should be left as-is

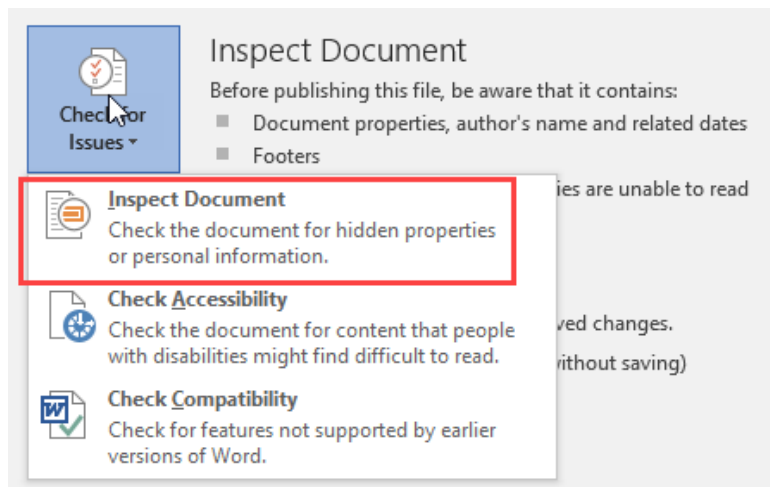


5. Click OK and Save

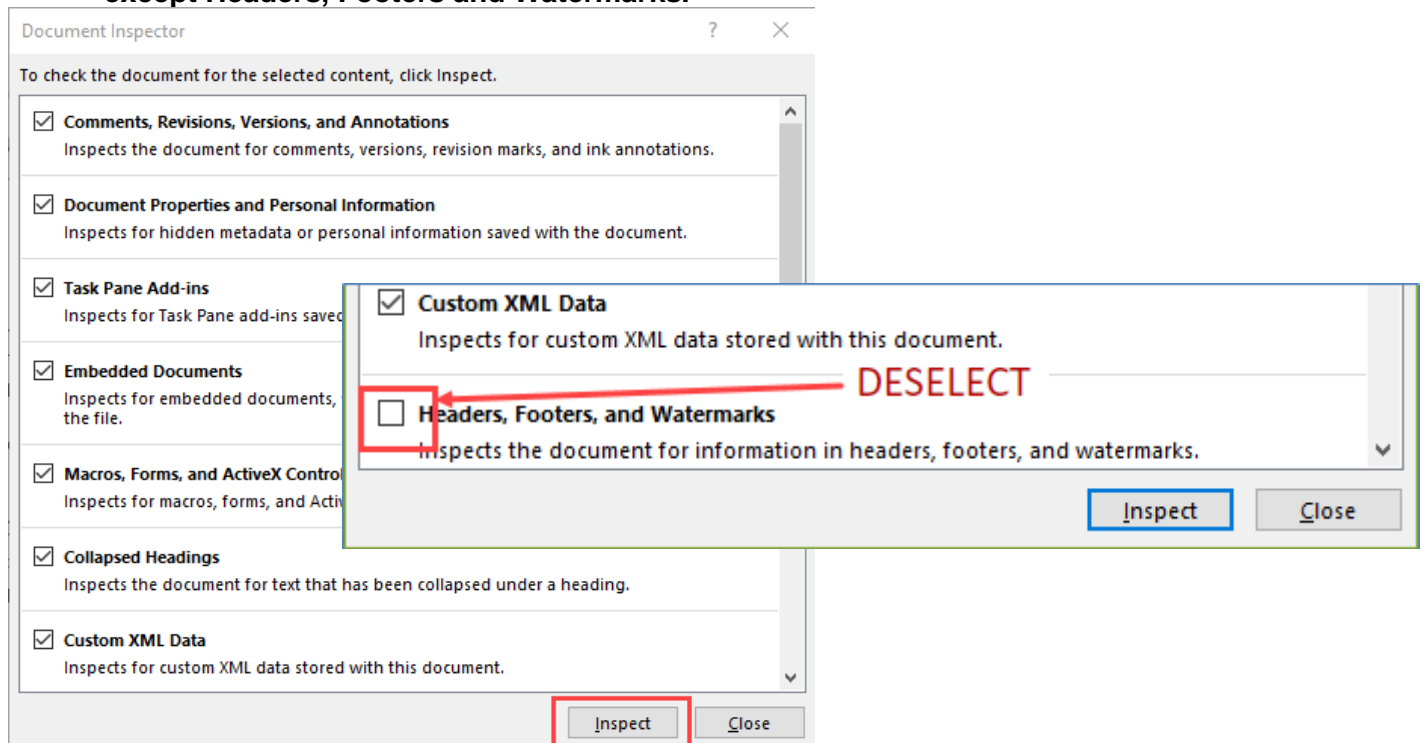
Removing Metadata using word.

