

# **Quick Reference Guide for HOLOGIC**

Sponsor: Samumed Protocol Number: SM04690-OA-06

	VISIT SCHEDULE				
Protocol Time Point	Screening (V2)	Week 24	Week 52 (EOS/ET) <sup>1</sup>		
Lumbar Spine	х	Х	Х		
Left Femur	X	X	X		
Right Femur	X	X	Х		

All subjects who discontinue study drug early will be encouraged to complete study procedures thereafter for the duration of the study. If not done, early termination (EOS/ET) procedures should be performed at the time of discontinuation.

# **DXA SCAN ACQUISITION MODES**

### Each data shipment must include:

- Labeled disk/CD containing subject data.
- Completed DXA Transmittal Form (white copy) accompanying the subject data.

Ship data to: 7707 Gateway Blvd, 3rd FL, Newark, CA 94560

Please reference your SMART Portal user guide for instructions on how to submit data electronically.

# **CONTACT INFORMATION**

Samumed SM04690-OA06 Team

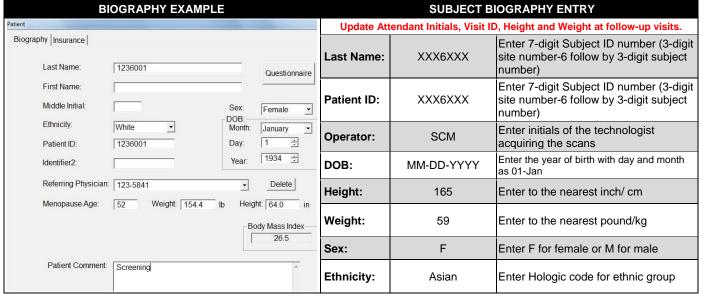
Email: MI\_DEP\_MSK.Team.SM04690-OA-06@bioclinica.com

Fax: +1 (503) 284-3357

Instrument Quality Control Email: IQC@bioclinica.com

OFFICE HOURS: Weekdays from 8:00am - 5:00pm

(Pacific Standard Time)



#### **DXA SCAN ACQUISITION MODES Anatomical Site** Delphi, Discovery, & Horizon Scan modes can affect bone density data. For consistency, use the modes listed here for your scanner model. If the image quality appearing Lumbar Spine Array while scanning a subject is not of good quality, stop the scan and check that the scan mode is appropriate; if necessary, try a different scan mode. Femur Array Maintain consistency at follow-up. Do not use Express, Quick View, Turbo, **Ensure the System Configuration setting** ▼ Disable Auto Analysis Fast or Survey modes. (Analyze tab) for auto analysis is disabled.

# **AVOIDING COMMON IMAGE ACQUISITION & DATA SUBMISSION ERRORS**

- Ensure the subject demographic and visit details are entered correctly into the DXA software and DXA Transmittal Form.
- Ensure that DXA scans are copied to transfer media or uploaded to Web Submission.
- For data submitted via courier, ensure the DXA Transmittal Form is submitted with the transfer media.
- Use the correct scan mode and remove external artifacts from the scan field.
- Internal Artifacts if present in the scan field, describe in the Comment section of the DXA Transmittal Form.

**Hologic Windows Operating System Users** 

Ensure this box is <u>not checked</u> at the time of copying DXA scans:

☐ De-identify protected health information ☐ Copy Scans ☐ Close ☐

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# **HOLOGIC BMD ELIGIBILITY CRITERIA**

Subject must have an evaluable spine and bi-lateral femurs to be included in the study.

# FOR ALL PROCEDURES - ENSURE THE SUBJECT IS COMFORTABLE AND REMAINS STILL

# **LUMBAR SPINE**

- Position the block under the lower legs to reduce lordosis.
- Ensure the spine is reasonably straight. Reposition subject if necessary.
- Ensure the spine is centered in the scan field.
  - If scoliosis exists, start the scan off-center so average of L1-L4 is centered in scan field.
- Ensure the scan begins at the level of mid-L5 and ends at mid-T12.
  - Use the repositioning tool to begin at the correct level.
  - If ribs are not apparent at the T12 level, **continue** acquisition to the middle of vertebra with visible ribs.



## **FEMUR**

- Scan left and right femur as indicated in the visit schedule.
- Have subject place hands on his/her chest. Remove shoes. Center subject on the scanner table. Place pillow under head if necessary.
- Rotate the entire leg to the positioning device. Ensure entire inner edge of foot rests against angled portion of positioning device.
- Adjust angle of the leg to obtain a vertically straight femoral shaft. It is usually necessary to abduct the leg.
- Position the femur correctly in scan field. Use repositioning tool to achieve consistent position of image in the scan field. Allow scan to end by default.
- If abnormalities appear when scanning the hip, acquire the other side to see if a better image
  is possible. Do not change sides at follow-up.



	DXA TRA	NSMITT	AL FORM COMP	LETION			
BIOCLINICA®			Samumed Protocol SM04690-OA-06 Transmittal Form for DXA				
Site, Subject, and DXA Visit Info	rmation		To be completed at study	site or by DXA Technologist			
Site Number: Subject ID:  (Ste Number) (Subject Number)  Date of Birth: (Day/Month are always 01-Jan)  0 1 J A N  D D M M M Y Y Y Y  Exam Date:		DXA Visit: Screening Week 24		Repeat Scan			
					☐ Week 52		
					☐ Early Termination		☐ Bone Loss Repeat Scan
		D D M M M	2 0	□ Unscheduled		(select visit)	
		DXA Scan Information			To be completed pri	or to submission to Bioclinica	
DXA Scan	Scan Filename		Cor	mments			
Spine							
Left Femur							
Right Femur							
DXA Scanner Information If your site is using more than on as displayed on a DXA analysis		olease indica	te the DXA machine serial	number used for this subject			
Printed Name of DXA Technologist Acquiring Scans:			Initials of DXA Techno Acquiring Scans:	ologist			
cor	Shipment MUST include: C rectly labeled transfer med File YELLOW page at study	ia containir	g measurements listed				
Comments							
Data Receipt: Bioclinica Study C	ode 10005841	line. For Bio	clinica use only				
Sala receipt. Didefilled Study C							
© 2018 Biodinica Biodinica Final Tracking N	1 0 0 5	8 4 1	1 0 2 0 1 8 0	8 1 0			
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