ACCURACY

- Avoid duplicate data entry errors
- Prevent back-filling or forward-filling of entries by imposing specified time windows for data entry
- Decrease missing or unusable entries by not allowing out-of-range, contradictory, or extraneous responses
- Ensure that relevant questionnaires are displayed according to the patient population and the timing of the study using accurate branching logic programming



The strengths of electronic Clinical Outcome Assessment (eCOA) versus paper solutions



- Timely data capture thanks to pre-programmed data entry windows according to the study schedule
- Relevant reminders support users in timely completion of eCOA questionnaires
- Audit trail of the day/time of data entry for quality purposes

USER-FRIENDLINESS



- Strong preference of study participants for eCOA as more flexible than paper^{1,2}
- Possibility for study participants to use their own phone³ in a 'Bring Your Own Device' (BYOD) approach or complete their questionnaires using a provisioned device or a webCOA solution
- Easier implementation of skip patterns and reduced logistics burden (no printing and shipping of heavy piles of paper)

COMPLETENESS

- Reduce missing data thanks to compliance features, e.g. automatic reminders
- Increase study patient reports through increased likelihood of reporting more events (and more serious events) electronically than by paper^{4,5,6}
- Enhance data collection thanks to the portability of the electronic device compared to easy-to-forget and easyto-lose paper sheets



ATTRIBUTABILITY

- Restricted access thanks to individual credentials
- Access according to the relevant role of each participant (patients / caregivers), or site staff
- Access can be managed according to the status of each individual throughout the study



REGULATORY COMPLIANCE

- eCOA systems are recommended by regulatory agencies
- Because electronic data collection methods allow more robust data to be obtained
- Because the usefulness of digital tools and decentralized procedures has been proven in clinical trials⁷
- Because eCOA systems reduce study patient fatigue and burden, and better engage them throughout the study⁸



¹Hollen PJ, Gralla RJ, Jones RA, Thomas CY, Brenin DR, Weiss GR, et al. A theory-based decision aid for patients with cancer: results of feasibility and acceptability testing of DecisionKEYS for cancer. Support Care Cancer Off J Multinatl Assoc Support Care Cancer. mars 2013;21(3):889-99. - ²Richter JG, Becker A, Koch T, Nixdorf M, Willers R, Monser R, et al. Self-assessments of patients via Tablet PC in routine patient care: comparison with standardised paper questionnaires. Ann Rheum Dis. déc 2008;67(12):1739-41. ³https://kayentis.com/patients-are-ready-for-byod-are-you/ - ⁴Klimes-Dougan B. Screening for suicidal ideation in children and adolescents: methodological considerations. J Adolesc. août 1998;21(4):435 44. - ⁵Mazze RS, Shamoon H, Pasmantier R, Lucido D, Murphy J, Hartmann K, et al. Reliability of blood glucose monitoring by patients with diabetes mellitus. Am J Med. août 1984;77(2):211-7. - ⁶Given JE, OʻKane MJ, Bunting BP, Coates VE. Comparing patient-generated blood glucose diary records with meter memory in diabetes: a systematic review. Diabet Assoc. août 2013;30(8):901-13. - ⁶FDA: https://www.fda.gov/science-research/science-and-research-special-topics/digital-health-technologies-dhts-drug-development - EMA: https://www.ema.europa.eu/en/documents/presentation/presentat



