

**From:** [OC GCP Questions](#)  
**To:** [Redacted]  
**Subject:** Question related to monitoring  
**Date:** Tuesday, May 27, 2014 1:25:48 PM

---

Good morning –

Below is information that we have stated in the past regarding monitoring and blinding.

Generally, the study site monitor does not need to be aware of study arm assignments in order to fulfill site monitoring responsibilities. Although the site monitor does not have a role in study outcome assessment, he/she will be interacting with the site staff. There is the potential that information may unintentionally be revealed that could break the blind for study staff. In order to avoid such a possibility, individuals whose roles do not require knowledge of study arm assignments should be kept blinded. If a monitor discovers findings where unblinding may be needed, he/she should contact the sponsor who would determine how to proceed with those findings while maintaining the study's integrity.

The ICH E-6 Good Clinical Practice Consolidated Guidance, an FDA official guidance, addresses Randomization Procedures and Unblinding in Section 4.7

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM073122.pdf>

#### 4.7 Randomization Procedures and Unblinding

The investigator should follow the trial's randomization procedures, if any, and should ensure that the code is broken only in accordance with the protocol. If the trial is blinded, the investigator should promptly document and explain to the sponsor any premature unblinding (e.g., accidental unblinding, unblinding due to a serious adverse event) of the investigational product(s).

Please also see FDA's guidance on a Risk-Based approach to monitoring.

<http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM269919.pdf>

Since you mentioned that your study involves an investigational drug, and if I have not adequately answered your question, you may always contact someone in CDER (Center for Drugs) at [druginfo@fda.hhs.gov](mailto:druginfo@fda.hhs.gov). Also, if the study is under IND, you may also contact the CDER review division that is overseeing your study.

I hope this information is helpful. Please contact us again at [gcp.question@fda.hhs.gov](mailto:gcp.question@fda.hhs.gov) should you have additional questions.

Kind regards,

Doreen M. Kezer, MSN  
Senior Health Policy Analyst  
Office of Good Clinical Practice  
Office of the Commissioner, FDA

This communication does not constitute a written advisory opinion under 21 CFR 10.85, but rather is an informal communication under 21 CFR 10.85(k) which represents the best judgment of the employee providing it. This information does not necessarily represent the formal position of FDA, and does not bind or otherwise obligate or commit the agency to the views expressed.

---

**From:** [Redacted]

**Sent:** Tuesday, May 27, 2014 9:58 AM  
**To:** OC GCP Questions  
**Subject:** Question related to monitoring

Dear Sir/Madam,

I am an auditor and GCP trainer in [redacted]. The following case was posed to me and I am hoping you will be able to assist me with the evaluation of this practice.

A clinical trial has an un-blinded pharmacist prepare investigational product (IP) for administration by the blinded clinical staff. The monitor is un-blinded and monitors the pharmacy processes as well as the data generated by the blinded clinical staff.

In my experience, I am accustomed to seeing the use of an un-blinded monitor for evaluating IP management and documentation and a blinded monitor for the remaining monitoring activities.

I would appreciate your input from a regulatory perspective on the acceptability of the practice of the use of one monitor for both the blinded and un-blinded process.

Thank you for your assistance.

Regards  
[Redacted]