1. Go to File>Info and click 'Check for Issues', then 'Inspect Document'

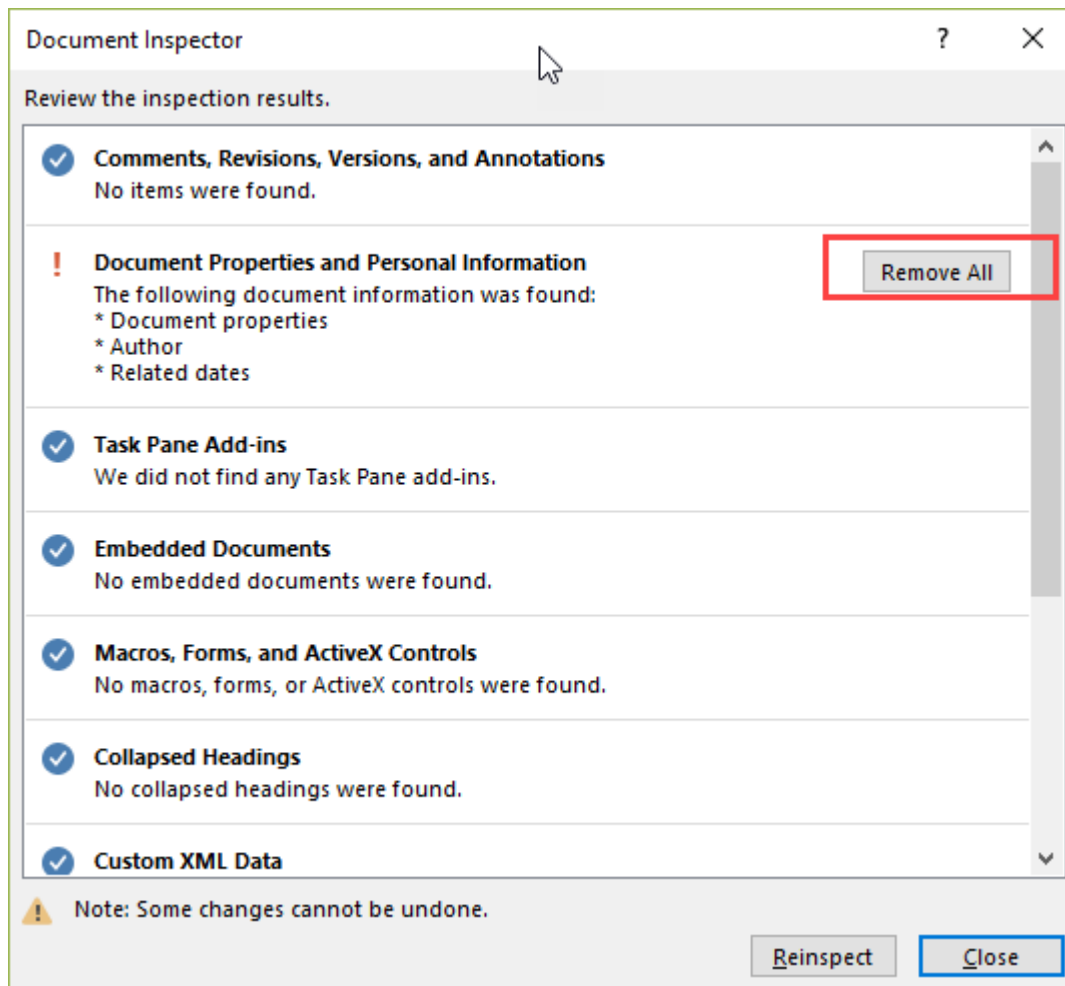




2. An interface window appears with the various items to be inspected. Select everything except Headers, Footers and Watermarks.



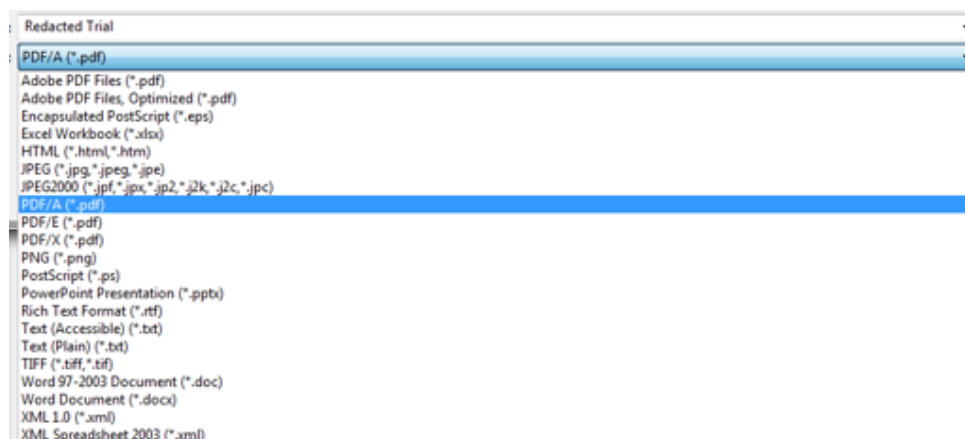
3. Results are returned, click Remove All (document properties and personal information).



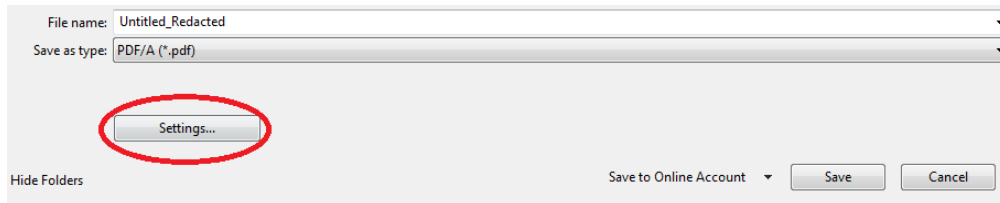
4. Close and Save

Formatting the Document to PDF/A Format from Adobe Pro

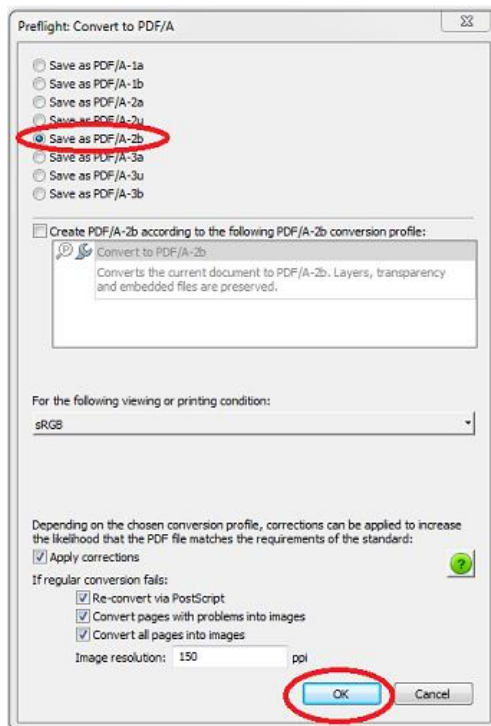
1. From File>Save As> Save Type> PDF/A



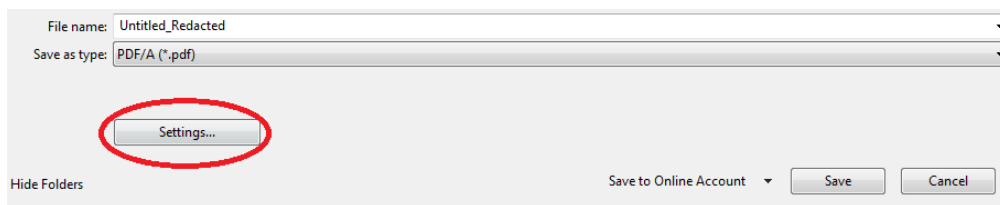
2. From Settings



3. Select “Save as PDF/A-2b”, and select “OK”

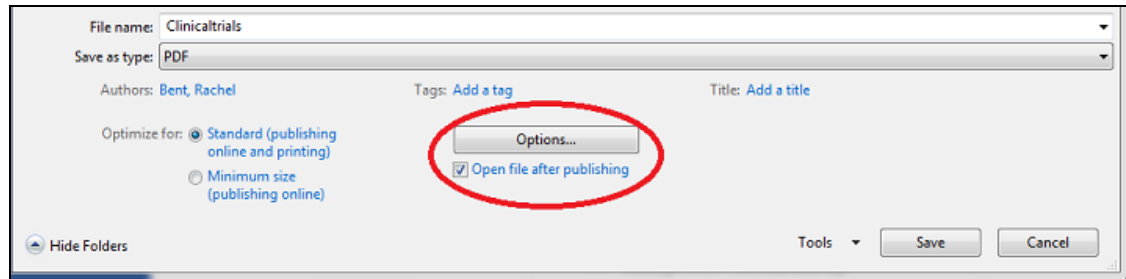


4. Select “Save”

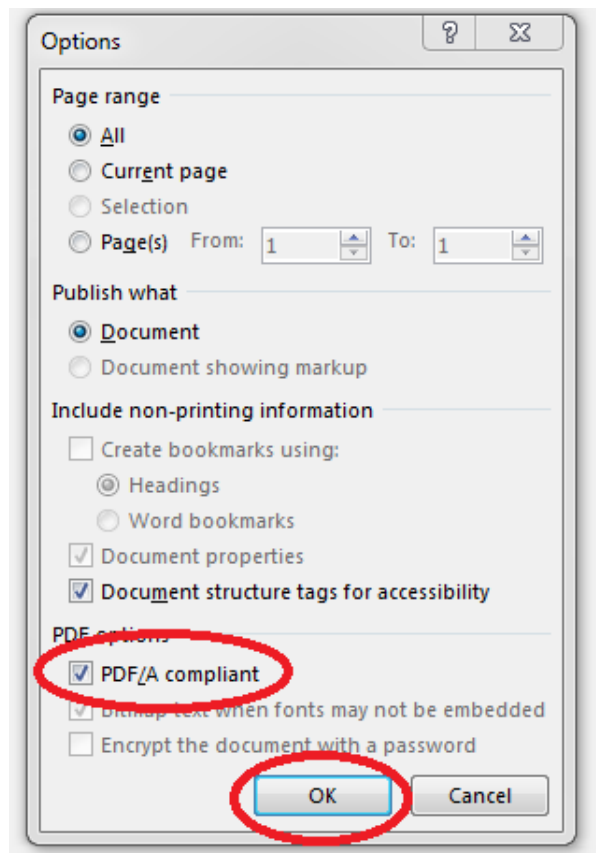


Formatting the Document to a PDF/A from Word Document

1. From Save As, select pdf from drop down list, select Options



2. Select "PDF/A compliant" and then select "OK" and then Save



Cover Page Template

Title:

NCT Number:

IRB Approval Date: